26th INTERNATIONAL NURSING RESEARCH CONGRESS

Conference Proceedings
Enhanced Abstracts of Oral and Poster Presentations

23-27 July 2015
SAN JUAN, PUERTO RICO

Sigma Theta Tau International Honor Society of Nursing®
26th International Nursing Research Congress

Conference Proceedings

Enhanced Abstracts of Oral and Poster Presentations

Held 23-27 July 2015

San Juan
Puerto Rico
The Sigma Theta Tau International Honor Society of Nursing (Sigma) is a nonprofit organization whose mission is advancing world health and celebrating nursing excellence in scholarship, leadership, and service. Founded in 1922, Sigma has more than 135,000 active members in over 90 countries and territories. Members include practicing nurses, instructors, researchers, policymakers, entrepreneurs, and others. Sigma’s more than 530 chapters are located at more than 700 institutions of higher education throughout Armenia, Australia, Botswana, Brazil, Canada, Colombia, England, Ghana, Hong Kong, Japan, Jordan, Kenya, Lebanon, Malawi, Mexico, the Netherlands, Pakistan, Philippines, Portugal, Singapore, South Africa, South Korea, Swaziland, Sweden, Taiwan, Tanzania, Thailand, the United States, and Wales. Learn more at www.SigmaNursing.org.

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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 26th International Nursing Research Congress in San Juan, Puerto Rico from 23-27 July 2015. More than 800 nurses from around the world gathered at the congress, which had as its theme “Question Locally, Engage Regionally, Apply Globally.”

These conference proceedings are a collection of abstracts submitted by the authors and presented at the research congress. 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.

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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.

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OPEN PLEN - OPENING PLENARY: International Research Collaboration: An Exploration towards Understanding Best-Practices

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

Purpose
This presentation will focus on a description of pearls and pitfalls in international research collaboration.

Target Audience
academics, researchers, educators and clinicians interested in international collaboration.

Description
The world has become a global village and collaboration amongst researchers across regional and country borders is an expectation of university management for tenure and promotion. However, due to different cultures, and in-country practices, expectations and outcomes are not always clear to all investigators engaging in international research collaboration – often unintentional. This presentation shares pearls and pitfalls from what experienced global researchers have learnt in the process of leading and participating in multi-country studies. Using this content and literature, suggested best practices will be presented. Specific attention will be given to share STTI’s role in sharing best available evidence. This presentation will focus on a description of pearls and pitfalls in international research collaboration. The target audience for this presentation is academics, researchers, educators and clinicians interested in international collaboration.

References
None

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PLEN 2 - PLENARY SESSION 2: Developing and Leading a High Impact Clinical Research Centre: Strategies for Success

Wendy Chaboyer, PhD, MN, BSc (Nu) (Hons), RN, Australia

Purpose
The purpose of this presentation is to provide practical, but also theoretically and empirically founded suggestions for: 1) developing clinical/academic partnerships for early career researchers; and 2) developing high impact clinical research centres for established research leaders.

Target Audience
The target audience of this presentation is participants interested in clinical research. They may be clinical nurses and novice researchers based in the clinical or academic environment but they may also be established researchers who have a role in developing research capacity and mentoring others.

Description
A research centre is comprised of a number of structures and processes that together facilitate high quality research and development of research capacity, which may involve research training, mentorship and other activities. First, this presentation be aimed at early career researchers and will focus on clinical/academic research teams and how they can work together to achieve the desired research outcomes. While there are a number of models that can be used, a mutual benefit model is advocated to promote these collaborations. In this model, both parties value the research endeavour and bring their unique strengths to the process. However, it is important to consider a number of professional, personal and practical consideration, which are detailed in this presentation. Next, a framework for research collaboration is described. This model has three dimensions: 1) contextual factors including institutional support, resources and the national and institutional climates; 2) the lifecycle of the research from initiation to clarification to implementation and completion; and 3) the interpersonal processes such as trust and communication. Careful and deliberate consideration of these dimensions may help to ensure the research activity has benefits for all parties. Once hospital/academic research partnerships have been developed, groups of researchers can organise under the umbrella of a research centre. The second part of this presentation is aimed at more experienced research leaders who are developing, leading or participating in research centres. Coen and colleague’s (2010) Relational Model for Research Centre Infrastructure will be described. Components of this model include structures, processes and outcomes. Then, using a case study approach, a description of the Australian National Health and Medical Research Council (NHMRC) funded Centre of Research Excellence (CRE) in Nursing is presented. This CRE had its beginnings in strong clinical/academic research collaborations, and the development of a faculty level university-funded research centre. This centre then grew in numbers and outputs, and was designated a university level research centre four years later. Four years after that, the first CRE in nursing ever funded by the NHMRC was awarded to members from the acute and critical care stream of the university funded research centre. The strategies used to undertake and disseminate high quality research, further develop research clinical/academic collaborations and build research capacity, especially early career researchers will be discussed. Finally, tips for research centre directors and team members will be given.

References

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CLOS PLEN - CLOSING PLENARY: Leadership Practices to Achieve Better Outcomes for Patients and Providers!

Greta G. Cummings, PhD, MEd, BNSc, RN, FCAHS, FAAN, Canada

Purpose

to discuss the imperative for leadership action, present the differential outcomes for patients and for nurses of various leadership styles by nurses in formal leadership positions. An emotional intelligence framework for leadership is used. Future challenges for nursing leadership are explored.

Target Audience

nursing leaders at all levels and positions

Description

Purpose: Describe the feasibility and effectiveness of using Exercise Physiologists in the aggressive, progressive mobilization of critically ill medical-surgical patients.

References


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Special Sessions
A 12 and D 12 - 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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A 17 and L 16 - SPECIAL SESSION: Global Advisory Panel on the Future of Nursing (GAPFON): Recommendations, Strategies, and Outcomes

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

Purpose
To demonstrate the importance of GAPFON and how it is positioned to address critical issues for nursing within the context of global health.

Target Audience
The target audience of this presentation is interprofessional: nurses, health care providers, policy and government leaders, and other stakeholders who wish to strengthen nursing’s voice and vision in the advancement of global health.

Description
During this session, GAPFON’s purpose will be discussed, as will the initial outcomes and recommendations from the global meetings held to date in Southeast Asia/Pacific Rim, the Caribbean, and Latin-Central America. Strategic action plans based on measurable outcomes will be discussed, along with 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 GAPFON, established by Sigma Theta Tau International (STTI), is to advance nursing’s global voice and vision in the context of global health, engaging nurses to lead the formation of health and social policy. 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 seven global regional meetings during 2015-2016. (As noted, three such meetings will have occurred by the time this session takes place.) Examples of stakeholders include STTI, ICN, WHO and the UN. These meetings will serve as a catalyst to stimulate collaboration advancing positive global health strategies, strengthening nursing and enhancing health outcomes worldwide. Recommendations are expected to address leadership, policy, workforce, work environment, education, MDG’s/SDG’s, and NCD’s.

References

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B 01 - SPECIAL SESSION: Thinking Through Methods and Living the Methods Life

Margarete Sandelowski, PhD, RN, FAAN, USA

Purpose
The purpose of this presentation is to communicate new understandings of and current debates about research methods in the health sciences, and to describe how I came to live the methods life.

Target Audience
The target audience of this presentation includes researchers, teachers of research, and graduate students; and anyone else interested in method issues and the development of research careers.

Description
Over the last 4 decades social science studies of the biobehavioral and social sciences and a host of theories in the critical traditions have engendered serious challenges to what we in the health sciences thought we knew about methods. Increasingly, methods are seen less as tools for the discovery than for the creation of knowledge and (in the words of anthropologist Annemarie Mol) less as "opening windows on the world" than as "interfering" with it. In this presentation, I contrast prevailing ideas about research methods—as for example, tools that human actors use, and means to study cultures, study discourses, and to test interventions—with alternative understandings of them as themselves actors, cultural performances, discourses, and interventions. I describe the plasticity as opposed to fixed nature of methods as methods become what they are in interaction with users; and the shifting nature of researcher selves as, for example, pragmatic realists and soft constructivists. I then turn to the obstacles to mindful, significant research reinforced by the qualitative/quantitative research divide, that is, the unfortunate but still tenacious view of inquiry as divided into two parts. This divide reifies false distinctions between, for example, subjective and objective, inductive and deductive, and word and number, which are in turn reinforced in the literature on mixed methods research. I address the challenges for the teaching and learning of methods in the health sciences posed by current debates about methods and the new urgency to produce usable and actionable research findings. Having focused on methods, I then turn to a consideration of how I came to live the methods life. I did not plan it but rather fell in to it. I describe the influence that my doctoral education in American Studies (in my program, a humanities field emphasizing history and literature) has had on my research career and my understanding of methods and of how life and methodology (in the words of anthropologist Rayna Rapp) "bleed" into each other. I reflect on what it means to choose methods as a substantive area of research, and the role aesthetics plays in what individuals choose to study and how they choose to study it.

References

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B 02 - SPECIAL SESSION: Australia's Dementia Research Initiative: The Contribution of Nursing Science

Elizabeth R. A. Beattie, PhD, MA, BA, RN, Australia

Purpose
The purpose of this presentation is to inform participants about current trends in dementia research in Australia and the role of nurses in leading the care-focused research agenda.

Target Audience
The target audience of this presentation is those with an interest in aging and dementia care nursing research in multiple contexts.

Description
Nurse researchers have led the way in care-focused research designed to improve the quality of care and quality of life of people living with dementia in Australia. Using existing dementia specific research and knowledge translation initiatives and collaborative processes a series of studies have been undertaken that have contributed to the evidence base related to a number of pressing issues in dementia care including: quality of life, respite care, transitions in care, perceived stigma of diagnosis, palliative approaches to care and non-pharmacological approaches to behavioural and psychological symptom assessment and management. This presentation will provide an overview of the scope of nurse-led dementia research in Australia and the challenges and opportunities for nursing science as the nation develops an integrated approach to dementia research.

References

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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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C 01 - SPECIAL SESSION: Developing and Testing a Technologically-Based Caregiver Skill Building Intervention for Dementia Family Caregivers: From Implementation to Dissemination

Carol J. Farran, DNSc, RN, FAAN, USA

Purpose
This presentation will: 1) describe the process of adapting a group-based dementia caregiver intervention to a mobile-based approach; 2) report preliminary pilot study outcomes; and 3) describe the planned marketing approaches for distributing this new product.

Target Audience
The target audience will include family caregivers of persons with Alzheimer's disease or related dementias, nurse researchers and clinicians who work with this population, or other researchers and clinicians who are interested in adapting existing interventions into mobile applications in the future.

Description
Family caregiving is a growing public health concern and caregivers of persons with Alzheimer's disease and other dementias need appropriate, timely, and ongoing training to successfully meet their caregiving responsibilities. Well-designed interventions can significantly reduce risks to caregivers' mental health and improve care recipient outcomes. However, few interventions are successfully translated into everyday practice. Most successful interventions rely on in-person, professionally led groups or individually-focused delivery methods, which make them costly and inaccessible to the majority of family caregivers. This multi-phased NIH-funded Caregiver Skill Building Intervention (CSBI) was theoretically guided by social cognitive theory. The initial randomized clinical trial developed, refined and tested the CSBI using a group intervention approach. Quantitative and qualitative methods were used to analyze outcomes (N=295). The intervention was successful in decreasing caregiver depressive symptoms and care recipient behavioral symptoms of dementia. A major limitation of this group intervention was its inaccessibility to family caregivers and professionals. A second study, involved an NIH Small Business Technology Transfer (STTR) collaborative project between Rush College of Nursing and a small business. During this collaboration a clinically oriented research and experiential approach was used to adapt the CSBI to a mobile format designed for family caregivers who care for their family member who has early to middle-stage dementia, and professional and para professionals who care for persons with dementia in community-based settings. The adapted CSBI consists of six on-demand interactive multimedia modules that make up an integrated web-based product that teaches family caregivers and professionals who lack healthcare knowledge and skills regarding caring for someone with Alzheimer's disease or a related dementia, how to increase their care management skills, and decrease their own stress and burden with this care. The six modules in this intervention focus on Understanding Dementia, Implementing Person-Centered Care, Responding to Behavioral Symptoms of Dementia, Assisting with Personal Activities of Daily Living, Dealing with Your Own Stress and Finding and Using Help. Modules also refer viewers to additional caregiving website materials, attachments and the Alzheimer's Association 24/7 Caregiver Center Helpline.

References

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C 02 - SPECIAL SESSION: Using Mentorship & Coaching to Develop Nurse Leaders

Greta G. Cummings, PhD, MEd, BNSc, RN, FCAHS, FAAN, Canada

Purpose

to discuss leadership practices that support nurses’ performance, and how to effectively mentor and coach others. Practical examples will be provided.

Target Audience

nursing leaders, and clinical nurses interested in developing leadership opportunities

Description

Health system leaders work to adapt to political and economic challenges and technological advances while attending to expectations of managing quality care and work environments. Increasingly, employees in all healthcare sectors assess their current and potential workplaces according to the value that organizations place on respect, balance and meaning in work. Effective leaders demonstrate competence through empowering behaviours, responding with understanding and communicating empathy. In the current environment, healthcare leaders must embrace change and seek out opportunities to develop and enhance their leadership skills; often through management education. Coaching skills, as a leadership development tool, is valuable nursing and can be developed. Effective coaches can develop trusting relationships with employees that ultimately leads to professional and performance growth. In a scoping review of coaching frameworks, Carey et al. (2011) identified 5 common elements of successful coaching frameworks: relationship building, problem-defining, problem-solving, goal setting, and transformation based on action. Individuals who participate in professional coach training gain skills to meet their professional goals and to improve performance at both individual and organizational levels (Brady Germain & Cummings, 2010). The Coaching for Impressive Care (C.F.I.C.) program, developed by the Institute for Healthcare Communication (IHC; www.healthcarecomm.org) to instruct leaders in methods of coaching staff performance, specifically, to coach staff to effectively address the complex needs of individual they are for. Developed to complement the Treating Patients with CARE program (C.A.R.E.), the Coaching for Impressive Care program focuses on training leaders to interact with staff is effectively support the use of C.A.R.E (Cummings et al., 2013). C.A.R.E skills include: Connecting, Appreciating (empathizing), Responding and Empowering. In this session, key elements of executive coaching programs and the Coaching for Impressive Care program are integrated to the health care and nursing setting to offer participants an overview of how to become a coach, along with specific application of principles and learnings.

References


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D 01 - SPECIAL SESSION: Moving from the Means to the Standard Deviations in Symptom Management Research

Christine Miaskowski, PhD, RN, FAAN, USA

Purpose
The purpose of this presentation is to describe newer approaches to use to analyze symptom data in order to determine the phenotypic and molecular characteristics that place patients at higher risk for a more severe symptom burden.

Target Audience
The target audience for this presentation are clinicians and researchers who are interested in symptom management.

Description
Most longitudinal studies of symptoms in patients with chronic medical conditions report means scores and standard deviations to describe changes in symptom occurrence or severity over time. However, most clinicians know that a large amount of inter-individual variability exists in patients' reports of their symptom experiences. For example, in oncology patients receiving chemotherapy, while some patients report very few symptoms, other patients report every conceivable symptom with the highest severity scores. It is important for clinicians to be able to identify these high risk patients in order to target more aggressive symptom management interventions. In order to be able to identify patients who are higher risk for a more severe symptom burden, nurse researchers need to use statistical procedures that go beyond the simple reporting of means and standard deviations. Newer approaches to the analysis of longitudinal data, including hierarchical linear modeling and latent class analysis, provide methods to identify patients who are at higher risk for a more severe symptom burden. In addition, the demographic, clinical, and molecular characteristics that are associated with increased risk can be determined. If these risk factors are confirmed in future studies, they can be used to build predictive risk models that will assist clinicians to pre-emptively identify high risk patients. The focus for this presentation is to describe these newer methods of longitudinal data analysis using the symptoms of fatigue and sleep disturbance by oncology patients as the exemplars. Fatigue and sleep disturbance are common symptoms in patients with a variety of a chronic medical conditions. Therefore, using these two symptoms as exemplars will provide information to both clinicians and researchers on the most common phenotypic and molecular characteristics associated with the most severe levels of fatigue and sleep disturbance. As part of this presentation, the purposes for using hierarchical linear modeling and latent class analysis will be compared and contrasted. In addition, approaches for integrating molecular markers into symptom management research will be discussed. This presentation will assist clinicians to perform better assessments of symptoms in patients with chronic conditions. In addition, it should provide essential information to guide the development of future symptom management studies.

References

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D 02 - SPECIAL SESSION: Limiting the Attributable Mortality of Healthcare-Associated Infections and Multidrug Resistance in Critically Ill Patients

Stijn Blot, PhD, RN, Belgium

Purpose
The purpose of this presentation is to list the potential approaches by which healthcare workers, and nurses in particular, may positively affect the deleterious impact of healthcare-associated infection and antimicrobial resistance.

Target Audience
The target audience of this presentation is nurses caring for patients in intensive care units or in any other acute care facility.

Description
Severe healthcare-associated infections are associated with a poor prognosis for patients cared for in intensive care units. This is partly because most of these patients suffer from high disease severity and acute illness before the onset of infection. Nevertheless, the mortality attributed directly to severe infection or sepsis can also be devastating. Within the context of healthcare-associated infections, antimicrobial multidrug resistance boosts the deleterious effect of severe infections. Due to multidrug resistance the empirically initiated (“blind”) antimicrobial therapy more often appears to be inappropriate by which the time till effective therapy is prolonged. The harmful effect of healthcare-associated infection and multidrug resistance can be limited by taking into account of a number of key points. Although caring for the critically ill patient is a multidisciplinary task, in all of these key points nurses play an important role. First, general infection prevention measures, prevention of cross-transmission and a policy of restricted antimicrobial use are all important because of their positive influence on the rates of infection and antimicrobial multidrug resistance. Second, as the prevalence of infection and multidrug resistance in particular is reduced, there will be an increased likelihood for successful empirical coverage of the causative microorganism. Third, once infection or sepsis occurs, benefits are to be expected from early recognition of the septic episode and prompt initiation of empirical antimicrobial therapy. Fourth, the choice of empirical therapy should be based on the local bacterial ecology and patterns of resistance, the presence of risk factors for multidrug resistance, and the colonisation status of the patient. Fifth, attention should also be given to adequate dosing of antimicrobial agents. In this regard, respecting dosing intervals and perfusion duration is crucial. Sixth, if possible, elimination of sources of the infection is recommended, e.g., contaminated devices or intra-abdominal collections or leakages. In the latter case, timely surgical intervention is essential. Finally, haemodynamic stabilisation and optimisation of tissue oxygenation can be life-saving.

References

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E 01 - SPECIAL SESSION: Following the Question: From Bedrest to Outer Space and Beyond

Christine E. Kasper, PhD, RN, FAAN, FACSM, USA

Purpose
The purpose of this presentation is to demonstrate how creating a research question from clinical observation can lead to years of continually evolving scientific research across multiple areas of science.

Target Audience
The target audience of this presentation are nurse researchers and scientists as well as students.

Description
Clinical observation often reveals observable patterns which when carefully described may lead to a continuous program of research over decades. The progression and development of findings from multiple studies involving the adaptation of skeletal muscle as well as brain trauma will be discussed, initially beginning with the effects of prolonged bedrest on the development atrophy and its reversal by exercise. These findings will then be applied to experiments during manned spaceflight and recovery of skeletal muscle and exercise capacity following return to gravity as well as to other clinical conditions. Recent studies of the influence of modern warfare and the toxic effects of military relevant heavy metals along with successful interventions to mitigate the secondary effects of blast induced traumatic brain injury will also be discussed.

References

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E 02 - SPECIAL SESSION: Type 2 Diabetes: Journey from Description to Intervention

Gail D'Eramo Melkus, EdD, C-NP, FAAN, USA

Purpose
The purpose of this presentation is to illustrate a clinical research program from description through intervention.

Target Audience
The target audience for this presentation is interdisciplinary health care providers and researchers.

Description
This session will describe the global burden of type 2 diabetes. The extent of the problem in the U.S. will be illustrated through a program of research focused on Black American women who have the highest rates of diabetes and are disproportionately affected by its complications.

References

Contact
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Purpose
the purpose of this presentation is to describe key strategies for publishing EBP change projects in the journal Worldviews on Evidence-based Nursing.

Target Audience
Any nurse interested in submitting their work for publication in the Worldviews column, Implementing EBP in Real World Practice Settings.

Description
Purpose: It is important to disseminate the outcomes of evidence-based practice (EBP) change initiatives for others to learn from and benefit from projects being conducted in the real world. However, many EBP change projects 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 key strategies for publishing EBP change projects in the journal Worldviews on Evidence-based Nursing.

Methods: This session, conducted by the editor of Worldviews on Evidence-based Nursing and the Implementing Evidence in Real World Practice Settings Column, will highlight key strategies for writing and achieving successful publication in this Worldviews column. The editors will describe the process and format for submitting papers for this column and how to best assemble them for successful publication. Strategies for overcoming barriers to publication will be described. Exemplar EBP columns that have been published will be highlighted. Key approaches for resubmission after receiving manuscript feedback will be highlighted. A lively interchange among the Worldviews editor and column editor will provide participants with ample time to have their questions answered regarding all aspects of manuscript preparation and publication for the Implementing Evidence in Real World Practice Settings column.

Conclusions: This session will equip participants with the needed knowledge necessary to be successful in producing a manuscript for the column, Implementing Evidence in Real World Practice Settings, in Worldviews on Evidence-based Nursing. Open dialogue with the editor of Worldviews on Evidence-based Nursing and the column editor will facilitate a lively session where participants will have the opportunity to receive answers to a variety of their burning questions about manuscript preparation and submission.

Target Audience: Any nurse interested in submitting their work for publication in the Worldviews column, Implementing EBP in Real World Practice Settings.

References
None

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and Dissemination: The Function Focused Care Example

Barbara Resnick, PhD, RN, CRNP, FAAN, FAANP, USA

Purpose
The purpose of this session is to provide an overview of the way in which clinical problems guide a program of research. Specifically, the presentation will provide the clinical problem addressed, the theoretical development of the intervention, testing of the intervention for efficacy across multiple settings of care and the effectiveness of an approach to disseminate and implement the approaches to a large number of settings.

Target Audience
The target audience includes all nurses and other types of caregivers that provide care to older adults or engage in research with older adults. In addition, the presentation is appropriate for research focused faculty as an example of developing a program of research.

Description
Clinical findings can be used to identify critically important areas of research and lead to development of real world interventions to improve clinical outcomes. Function Focused Care is an example of this type of clinically driven work. Among older adults and across all settings of care it was noted that there was significant functional decline and that these individuals spent very little time engaged in physical activity. Specifically, nearly 40% of residents in assisted living settings require assistance with three or more activities of daily living and the majority need help with meal preparation and medication management. Residents in nursing homes are even more impaired than those in assisted living with regard to basic activities of daily living needing help with approximately five activities. Older adults in acute care settings similarly need help with multiple activities of daily living. Across all of these settings there is a significant decline in function over time and the decline noted is beyond what would be expected due to disease progression. Along with functional decline, all of these older individuals spend very little time in physical activity. Hospitalized patients, for example, spend over 80% of their time hospitalized in bed and in nursing homes and assisted living settings older individuals engage in less than 5 minutes daily of moderate level physical with the majority of the time spent in sedentary activity. There are, however, public health and setting specific guidelines to support the benefit of physical activity for older adults across all settings. These guidelines are driven by the many benefits of physical activity in terms of optimizing function, improving mood and preventing disease progression as well as to preventing the many problems associated with immobility (e.g. pressure sore, pneumonia). Across all settings, barriers to engaging older adults in physical activity (defined as any bodily movement produced by skeletal muscles that requires energy expenditure including completion of functional activities) have been identified. Patient/resident factors include age, sociodemographic characteristics, preexisting disability and disease states, delirium, cognitive status, anemia, pain, fear of falling, depression, motivation, nutritional status, sedation and polypharmacy. Individual motivation and determination is particularly critical to the amount of physical activity older individuals perform and is an important area in which interventions can be focused. Some of the barriers are setting specific. For example, assisted living uses a tiered–payment system that rewards higher care dependency. Acute care environments generally provide limited opportunity for any physical activity. The bed is often the only furniture in the hospital room, the height of the bed or chairs may limit the patient's ability to transfer, there are often no pleasant walking or destinations areas and patients are restricted from walking to tests and procedures. Another barrier is related to knowledge of caregivers on how to optimize function and physical activity when working with older adults. There is also a tendency for caregivers in these settings to focus on task completion rather than the process that occurs (i.e., having the older adult participate in the care process). Medical factors limiting physical activity and contributing to functional decline include the tethering effects of such things as indwelling urinary catheters, sequential compression devices and intravenous infusions; prescribed bedrest; sedating medications; insufficient management of pain; and tests and procedures that limit food/fluid intake. In addition, when nurses perform functional tasks for patients (e.g., bathing the patient) it results in a decrease in physical activity of patients and contributes to deconditioning and disability. In acute care, as well as other settings, nurses tend to focus on physical assessment, medication administration/treatments and indirect care activities with little time spent encouraging physical activity. Nurses conceptualize their roles as “watching over” patients to protect them from falls and other adverse events and encourage what are believed to be risk-free activities such as staying in bed or in a chair. This protective, custodial, task oriented care facilitates functional decline, decreases physical activity and contributes to deconditioning and disability. To address the persistent functional decline and increased time spent in sedentary activity seen among older adults across all settings an intervention referred to as Function Focused Care was developed. Function focused care is a philosophy of care that teaches nurses...
(registered nurses, licensed practical nurses, nursing assistants) to evaluate older adults' underlying capability with regard to function and physical activity and assure that older individuals optimize and maintain their functional abilities and increase time spent in physical activity. Examples of function focused care interactions include such things as modeling behavior and/or providing verbal cues during dressing so the older individual performs the related tasks; walking a resident/patient to the bathroom or dining room rather than using a bedpan or pushing him or her in the wheelchair; doing resistance exercises with patients/residents while lying in a bed or sitting in a chair, or when waiting for meals; reminding and encouraging the resident/patient to go to therapy or an exercise class; and providing care and social programming that incorporates opportunities for physical activity (e.g., a walk around the hospital corridors or to the gift store; Physical Activity Bingo; Dance classes). Function Focused Care (FFC) was developed guided by the social ecological model and self-efficacy theory. The social ecological model includes intrapersonal (e.g., physical capability), interpersonal (e.g., staff and resident interactions), environmental (e.g., clear pathways for walking), and policy factors (e.g., falls policies that encourage physical activity) that influence behavior. Social cognitive theory is used to guide the interpersonal interactions that motivate residents to change behavior. Social cognitive theory is one of the major theoretical frameworks used to change behavior in nurses and older adults. Social cognitive theory is a behavior change theory suggesting that the stronger the individual's self-efficacy and outcome expectations, the more likely it is that he or she will initiate and persist with a given activity. Self-efficacy expectations are the individuals' beliefs in their capabilities to perform a course of action to attain a desired outcome; outcome expectations are the beliefs that a certain consequence will be produced by personal action. Efficacy expectations are dynamic and enhanced by four mechanisms: (1) enactive mastery experience, or successful performance of the activity of interest; (2) verbal persuasion, or verbal encouragement given by a credible source that the individual is capable of performing the activity of interest; (3) vicarious experience or seeing like individuals perform a specific activity; and (4) elimination of unpleasant physiological and affective states such as pain, fatigue or anxiety associated with a given activity. Social cognitive theory approaches are used to overcome the both nursing related and resident/patient related barriers to physical activity in all care settings. To implement a Function Focused Care approach across all settings a four step approach was used: (I) Environment and Policy Assessments; (II) Education about Function Focused Care; (III) Establishing Resident/Patient Function Focused Care Service or Care Plans; (IV) Mentoring and Motivating of Staff and Residents/Patients. The steps are implemented by working with identified champions on the units or in the facilities in which the intervention is being implemented. The process and resources for each setting of care vary (e.g., different resources are used for education of nurses and nursing assistants in assisted living than that which are used for the nurses and nursing assistants in acute care settings). The implementation of Function Focused Care has been tested in nursing home settings, assisted living settings as well as acute care using randomized controlled designs. Consistently we have been able to demonstrate that we can change how nurses approach care and we can improve function and physical activity outcomes for older individuals for up to twelve months post implementation. Further we have repeatedly noted older adults living in settings in which function focused care is implemented may actually experience fewer falls and be less likely to go to the emergency or be admitted to the acute care setting for non-fall related events. Given the known benefits of physical activity for older adults and the efficacy of the function focused care approach, an approach to disseminate and implement function focused across a large number of settings was developed and tested. In addition to the use of a social ecological model and social cognitive theory, Dissemination of Innovation theory and combined face-to-face and web-based interactions were used to successfully disseminate and implement Function Focused Care into over a 100 assisted living facilities. The purpose of this intervention is to provide the overview of how to take a clinical problem and develop, test and then disseminate an evidence based approach into real world settings using the example of Function Focused Care.

References

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F 01 - SPECIAL SESSION: Building a Research Career Focused on a Stigmatized and Marginalized Population Group: Alcohol Use among Sexual Minority Women

Tonda L. Hughes, PhD, RN, FAAN, USA

Purpose
To describe the development of a 25-year research career that has focused on sexual minority (e.g., lesbian, bisexual) women’s use of alcohol including my own substantive findings, advancements in the field, and the barriers and rewards of conducting health research with a stigmatized and marginalized population of women.

Target Audience
Anyone interested in research related to women’s health, sexual minority health, alcohol use, health disparities, health equity and social justice. Graduate students, junior faculty members, and those interested in conducting research with individuals and groups that are stigmatized may also find the presentation useful.

Description
Substantial health disparities related to sexual orientation are now well documented, e.g., in major reports from the U.S. including Healthy People 2020 and the Institute of Medicine. Some of the largest disparities have been found in comparisons of sexual minority and heterosexual women’s use of alcohol. At nearly every developmental stage sexual minority women (SMW) are substantially more likely than their heterosexual counterparts to drink, to drink heavily, and to experience alcohol-related consequences. Reasons for SMW’s disproportionately high rates of hazardous drinking are poorly understood—largely because so little research has been devoted to this topic. For example, in a recent review of non-HIV/AIDS studies funded by the U.S. National Institutes of Health, just 0.1% focused on sexual minorities; of these, 13.5% included SMW (in contrast to 86% focusing on sexual minority men); very few studies focused on alcohol use. Similarly, a review of the nursing literature published between 2005 and 2009 found that 0.16% of articles published in the top 10 nursing journals addressed any topic related to sexual minorities—and most of these were written by nursing authors outside the U.S. Like many graduate students and junior nursing faculty members I was discouraged from focusing my program of research on sexual minority health by well-meaning senior faculty and mentors. Concerns were that it would be difficult to reach this population, that it would be hard to publish this research, that there would be limited possibilities of funding, and that it could negatively affect my prospects for promotion and tenure. In this presentation I will describe how I became interested in SMW’s health and the steps that I took in building a successful research career focused on alcohol use among SMW. I will describe methodological limitations of research related to sexual minority women’s drinking and how I have attempted to address these limitations in my work. I will highlight some of the most important and interesting findings from my 15-year longitudinal study as well as findings from other studies of SMW’s health in the U.S. and in Australia that I have been part of to illustrate the current state of the science on this important women’s health and minority health topic.

References

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F 02 - SPECIAL SESSION: Implementation Science: A Community (Informed) Perspective

Antonia M. Villarruel, PhD, RN, FAAN, USA

Purpose
The purpose of this presentation is to elucidate the complexity and interdependence of researchers with the communities in which they serve and demonstrate how to maximize current best practices in order to successfully implement and disseminate effective, evidence-based interventions beyond the local community.

Target Audience
The target audience of this presentation is everyone involved with the design, implementation and evaluation of evidence-based interventions at the community level.

Description
This session will define implementation science, explore the complexity of competing research models in particular translational and community-based approaches and identify ways of overcoming those complexities in order to positively impact health and well-being in local communities. Tensions between models will be explored together with issues of individual versus population efforts affecting health identified in the 5-tier health impact pyramid. Matters of equity and diversity will be touched upon to provide context for an in-depth discussion of current real-world exemplars and the opportunities and challenges faced by all those involved in these interventions. Specific attention will be given to the Interactive Systems Framework (ISF) and how to utilize its tenets to improve synthesis and translation, support and delivery systems. When considering synthesis and translation, focused attention will be given to identifying key elements and critical features associated with intervention effectiveness. Specific and general aspects of creating a support system for those implementing interventions will be discussed followed by considerations necessary for a productive delivery system including funding. Exemplars include a nationally disseminated program, ¡Cuidate! which substantiates the value and importance of programs to advance behavioral interventions such as the Centers for Disease Control’s (CDC) Diffusion of Effective Behavioral Interventions (DEBI). Other community-based interventions will also be highlighted that incorporate many of the user-friendly toolkits and approaches necessary for maximum effectiveness including many that are part of another CDC program, Effective Interventions: HIV Prevention that works. Lastly, the session will present best practices as a process rather than packaged interventions including discussion of how to promote EBIs in communities including topics on the technology push, market pull and gauging delivery capacity. A close examination for next steps in implementation research will focus on use of technology in developing cost-effective training modules for facilitators, factors affecting fidelity and sustainability and other adaptation issues.

References

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F 15 - 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. 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. 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. 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. 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. 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.

References

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F 17 - SPECIAL SESSION: Identification of Developmental Risk in Infants with Medical Problems

Diane L. Holditch-Davis, PhD, MS, BSN, RN, FAAN, USA

**Purpose**
The purpose of this presentation is to summarize my program of research on premature and other high-risk infants. I will discuss my research in three related threads: identifying the effects of parenting and parental psychological distress on developmental outcomes, using biological risk to predict developmental outcomes, and improving developmental outcomes.

**Target Audience**
The target audience for this presentation is nurses who either work with or study high-risk infants and/or their parents.

**Description**
This session will summarize my lifetime of research on the needs of youngest patients with whom nurses work: premature and other high-risk infants. These infants are at high-risk for developmental and health problems throughout childhood and into adulthood. As such, interventions to reduce this risk or to improve parenting or the emotional distress in their mothers can have a lifetime of benefit for them. The major focus of this program of research has been examining risk for developmental problems. In particular, I have examined three related threads: identifying the effects of parenting and parental psychological distress on developmental outcomes, using measures of biological risk to predict developmental outcomes, and improving developmental outcomes. Although I have explored these threads in premature infants, medically fragile infants, infants of HIV positive mothers, infants of infertile couples, and infants of low income mothers, most of my studies have focused on premature infants so this presentation will focus primarily on this population. Premature, and other medically at risk infants, have a high incidence of developmental problems. Although major developmental disabilities occur in only about 10% of premature infants, by school-age 50% of prematurely born children show at least minor problems. Prediction of developmental outcome is difficult because development is not just a result of the neurological competencies of the child, rather developmental outcomes are the result of complex interactions between the child’s developmental status and the social environment. Thus, there is not a one-to-one relationship between neurological insults and outcomes. Therefore, one focus of my research program has been on identifying the effects of parenting and parental psychological distress on infant development. For example, we found that at hospital discharge 40-50% of mothers of preterm infants have elevated depressive symptoms and 6 months later 20-25% still have elevated depressive symptoms. The level of depressive symptoms was more closely related to maternal characteristics, particularly stress and worry, than to infant illness severity. My research has also found high levels of other types of psychological distress in mothers: anxiety, worry, acute stress, and post-traumatic stress disorder. These high levels of psychological distress may affect infant development by altering mother-infant interactions. We have found that elevated stress symptoms and worry are closely correlated with the quality of mother-infant interactions. We also identified a parenting style common in mothers of pre-school aged prematurely born children that we called ‘compensatory parenting’ because, the mothers reported that their major goal in parenting was to compensate the child for what he or she went through in the NICU. This compensatory parenting style developed as a result of the mother’s emotional reactions to prenatal factors and the neonatal illness. It further developed as a result of disrupted maternal role attainment, the child’s subsequent health problems, and personal and family factors. This compensatory parenting style may be one factor contributing to the developmental problems in premature infants. Another focus of my research has been the prediction of developmental outcomes in medically at risk infants particularly using measures of biological risk and the social environment. I examined the development of sleeping and waking states as markers of developmental risk. Sleep and waking involve wide spread areas of the brain and require integration of neuronal population from the brain stem to the cerebral cortex. Both the patterning of sleep-wake states and the brain undergo rapid development in the preterm period. In two longitudinal studies, I showed that sleep-development in the preterm period could be used to predict cognitive and language development 2 to 3 years later. Finally, I am conducting studies to improve the developmental outcomes of premature infants. In my study of a nursing support intervention for mothers of preterm infants, my colleagues and I are testing an intervention for rural African American mothers of premature infants. By improving maternal psychological well-being and use of early intervention services, we were able to improve parenting but not the developmental outcomes of the infants. In a study of Mother-Administered Interventions for premature infants, I examined the effects of two maternally administered interventions for preterm infants on infant health and development, maternal psychological well-being, and the maternal-child relationship. Administering one of these interventions...
allows the mother to assume a specific role in the care of her infant in the hospital. We found that only kangaroo care had an effect on maternal distress and then only on lowering worry. Both interventions affected the mother-infant interactions although the effects were stronger on infant behaviors than mother behaviors.

References

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G 01 - SPECIAL SESSION: Guided Participation to Support Parental Caregiving: Models, Processes and Outcomes

Karen Pridham, PhD, MS, BS, RN, USA
Rana Limbo, PhD, MSN, BS, RN, USA
Tondi M. Harrison, PhD, MSN, BSN, RN, CPNP, USA

Purpose
The purpose of this presentation is to develop understanding of a theoretical model of parental caregiving, including co-parenting, for a fetus or very young infant and to illustrate, with research studies and data, processes and outcomes of parental caregiving for fetal or infant conditions of high risk.

Target Audience
The purpose of this presentation is to develop understanding of a theoretical model of parental caregiving, including co-parenting, for a fetus or very young infant and to illustrate, with research studies and data, processes and outcomes of parental caregiving for fetal or infant conditions of high risk.

Description
This session will include three presentations on the topic of parental caregiving in conditions of threat to the offspring. First, a theoretical model for understanding parental caregiving will be presented as a framework or context for the following two presentations. The theoretical framework encompasses co-parenting, its motivations, and its qualities will be described. A longitudinal study of parents who have an infant with complex congenital heart disease will provide evidence for the model. The presentation that follows will focus on parental caregiving in the context of perinatal loss, specifically threatened abortion and stillbirth. The aspects of the theoretical model that will be examined are parental caregiving internal working models that are oriented to being sure and final acts of caregiving. The third presentation will focus on the critical importance of maternal caregiving to the development of infant physiologic regulation, including nurturing, protecting, and relating to the child, is known to make a difference for infant wellbeing. When well being is threatened or life is at risk, parental caregiving may be subject to severe challenge. Co-parenting, the work that parents do directly or indirectly in relation to each other for caregiving, may falter or be poorly developed or low in adaptive qualities. Motivations for caregiving may or may not be framed from the perspective of co-parenting. Consequently, competencies for parenting may be diminished or lacking. In particular, parental competencies for caregiving may be in need of development, shoring up or buttressing by nurses or other clinicians when loss of a pregnancy seems imminent or an infant is born with a congenital heart defect, to take two different perspectives or phases of the development of parental caregiving competencies. A theoretical framework for understanding parental competence development for caregiving in the context of co-parenting and the risks for well-being of the fetus or infant could aid nurses and other clinicians in assessing and responding to parents in health-promoting or problem-preventing ways. To date, published theoretical frameworks that are addressed to and useful for nursing practice are lacking. This session will include three presentations on the topic of parental caregiving in conditions of threat to the offspring. First, a theoretical model for understanding parental caregiving will be described as a framework or context for research studies. The theoretical framework encompasses the internal working models of parents for parental caregiving, including motivations on which the internal working model operates, expectations of self and partner as parents, the infant, and tasks of caregiving. A parent's intentions for caregiving have implications for co-parenting in some form, whether in an independent or collaborative approach to caring for the infant. Qualities of co-parenting will be defined and described with data. First in this session, a longitudinal study of parents who have an infant with complex congenital heart disease will provide evidence for the model. The research presentation that follows will focus on parental caregiving in the context of perinatal loss, specifically threatened abortion and stillbirth. The aspects of the theoretical model that will be examined are parental caregiving internal working models that are oriented to being sure and final acts of caregiving. The third research presentation focuses on the critical importance of maternal caregiving to the development of infant physiologic regulation, an outcome of importance for infants whose physical functioning, growth, and development are compromised by anatomical anomaly and physiologic malfunctioning. The setting of maternal caregiving in this setting is mother-infant feeding interaction and the qualities of caregiving are communicated through the mother's feeding behavior. The session will conclude with a panel discussion of parental caregiving of infants whose wellbeing is threatened, what remains to be studied, challenges for research investigation, and implications for nursing practice.
References

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**Purpose**
The purpose of this presentation is to describe a research program that used quantitative research, followed by qualitative research, to develop and then test an intervention for improving outcomes of care in nursing homes. Findings of the randomized controlled trial to reduce falls will be presented.

**Target Audience**
The target audience of this presentation is researchers and practitioners interested in ways to improve care to older adults in nursing homes using system level interventions.

**Description**
In this research program, I have been exploring the question of what management practices facilitate better outcomes in nursing homes. I conducted several studies using both quantitative and qualitative methods to address this question. In this research my team discovered how a nursing home's internal capacity to improve worker effectiveness exists within its relationship, interaction and communication patterns. Thus, the type of management practices needed for better outcomes do not belong solely to managers — they must be used by all levels and types of nursing home staff. The quality of interactions among staff is important because the most intractable problems in nursing home care, such as falls, need the attention of multiple care providers such as nursing, social work, physical therapy and medicine. To be successful, therefore, requires effective interdependence. Building on this earlier research, my team proposed that a particular barrier to implementing evidence-based programs has been that they do not fully address staff interdependencies inherent in care for falls or other geriatric syndromes. We hypothesized that an intervention that helps nursing home staff establish relationship networks and communication channels to support learning and behavior changes, would improve uptake of a traditional falls reduction program. Standard approaches to improving nursing home outcomes use quality improvement (QI) programs which focus on individual mastery, didactic modules, audit and feedback, and academic detailing. In contrast, social constructivism theory and complexity science suggest that learning is a social process that occurs within the context of relationships and interactions; thus alone, traditional QI will not result in optimal behavior changes. Accordingly, we developed an educational/behavioral intervention (CONNECT) in which staff learned to improve connections within and between workgroups, improve information exchange, and seek diverse perspectives in problem-solving. In this presentation I will describe the rationale for a system level intervention, the translation approach using complexity science, and report the results of a randomized pilot-study in a sample of eight nursing homes.

**References**

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H 01 - SPECIAL SESSION: Sigma Theta Tau International and the United Nations

Cynthia Vlasich, MBA, BSN, RN, USA
Cathy Catrambone, PhD, RN, FAAN, USA

Purpose
The purpose of this presentation is for participants to: • Understand the relationship between STTI and the United Nations, including Non-Governmental Organization and Economic and Social Council status. Learn about STTI representation at the UN • Be aware of the Millennium Development Goals (MDGs) and the proposed Sustainable Development Goals (SDGs). Discuss how STTI, and how you personally, can support attainment of the MDGs/SDGs

Target Audience
The target audience for this presentation is nurse leaders around the globe who wish to learn about the United Nations and STTI’s involvement with the United Nations organization.

Description
The Honor Society of Nursing, Sigma Theta Tau International (STTI), was approved as an associated non-governmental organization (NGO) by the Department of Public Information of the United Nations (UN) in 2009. Since that time, STTI has increased its engagement and now holds Economic and Social Council status with the United Nations. This status was conferred on STTI in 2012 and allows member organizations greater privileges, access to nearly all intergovernmental processes at the UN dealing with economic and social development, allows the NGO to participate on UN committees and to have a “voice” at the UN. The UN has a large number of affiliated members, and it is through these organizations that much of the work is accomplished. The UN set strategic goals, called the Millennium Development Goals, to be accomplished by 2015. These goals include: 1. Eradicate extreme hunger and poverty; 2. Achieve universal primary education; 3. Promote gender equality and empower women; 4. Reduce child mortality; 5. Improve maternal health; 6. Combat HIV/AIDS, malaria and other diseases; 7. Ensure environmental sustainability; 8. Develop a global partnership for development. STTI chapters around the world are involved in activities to address these goals. And now, as these goals sunset, they will be replaced with the Sustainable Development Goals, focused more broadly and encompassing numerous areas. STTI participates in various ways at the UN to uphold its commitment as an ECOSOC member and to help meet UN goals. In addition to the Global Initiatives team at STTI headquarters, STTI has three formal representatives at the UN. These representatives include an STTI-designated liaison and two youth representatives. Their work is vital to advancing STTI’s engagement with the UN and, in collaboration with the STTI Global Initiatives leadership, ensures a strong commitment and support to the UN goals. STTI’s work at the UN will help meet STTI’s mission to advance world health and celebrate nursing excellence in scholarship, leadership, and service.

References

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H 02 - SPECIAL SESSION: Research Abstracts, Proposals and Grant Writing: Basics from Start to Finish

Lois Sarah 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. 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. 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. 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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H 06 - SPECIAL SESSION: Studying HCAHPS Scores and Patient Falls in the Context of Caring Science

*Tara Nichols*, MS, RN, CCRN, CCNS, ACNS-BC, AGCNS-BC, USA  
*Mary Ann Hozak*, MSN, BSN, RN, CCRN, USA  
*John Nelson*, PhD, MS, BSN, USA

**Purpose**  
To identify how a caring science research program can be used to identify variables for study within outcomes management.

**Target Audience**  
Executives, managers and quality champions who would like to understand methods to study important outcomes for patient and members of staff. Caring science enthusiasts would also benefit from hearing how caring science relates to HCAHPS scores (patient satisfaction) in this study.

**Description**  
This session includes two sub-sessions regarding examination of critical outcomes within care that were identified as both regulatory and financial stressors. Each organization used path analysis derived from a caring science research program to identify which critical outcomes could be studied within the building model of caring science research. Both studies are from acute care hospitals in the USA but have wide application across the globe, to any hospital seeking to improve outcomes within the context of caring science. Within the first path analysis, it was identified the patient's perception of caring (using Watson's theory of caring) was impacted by staff who were clear in their professional role and the organizations' system which in turn supported creation of a work structure that they could successfully make the patient feel cared for. If the research model could reveal how the context of caring impacted the patient's report of caring, it seemed like a logical next step to show how this impacted patient satisfaction as measured by the HCAHPS scores. To most deeply understand the context and data relating to HCAHPS scores, a mixed method study was applied. The first of the three methods examined the relationship of caring, using Watson's theory of caring, with five slightly reworded HCAHPS questions (with permission of the CMS). HCAHPS questions address the patient's perception of pain, pain management, feeling listened to by staff, education on new medication and discharge instructions. The second method used a semi-structured interview of a panel of nine patients had been hospitalized in this hospital. Patients were selected for the panel because they had provided an HCAHPS score of 7 or 8 but not 9 or 10. It was desired to know where the hospital fell short in the patient reporting the highest scores of care. Finally, a secondary correlation analysis was conducted of HCAHPS scores from approximately 9,000 patients to understand if a profile high HCAHPS scores could be produced. Results provided a contextual understanding of HCAHPS. The second sub-session also used a path analysis within a caring science program to understand the structure of caring science data. This hospital, similar to the hospital studying HCAHPS in the first half of this session, used Relationship Based Care, Watson's Theory, and was an acute care hospital. The similar context may explain a similar model of staff who had clarity of role and system were also the staff who reported a good work environment (relationally and technically) to make the patient feel cared for. However, this study has some unique behavior in the staff data and subsequent path analysis that encouraged conversation of what might be missing in the model of research. This process of respecification of the model revealed the concept of civility needed to be added as it was suspected the lack of civility (may be referred to as bullying) in some areas of the hospital was impacted the path analysis. The theory of civility proposed by Kathleen Bartholomew was used to study if civility did fit in this model and thus explain some of the variation in these data that had a context very similar to the hospital that studies the HCAHPS scores. Presenters of this study will review the civility, or lack of it, discovered in the hospital staff and how this impacted the model. Presenters will also review what actions were taken to address operationally what was discovered within this research.

**References**  

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H 17 - SPECIAL SESSION: Will the True Scholarship of Teaching and Learning Please Stand

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

Purpose
The presentation will differentiate between scholarship of teaching and learning and research-led teaching, and explore indicators for evaluation of excellence of teaching and learning scholarship.

Target Audience
The target audience for this presentation is academics, educators and clinical supervisors involved with the practice of teaching and learning.

Description
Since the publication of Boyer's seminal work on scholarship (1990) and subsequently his 1996 paper unpacking scholarship of teaching, higher education has been transformed. Clearly, knowledge is not static and one dimensional and numerous developments have taken place over the past 20 years. This presentation will differentiate between research-led teaching and the scholarship of teaching and learning. Specific attention will be given to elements of teaching and learning scholarship and how it is embedded in the research-teaching nexus. Finally, the presentation will conclude on how excellence in teaching and learning scholarship may be evaluated. The presentation will differentiate between scholarship of teaching and learning and research-led teaching, and explore indicators for evaluation of excellence of teaching and learning scholarship. The target audience for this presentation is academics, educators and clinical supervisors involved with the practice of teaching and learning. Since the publication of Boyer’s seminal work on scholarship (1990) and subsequently his 1996 paper unpacking scholarship of teaching, higher education has been transformed. Clearly, knowledge is not static and one dimensional and numerous developments have taken place over the past 20 years. This presentation will differentiate between research-led teaching and the scholarship of teaching and learning. Specific attention will be given to elements of teaching and learning scholarship and how it is embedded in the research-teaching nexus. Finally, the presentation will conclude on how excellence in teaching and learning scholarship may be evaluated. The presentation will differentiate between scholarship of teaching and learning and research-led teaching, and explore indicators for evaluation of excellence of teaching and learning scholarship. The target audience for this presentation is academics, educators and clinical supervisors involved with the practice of teaching and learning. Since the publication of Boyer’s seminal work on scholarship (1990) and subsequently his 1996 paper unpacking scholarship of teaching, higher education has been transformed. Clearly, knowledge is not static and one dimensional and numerous developments have taken place over the past 20 years. This presentation will differentiate between research-led teaching and the scholarship of teaching and learning. Specific attention will be given to elements of teaching and learning scholarship and how it is embedded in the research-teaching nexus. Finally, the presentation will conclude on how excellence in teaching and learning scholarship may be evaluated. The presentation will differentiate between scholarship of teaching and learning and research-led teaching, and explore indicators for evaluation of excellence of teaching and learning scholarship. The target audience for this presentation is academics, educators and clinical supervisors involved with the practice of teaching and learning.

References
None

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Purpose
The purpose of this presentation is to describe a pressure injury (also known as pressure ulcer) prevention program of research including a cluster randomised trial conducted in eight Australian hospitals.

Target Audience
The target audience of this presentation is participants interested in developing programs of clinical research as well as those interested in pressure injury (ulcer) prevention, the use of care bundles and patient participation in care.

Description
A pressure injury (PI), also known as a pressure ulcer, is an area of localized damage to the skin and underlying tissue caused by pressure or shear and/or a combination of these (DeFloor et al., 2005). PI incidence rates are an indicator of quality of nursing care, thus PI Prevention (PIP) is an international priority. Yet, implementation of PIP strategies remains suboptimal in many settings. A care bundle is a structured group of interventions, based on research evidence and/or clinical practice guidelines (CPG), which have been shown to improve patient outcomes. They improve processes of care and encourage CPG compliance. In relation to PI, a US group developed an 8-item PIP care bundle that included skin care, turning, and nutritional assessment, directed at nursing staff and although their annual PI prevalence data showed trends towards improvements in PI prevalence (Baldelli & Paciella, 2008). To date, care bundles have focused on guiding clinicians in their practice, yet the literature on patient participation suggests involvement of patients and their families working alongside clinicians could be a major driver in the use of care bundles (Coulter, 2006). Our team developed a patient centred PIP care bundle (PIPCB) to be used by patients, in partnership with nurses. A care bundle is an example of a complex healthcare intervention. This care bundle was based on the literature on patient participation in care, care bundles and current PIP CPGs. The training resources included a 5-minute DVD, a brochure and a poster. Modifications to the content of the PIPCB were based on feedback from health professionals and consumers (Gillespie, Chaboyer et al., 2014). Our pilot trial investigated the feasibility of the PIPCB. Over half of the 102 medical and surgical patients approached, were willing to participate in the pilot. Interviews with 11 patients and 20 nurses showed the PIPCB was well received, informative and could likely be integrated into current clinical practice (Chaboyer & Gillespie, 2014). With funding awarded by the Australian National Health and Medical Research Council, a cluster randomised trial (c-RT) was undertaken in 8 hospitals in 3 states in Australia. The research team was comprised of 8 nurses, a statistician and a health economist. To be eligible for the study, hospitals had to be metropolitan referral hospitals that cater to diverse patient adult populations and case mix groups, offering acute medical and surgical and rehabilitative services. They had to have 200 or more beds. All adult patients who had restricted mobility from wards except day-surgery, critical care, mental health, and dialysis units were eligible to participate. The primary outcome of for the trial was the development of a new PI, with secondary outcomes PI stage, hospital length of stay, and patient participation in care (self report 7-item patient participation scale adapted to PIP). The PIPCB was delivered by dedicated intervention research assistants (RAs) to both the patient and nurses (patient and cluster level) and was comprised of three main messages; 1) keep moving, 2) eat a healthy diet and 3) look after your skin. Patients reached the study endpoint if they developed a PI, if they were discharged, after study day 28, if they died or if they were transferred to another hospital or to the ICU and were mechanically ventilated. An economic sub-study was undertaken to identify the cost effectiveness of the PIPCB. In total, 1,600 patients with restricted mobility were recruited (200/site) with the sub-study recruiting 320 patients (40/site). Separate recruiters, outcome assessors and intervention research assistants were employed in addition to dedicated RAs for the health economic sub-study. This presentation will provide an overview of the program of research that led to this large, multi-site c-RT as well as the findings to date. It will also briefly introduce the process evaluation, that was undertaken alongside this c-RT to better understand and explain who the PIPCB worked for and under what conditions.

References

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I 02 - SPECIAL SESSION: Nurse Faculty Leadership Academy: Mentored Leadership Development in Three Domains

Deborah Cleeter, EdD, MSN, RN, USA
Carolyn Hart, PhD, RN, CNE, USA
Laura C. Dzurec, PhD, MS, BS, RN, PMHCNS-BC, ANEF, USA
Steven J. Palazzo, PhD, MN, RN, CNE, USA
Jodie C. Gary, PhD, RN, USA
Gwen Sherwood, PhD, RN, FAAN, USA

Purpose
To describe the curricular components, leadership development domains, and outcomes of the Nurse Faculty Leadership Academy.

Target Audience
Nurses who are currently leaders within their fields and those interested in becoming leaders.

Description
A rigorous international leadership development experience, the Nurse Faculty Leadership Academy (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. The NFLA is designed upon a behavioral philosophy of leadership development which is integrated throughout all components of the academy. Developed for aspiring leaders in nursing education, the NFLA employs a triad mentoring structure as the foundation for the Scholars’ academy learning milieu. Composed of an experienced Leadership Mentor, an academy Faculty Advisor, and the Scholar participant this learning triad meets regularly throughout the experience to implement the application of curricular activities, to guide reflective exercises, and to provide a framework for the leadership development process. Constructed upon the Kouzes-Posner “Leadership Challenge” model, the twenty month leadership development curriculum is constructed upon three domains: 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. Two immersion leadership development workshops, two Site Visits, and monthly Scholar Community Conference Calls are conducted during the academy. Triads meet several times each month for guided conversations. The intense nature of the academy requires intentionality and commitment from all members of the NFLA community. Faculty from the NFLA will describe the leadership development philosophy and approach, history of the academy design and aggregate progress, curricular elements and composition, mentoring roles and responsibilities, and the impact of the NFLA on the future of leadership in nursing education. Scholars will present their leadership development experience through description and storytelling of activities and outcomes from the three domains. Assessment processes, analysis, planning, implementation, and evaluation components will be included for each of the domains: 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.

References

Contact
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I 06 - SPECIAL SESSION: Using Pause and Flow (physics) as a Method to Improve the Experience for Staff and Patients

Mary Ann Hozak, MSN, BSN, RN, CCRN, USA
Janina Sweetenham Bywater, MA, RN, DipN, DipEd, DipNEd, Scotland
John Nelson, PhD, MS, BSN, USA

Purpose
To identify an engaging method of analysis that goes beyond the limitations of using statistics while providing specific descriptions of how to improve operations for both patients and staff.

Target Audience
Managers, executives and quality staff who would like to use an innovative methods to address productivity while engaging staff within the process. Target audience also includes academicians and/or researcher who would like to consider how physics can be applied to operations of healthcare research.

Description
Constructal Law has been used in multiple sciences to illustrate how design can impede or enhance flow. This session will reveal how Constructal Law, physics, was used to study the design of the work environment as reported by staff and the care experience as reported by patients. The first half of this session will examine the work of staff from the USA who conduct care on wards in an acute care hospital with persistent excellent scores of performance. Use of statistics to show ward performance was limited once the best scores were achieved and sustained. There was a desire the staff in these wards to show performance beyond the 95th percentile. Use of statistics in various graphs like bar charts and box plots to show persistent high scores was deemed wanting as it did nothing to shed light on what caused the operations on the high performance units to work well. Based on the limitations of data, it was decided to apply a different kind of mathematics to reveal the design of good functioning units. The process of studying the flow and pause of the work design was achieved through application of Constructal Law. It was a study of the design of work which provided very useful information to go beyond the 95th percentile. Also within the first half of this session, methods will be reviewed how this method of analysis was used to support continued refinement of high performing units. Presenters will identify how the data was generated, dissemination to staff, and used for refining operations. This method was found to engage staff because the staff comments about the process of work was validated by making their views visible and operational for change. This first sub session will also review how this concept has been applied to low performing units as well. The second half of the session will review how Constructal Law was applied to studying the process of caring for patients who reported nothing else could be improved. It was desired to continue the deepening of the caring process that was limited by the current use of statistics’ graphing and reporting. Studying the design of successful caring, using an analysis of pause and flow, took place in an acute care hospital in Scotland, within the National Health Service (NHS). Likert scales within a measure that used Swanson’s theory of caring was supplemented with the patient’s report of what felt caring and what did not feel caring. This analysis of pause and flow revealed specific operations that could be used to enhance the process of caring as reported by patients, despite the patients’ report of nothing needing improvement.

References

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I 17 - SPECIAL SESSION: Connecting Nurse Faculty: International Networking Opportunities

Judith Bruce, PhD, RN, South Africa
Marie T. Nolan, PhD, RN, FAAN, USA
Matthew S. Howard, MSN, RN, CEN, CPEN, CPN, USA
Kayla Woodward, MPA, USA

Purpose
The purpose of this presentation is to discuss three networking resources available to nursing faculty to enhance their professional relationships and the exchange of ideas in order to advance international collaboration.

Target Audience
The target audience of this presentation is nursing faculty at all levels.

Description
Global bodies such as the World Health Organization have developed global standards for nursing and midwifery education to improve the quality of nursing education and create paths for professional advancement in line with worldwide education trends (WHO, 2009). Despite this general consensus to establish basic global standards, there are many challenges to doing so in each country, such as variations in the development of practice, competency, and regulatory and legal standards (Huston, 2009). We live in an increasingly global society that gives nurses the ability to connect with other nurses and healthcare professionals all over the world. Globalization has removed international boundaries and provides endless opportunities for connecting and sharing expertise. “Improvements in information technology and communication systems, and the Internet in particular (an example of transnational activity), have facilitated the rapid and extensive exchange of information, expertise and ideas across international communities, resulting in the widespread creation and dissemination of knowledge (Freshwater, 2006).” Globalization trends have strengthened communications among nurses and nursing organizations internationally. Enhancing nursing knowledge requires the exchange of ideas and collaboration amongst nurses. Opportunities to connect globally are now readily available and offer faculty a means to search for and implement the best curricula without the need to invest major resources. These opportunities to nursing enhance the knowledge and experience of nurse faculty, as well as those of their students are essential. Creating this global infrastructure is even more important in countries where resources are limited and highly skilled and educated workers are scarce. This session will introduce participants to three forums that allow faculty to collaborate with their global colleagues, enhance their professional relationships, and exchange ideas in order to advance the profession. These forums include the International Academic Nursing Alliance (IANA), International Network for Doctoral Education in Nursing (INDEN), and the International Council of Nurses Education Network (ICNEN). IANA, hosted by the Honor Society of Nursing, Sigma Theta Tau International, is a resource for those with a vested interest in nursing education to provide recommended education and collaboration opportunities for nurse faculty. IANA's mission is to establish a global electronic network of nursing educators linking resources and information from schools of nursing that facilitate collaborations, exchanges, mentoring opportunities, research and faculty development. This innovative, virtual, free, collaborative Alliance allows educators and schools of nursing around the world to promote scholarship and excellence in nursing education by sharing information, resources, and opportunities in an extensive range of areas. For example, users recently engaged on nursing student attrition and retention strategies. INDEN is a non-profit professional association dedicated to the advancement of quality doctoral nursing education globally. Beginning in 1995 during the Doctoral Forum in Nursing hosted by the University of Michigan School of Nursing, this network has grown to become a large organization dedicated to advancing doctoral education in nursing. The network maintains quality indicators and guidelines for doctoral education and collaborates with multiple countries to confirm the indicators are relevant throughout the world. INDEN has charged itself with pursuing opportunities to exchange ideas between nurse educators and doctoral students from around the world to generate substantive nursing knowledge that is globally relevant. The ICNEN was established by the International Council of Nurses (ICN) to address the critical issues of the worldwide nursing shortage, the advances in communication technology and the preparation of a diverse nursing workforce worldwide. Officially launched in Durban, South Africa during the ICN’s 24th Quadrennial Congress, 2 July 2009, the network’s mission is to provide a global forum for nursing educators to discuss issues and disseminate knowledge and ideas. Like IANA, ICNEN requires no membership fee and is open to all individuals who are nurse educators or those interested in nursing education.
References

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J 02 - SPECIAL SESSION: The Geriatric Nursing Leadership Academy: Sustainability in Influence and Impact

Deborah Cleeter, EdD, MSN, RN, USA
Karen Reynolds, DNP, MSN, BSN, CNS-BC, FGNLA, USA
Meredith Rowe, PhD, MSN, BSN, RN, FGSA, FAAN, USA
Claudia J. Beverly, PhD, MSN, RN, FAAN, USA
Catherine Roscoe-Herbert, DNP, MSN, GNP-BC, CNS, FGNLA, USA

Purpose
To describe the three leadership development domains, related outcomes, and impact of the Geriatric Nursing Leadership Academy.

Target Audience
Nurses who are currently leaders within their fields and those interested in becoming leaders.

Description
The Geriatric Nursing Leadership Academy (GNLA) is designed to prepare and position a global cadre of nurse leaders to transform relevant practice and policy for older adults. The academy provides an intentional personal and professional development experience for Fellows who are mid-career geriatric nurse leaders. A behavioral leadership development philosophy is employed as the foundation of the design of all academy relationships, curriculum activities, faculty modeling, and reflective exercises. Currently conducting the fourth cohort of the international academy, the GNLA Fellows have achieved significant outcomes 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. Fellows engage in an eighteen month facilitated experience of rigorous leadership development through formal mentoring and faculty relationships, an integrated experiential and intellectual curriculum, development of interprofessional leadership knowledge and skill, and strategic partnerships with senior executives of healthcare organizations. Two immersion leadership development workshops, two site visits, monthly Fellow community conference calls, and frequent regular triad calls provide the framework for the fellowship experience. Designed upon the Kouzes-Posner “Leadership Challenge” model, the GNLA Fellowship provides the foundation for ongoing and sustainable influence and impact in leading policy and practice advancements in caring for older adults. Faculty, Leadership Mentors, and Fellows of the GNLA will present the history and design of the academy, curricular components and leadership development philosophy, exemplars of the mentoring and faculty relationship triad, interprofessional team practice outcomes, and expanded scope of influence within the field of caring for older adults. Former Fellows will describe their ongoing leadership development, relationship building, national networking, involvement in advocacy and policy activities, and sustainability of interprofessional advancements originated through their GNLA projects. The impact of the GNLA and its relationship to the future of global leadership and advancements in care of older adults will also be described.

References

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J 06 - SPECIAL SESSION: Selecting Variables of Study Aligned with Models of Caring

Tara Nichols, MS, RN, CCRN, CCNS, ACNS-BC, AGCNS-BC, USA
Janina Sweetenham Bywater, MA, RN, DipN, DipEd, DipNEd, Scotland
John Nelson, PhD, MS, BSN, USA

Purpose
To establish how context driven models of care and associated models of research can be used to guide selection of variables for operational refinement of caring.

Target Audience
Managers and staff who are interested in learning about practical methods to implement concepts of caring science and how to structure data according to context and model of care. Researchers/academicians who would like an example of participative action research which helps minimize error and maximize interpretation of data.

Description
This session will have two sub-sessions each reviewing a unique model of care. The first model of care, Caring Behaviors Assurance System (CBAS), is currently being used in about 50% of the National Health Service (NHS) of Scotland. Caring, as proposed by Swanson's theory, was selected as a construct for measurement as it is proposed as a primary variable of quality of care. Development of a context of caring, using a formal model of care to structure operations and data analyses, was proposed to positively impact both patients and employees. A key strategy to make caring real operationally is use of a Patient-Centered Care Quality Instrument (PCQI) form. Staff select a specific behavior from the PCQI to operationalize on their respective ward or department. Caring and quality as reported by patients and staff will be reviewed in this session as it relates to use of the PCQI. This session will review the current model of research that has been developed and refined over the last 30 months as concept and operations of caring are more clearly understood in relationship to outcomes of quality care. The second sub-session will review a study from within the context of Relationship Based Care. Participants within a caring science research program in this acute care hospital in Michigan have been working within the context of Relationship Based Care. Similar to the NHS of Scotland, a model of research has been taking form and refined as the model of Relationship Based Care has been implemented. During the development of research and operations of caring science, it became clear that the construct of civility needed to be studied. This understanding became clear as staff and managers evaluated the initial data in consideration of relational and environment challenges of the work environment. This session will review what was discovered regarding the relationship of civility with the work environment and outcomes of quality and caring.

References

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J 17 - SPECIAL SESSION: Advancing the Science through the National Nursing Education Research Network

*Linda Flynn, PhD, RN, FAAN, USA*

**Purpose**
The purpose of this session is to describe the aims of the newly created National Nursing Education Research Network, the benefits of Network membership, and the opportunities that the Network will provide for educators and researchers to access the data and advance the science of nursing education.

**Target Audience**
comprised of researchers, educators, and academic administrators interested in advancing nursing education science and garnering evidence to inform curricular innovation, faculty retention, student competency achievement, and policy development.

**Description**
The purpose of this session is to describe the aims of the newly created National Nursing Education Research Network, the data collection methods that the Network will use, the benefits of Network membership, and the opportunities that the Network will provide for educators and researchers to access the data and advance the science of nursing education. Session participants will also be engaged in identifying the most crucial research questions facing academic nursing today. Background: The clarion call to transform nursing education, as issued by the IOM’s report *The Future of Nursing* presents immense challenges and opportunities for researchers and educators across the U.S. and around the world. Confronted with severe faculty shortages, inadequate clinical placement opportunities, and outdated pedagogies, nursing education must be transformed in ways that abate current challenges. Therefore, it is imperative that nurse educators partner with nursing education researchers to design, test, implement, and evaluate evidence-based strategies and academic structures that will enhance active student learning, interprofessional teamwork, seamless academic progression, the effective use of educational technology, and more. By advancing the science of nursing education, schools of nursing will be better equipped to prepare a nursing workforce with the competencies required by a reformed healthcare system. Problem: Unfortunately, however, the science of nursing education has been traditionally constrained by insufficient funding which has contributed to single-site studies, small sample sizes, inadequately developed and tested outcome measures, and limited data collection and analysis techniques. Moreover, there are limited opportunities for schools of nursing to benchmark their initiatives and outcomes with those of similar schools of nursing. Response: The National Nursing Education Research Network (NNERN) is developed, with the aid of a planning grant from the Robert Wood Johnson Foundation, to provide a collaborative and cost-efficient mechanism for creating a large, national data set necessary to generate sound educational evidence. The Network will collect annual survey data from the faculty and students of member schools and make these de-identified data available to member schools for their own analysis via a secure web portal. Mechanisms have also been created that allow nursing education researchers at non-member schools to request de-identified data. Additionally, Network staff will leverage and analyze the data to address crucial educational research questions as determined by a consensus of member schools. Importantly, the Network will have the potential to employ powerful longitudinal designs to investigate important curricular, instructional, and policy-related questions over time. Dialogue: The benefits of Network membership, the benefits of big data, and the mechanisms for data access will be discussed. Participants will be engaged in collaboratively identifying the most critical education-focused research questions with the potential to inform quality improvement efforts, faculty staffing plans, updated pedagogies, active learning, and student and faculty satisfaction.

**References**

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K 01 - SPECIAL SESSION: Sigma Theta Tau International 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 invite dialogue and engagement regarding best practices to accomplish the strategic directions.

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.

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. The International Nursing Research Congress annually hosted by STTI is held in rotating global regions around the world. Over the past five years, this event has been held in Cancun, Mexico; Brisbane, Australia; Prague, The Czech Republic; Hong Kong, SAR, the People’s Republic of China; and now San Juan, Puerto Rico. Next year will be Cape Town, South Africa. And our Biennial Convention, held in the United States every other year, brings in STTI members and nurse leaders from dozens of countries around the world. 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. This session will include discussion on STTI’s global initiatives, and invite dialogue on efforts to enhance member growth and engagement.

References

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K 06 - SPECIAL SESSION: Integration of Caring Science Research across Settings and Implications for Practice

Jayne Felgen, RN, MBA, USA
John Nelson, PhD, MS, BSN, USA

Purpose
To establish an understanding of similarities of practice across contexts, cultures and countries using unique research from across the globe.

Target Audience
Researchers, managers, administration, clinical staff and quality champions who seek to explore and/or discover innovative ways to examine clinical care and methods to study outcomes of both staff and patients, within the context of caring science.

Description
This session will provide a review of the six research studies presented in the Caring International Research Collaborative (CIRC) special session. Attendees will first review the resultant path analysis (flow of data results) from each study presented to examine similarities of practice across settings, contexts and countries. This session will be delivered within the concepts of transparency, collaboration, caring science, and operations of clinical practice. Sharing of science, according to Dr. Thomas Kuhn as a pioneer in modern science, reports is what makes new discovery possible. Each of the research models reveal antecedents, covariates and outcomes that occur within the process of care. An examination of each model and comparison of models reveals certain variables and findings may have broad application within the process of care. Despite the similarities, each model has been specified to the context where the research occurred which resulted in unique dimensions of measurement and associated operations considerations. Model specification was important to minimize error in the results of the study and provides insight into how each context, culture and combination of both create challenges in replication with concomitant opportunities for discovery in data. Following the presentation of the models from each of the six studies presented will be an interactive discussion that will include collaborative interpretation and discussion of implications of findings across the models of research. Interactive learning has been shown to enhance not only the learning experience but the retention of concepts learned. Attendees can plan to come prepared to exchange thought and give interpretation of the data in consideration of their own context of care. Attendees will have opportunities to consider variables that may need to be measured within their own organization to ensure the data is both reliable and specified to their unique context of care. The interactive approach that will be used will make the collaborative learning both enjoyable and deepen the learning.

References

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M 01 - SPECIAL SESSION: Maternal-Child Health Nurse Leadership Academy

Cynthia Vlasich, MBA, BSN, RN, USA
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Kay Clevenger, MSN, RN, USA

Purpose
Educate participants on the STTI MCH Nurse Leadership Academy model; develop an understanding of how this academy cultivates the leadership skills of MCH nurses and midwives worldwide.

Target Audience
Nurses engaged in leading, planning, and delivering maternal, newborn/infant and child care. Nurse leaders who manage and administer clinical settings where maternal, newborn/infant and child care is provided. Nurses interested in learning about STTI's mentored leadership model and leadership academies.

Description
Celebrating over 10 years of success, the Honor Society of Nursing, Sigma Theta Tau International, has advanced the leadership skills of maternal and child nurses and nurse midwives in its 18-month Maternal Child Health Nurse Leadership Academy (MCH). This academy was developed and continues to be supported in partnership with Johnson & Johnson. MCH is designed to develop and enhance the leadership skills gained and apply them in health systems for long term and sustainable impact. Over the duration of the academy, mentees are paired with mentors and faculty advisors to plan and implement an inter-professional project. These nurses and nurse midwives involved in the academy work with mothers and babies up to age 5 in a variety of health care settings across the globe. Two hundred and ninety six (296) nurses and nurse midwives have taken part in the MCH academy from 6 countries, to date. During this presentation we will discuss the MCH Academy model, and present the results of the cohorts. At the conclusion of the 18-month academy the mentees demonstrate the leadership knowledge skills and abilities learned through dissemination of project results according to the principles of evidence-based research at an international conference. Examples include a MCH project at a public hospital in North West Province South Africa providing training on correct use of pantograms. The initial training led to a 58% reduction in inappropriate admissions. The training is now a permanent seminar and has been expanded across the hospitals’ feeder clinics and district wide. Another MCH project was developed to conduct an educational needs assessment, identify a breastfeeding curriculum, execute the mandatory breastfeeding training, and track nurse and patient outcomes pre- and post- the educational intervention. A nurse-driven breastfeeding educational intervention has the potential to increase nurse knowledge, patient satisfaction, and the overall reputation of a hospital. Based on the success of the North American Maternal Child Health Nurse Leadership Academy a pilot Academy was established in South Africa in 2012. The first cohort of the Africa Sigma Theta Tau International (STTI) Maternal Child Health Nurse Leadership Academy (MCH) was launched in 2014; MCH and the projects of the mentees have been successfully implemented and shown to be sustainable. The faculty involved in the Africa MCH, along with their partners from STTI North America and J&J, continue to modify the program and content to fit the African cultural context. The process to adapt MCH to the African context is complex and an ongoing exercise. The way in which the various aspects of the Africa MCH have been adapted to this point and the lessons we learned will be shared during this presentation. 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. The MCH academy experience instills individual leadership knowledge in nurses and nurse midwives, enabling them to expand their scope of influence, lead multidisciplinary teams and facilitate health care systems changes in order to improve the quality of patient care.

References

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Evidence-Based Practice Oral Presentations (Oral only)
A 07 - Promoting Clinical Outcomes in ICU Patients
Lessons Learned about the Feasibility and Effectiveness of Using Exercise Physiologists for Mobilization of Critically Ill Medical-Surgical ICU Patients

Claudia DiSabatino Smith, PhD, MSN, BSN, RN, USA
Petra Grami, BSN, RN, CCRN, CVRN II, NE-BC, USA

Purpose
Describe the feasibility and effectiveness of using Exercise Physiologists in the aggressive and progressive mobilization of critically ill medical-surgical patients.

Target Audience
Researchers, Advanced Care Providers, Direct Care Clinicians and Educators

Abstract
Purpose: Describe the feasibility and effectiveness of using Exercise Physiologists in the aggressive, progressive mobilization of critically ill medical-surgical patients.

Background: Key strategies for preventing and decreasing delirium duration include early identification, modifying patient, environmental, and iatrogenic factors, and early, aggressive, mobilization that is progressive (EMAP). The complexity of ICU patients, which may include high levels of sedation, hemodynamic fluctuation, life support equipment and monitoring technology are one limitation of mobilization. Subsequently, nurse burden coupled with the scope of physical therapists’ practice and significant complex billing regulations precludes early, aggressive mobilization of critically ill patients. Individual therapists may fear triggering a negative event when providing aggressive mobilization. Such negative events may include unplanned extubation, cardiac arrhythmias, or oxygen desaturation.

Methods: An interventional cohort study used the X-X Delirium Prevention Bundle© (X-X DPBundle), a prescriptive, five-component, nurse-directed bundle, in a large sample of critically ill patients (n=1032) to prevent and decrease the duration of delirium. The use of EPs is included in the EMAP component of the X-X DPBundle. The level of significance was set at 0.05, using a power of 0.80 with a moderate effect size.

Results: In a previous study researchers demonstrated that patients who mobilized were 89 times less likely to develop delirium (p=0.044); those who sat in chair were 51.4 times less likely to develop delirium (p=0.030). However, achieving those results required unsustainable Herculean efforts by the nursing staff. In a second study (currently under statistical analysis), Exercise Physiologists (EPs) were primarily responsible for EMAP under the direction of an RN-Delirium Coordinator and the assigned RN. During the course of the study, EPs mobilized 85% of study patients, while Physical Therapists (PTs) treated 8% of the same population. EPs collaborated to hand off the patient to PT when patients were able to take part in PT, i.e. had a billable skill. Statistical results will be available for presentation at the conference.

Conclusions: The use of Exercise Physiologists for early, aggressive, progressive mobilization in the X-X Delirium Prevention Bundle© is an effective strategy for achieving and sustaining the mobilization of critically ill medical-surgical patients. Further validation studies are planned.

References

Contact
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A 07 - Promoting Clinical Outcomes in ICU Patients
Changes in Health Related Quality of Life, Symptom Experience and Functional Status in ICU Survivors

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Hye Yon Yu, RN, South Korea
Ji Hun Ahn, PhD, MD, South Korea
Youngrye Park, PhD, RN, South Korea

Purpose
This longitudinal follow-up study were to describe change in symptom experience, functional status and HRQoL and to identify the role of symptom experience and functional status on HRQoL of Intensive Care Unit(ICU) survivors after discharge from adult ICU.

Target Audience
The target audience of this presentation will be clinical members or academic scholars who are concerned about HRQoL in vulnerable patients and critical ill patients.

Abstract
Purpose: The purposes of this longitudinal follow-up study were to describe change in symptom experiences, functional status and health-related quality of life (HRQoL) and to identify the role of symptom experiences and functional status on HRQoL of Intensive care units (ICU) survivors after discharge from adult ICU.

Methods: Patients who admitted in ICU for treatment their medical-surgical problems for a period of greater than 24 hours were included. Patients surviving to ICU discharge were approached for written consent to participate in this study. Total 213 patients during the study and of these 158 survived to 6 months following ICU discharge. Demographics, psychological factors (anxiety, depression) and situational factors (social support) were surveyed. Symptom experiences, functional status using the K-MBI (The Korean Version of Modified Barthel Index) and HRQoL with EQ-5D (Euroqol-5 Dimensions) were assessed at discharge, 1, 3 and 6 months after discharge from ICU.

Results: As results, symptom experiences, functional status and HRQoL respectively improved predominantly within the first 1 month after ICU discharge. In hierarchical linear regression, this study showed that ICU survivors after ICU discharge, demonstrated a statistically significant association between symptom experiences, functional status and HRQoL at 1,3,6 months after ICU discharge adjusted for socio-demographic, disease-related, physical and psychological variables. Symptom experience and functional status explained respectively about 31%, 43%, 33% of total variance in HRQoL at 1, 3, 6 months after ICU discharge.

Conclusion: The symptom experience, functional status, and HRQoL of ICU survivors showed steady improvement, and the symptom experience and functional status continually acted as main influencing factors of HRQoL. This information may guide clinicians in their discussions with patients, families, and other providers as they decide on what treatments and interventions to pursue, especially within a month after ICU discharge.

References

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**A 13 - The Health of the Mother**

**The Predictors of Health Status of Premature Infants' Mothers**

Chich-Hsiu Hung, PhD, RN, Taiwan  
Chia-Yao Wu, MSN, RN, Taiwan

**Purpose**  
The purpose of this presentation is to present postpartum stress, depression, social support, health status, and predictors of health status of premature infants' mothers.

**Target Audience**  
The target audience of this presentation is perinatal health professional.

**Abstract**  
**Purpose:** The purpose of this study was to explore premature infants’ mothers’ postpartum stress, depression, social support, and health status as well as the predictors of these mothers’ health status.

**Methods:** The Hung Postpartum Stress Scale, Social Support Scale, Beck Depression Inventory, and Chinese Health Questionnaire were used to assess premature infants’ mothers’ psychosocial features during the six weeks postpartum. With purposive sampling, a total of 203 premature infants’ mothers were recruited from two medical centers and four community teaching hospitals in southern Taiwan. Data were analyzed with Chi-square, independent sample t-test, and logistic regression.

**Results:** The important predictors of premature infants’ mothers’ health status were their “age,” “education,” “postpartum stress,” and “depression level.” Premature infants’ mothers’ unhealthy health status increased by 1.16 times for every one more year of age. The mothers with junior college diploma or above were 2.19 times more likely to have unhealthy health status than the mothers with senior high diploma or below. The mothers with an increase of one postpartum stress score were more likely to increase 1.02 times to have unhealthy health status. The mothers with mild or severe depression were more likely to increase 7.07 times to have unhealthy health status than those who did not suffer from depression.

**Conclusion:** The concerns and needs of premature infants’ mothers were different from those of full term mothers during the first six weeks postpartum, and premature infants’ health status was found to be the major stressor perceived by their mothers. Besides age and education level, premature infants’ mothers’ postpartum stress and depression level could predict their health status. Future studies can explore those women’s postpartum stress, social support, depression, and health status at each postpartum week, which can serve as a reference for nursing interventions.

**References**

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Purpose
The purpose of this presentation is to present the Helping Mothers Survive training package—including the development process, the evidence that guided its design, and the innovation of ongoing practice at the worksite—and its ability to reach higher numbers of the nursing workforce in remote settings.

Target Audience
The target audience of this presentation includes: nurse educators, nurse clinicians, nurse researchers, nursing students, trainers, and program implementers.

Abstract
Purpose: Postpartum hemorrhage (PPH) is the leading cause of maternal mortality globally, accounting for approximately 30% of maternal deaths in Africa and Asia. The majority of these deaths occur in low-resource settings, where skilled birth attendants are limited—particularly at the periphery of the health system—and access is limited to timely interventions when emergencies arise. Helping Mothers Survive is a new and innovative training initiative to equip nurses and other frontline workers with the knowledge and skills they need to prevent mothers from dying of preventable causes on the day of birth.

Methods: Building on the success of Helping Babies Breathe, a successful and effective training program on neonatal resuscitation, Helping Mothers Survive (HMS) is designed to be provided at all levels of the health system but targeted to the periphery in order to address the major causes of preventable maternal deaths. Using a simple, one-day training format, HMS utilizes evidence-based educational techniques culled from an extensive literature review [1]—including clinical simulation, case-based learning, and immediate practice and feedback.

Results: Responding to often-cited challenges with workshop-based trainings that do not reach all providers and result in absenteeism at health facilities, HMS is designed for all levels of workers who attend births at a facility and training is conducted at the worksite with all members of the health care team. Building on a growing body of evidence about the effectiveness of new "low dose, high frequency (LDHF)" approaches to health worker training, the Helping Mothers Survive approach provides sustained and targeted follow up with every participant after training using weekly LDHF peer-led practice sessions at the facility. When implemented with current supervisory practices, HMS can reduce training costs and improve retention of knowledge and skills. One Helping Mothers Survive training module, Bleeding after Birth (BAB), has already been developed, involving consultations with technical global experts, international stakeholder groups including WHO, ICM, FIGO, AAP and ICN, and an extensive three-country validation prior to roll out of the training. [2] HMS BAB focuses on improving competencies necessary to prevent, detect and manage PPH to WHO standards. Ongoing implementation research is currently being conducted in 12 districts and 125 health facilities in Uganda to assess the impact of this training on skills retention and clinical outcomes, with results expected later this year.

Conclusion: Because of its simple, portable design, HMS is able to reach higher numbers and a greater range of the frontline health workers who attend births at hard-to-reach urban and rural communities, including nurses who are often tasked with intrapartum and post-partum care. The LDHF practice sessions conducted at the facility ensure consolidation of skills and further foments a culture of teamwork.

References

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Amanda Kuenstler, MSc, BSN, RN, CPHRM, USA
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Purpose
The purpose of this presentation is to inform nurses about the results of qualitative research examining healthcare system approaches to human error and reporting among nurses. Findings indicate nurses attribute mishaps with character flaws and ethos instead of processes which may be influenced by a state laws and organizational documents.

Target Audience
The target audience of this presentation includes nurse leaders, nurse managers, nurse clinicians and educators. Findings indicate a need to further study how incident reporting is used and what defines human error across a continuum.

Abstract
Purpose: For over a decade the healthcare industry has attempted to mimic the non-medical industry with the use of incident reporting as one of many learning tools used to increase safety worldwide. WHO suggests, “Reducing medical errors has become an international concern” (World Health Organization, 2005). But it is difficult to have effective safety cultures if nurses, the largest contributor of adverse event reporting, have to overcome difficult barriers when reporting a mishap. Globally, nursing research literature from Taiwan, Greece, Australia, and Great Britain have explained that barriers nurses have had to overcome in order to report an adverse event include fear of reprimand, self-preservation, and peer confidence, to name a few. Chiang, Lin, Hsu and Ma (2010) noted that nurses appear to view incident reporting as a mark of a personal failing instead of a natural course of systemic contribution of a variety of processes. And as a healthcare system, this view may be resonated. For example, nurses are often at the sharp-end of a long string of providers and processes for medication administration however, they are often the focus of reprimand after an adverse event and can be reported to their peer review boards. Secondly, healthcare workers are trained to focus on perfecting their individual performance and the incident reports are frequently focused on character flaws. These barriers could also be influenced by nursing state laws, as well as healthcare organizational statements offering a broad range of approaches to errors made. Like many organizations, nursing organizational documents offer diversity in portraying newer collaborative systemic approaches to error as well as hanging on to some older concepts of complete individual responsibility. And state laws tend to count minor errors which can increase fear of reporting thus decreasing chances for learning from errors. This variety of wide-ranging standards can lead to little reporting and less learning from mishaps. Using a safety science framework, Old View vs. New View approach, this research study examined how the healthcare systems’ approach to human error can influence the nurses’ perception of human error as it is demonstrated in the incident reporting culture.

Methods: A qualitative exploratory case study approach was used to interview registered nurses and nurse managers to explore their depth of knowledge of human error as it relates to incident reporting. Document analysis of related healthcare organizational documents and state nursing laws were analyzed for the relationship to errors made and incidents reported. The semi-structured interviews were at a major research academic hospital that employs over 10,000 and includes more than 40 hospital care areas. Three nurse managers’ and five inpatient nurses were interviewed to understand nurse’s experiences, values, and opinions related to human error and incident reporting. As Blaxter, Hughes and Tight (2010) suggests, some advantages of a case study are that it draws on people’s experiences and practices, allowing the researcher to show the complexity of social life. The interviews were used to explore nurses and nurse manager’s knowledge of human error as it relates to writing or not writing of incident reports. A questionnaire was created involving five questions on human error and five questions regarding incident reporting. Healthcare organization documents and state laws were analyzed to examine healthcare system’s views of human error, incident reporting and their possible influence on the perception of human error and compared to the responses gathered from the interviews.

Results: Significant findings resulted in nurse’s perception of human error as character flaws more than a normal component within a complex system. Characteristics defined by nurse participants that human error was
noted to be -a lack of competency, lack of education or judgments were recurrent themes. Nurse’s perception of
their own organization’s handling of human error focused most on the severity of the event, scape-goating and
getting rid of the bad apple. Nurses appeared to utilize the incident reporting tool for tattling, severity bias; and
self-preservation. Document analysis of Texas nursing laws, ANA Code of Ethics, and Position Statements of
Just Culture, and AHRQ-Incident Reporting vacillated between promoting or limiting incident reporting.

Conclusion: Results from the study can be used to discuss and identify how nursing organizations and state
laws promote or stifle reporting of errors made by nurses. A safety culture, as safety science has suggested,
continues to promote the more proactive approach to errors made and a systemic resolve. Awareness of
understanding the human fallibility within healthcare’s complex system is more conducive to learning how
humans interact within the system rather than a focus on individuals and the understanding that our ethos is not
related to accidents. Since nurses are the most frequent user of incident reporting, an evaluation of how it is
being used is highly suggested. More research is needed to determine whether nurses believe their ethos is
related to errors made.

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A 15 - Influencing the Workplace Culture
Influence of Work Environment Conditions on the Ability of Critical Care Nurses to Provide Efficacious Nursing Care in Puerto Rico

Yolanda M. Torres, MSN, RN, USA

Purpose
The purpose of this presentation is to share the findings of this study to contribute with the development of nursing science in Latin America by providing new evidence for the improvement of working conditions of critical care nurses in Puerto Rico, ultimately improving patient care.

Target Audience
The target audience of this presentation are registered nurses, advanced practice nurses, nursing educators, nursing administrators and researchers.

Abstract

Purpose: Most recent published statistics of the Puerto Rico’s Department of Health (2013) report that there are over 19,735 active registered nurses. No evidence describes the relationship between working conditions and the ability of nurses to deliver safe, quality, and efficient care in Puerto Rico. The purpose of this study is to explore the influence of work environment conditions on the ability of critical care nurses to provide efficacious nursing care. The specific aim is to determine the influence of work empowerment over the efficacy of care provided by critical care nurses. The instruments to be administered in this quantitative research are Conditions for Work Effectiveness Questionnaire (CWEQ) and Caring Efficacy Scale (CES), in order to assess the relationship between the nurses working conditions and care efficacy.

Methods: Prior to initiating the study, and with the corresponding authorization, the CWEQ and the CES will be translated from English to Spanish and adapted to the Puerto Rican culture and tested on 10% of the projected sample of the target population to measure their validity and reliability. Pilot participants will be excluded from the research sample. Once the appropriate translation is established, these instruments will be administered, analyzed, and correlated in order to gather baseline data on the nursing staff’s perceptions of their work structural environment empowerment and their self-efficacy. Following approvals of the University of Massachusetts, Amherst Institutional Review Board (IRB) and proper hospital administration, using convenience sampling, the CWEQ and CES will be paired and administered to 200 nurses from critical care units (emergency and trauma departments) of hospitals in San Juan, Puerto Rico. Participation in the study will be voluntary and a Survey Consent Form will be provided with the questionnaires. Data will be initially analyzed through descriptive statistics. Correlational analysis, based on Pearson product-moment correlations, will be conducted in order to gather baseline data on the nursing staff’s perceptions of their work environment and self-efficacy. The correlation between the two variables will provide evidence which may guide the future of nursing practice in Puerto Rico. Findings will also contribute to the development of nursing science by providing new evidence for the improvement of working conditions of nurses in Puerto Rico ultimately improving patient care.

Results: Results will be analyzed and correlated in order to gather baseline data on the nursing staff’s perceptions of their work structural environment and their self-efficacy. The correlation between the two variables will provide evidence which may guide the future of nursing practice in PR. Findings will contribute to the development of nursing science by providing new evidence for the improvement of working conditions of nurses in Puerto Rico ultimately improving patient care. The results, discussion and implications will be available by July 2015.

Conclusion: The results, discussion and implications will be available by July 2015.

References

Contact
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Purpose
The purpose of this presentation is a reporting of the body of evidence available through a systematic review of the literature on professional practice environments. The literature portrays characteristics of, benefits of, and means to facilitate the development of a positive professional practice environment.

Target Audience
The target audience of this presentation is all nursing leadership including administrators, managers, educators and supervisors in clinical settings. Academic educators could benefit as they contribute to the clinical environment as well.

Abstract
Background: Healthcare is challenged to reinvent itself to be quality driven, fiscally sound and evidence based, while its workforce is aging and the population of baby-boomers needing care, is growing. A positive professional practice environment is vital to assure safety of patients and staff, improve professional staff recruitment and retention and sustain an organization’s financial viability. Nurse Managers and Leadership are reported as the single greatest influence on the professional practice environment, either positive or negative.

This project was to review the literature for definitions, benefits and methods to facilitate positive professional practice environments. Nurse Managers were reported as the single most influential factor on the professional practice environment. Description of essential knowledge, effective skills and necessary attitudes for Nurse Manager development were then explored.

Design approach: This presentation is a reporting of a summary of the literature on professional practice environments and the similar concept of healthy work environments. CINAHL and PubMed were searched from 2003-present using key words including “professional practice environment,” “healthy work environment,” “workplace culture,” “Nurse-Friendly Hospital,” and “nursing practice climate.”

Results: Over 100 articles were initially reviewed rendering a meta-analysis, 8 interventional studies, 6 systematic reviews, over 50 descriptive and qualitative studies, 13 describing tool development and many expert opinion and editorial articles. Discussion of the body of evidence will be organized into four areas: Define and describe dimensions of professional practice environments concepts; Discuss measurement of outcomes achieved in positive/healthy practice environments; Explore the knowledge, skills and attitudes reported as necessary for influencing the environment; Provide recommendations for nurse manager development for best influence on the practice environment.

Impact of positive professional practice environments included:
1. lowers preventable errors
2. increases employee satisfaction
3. decreases absenteeism
4. increases retention
5. increases patient satisfaction
6. increases employee engagement

Recommendations for key concepts to incorporate in development of Nurse Managers and Leaders include:

Knowledge: global thinking, national healthcare arena, QI, change from volume to value, finance/budgeting, supporting evidence based practice

Skill: coaching, team building, giving feedback, handling problem behavior, relationship building

Attitude: self-reflection, recognize own behaviors and others, reward and recognition

Conclusions/value of this presentation: In order to create a healthcare system with high quality care, high patient satisfaction and lower costs, professional practice environments need to support, engage, recognize and
reward innovative best practices. Since Nurse Managers are the largest single influence on the PPE, evidence on how to develop this key role is significant.

References

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A 16 - Innovative Ways to Educate Novice and Future Faculty
The Examination of Skill Acquisition of U.S. Nurse Educator Competencies of Novice Nurse Faculty

Kem Louie, PhD, RN, PMHCNS-BC, FAAN, USA

Purpose
The purpose of this presentation is to present findings from the descriptive cross sectional design research which had two questions: • What are the novice nurse faculty skill acquisition competencies in prelicensure nursing programs? • What factors contributed to novice faculty skill acquisition of nurse educator competencies?

Target Audience
The target audience of this presentation is primarily academic faculty and clinical staff nurses who are interested in transiting to the role of nurse faculty in the future.

Abstract
Purpose: The purpose of the study is to examine skill acquisition of nurse educator competencies of novice nurse faculty there is little known about the skills and knowledge acquisition of nurses in the educator role (Ramsburg and Childress, 2012). Qualitative research and anecdotes findings show that novice nurse educators are not educational prepared for the role (Davis, et al, 1992; Dattilo et al, 2009; McDonald et al, 2012). The American Association of Colleges in Nursing (AACN) report that there is a current nurse faculty shortage with a national vacancy rate of 8.3% and predicted to be a crisis in 2025 (AACN, 2014). The average age of doctorally prepared faculty is 53.5 years and the average age of retirement is 62.5 years would further contribute to the crisis.

Questions guiding the research:
• What are the novice nurse faculty skill acquisition competencies in prelicensure nursing programs?
• What factors contributed to novice faculty skill acquisition of nurse educator competencies?

Methods: A descriptive cross sectional design explored the skill acquisition of nurse faculty in seven states the north east United States in 2013. A variety of types of nursing program included associate degree, diplomas in nursing programs, baccalaureate, masters and doctoral programs. 1366 survey were sent via Survey Monkey to nurse faculty email addresses from June 1 to July 31, 2013. 276 questionnaires were returned (response rate 20%). The convenience sample of nurse educators completed a demographic survey and the Ramsburg (2010) Nursing Education Skill Acquisition Tool which measured the nurse faculty competencies (NLN, 2005). This tool included two sections. Part A multiple choice questions on the eight competencies 1) Facilitate learning, 2) Facilitate learner development and socialization, 3) Use assessment and evaluation strategies, 4) Participate in curriculum design and evaluation of program outcomes, 5) Function as a change agent and leaders, 6) Pursue continuous quality improvement in the nurse educator role, 7) Engage in scholarship and 8) Function within the educational environment. Part B included vignettes of faculty teaching which demonstrated competence in each of the eight competencies. Results of the 276 questionnaires found that 97% were female, 44% had doctoral degrees, 21% of the faculty taught 3 years and less (novice faculty) and 18% had taken the Certified Nurses Educator Examinations (CNE).

Results: Findings showed that nurse faculty with more than 4 years of teaching significantly (p< .05) had higher scores on the skill acquisition tool on the nurse educator competencies #1-6 than nurse faculty with less than 4 years of experience (novice faculty). Other statistically significant findings showed that nurse faculty who had more teaching experience, were more educated, older and had received the NLN Certified Nurse Educator certification achieved higher nurse educator competencies.

Conclusion: Limitations to this study included that this was a descriptive study with a convenience sample of nurse educator and caution against generalizability. Recommendations from the findings suggest that nurse novice faculty need mentoring from experienced nurse faculty, and ongoing faculty development. It is further encouraged that faculty prepare and take the NLN Certified Nurse Educator examination

References

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A 16 - Innovative Ways to Educate Novice and Future Faculty
Best Practices for Mentoring Novice Academia Faculty Members

Sharon Cannon, EdD, RN, ANEF, USA
Carol Boswell, EdD, RN, CNE, ANEF, USA
Joyce Miller, DNP, RN, WHNP-BC, FNP-BC, USA

Purpose
The purpose of this presentation is to present best practices used to channel novice educators along with advanced nursing professionals into a sound understanding and commitment to the faculty role.

Target Audience
The target audience of this presentation is educators interested in mentoring novice nurse educators into effective members of the academic environment.

Abstract
According to the American Association of Colleges of Nursing (2014), a total of 1,181 full-time nursing faculty vacancies are reported along with 103 additional schools reporting that they need additional faculty members. The average age of current faculty ranges from 51.7 to 61.3 years. It is projected that approximately 600 faculty members will retire before 2018. Addressing this critical challenge of hiring novice faculty members to fill these positions is imperative at this time. As schools of nursing carefully consider how to fill these positions, the question of keeping those individuals who are hired is fundamental and essential. Job satisfaction is linked to variables such as stress, commitment, communication, and autonomy. Careful consideration of the best practices for mentoring and retaining these novice academia faculty members must take an enhanced responsibility. This presentation will present best practices used to channel novice educators along with advanced nursing professional into a sound understanding and commitment to the faculty role. Individuals come to the faculty role from two unique directions. One group comes with the educational preparation for being an educator but minimum clinical foundation. Another group arrives to academia with years of working in the clinical setting but minimum educational expertise. Both groups must be mentored uniquely. The best practices will provide strategies for meeting these groups and individuals in a positive and supportive manner.

References

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B 13 - Improving Outcomes through Mentorship
Mobile Mentoring Application for Use in Nurse Academia and Healthcare Settings

Susan M. Baxley, PhD, RN, USA
Kristina S. Ibitayo, PhD, RN, USA
Mary Lou Bond, PhD, RN, CNE, ANEF, FAAN, USA

Purpose
The purpose of this pilot study was to explore if nurses in academic settings at the undergraduate (Associate degree, diploma, BSN, RN and BSN) and graduate (Master's, PhD, DNP) levels and in healthcare settings would perceive the concept of a mobile application (APP) as useful in the mentoring relationship.

Target Audience
This presentation is designed for nurses in academic and health care settings who assume roles as mentors to personnel within their departments. Additionally, students and personnel within healthcare settings who are recipients of mentoring as they assume new roles will learn about new mechanisms facilitating individualized mentoring activities.

Abstract
Purpose: The purpose of this pilot study was to explore if nurses in academic settings at the undergraduate (Associate degree, diploma, BSN, RN and BSN) and graduate (Master's, PhD, DNP) levels and in healthcare settings would perceive the concept of a mobile application (APP) as useful in the mentoring relationship.

Mentoring makes a difference in people's lives and has a different meaning, depending on the relationship (Baxley, Ibitayo & Bond, 2014). Mentoring in nursing, while not new often has many different definitions. Global mentoring is a "reciprocal, mutually beneficial relationship between a mentor and a protégé that challenges and is based on trust, communication, respect and cultural influences" (Baxley, Ibitayo, Bond, 2014, p. xxxvii). While skeptics have questioned the value or practicality of new technology, these technologies are allowing individuals to interact and communicate quickly. Technology effects how we conduct our professional and personal lives in profound ways (Guy, 2002) and the communication in mentoring is human, interpersonal and value laden. Technology is altering the human connections in significant ways.

This presentation will first describe Baxley and Ibitayo's Mobile Application Acceptance Model (2014), in which the Mentor and Protégé each independently assess their Technology Self-efficacy (TSE) as they may have different levels of comfort and self-efficacy when using technology. TSE then effects the mentoring dyad's Behavioral Intention to Use (BIU), or else passes through the medium of Perceived Ease of Use (PEU) and Perceived Usefulness (PU). PEU is determined by the dyad's perception of ease to use and work with technology and directly affects either PU or the Mobile APP Attitude (MAA). PU is determined by the dyad's perception of technology improving performance and productivity, and is influenced by PEU and TSE. PU can either directly affect Behavioral Intention to Use (BIU), or first pass through the medium of the Mobile APP Attitude (MAA). Behavioral Intention to Use (BUI) influences actual use (AU) of the mobile mentoring app.

Based on the model, the findings from a pilot study of nurses and nursing students in four countries (United States of America, Australia, Brazil, and Canada), who examined the perceived acceptance and perceived use of a mobile app for mentoring will be presented.

Design: The design of the study was exploratory, descriptive.

Methods: E-mail invitations were sent to STTI chapter presidents to request that they send it to their members. The e-mail explained the purposes of the study and a link to obtain the consent and the survey. The survey contained a link to a demonstration of the mobile mentoring APP which they reviewed and then answered the survey questions in Qualtrics (2014). The survey included demographic information and questions to measure technology self-efficacy, behavioral intention to use, perceived ease of use, perceived usefulness, and mobile app attitude.

A quota sampling was used to obtain a representative number of participants from nurses in academia and nurses working in healthcare facilities. One hundred fourteen nurses from academic settings and healthcare settings provided data to answer the research questions. The participants ranged from 23-70 years of age, mostly Caucasian (79.8 %), and female (83.4%). Thirty percent were students, with 13.2% being in a Master's
program and 13% in doctoral programs. Most of the participants stated that they used some type of technical device (laptop, smart phone, Kindle) and those in academia mostly used educational software associated with teaching. They were not as familiar with the use of applications for education.

**Results:** After reviewing the prototype of the mentoring APP, the participants rated whether they considered themselves as skilled mobile device users. Sixty percent noted they were skilled users with 33% not answering the question and 15% stating they were not skilled. This trend in the results continued with questions relating to confidence in communicating, obtaining information, accessing the internet, and using an app.

While the participants were positive toward a mobile application for mentoring (51%), only 34% agreed they would positively use a mentoring app (34%). While they were positive towards the app and use, concerns for communication showed only 30% who agreed or strongly agreed but they thought it was an ethical means of communication (46%). They answered positively that the mentoring app would improve their mentoring relationship (42%), would increase communication (48%) and make it easier to give assistance and guidance (48%).

**Conclusions:** The idea of a mentoring application for mentoring showed positive feedback for the majority of the participants but those who were not familiar with applications or used the internet rarely, were not interested in using it. These individuals were mostly older, ages 45-70 and some were retired. On the questions of ethical concerns and intention to use, the results showed more indecision or noted that it would depend on whether the mentor and protégé were both comfortable with technology. More research is needed with the actual use of a mentoring application. This would provide information from participants related to their actual experience.

**References**

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B 13 - Improving Outcomes through Mentorship
Staff Nurse Role Questioning Practice Locally and Providing a Guide for Nurses Globally

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Purpose
To describe an innovative staff nurse role, mentoring staff nurse colleagues, which creates an opportunity to expand the ripple effect from traditional mentoring sources within an effective shared governance infrastructure.

Target Audience
Nurses from a variety of settings with responsibility for leading EBP or nurse leaders establishing and expanding an EBP program.

Abstract
The Future of Nursing: Leading Change, Advancing Health published in 2011 emphasized the need for nurses practicing to the full extent of their education and training. Bedside nurses are busy providing care in an environment of continuous change and pressing patient needs, but care delivery must be evidence-based. Several strategies promote a culture of inquiry and empower staff nurses (STNs) to participate in evidence-based practice (EBP). Mentoring to support STN-driven EBP has primarily been the responsibility of the CNS, clinical researcher, or faculty. Yet STNs have a critical role in creating a culture where EBP is the norm. STNs can serve as committee co-chairs and clinical experts applying EBP within the governance structure for nurse sensitive quality indicators (e.g., skin, falls, pain). STNs can function on shared governance committees as change agents by serving as opinion leaders and change champions using academic detailing, audit and feedback, practice prompts, and trouble shooting at the point of care. Committee members make EBP actionable in patient care, bring clinical issues forward, help find resolutions, and actively share information bidirectionally between clinical area colleagues and committee members. Unit-based staff nurse champions on the Skin Advocate and Resource (STAR) committee impacted hospital-acquired pressure ulcers rates (over 10% to as low as 1%). An innovative STN role, mentoring STN colleagues, creates an opportunity to expand the ripple effect from traditional mentoring sources and an effective shared governance infrastructure. STN EBP mentors have positively impacted a formal EBP training program serving as faculty; participating on project leadership teams, synthesizing evidence and designing the practice change to fit the local context, planning implementation, facilitating project work while connecting within the infrastructure, and helping interns navigate challenges throughout the process; and consulting nurse leaders for troubleshooting. The STN EBP mentor brings a different, but critical, skill set to the leadership team. These staff nurses are EBP experts who understand and can articulate how to adapt EBP to meet demands of the complex realities found in patient care today. STNs functioning in this role have been effective in promoting a culture of inquiry, adoption of EBP, and improving patient outcomes (e.g., pain management). Interns reported better assistance developing implementation strategies (mean 4.8 vs. 4.1; 1-5 Likert scale); adequate support from STN mentors (mean 5.0); and professional growth (mean 4.9 vs. 4.6) compared with programs not using this STN role.

References

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Purpose
To share how a freestanding, Magnet designated children’s hospital provides an infrastructure to empower registered nurses to appraise the body of research evidence for planned changes in practice and deliver the highest quality of compassionate care using the best practices, technology and equipment available within our financial resources.

Target Audience
Conference participants interested in evidence-based practice. Clinical nurse leaders would benefit from learning about the practical experience of building an infrastructure in a clinical setting. Academic educators would benefit from learning about the potential for academic-clinical partnerships for relevant and meaningful practicum experiences.

Abstract
Nurse leaders have an essential role in promoting evidence-based practice (EBP) for quality patient outcomes. The Evidence-Based Practice Learning Community (EBP Learning Community) uses the Advancing Research and Clinical Practice through Close Collaboration Model (ARCC) and the Magnet Model framework to enhance the infrastructure for support of nursing evidence-based practice (EBP) (Melnyk, Fineout-Overholt, Gallagher-Ford, & Stillwell, 2011; American Nurses Credentialing Center, 2013).

One aspect of developing an infrastructure to support EBP is use of EBP Mentors (Melnyk, Fineout-Overholt, Gallagher-Ford, & Stillwell, 2011). Mentoring has been proposed as an important method to promote knowledge and skill development (Allen, 2002; Chen & Lou, 2013; Chenoweth, Merlyn, Jeon, Tait, & Duffield, 2013; Fawcett, 2002; Greene & Puetzer, 2002; Hom, 2003; Latham, Ringl, & Hogan, 2011; Oermann & Garvin, 2002; Pinkerton, 2003). The literature supports mentoring in clinical practice, leadership, and professional development, such as evidence-based practice mentors (Kelly, Turner, Speroni, McLaughlin, & Guzzetta, 2013; Krause-Parello, Sarcone, Samms, & Boyd, 2012; Latham, Ringl, & Hogan, 2011; Leung, Widger, Howell, Nelson, & Molassiotis, 2012; Long, McGee, Kinstler, & Huth, 2011; Wilson, Kelly, Reifsnider, Pipe, & Brumfield, 2013). The American Nurses Credentialing Center (2013) reports mentoring as an essential element of nursing satisfaction, workforce recruitment and retention efforts, and identified as a key element of the work environment in Magnet® recognized organizations with value to individuals and organizations (Jakubik, 2008; Jakubik, Eliades, Gavriloff & Weese, 2011). A mentor shares professional knowledge, skills, and experience through a long-term relationship to promote the protégé’s professional development (Jakubik, 2008). Mentoring beyond orientation was a key recommendation suggested by novice nurses to enhance quality of work life (Maddalena, Kearney, & Adams, 2012). The argument is emerging in the literature for a mentoring paradigm shift in nursing from dyad to triad perspective. A triad mentoring relationship between protégé, mentor, and the organization in which they work has potential to contribute to nursing staff retention, higher job satisfaction, lower turnover rate, exemplary patient quality outcomes, succession planning, and promotion in addition to the protégé outcomes of learning and feeling supported by the mentor (Melnyk, Fineout-Overholt, Gallagher-Ford, & Stillwell, 2011; Weese, Jakubik, Eliades, & Huth, 2014; Zey, 1991).

Registered nurse employees and undergraduate and graduate nursing students requesting the hospital as a clinical site for a capstone or scholarly project are eligible to apply for mentoring as part of the EBP Learning Community. The program coordinator, department director, and chief nursing officer select from proposed projects. By assuring allocation of resources to projects that align with organizational goals; this process reflects the triad mentoring relationship. The EBP Learning Community pairs an advanced practice nurse who serves as an EBP mentor with an eligible registered nurse (RN) to work on selected EBP initiatives. Using the Rosswurm-Larrabee Model as the EBP process model, the RN receives education, mentoring, and support for project design, implementation, and evaluation (Rosswurm & Larrabee, 1999). All mentor/protégé dyads meet for group learning, sharing, and work sessions and meet separately for focused learning sessions. The EBP coordinator serves as a resource and additional layer of support to assist the mentor/protégé dyad with project planning for sustained results and dissemination of the impact of EBP on patient outcomes. The learning community approach using experiential learning activities enhances mentor and protégé learning (Kolb, 1984). The mentors
implement the six mentoring practices of welcoming, mapping the future, teaching the job, supporting the transition, providing protection, and equipping for leadership (Jakubik, 2008; Jakubik, 2012). During mentor-protégé dyad meetings and group meetings, mentors establish a welcoming atmosphere that encourages team members to feel valued and included as part of a learning community. Use of a process model helps to map a future that is both challenging and feasible with support from the mentoring team creating optimism and encouraging team engagement. The mentors, all advanced practice nurses, mentor protégés in rapid critical appraisal and synthesis of the research evidence as well as share their clinical expertise and leadership skills for planning change within a complex healthcare system. All mentors can be a resource to dyad members in the scheduled group sessions or between scheduled sessions. Designing the planned change in practice as a team supports the protégé in problem solving to identify implementation facilitators and barriers. The mentor knowledge of formal and informal organizational decision-making groups helps assure a safe and protected environment for the protégé. The learning community process models leadership skills and provides protégés the opportunity to develop into EBP champions. At the end of the day, the protégés enhance their novice to expert skills in critical appraisal of the research for development, implementation and evaluation care and patient/family experience. The EBP mentors further develop their mentoring skills as they contribute to the learning community activities. Experienced practitioners benefit from mentoring to improve leadership skills and facilitate career progression (Harriss & Harriss, 2012; Lartey, Cummings, & Profetto-McGrath, 2013; Latham, Ringl, & Hogan, 2011; Owens & Patton, 2003). Of benefit to the organization is the advancement of EBP initiatives across the care continuum through a structured program comprised of education, mentoring, and support for completion of EBP projects.

The program has fourteen mentor/protégé projects in progress. We will highlight a mentor project and a mentor/protégé project to share the process for assessing need for change in practice, linking the problem interventions and outcomes, synthesizing the research evidence, designing the practice change as supported by the evidence, and implementing and evaluating the change in practice. The mentor project focused on best practices for preventing pediatric venous thromboembolism (VTE) after patient screening for VTE risk. The mentor's team developed a Pediatric VTE Prophylaxis Algorithm and reports on outcomes internally and through the Ohio and National Children's Hospitals Solutions for Patient Safety (2014). The protégé project provided standard post-operative teaching tools for patient and family education on pain management after tonsillectomy and adenoidectomy and the effect on the outcome metrics of interest; patient satisfaction with the pain management education, pain management during the hospital stay, and pain management within one week of discharge. The protégé project was part of coursework in partial fulfillment of a doctorate of nursing practice. The coordinator, mentor, and protégé will share the process and experience of building an infrastructure to support EBP and implementing planned change in practice based on evidence in a children’s hospital. The teams experience enhanced beliefs about the value of EBP and their ability to implement a planned change in practice based on research evidence. Mentors enhance their knowledge and skills in EBP, individual behavior change, and organizational culture change. The coordinator completes process evaluation using appreciative inquiry and evaluation and formative and summative evaluations with qualitative and quantitative components.

The learning community has a vision and strategic plan for program expansion. EBP mentors will help imbed research evidence to support clinical practice in partnership with shared governance councils (interprofessional and nursing policy) and provider developed order sets in the electronic health record. Newly hired nurses will build upon their undergraduate coursework through participation in experiential learning related to evidence-based practice as part of a nurse residency program. Expert EBP Mentors will collaborate with affiliated nursing programs to provide undergraduate and graduate nursing students and interprofessional students with mentored EBP opportunities. The mentors will share their expertise with the learning community participants to 1) proactively match requests for grant proposals to evidence-based practice projects; 2) disseminate outcomes and clinical experience related to planned changes in practice based on research evidence, and partner with researchers when critical appraisal of the research literature identifies gaps in research knowledge.

References

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Purpose: describe a binational interinstitutional project comparing pain management outcomes for post-operative patients in the US and China.

Target Audience: nurses, educators, and administrators interested in improving pain management outcomes and better understanding cultural issues in pain management outcomes.

Abstract

Purpose: Postoperative pain management has posed a pervasive clinical problem in medical practice. Improving quality of pain management has been a focus for more than 20 years in America, but it hasn’t become one of the routine tasks for professionals in China. Evidence of ethnic differences in pain perception and analgesia consumption may influence patient outcomes in pain management. Differences in patient outcomes of pain management between Chinese and American patients continues to be a persistent question. The purpose of this study is to investigate differences in patient outcomes and methods of pain management in post-operative patients between a Chinese and an American large teaching hospital.

Methods: A descriptive comparative survey assessed outcomes of pain management using the Revised American Pain Society Pain Outcome Questionnaire (APS-POQ-R), including pain severity and interference in sleep, activity and mood, adverse effects and perception of care. Current pain, average pain and pain management goal were also measured. Demographic information included type of surgery and analgesics ordered and administered were collected from the medical record. A convenience sample of 244 adult inpatients on the first postoperative day were recruited from an 803-bed hospital in North Carolina, United States. Subsequently, 286 patients with similar surgeries were recruited from an 1860-bed hospital in Beijing, China. To assure comparable data, the final sample included 231 patients in US and 248 patients in China who had intermediate and major post-operative pain.

Results: Demographic and surgical characteristics of patients were comparable: aged 51.13±15.572 (range from18 to 84) years old in US and 51.98±14.979 (range from18 to 84) in China. 61.8% (N=143) of the patients in US and 56.5% (N=140) in China were female, and 45(19.5%) and 65 (26.2%) patients were diagnosed as cancer respectively. Surgery type was similar in two countries: the majority was non-endoscopic (N=179, 77.4% US vs N=188, 75.8% China) and located in abdomen/pelvic (N=109, 47.2% US vs N=117, 47.2% China). Most of the patients in US used PCA (N=138, 59.7%) and non-PCA (N=92, 39.8%) treatments, while about half patients in China didn’t use any medicine at all (n=128, 51.6%) and 33.1% (N=82) patients used PCA. 31.6% (N=12) of the patients using non-PCA treatments used meperidine intramuscular route for pain in China while none in US. In subgroup using PCA, patients in US consumed a little higher parenteral morphine equipanalgesic dose (0.55mg) per kg weight than that in China (0.43mg). Out of expectation, patients in US had experienced higher level of pain, interference of pain and side effect of treatments, but with better perception of pain care (8.02 vs 6.36). But the amounts of differences were very limited. Difference in mean of the least (3.45 vs 2.68) and worst (8.00 vs 6.04) pain level were less than 30%, which was considered minimum clinical meaning, while difference in mean of the present pain (4.33 vs 2.57), average pain (5.93 vs 3.68), affective interference (3.23 vs 1.51) and side effects of pain treatment (3.44 vs 1.85) were higher than 30%. The pain management goal in US patients was a little higher than that in China (3.14 vs 2.30). Compared with the goal level of pain management, only the least pain level is clinically comparable in both countries.

Conclusions: Patients in US were experiencing a slightly higher pain level on average and more interference with activities than that in China. Patients in US had used more pain medicine and suffered more adverse effects than those in China. Difference in perception of pain may be the best explanation. Patients reported differences between the actual pain and the goal of pain management in both countries. With increasing population diversity, continuing research is needed to better understand differences in pain management outcomes between the two populations, and to better understand how patients respond to pain, utilize analgesics, and manage pain expectations during the post-operative period.
References

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Lessons Learned Using Quantitative and Qualitative Methods to Conduct International Research: Assessment of Beliefs, Behavior, and Environmental Exposure among Ethiopian Women

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Purpose
To describe lessons learned while building collaborative relationships among academic institutions and NGOs to conduct an exploratory study on the beliefs, behavior, and environmental exposure among Ethiopian Women, in relation to household air pollution from cooking fires and second hand tobacco smoke in Aleto Wondo, Ethiopia.

Target Audience
The target audience is faculty members and students interested in supporting or conducting international research using quantitative and qualitative methods in global settings.

Abstract
Background: Collaborations between academic institutions in the low-income (LICs) and high-income countries (HICs) are being encouraged to leverage resources, foster professional growth and develop collaborative solutions for current and emerging local health problems (George & Meadow-Oliver, 2013). There have also been increased discussions about the role that non-governmental organizations (NGOs) can play in research and ways in which NGO participation can be enhanced. In the wake of unprecedented interest in global engagement, collaboration and research within the field of nursing there is a need to disseminate lessons learned from global research experiences and to define best practices.

Purpose: To describe lessons learned while building collaborative relationships among academic institutions and NGOs to conduct an exploratory study on the beliefs, behavior, and environmental exposure among Ethiopian Women, in relation to household air pollution from cooking fires and second hand tobacco smoke in Aleto Wondo, Ethiopia.

Methods: To build the foundations for this research an exploratory trip was conducted one year in advance to solidify partnerships and enhance our contextual understanding. Prior to applying for funding and IRB approval, we established a Memorandum of Agreement (MOA) with our local academic partner institution in Ethiopia (Hawassa University), who represented regional institutional review board (IRB) jurisdiction for the proposed study area. In addition, MOAs were established with our local implementing NGOs operating within the local communities. To enhance our cultural contextual understanding of local knowledge in relation to our phenomena of interest and to further demonstrate our altruistic intentions, we offered a research-training seminar for Hawassa University and Addis Ababa University nursing students. After solidifying commitments among senior authors (academic advisors) from University of California, San Francisco (UCSF), School of Nursing and the University of California, Berkeley, (UCB) School of Public Health, an interdisciplinary IRB submission and multiple grant proposals were developed. IRB approval was received from both the University of California and Hawassa University. Funding for data collection processes was received from the Alpha Eta and Gamma Alpha Chapters of Sigma Theta Tau International and the UCB - Center for Occupational and Environmental Health - Student Research Award Llewellyn Award. Both quantitative and qualitative methods were used to explore the beliefs, behavior, and environmental exposure among Ethiopian Women, in relation to household air pollution from cooking fires and second hand tobacco smoke. A staged data collection plan was used. The process included conducting 30 qualitative open-ended interviews, 4 qualitative focus groups, and 350 quantitative household surveys, in the Aleto Wondo region in Ethiopia. In addition, quantitative measurement of household air pollution from cooking fire smoke was collected in 25 households.

Results: Key lessons learned emerged during both the foundational and implementation stages of the research process. Discussion points with examples from the field will include: 1) overcoming logistical challenges in the field; 2) confronting translation issues; 3) recruiting and consenting participants; 4) contextualizing participation incentives; and 5) valuing local knowledge during the research process.
Lessons learned from collaboration with local academic partners: Specific lessons learned that emerged from working with local and academic partners will be discussed with examples from the field including: 1) the value of an altruistic mindset; 2) ‘testing the water’ with local partners; 3) complexities of international and local IRB processes; and 3) identification and capitalizing on capacity building opportunities.

Lessons learned from collaboration with local NGOs: Specific lessons learned from collaboration with a local NGO with examples from the field focused will be discussed in relation to four processes: 1) contextualization of research methods; 2) building relationships; 3) expansion of skill sets, both of the researcher and the local research partners; and 4) setting research precedents in local communities.

Addressing unique global research methodology related issues: Finally a discussion of four specific challenges and lessons learned in relation to implementing qualitative and quantitative methods in international settings will be presented including: 1) cross-cultural tool adaptation; 2) recruitment and consent considerations; 3) contextualization of demographic data; and 4) overcoming communication and linguistic challenges.

Conclusions: Research endeavors between LICs and HICs can be greatly enhanced by working collaboratively with both academic partners and local NGOs. There is however a need for thoughtful reflection on the roles that each entity will assume, as well as the measures that will be taken to foster equitable and mutually rewarding collaborations that support both the partners interests and most importantly the communities that we serve.

References

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The Lived Experience of Global Interprofessional Compassionate Caring in Guatemala

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Purpose
The purpose of this presentation is to describe the experiences of participants' compassionate caring in an interprofessional study abroad global healthcare program.

Target Audience
The target audience of this presentation are students, educators and providers interested in global collaborative healthcare experiences.

Abstract
Purpose: The purpose of this project is to describe the experiences of participants in an interprofessional study abroad global healthcare program. A phenomenological research design will be used to describe and analyze the experience of global interprofessional compassionate caring in Guatemala. Four benefits of a study abroad opportunity have been identified as (1) personal growth, awareness, and appreciation of diversity; (2) development of personal and interpersonal skills; (3) career focus and academic focus; and (4) critical-thinking skills and the ability to apply academic concepts in real-global situations (Jackson & Nyoni, 2012).

Interprofessional education (IPE) provides students with opportunities to learn and practice skills that improve their ability to communicate and collaborate (National Academy of Sciences, 2013). In the experiences of learning with and from those in other professions such as medicine, pharmacy, nursing, theology, and Spanish language experts. Students also develop leadership qualities and respect for each other of which prepares them to work in teams and in settings where collaboration is the key to success. The World health Organization (2010) defines IPE as an experience with two or more professions learn about, from, and with each other. Providing a global and cultural context adds to the benefit of complementing a professional identity. Experiential learning is the key element in IPE. The global environment such as a study abroad program allows for the student to enter a cultural environment to better understand how to work collaboratively.

Methods: IRB approval was obtained and participants created a story in narrative form about their experience while providing health care in Guatemala in March 17 to March 21, 2014. The written narrative occurred two months after the experience allowing for time to reminisce and reflect on the experience. By constructing a story using written narratives to explain and interpret events the researchers were able to provide data about the social and cultural position in global health care among interprofessional health care providers. The textual consideration of the written narrative so that the story making was central to creating an understanding of the world into which a person can feel they fit in. Utilizing Labov (1982) structural analysis, the following six functional elements of abstract, orientation, complicating action, evaluation, resolution and coda will be used for analysis of the written narratives from the participants of this study. The narrative was analyzed using content analysis approach.

Results: The researchers identified three relational themes that emerged across the text of the study: 1. Cultural Collaboration, 2. Compassionate Presence, 3. Intentional Knowing. The constitutive pattern was synthesized from the three relational themes to be the discovery of global interprofessional narratives.

Conclusion: While serving the Mayan people of Guatemala, students, educators, and providers were able to reflect and reminisce on providing global interprofessional compassionate caring opportunities. Participants were able to construct their story, ruminating on the experience as a whole. The researchers used the participants' written narratives to discover the social and cultural position in global healthcare among interprofessional healthcare providers. The identification of the three relational themes underscore the importance of continuing to provide global interprofessional healthcare experiences.

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Purpose
The purpose of this presentation is to communicate the experience of the Safe Children Vietnam project team. The presentation will inform the audience of the project journey, and provide tips and tricks to develop positive international collaborations.

Target Audience
The target audience of this presentation is researchers with a background in international research, or an interest in working in this field in the future, nurse educators, and high-level clinicians and training program developers.

Abstract
Purpose: Frontline Paediatric Emergency Department (ED) staff are charged with the responsibility of managing injury and trauma presentations and making complex care decisions around the clock. An ongoing international collaboration between Sydney Nursing School at the University of Sydney and Children’s Hospital 2 in Ho Chi Minh City, Vietnam was initiated in 2013. The purpose was to provide sustained clinical training and build research capacity to improve recognition and response to child injury through maltreatment in the ED. Following initiation of the study and clinical training program implementation, relationships were established with UNICEF and the Ministry of Health (Vietnam). The ability to translate research outcomes into wider practice relies on influencing policy and legislation surrounding the reporting and management of child maltreatment cases. These key relationships are an important element of translation of the research findings. Ideally, it is intended that the Safe Children Vietnam (SCV) program will eventually be replicated throughout rural and urban provinces in Vietnam. There is scope for the clinical training program to be implemented in other countries and regions where child protection training and research capacity has been identified as a priority.

Methods: Action research was used to initiate, implement, and evaluate a suite of clinical training strategies. Following an initial needs analysis, the participating units identified as those with highest impact and ability to disseminate knowledge and skills to other departments included ED, Outpatient Department (OPD) and the Burns Reception Unit (BRU). Staff from each of these departments participated in train the trainer and research workshops. The Chief Investigator conducted a site visit immediately upon the award of grant funding, to establish key relationships, and secure support. Following input from stakeholders within the hospital, a needs analysis was then conducted to establish current practice, knowledge, and protocols regarding child maltreatment presentations, and what kind of intervention would be most appropriate and have the best uptake. At this point, the Project Manager resided in-country for a 6-month period to strengthen relationships and develop the training intervention. Findings from the needs analysis were used to inform the development of the training program. Additional input was sought from senior staff in the participating departments.

A multi-mode approach was used, and all training was conducted in Vietnamese. This included use of a workbook, lectures, workshops, short-film, and posters. Key components of the training intervention included specific training regarding the recognition and response to abusive head trauma presentations, and the implementation of a Child Injury Screening Tool (CIST). A train the trainer model was employed to encourage sustainability of the intervention. Quantitative surveys were conducted amongst nurses and doctors prior to the training intervention, immediately following, and repeated at 3-months post-intervention. Focus group interviews were conducted at the 3-month follow-up.

The Project Manager employed in-country support staff to assist with translating documents, facilitating meetings with hospital stakeholders and community organisations, development and implementation of the training intervention, learning the Vietnamese language, and understanding cultural norms and expectations. In particular, the CIST, developed at the request of senior nursing and medical staff, underwent a thorough process of consultation and revision to ensure appropriate content and format for use in the ED.
Achieving high-quality translation of materials was a key priority of the project. All materials, including participant information statements, consent forms, quantitative surveys, training materials and the CIST were fully back-translated to ensure consistency of content. In addition to back-translation, feedback was sought from a variety of stakeholders regarding the suitability of the materials for use in the clinical setting to ensure cultural and procedural validity. In-depth interviews and focus groups were conducted in Vietnamese and English, with transcriptions provided in full in English for analysis. A selection of focus groups were also transcribed and analysed in Vietnamese to ensure consistency of meaning and thematic analysis.

**Results:** Needs analysis was conducted via in-depth interviews and focus groups with nursing and medical staff from the ED and OPD. Clinicians reported low levels of personal confidence and professional self-efficacy in their capacity to recognise and respond to child maltreatment presentations; an urgent need for training and the development of protocols to assist in the recognition of and response to child maltreatment presentations; and an apparent conflict between the professional role (obligation to medically treat the child and discharge from hospital) and the ethical role (the need to protect the child from further harm, yet not having a framework to do this); and child maltreatment legislation in Vietnam.

Participating clinicians reported difficulty in attending the training sessions due to time pressures within their workplace. In spite of these barriers, participation rates were excellent. Recruitment to the training intervention was highly successful, with staff participation greater than 50% across participating departments. Completion rates of the training workbook were higher than expected, with 72% (n=74) of staff having partly or completely finished the workbook at the time of initial follow-up; and senior medical staff assumed responsibility for designing and conducting further staff training in November 2014, under supervision of the Safe Children Vietnam team.

Results showed a statistically significant improvement in professional self-efficacy for the recognition and response to child maltreatment presentations, as well as knowledge of abusive head trauma. Some barriers were encountered in the implementation phase of the CIST. With high patient ratios, staff struggle to complete detailed documentation. Implementation of the screening tool was seen to add to that burden.

**Conclusion:** The SCV project was successfully implemented largely thanks to high levels of support and cooperation from stakeholders in Vietnam. Both evaluative and intervention stages of the project experienced high levels of participation, and clinicians reported positively on their experiences of the program during evaluation. Clinician knowledge and professional self-efficacy regarding child maltreatment and abusive head trauma improved significantly following the training intervention. Further work on successful implementation of the CIST is needed. An action research approach ensured fluidity in training intervention development and implementation, and was a core component to ensuring the intervention was relevant to clinical need.

In summary, this collaborative relationship was able to thrive due to a number of factors, including: project staff living in-country for sustained periods of time, communication occurring in a timely and respectful manner, participants embracing one another’s cultural differences, and a sincere openness to suggestions and input from all stakeholders. As a direct result of this successful collaboration, further relationships were developed with NGOs in Vietnam, the Ministry of Health (Vietnam), academics at a local university in Vietnam, and independent research groups. These relationships are essential to ensure the sustainability of SCV as a tool to improve clinician recognition and response to child maltreatment in the present, and towards the future.

**References**


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B 16 - International Health Promotion for At-Risk Youth
A Summer Camp Enrichment Program for Health Promotion for at Risk 6–12 Year Olds

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Purpose
to share a unique enrichment program with components including a 5 Element Qi Gong, and activities for learning "what it means to be global" and "what it means to be green". The activities, resources and curricula components can be adapted for health and environmental educations for other populations.

Target Audience
school, pediatric, public health, primary care, camp and behavioral health nurses who are interested in activities, resources, evaluation methods and curricula on health promotion, wellness, and environmental health.

Abstract

Background and Significance: HOPE Summer Camp is a 2 week (3 sessions), 5 day summer camp for children 6-12 years old conducted by the House of Peace and Education Inc. (HOPE) in North Central Massachusetts servicing at risk women and their families. HOPE opened its doors in 1996 and was established as a 501(c)(3) nonprofit organization with an interfaith spirit and has transitioned into a community agency. The majority of children come from families who face socioeconomic challenges, who have experienced the effects of violence and/or face academic or behavioral challenges.

Philosophy and Theory: Community-Based Participatory Research (CBPR) was utilized as both a guiding principle for program planning and development and as a philosophy (Israel, Eng, Schulz & Parker, 2005; Minkler & Wallerstein, 2003). Parse’s (2007) theory of “humanbecoming” was employed to appraise how the underpinnings of repeated themes of meaning, rhythmicity and transcendence synchronized with universal symbolism and psychomotor activities based in nature enabled the campers to translate health promotion strategies as they cocreate their human universe.

Methods: A Faculty Service Model and a component of (CBPR) were utilized to develop and evaluate a health and wellness program for the enrichment activities for campers in a day summer camp environment. Two nurse faculty with pediatric backgrounds, the camp director and a Tai Chi Master collaborated on program components. A quality improvement survey for the first year pilot program included a pre/post Visual Analog Scale where campers self-reported knowledge from the HM~HW curricula activities and prioritized areas where they want to more experience. The feedback from the pilot program was reviewed by collaborators and additional programing was incorporated. In addition the nurse authors attended the Alliance of Nurses for healthy Environments spring 2014 writers retreat where colleagues helped developed new program components for healthy environments. The curriculum for campers included: 1) Didactic/open discussion PowerPoint session with the HM~HW Compass; 2) 5 Elements Affirmations and Qi Gong in the open air by the lake; 3) Q & A HM~HW Scavenger Hunt. Salem State University’s IRB approval was obtained.

Results: Pilot, a convenience sample of N = 71, 57% males, 6 - 12 year old campers, participated. Correlations were conducted: Older campers reported knowing more on the total Healthy Me components on the pre-“test” then younger campers: r = .25, p < .05. Paired Sample t-test on pre/post scores for items: safety first; be/take action; learn what to consume; be/use supports demonstrated statistically significant improvements. In year two, N = 83 campers participated in the revised program including an adapted version for nine 5 to 6 year olds. Approximately 20 Camp Counselors participated and supported the campers each year.

Implications: The pilot demonstrated that the HM~HW VAS tool was well received and useful for the target population. The authors hope that there was a “contagion effect” with the counselors also experiencing new meaning, rhythmicity, and transcendence regarding themselves and their world. Feedback on the VAS for the HM~HW Compass was gathered primarily to evaluate the workshop as a pilot for future planning and secondarily to support HOPE, Inc. as a nonprofit CBO for sustainability for the summer camp and/or other activities for communities they serve.

References

Contact
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Purpose
The purpose of this presentation is to describe one of a problem on student children in East Nusa Tenggara province, Indonesia as the poorest province in Indonesia.

Target Audience
The target audience of this presentation is nurses who interest in children health at poorest city and also nurses that have experience how to manage health problem in children that caused by poverty.

Abstract
Purpose: The purpose of the study was to analyze the factors (age, knowledge of children, personal hygiene, and resident density in the houses) that influence the occurrence of pediculosis capitis in children at Catholic Primary School Oekabiti, Amarasi Subdistrict, Kupang district.

Methods: This is a quantitative research that utilizes analytic correlation with cross-sectional design. 74 respondents were taken as samples through simple random sampling technique with inclusion criteria as follows: grade IV, V, and VI students of Catholic Primary School of Oekabiti and are from low socio-economic background. Informed consent was asked from the students with supervision of their teachers and/or parents. Parents asked to supervise informed consent had to fulfill the following inclusion criteria: understanding of Indonesian (Bahasa Indonesia) and willingness to participate in the research. To examine the factors of knowledge and personal hygiene (i.e. taking bath and brushing teeth), questionnaire was simplified with pictures. Researcher also conducted direct observation on children with PC (observing hair and head skin).

Results: Statistical analysis on the collected data showed that in average the respondents are of 10.31 years of age. More than half of the respondents (52.70%) are girls. 64% respondents suffered from PC and 36% did not. From the knowledge factor, 50% have good knowledge, 34% average, and 16% poor. Analysis on personal hygiene factor showed that 64% have poor personal hygiene status, 28% average, and 8% good. Resident density analysis showed that 53% belong to poor category, 20% average, and 15% good. Bivariat analysis showed that personal hygiene and resident density have significant relation with PC with p value of 0.010 and 0.000 respectively (α = 0.05). On the other hand, age and knowledge of children do not have significant relation with PC with p value of 0.813 and 0.251 respectively.

Conclusion: With the prevalence of 64%, PC is very common in children of school age in Oekabiti and is strongly related to poor personal hygiene and resident density in the houses of Oekabiti people.

References

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B 17 - Issues in the Management of Cardiovascular Disease

Accuracy of Emergency Nurse Triage of Patients with Symptoms Suggestive of Acute Myocardial Infarction

Susan F. Sanders, PhD, APRN, ACNS-BC, CEN, USA

Purpose

To present research in Emergency Nursing about accurate triage of patients presenting with symptoms of Acute Myocardial Infarction that may or may not be accurately identified based on gender or race or experience. This research started with the inquiry, ‘why do we miss heart attacks in the ED?’.

Target Audience

The target audience of this presentation is not only the clinically-practicing registered nurse but also the nurse in the community who is frequently asked for advice about going to the ED. Recognition of varied symptom presentation in AMI is the key.

Abstract

Purpose: More than 6 million people present to emergency departments (EDs) across the US annually, with a chief complaint of symptoms suggestive of acute myocardial infarction (AMI) (National Center for Health Statistics, 2008). Of the one million who are diagnosed with AMI, 350,000 die during the acute phase (IHI, 2009). Accurate triage in the ED can reduce mortality and morbidity, yet accuracy rates are low. The purpose of this study was to explore the relationship between patient characteristics, registered nurse (RN) characteristics, symptom presentation, and accuracy of ED RN triage level designations with symptoms suggestive of AMI.

Constructs from Donabedian’s Structure-Process-Outcome model (Donabedian, 1966; 1980) were used to guide this study.

Methods: IRB approval was obtained from all institutions involved. Descriptive correlational analyses were performed using retrospective triage data from electronic medical records. Abstraction of data from the EMR was chosen as the method to capture data pertaining to time points of care in ED triage and care of patients with symptoms suggestive of AMI as well as patient demographics. A convenience sample of patient EMRs was used to obtain variables related to ED triage taken from a general acute care health system operating two separate EDs. Accuracy was determined based on whether or not a patient with symptoms suggestive of AMI was assigned a Level 2 triage designation.

Results: A sample of 286 patients identified was primarily Caucasian, married, non-smokers, with a mean age of 61 and no prior history of heart disease. The sample of triage nurses primarily comprised Caucasian females of mean age of 45 years with an associate’s degree in nursing and 11 years’ experience in the ED. RNs in the study had an accuracy rate of 54% in triage of patients with symptoms suggestive of AMI. The older RN was more accurate in triage level designation. Accuracy in triage level designations was significantly related to patient race/ethnicity. Logistic regression results suggested that accuracy of triage level designation was twice as likely (OR 2.07) to be accurate when the patient was non-Caucasian. The patient with chest pain reported at triage was also twice as likely (OR 2.55) to have an accurate triage than the patient with other symptoms suggestive of AMI but no chest pain reported at triage. Neither RN experience in ED nursing nor nursing experience in general was a predictor of accuracy in triage of patients with symptoms suggestive of AMI.

Conclusion: Atzema, Austin, Tu, and Schull (2010) defined RN experience as triaging a high volume of patients and suggested that high volume EDs were better at recognizing AMI patients and assigning the appropriate triage level designation. Quite possibly the opposite may be true. The repetitive nature of triaging the same type patient symptoms over and over may desensitize the nurse to the urgent need and actually result in inaccuracy by choosing an incorrect triage level. It is possible that the years of experience in nursing, and ED nursing especially, may color the judgment of the experienced RN such that more obvious patient deterioration during presentation at triage is deemed necessary for an RN to decide a true emergency exists and assign a Level 2 designation.

This study adds to the body of evidence regarding ED triage of patients arriving by private vehicle with symptoms suggestive of AMI. However, inconsistency in nurse triage decisions may be due to other condition not yet explored, such as RN critical thinking skills, intelligence, and executive functions. A further investigation...
is warranted to assess factors affecting triage level designations. Further exploration into decisions at triage is warranted to improve accuracy, expedite care, improve outcomes, and decrease unnecessary deaths from AMI.

References

Contact
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Purpose
The purpose of this presentation is to explore potential modifiable factors related to symptom perception in patients with heart failure in order to improve symptom monitoring and management skills in this population.

Target Audience
The target audience of this presentation is clinicians or researchers who are interested in symptom management or self-care in chronic illness.

Abstract

Purpose: Delay in seeking care significantly contributes to poor outcomes in heart failure (HF). Accurately perceiving changes in symptoms is the first step for patients to take action in a timely manner to prevent HF exacerbation and readmissions. As negative affectivity, such as depressive symptoms (DS) and anxiety, influences information processing, it can be hypothesized that HF patients with negative affectivity experience difficulty in accurately perceiving symptoms. The purpose of this study was to determine whether DS and trait anxiety were associated with symptom perception in HF patients.

Methods: A total of 35 stable HF patients (63 years, 31% NYHA III) were asked to rate shortness of breath (SOB) with the modified Borg scale immediately after a 6-minute walk test, which was used to provoke SOB. An experienced nurse rated patients’ SOB with the same scale simultaneously based on observable cues of SOB (e.g., breathing pattern). Patients were categorized into accurate and inaccurate symptom perception groups based on the discrepancy in SOB ratings between the patient and nurse. Univariate logistic regression was used to test whether DS (measured with the Patient Health Questionnaire-9) and trait anxiety (measured with the State-Trait Anxiety Inventory) predicted accuracy of symptom perception.

Results: Of 35 patients 25 (71%) had accurate symptom perception. There was a non-significant tendency that patients with accurate symptom perception had higher scores for DS (6.4 vs. 3.3; p=.11) and trait anxiety (33.2 vs. 28.9; p=.23) than patients with inaccurate symptom perception. DS or trait anxiety did not predict accuracy of symptom perception (p-value=.13 and .19, respectively).

Conclusion: We did not find a significant relationship between negative affectivity and symptom perception in HF. Further research is needed to identify factors related to symptom perception to improve outcomes in HF with a large sample.

References

Contact
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Purpose

Inform nurses about the need for cardiovascular disease prevention among PLWH and share the prevention practices of one urban HIV clinic.

Target Audience

Nurses and nurse practitioners interested in disease prevention in chronically ill populations.

Abstract

Purpose: With the advancements of antiretroviral therapy (ART) persons living with HIV (PLWH) have experienced the benefits of longer life but may also be at increased cardiovascular disease (CVD) risk. Care providers for PLWH who are focused on achieving HIV infection control may not prioritize cardiovascular risk management. There have been few studies examining HIV provider CVD prevention practices among PLWH. This two-phase study examined the use of guideline-driven CVD prevention practices by the care providers for PLWH in an urban HIV clinic. Phase 1 was a provider survey and phase 2 was a retrospective chart review of patient records of these providers. In this paper, we will report on phase 1 on the study.

Methods: Providers within the Johns Hopkins AIDS Service were asked to participate in the study. They completed a short survey examining self-efficacy and barriers for CVD risk management in their practice. Approximately ten patient records were randomly selected for each provider. Patients with a history of CVD were excluded. Patient records were reviewed for the calendar year of 2010. Electronic, manual and database reviews of records were used to assess provider adherence to CVD prevention guidelines.

Results: Twenty out of 37 (54%) providers (12 physicians, 6 nurse practitioners and 2 physician assistants) agreed to participate. Providers were predominantly female (65%) with an average of 11.3 ± 5.63 years in HIV practice. While most providers reported feeling familiar or comfortable with CVD risk prevention guidelines (95%) and smoking cessation (90%), providers reported less confidence in dietary modification (65%) and exercise counseling (75%) as well as in managing medicines that reduce CVD risk (75%). Nurse practitioners and physician assistant reported significantly less comfort managing meds to mitigate CVD risk (p< 0.02) compared to physicians. Provider-reported barriers included patient-related factors (71%), time (61%), and patient complexity (39%). For a BMI >25 dietary counseling was provided for 47% and weight reduction strategies were documented for 23% of patients. The nature of tobacco use was discussed with most patients who reported smoking (74%), with 66% of smokers received advice to quit smoking. In addition, blood pressure management strategies were discussed with a small proportion of the hypertensive participants (salt reduction 32%, DASH diet 24%, alcohol reduction 14% and weight reduction 27%). The patients included in record review were treatment-experienced cohort as 93% had prior/current ART. Half (55%) of these patients had a viral load ≤50copies/mL, indicating optimal control of HIV. Patient-related factors that created barriers to effective CVD risk management as identified by providers included substance use, missed clinic visits and poor medication adherence.

Conclusion: Provider management of CVD risk factors in PLWH is suboptimal. Given recent calls by the American Heart Association for greater adherence to CVD risk management guidelines, it is essential that HIV care providers, particularly nurse practitioners and physician assistants, receive well-rounded training in CVD prevention. Patient-related characteristics must be considered to ensure adherence to provider recommendations and appropriate measurement of provider adherence to guidelines. Finally, measures to reduce provider barriers to CVD prevention should be addressed to enhance self-efficacy.

References

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C 13 - Clinical Outcomes through Evidence-Based Practice
Promoting Delayed Cord Clamping in India to Address Iron Deficiency in Newborns: A Participatory Action Framework for Global Collaboration

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Cheryl Riley, DNP, MSN, BSN, RN, NNP-BC, USA

Purpose
This presentation describes a participatory action project between maternity providers in the United States and India aimed at decreasing iron deficiency in newborns. Objectives were to educate and train providers and examine knowledge, beliefs, and practice before and after an education intervention about the benefits of delayed cord clamping.

Target Audience
The target audience of this presentation is any health professional, including nurses, physicians, public health workers who are interested in global collaboration, evidence-based practice translation and maternal child health around the world.

Abstract
Anemia is a public health problem in India both in reproductive aged women and in children. Anemia has been linked to childhood stunting of growth and implicated in early mental growth and development. The practice of delayed cord clamping (DCC) at the time of delivery has been shown to significantly increase the amount of iron in the newborn through six months of life (Hutton & Hassan, 2007).

A project was planned and anchored on the precept of respect for human relationships with a participatory action research (PAR) philosophy underpinning all actions preceding, during and continuing after the implementation of this study to assess and promote DCC. The Knowledge to Action framework was used to design the project education and workshop sessions. A single group pre- and post-test design was utilized to evaluate knowledge and beliefs before and after the DCC workshop. A practice opportunity using the Mama Nataleäfor simulation followed completion of the pretest and a lecture on DCC. A post-test was completed immediately after the education and simulation exercise and then 9 months later. Data management and analyses were carried out using the statistical software package SPSS for Mac version 20.0 (SPSS Inc., Chicago, IL).

Thirty-one midwives participated in the program. Descriptive statistics describe the type of midwife and their practice patterns. Results indicate significant changes in knowledge, beliefs and practice related to DCC. Findings revealed that rural midwives were already practicing some form of DCC although they were not formally taught DCC in their pre-service education program. The use of simulation elucidated important questions and collaborative discussion about the practice of DCC that could have been a barrier to implementation if they had not been disclosed. Other practices related to the care of mothers and newborns during childbirth were observed and included in future training planned around those observations.

References

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C 13 - Clinical Outcomes through Evidence-Based Practice
The Agony of the Chronic Itch: A Case Study of Chronic Urticaria Dermographism

Susan C. Davidson, EdD, MSN, APRN, NP-C, USA
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Purpose
To educate nurse practitioners on how to manage patients with chronic urticaria by using a variety of treatment approaches to suppress or relieve the symptoms that can be so frustrating to the individual and their quality of life.

Target Audience
Nurses, nurse practitioners and health care providers

Abstract
Urticaria is a common skin condition characterized by the sudden appearance of pruritic, erythematous areas on the skin that may also include superficial swelling of the dermis and possibly angioedema (Saini, 2014). Urticaria is commonly known as hives and when chronic, can have a significant impact on a person's life. The condition is termed chronic when the hives appear either continuously or intermittently for a period of at least 6 weeks and with no identifiable cause. The duration of the hives can last from a few minutes to several hours. Therefore, many practitioners view urticaria not as a disease but a pattern of reactions that result in wheals, hives and intense itching.

Dermographism is a type of urticaria characterized by irregularly shaped wheals that develop at sites of scratching, pressure or friction with the lesions typically resolving in about an hour. When the urticaria is idiopathic, it can be frustrating to both the patient and the practitioner. Although much has been published from a medical perspective, few articles have presented case studies and treatment by nurse practitioners (NPs). The purpose of this case study is to describe the subtle onset of symptoms for no apparent reason, in a middle aged woman. It is hoped that this case study will increase awareness among nurse practitioners of this condition, its clinical manifestations, diagnostic work-up, and management strategies for nurse practitioners in primary care settings.

Nurse practitioners need to be knowledgeable about how to diagnose and manage patients with chronic urticaria. As there is no one theory for how this condition occurs, NPs need to stay up to date on this clinical entity and use best practices in managing their patients care. NPs should be prepared to try a variety of treatment approaches and establish collaboration with a multi-disciplinary team in order to ensure the most effective and successful outcome of the patient with chronic urticaria.

References

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C 13 - Clinical Outcomes through Evidence-Based Practice
Diffusion of Evidence-Based Practice in Clinical Settings

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Purpose
To demonstrate the integration of the evidence-based practice process into clinical practice by developing skills needed for development, implementation, and evaluation of a clinically relevant evidence-based practice project. An example of standardizing EBP practices for postoperative handover from OR to ICU in a U.S.A. academic Magnet hospital will be shared.

Target Audience
Any nurse who is interested in learning about evidence-based practice behaviors to promote excellence and quality care outcomes in practice environments.

Abstract
The single most important product of clinical nursing research and integration of evidence-based practices is the benefit it offers to patients. Despite the availability of research that supports the use of interventions whose efficacy has been documented, providers do not consistently implement research-based practices. Moreover, results of the research utilization surveys demonstrate that staff nurses need support throughout the process of integrating evidence-based practice into delivery of care and need to be fully informed about the process to follow and resources available to assist them with this work. To improve safe patient care and quality at the bedside, evidence-based practice behaviors do need to be promoted and fostered in staff nursing practice.

To demonstrate the integration of the evidence-based practice process into clinical practice an example is shared from a U.S.A. academic Magnet hospital. Using a Staff Nurse Fellowship program, an evidence-based practice project was conducted to improve postoperative handover from the Operating Room to the Intensive Care Unit. The purpose of the project was to design an evidence-based guideline and create a standardized handover tool to improve postoperative handover communication, collaboration and decision-making. Research shows ineffective communication between nurses and physicians is the single factor most significantly associated with increased hospital mortality. During the transitions of care, inadequate communication is implicated in nearly 70% of all errors and adverse events. These findings prompted the Joint Commission to require health care organizations to implement standardized handover protocols and facilitate communication between providers.

Using an evidence-based practice model the levels of evidence ranging from systematic review, observational studies and expert opinion were synthesized to formulate an evidence-based guideline and a handover tool. All members of the multidisciplinary team who were involved with the care of the patient were asked to be part of the process. The following interventions were performed for the project: 1. An evidence-based guideline and tool to standardize postoperative handover, 2. Pre-education knowledge assessment of 62 staff, 3. Multi-disciplinary education sessions. 4. Post education knowledge assessment of 52 staff, 5. Coaching and mentoring, 6. Evaluation of adherence to the EBP change. The outcomes measured including a pre and post knowledge survey, satisfaction and work environment survey, and practice outcomes.

During the critical period of a patient handover report the standardized tool and process did enhance communication, collaboration and decision-making among health care providers. Results indicate that the structured handover tool and process improved accuracy (p=0.006) and consistency (p=0.001) of information shared during the handover, thus decreasing omission of any critical information. This project demonstrates that an evidence-based practice is crucial for nursing practice and in improving the clinical practice environment.

In conclusion, nursing is an applied science and the practice of nursing should be grounded in science. The use of evidence-based practice in nursing contributes to patient and family outcomes that improve health and wellness of the community.

References

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C 15 - Issues Related to Eating Habits and Disorders
The Effects of Contemporary Behavioural Weight Loss Maintenance Interventions

Jo Gilmartin, PhD, MEd, RN, United Kingdom

Purpose
The purpose of this presentation is to report results of a systematic review associated with contemporary behavioural weight loss maintenance. Thus foregrounding processes such as searching, quality appraisal and data synthesis regarding 13 RCT's included in this review. Specific interventions will be identified including behavioural strategies and lifestyle counselling.

Target Audience
The target audience includes academic health educators/researchers involved with health promotion/disease prevention modules/programme or research projects. Also for enthusiastic researchers/students/clinicians involved with systematic reviews; especially health promotion research for weight management groups or individual clients.

Abstract

Purpose: To evaluate the effectiveness of behavioural weight loss interventions in maintaining long term weight loss.

Methods: Systematic review of randomized controlled trails (RCTs). Data sources involved in the study are the Cochrane Library, MEDLINE, EMBASE, psycINFO and the Web of Science. The database searches and abstracts were reviewed independently by two authors using the Delphi criteria. Data were abstracted by two reviewers and outcome measures were quantitatively summarised using Revman. Main outcome measure is weight change in kilograms.

Results: This review presents the findings from 13 RCT’s of weight loss maintenance from 2001 to 2013 utilising interventions that include diet strategies, behavioural strategies, lifestyle counselling and drug therapy, counselling/group therapy and the Internet. The results of the reviewed trials revealed that lifestyle interventions targeting diet and physical activity are effective in sustaining weight loss up to 2 years with extended care. Moreover pharmacology combined with lifestyle interventions was effective.

Conclusion: There is significant evidence that the use of behavioural weight loss interventions are effective in sustaining long term weight loss, albeit limited. There was high heterogeneity among the studies; hence caution is required when interpreting the findings.

References

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Purpose

to examine the vulnerability to eating disorders among 949 Lebanese female young adults as well as its association with stress, anxiety, depression, body image dissatisfaction, dysfunctional eating, body mass index, religious affiliation (being Christian, Muslim or Druze), religiosity and activity level.

Target Audience
are researchers and health care practitioners working with Lebanese, Arab and culturally diverse populations in eating disorder prevention.

Abstract

Purpose: The present study aimed to examine the vulnerability to eating disorders (ED) among 949 Lebanese female young adults as well as its association with stress, anxiety, depression, body image dissatisfaction (BID), dysfunctional eating, body mass index, religious affiliation (being Christian, Muslim or Druze), religiosity and activity level.

Methods: A descriptive, correlational cross-sectional design was used. A total of 949 female college students (18-25 year-old) completed a self-reported survey in fall 2013 at the Lebanese American University which accommodates the cultural and religious diversity of the country.

Results: Results showed that anxiety had the greatest effect on increasing the predisposition to ED, followed by stress level, BID, depression and restrained eating. Being Christian was found to significantly decrease the vulnerability to developing an ED. Furthermore, the interaction of anxiety with intrinsic religiosity was found to have a protective role on reducing ED.

Conclusion: The current study adds to the body of literature about ED by identifying the major factors that are linked to ED vulnerability in female young adults. Particularly, the present results emphasize a buffering role of intrinsic religiosity against anxiety and ED vulnerability.

References

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C 15 - Issues Related to Eating Habits and Disorders
Acculturation, Dietary Pattern and Health Indicators among Filipino-American Immigrants

Persephone Vargas, DNP, APN-BC, USA

Purpose
to increase awareness of the changes that occur in immigrants as a result of acculturation, including dietary changes that lead to increased fat intake and increased BMI and waist measurements that can impact health risks for cardiovascular and metabolic diseases.

Target Audience
healthcare providers - nurse practitioners and physicians, nurses, dietitians and public health.

Abstract
BACKGROUND/PURPOSE: Acculturation, the subsequent changes that occur in one culture after continuous first hand contact with another culture, has impacted the dietary habits and health risks of Filipino Americans. Filipino American immigrants have one of the highest rates of hypertension, cardiovascular disease and diabetes despite having a lower prevalence of overweight and obesity based on the U.S. standard guidelines. The World Health Organization (WHO) has recommended different BMI and waist circumference cut-off points for the Asian population.

This study describes the acculturation, dietary habits and anthropometric measurements among first generation Filipino American immigrants and investigates the relationship among these variables.

METHODS: Using a non-experimental, quantitative, descriptive, cross-sectional design, the relationship between acculturation, dietary habits and health status was investigated among first generation Filipino American immigrants in New Jersey (n=210). Acculturation was measured using the Short Acculturation Scale for Filipino Americans (ASASFA). Dietary pattern was measured using the Dietary Acculturation Questionnaire for Filipino Americans (DAQFA) and the Block’s Brief Food Frequency Questionnaire (BFFQ). Health indicators included anthropometric measurement: BMI, waist circumference and waist-hip ratio (WHR). U.S. standard and WHO Asian guidelines were used to determine healthy cut-off points.

RESULTS: Descriptive statistics revealed that using the American guidelines, 36.6% women and 61.9% men were overweight or obese, 23.9% women and 19.7% men had a higher than normal waist circumference and 60.4% women and 67.1% men had a higher than normal WHR. However, when Asian guidelines were used, 67.9% women and 86.9% men were overweight or obese, 50.7% women and 50% men had a higher than normal waist circumference.

Western dietary intake was significantly correlated with caloric intake (r (208) = .158 p < .01), percent fat intake (r (208) = .167, p < .05), BMI (r (208) = .207, p < .01) and waist circumference (r (208) = .136 = p < .05). There was significant correlation between ASASFA, Filipino dietary acculturation and anthropometric measurements.

Caloric intake had a positive significant correlation with BMI (r (208) = .224, p < .01) and waist circumference (r (208) = .186, p < .01). Fat intake had a significant positive correlation with BMI (r (208) = .143, p < .05). No correlations were found with carbohydrate intake and anthropometric measurements.

CONCLUSION: The results showed that Filipino American immigrants have increased risks in diet-related chronic diseases including increased BMI, waist, WHR and increased fat intake. The increased health risks based on the anthropometric measurements are even more emphasized when using the WHO Asian guidelines. The results of this study provide health care providers with information on the importance of the appropriate use of anthropometric measurement guidelines in screening for health risks. The use of the WHO Asian guidelines has high clinical significance in this population. In addition, there is emphasis on the importance of dietary assessment and nutritional counselling in this population.

References

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C 16 - Global Trends in Breast Cancer Care
A Phenomenology of the Lived Experiences of Bahraini Women Undergoing Breast Cancer-Related Chemotherapy

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Purpose
To explore women’s experiences with breast cancer and chemotherapy. Its objectives are, to: (1) uncover women’s experiences with breast cancer and chemotherapy; (2) identify psychosocial needs of these patients; (3) examine their quality of life; (4) improve oncology nursing practice.

Target Audience
Researchers interested in knowing the women’s experiences with breast cancer and chemotherapy in Bahrain.

Abstract
Purpose: The study aimed to explore women’s experiences with breast cancer and chemotherapy. Its objectives are, to: (1) uncover women’s experiences with breast cancer and chemotherapy; (2) identify psychosocial needs of these patients; (3) examine their quality of life; (4) improve oncology nursing practice.

Methods: Qualitative phenomenological design was used to explore women’s experiences with breast cancer and chemotherapy. Open-ended interview questions were used to collect data. Data analysis followed the four-step phenomenological data analysis.

Results: Six major themes emerged from the data, namely: life became dark, always ready to help, closed doors, cancer sticking in my family, God helping me and concerns important to me. These themes represented the psychosocial aspects of the women’s experiences with breast cancer and chemotherapy.

Conclusion: This study is the first phenomenological nursing study in Bahrain to uncover women’s experiences with breast cancer. Its small sample does not warrant bigger representativeness, but it provides a data baseline for future nursing research on breast cancer in the Arab region.

Nurses should understand the psychosocial needs of breast cancer patients in order to help them cope with their situation and live quality life. They should be able to enhance their skills in providing patient support and care through further education.

References

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Purpose
The purpose of this presentation is to describe secondary data analysis findings on breast cancer fear according to phase of survivorship, determine whether breast cancer fear levels differed among survivorship phases, and determine the relationship between fear and age in breast cancer survivors of African descent.

Target Audience
The target audience of this presentation is clinical nurses and nurse researchers interested in psychosocial aspects of cancer survivorship, gerontological nursing, oncology nursing care of diverse ethnic groups, and measurement tools.

Abstract
Purpose: The purposes of the current study were: 1) to describe breast cancer fear and its relationship to phase of survivorship; 2) determine whether levels of breast cancer fear vary by phase of survivorship; and 3) determine whether there was a relationship between fear and age in breast cancer survivors of African descent.

Methods: Secondary analysis was used from the study, Inner resources (sense of coherence, hope, and spiritual perspective) as predictors of psychological well-being in African-American breast cancer survivors which is the most complete available on fear and distress in breast cancer survivors of African descent.

Purposive Sampling was used. Women in the original study were recruited from two settings primarily in the United States and Bermuda; outpatient oncology facilities (n=46) and women’s cancer organizations, church groups, sororities, and other community or civic organizations (n=116). Institutional Review Board approval was obtained prior to the study.

The instruments used in this study included a demographic questionnaire and selected questions from the Quality of Life/Breast Cancer Psychological Well-Being (PWB) Subscale by Ferrell and Grant. Data related to ethnicity, age, and survivorship were extrapolated from the original demographic questionnaire. Survivorship was divided into three phases; Phase I or initial diagnosis and treatment (four months to two years); Phase II or completion of treatment/remission (greater than two years to ten years); and Phase III or long-term survivorship (greater than ten years). The Quality of Life Scale/Breast Cancer Version (PWB subscale) consists of 22 items ranked on a range from 0 (worst outcome) to 10 (best outcome). High scores represent high levels of PWB; low scores represent low levels of PWB, or psychological distress. Internal consistency, using Cronbach’s alpha coefficient, revealed a subscale alpha of .91 for the study. For the secondary analysis, a new subscale entitled Breast Cancer Fear was adapted from the PWB Subscale. Six questions were included to elicit distress (2 items) and specific fears (4 items): Distress - how distressing were the following aspects of your illness and treatment: 1. initial diagnosis and 2. completion of treatment? Specific Fears: To what extent are you fearful of 3. future diagnostic tests, 4. a second cancer, 5. recurrence of your cancer, and 6. spreading (metastasis) of your cancer? Level of fear ranged from 0 to 60 with low fear levels ranging from 0 to 20 and high fear levels of 41 and above. Internal consistency was alpha =.90. Three researchers with expertise in quality of life and oncology were consulted to obtain content validity; all three agreed that the items measured the concept of breast cancer fear.

Descriptive statistics such as frequency tabulations and measures of central tendency were calculated. Data analysis was conducted of the research questions using the Kruskal-Wallis test and the Chi-Square test.

Results: The total sample (N=162) was used in the secondary analysis. One hundred and forty-one of the women (87 percent) were receiving no active treatment (survivorship Phase II or III, more than 2 years) at the time of the study while 21 (13 percent) were being actively treated (Phase I, less than 2 years). There were no statistically significant differences according to age, education, or phase of survivorship between the women in active treatment and those not receiving active treatment. The final sample of 162 was divided into the following three phases of survivorship for the purpose of analysis:
1. Phase I: 4 months to 2 years; (n of 62)
2. Phase II: more than 2 years to 10 years; (n of 60)
3. Phase III: more than 10 years (n of 39)

The age range of the total sample was 31 to 85 years with the majority of the sample comprised of women with ages ranging from 31 to 64. The mean age was 56.5 (SD of 12.8). The mean income range was $30,000 to $34,999. Approximately 40 percent of the survivors had income levels greater than $40,000. The majority had some college education.

Phases of survivorship. Breast cancer survivorship ranged from 4 to 6 months to greater than 20 years. The average length of survivorship was greater than 2 years to 5 years. There was a fairly equal number of women in Phase I (n of 63) and Phase II (n of 60) while there were 39 women in Phase III (n of 39). The young and middle-aged women, 31-65 years, were in Phases I and II; the majority of older survivors were in Phase III. The majority of survivors in Phase I had a High School diploma while those in Phase III had the least amount of education. Most of the low-income women were in Phase II while most of the middle-income women were in Phase I. There were 11 survivors in Phase III that had incomes greater than $40,000.

Breast Cancer Fear and Phase of survivorship. Level of fear ranged from 0 to 60. The mean level of fear was 36.57 (SD of 17.5). In every phase of survivorship, the women experienced at least a moderate level of fear. The level of fear for women who had survived the longest (greater than 10 years) was at the upper end of the moderate range. Those who had survived greater than 2 to 10 years had the lowest level of fear. There was no significant difference in level of fear according to phase of survivorship (p of .231).

Level of Fear and Age. The sample was comprised of 57 (35.2 percent) women with ages ranging from 31 to 49, 59 (36.4 percent) with ages ranging from 50 to 64, and 46 (28.4 percent) with ages ranging from 65 to 85. When compared with each other according to the level of fear experienced, almost half of the survivors experienced a high level of fear (n of 77, 47.5 percent). Of these, the highest percentage of women (67.4 percent) was in the oldest age range of 65-85 years. There was a significant association in the level of fear according to age ($\chi^2 = 10.937$, $p=.027$). A higher proportion of the older survivors (65-85 years old) scored a higher level of fear compared to the other two age groups.

Conclusion: The literature states that women diagnosed with breast cancer tend to cope better during the active phase of treatment and struggle after completion of treatment and that the phase immediately after completion of treatment is the most fearful time for the patient. However, in this study, those who had survived the longest (those in Phase III) experienced the greatest level of fear. Other studies reported that older age and time since breast cancer diagnosis were associated with reduced fear of recurrence. However, the current study reported the older women (65 to 85 years old) had a higher level of fear while the women who were 31 to 64 years old reported lower fear levels. Many of the studies reported in the literature were completed using primarily European-American women. Those conducted with women of African descent varied regarding the measures of fear used; some measured fear; others worry. Ethnicity could explain why the results are different from expected, particularly for those women who had completed treatment.

There is a need to develop culturally congruent fear assessments and identified coping strategies that can be used to design programs to help monitor and manage the level of fear experienced by women of African descent. Nurses should treat all patients individually because breast cancer fears may be drastically different from person to person. It is important to appreciate the deeply rooted spiritual beliefs of women of African descent so that an individualized and holistic plan of care is created that intertwines spirituality into the physical and psychological goals of treatment. The current study implies a need for more culturally specific studies of fear in breast cancer survivors of African descent. Additionally, the concept of fear needs to be differentiated from worry. Further study is needed on fear among varying sociodemographic levels, especially age. Qualitative studies are needed to explore the experience of survivorship from Phase I to Phase III, definition of survivorship, and the types of fears expressed in the various phases. These explorations can lead to the development and testing of culturally congruent assessment tools followed by evidence-based interventions to reduce fear in women of African descent.

References
D 13 - Clinical Outcomes through Nursing Research

Childbirth Delivery Preference Using a Newly Developed Childbirth Delivery Options Questionnaire: A Pilot Study

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Purpose
To report findings of a pilot study testing a questionnaire recently developed based on the theory of planned behavior to assess pregnant women’s decisions regarding their childbirth delivery options (spontaneous vaginal delivery versus elective caesarean section).

Target Audience
Researchers and clinicians who are interested in improving maternal-child outcomes.

Abstract
Purpose: It is concerning that the rate of caesarean sections is increasing worldwide. Results from the World Health Organization (WHO) worldwide survey showed that the overall rate of caesarean sections was 25.7% in 2004-2008 (Souza et al., 2010). Gibbons et al. (2012) reported the number of caesarean sections performed in 137 countries in 2008 and indicated that 50.4% of the countries had caesarean section rates greater than 15%. The WHO also conducted a global survey on Maternal and Perinatal Health between 2004 and 2008 and indicated that 1) the incidence rate for severe maternal complications associated with elective caesarean section was about three times greater than that associated with normal spontaneous delivery (4.2% and 1.5%, respectively); 2) when an elective caesarean section was performed before the onset of labor, the risk of short term adverse outcomes was nearly six fold compared with normal spontaneous delivery; 3) when an elective caesarean section was performed after the onset of labor, the risk of short term adverse outcomes was 14 times above the level of risk for normal spontaneous delivery (Souza et al., 2010).

Research also has shown evidence that newborns delivered by elective caesarean section have an increased risk of morbidity. For example, the prospective survey that was conducted by the Medical Birth Registry of Norway compared normal spontaneous delivery and elective caesarean section on newborn health outcomes, and they indicated elective caesarean sections increased transfer rates to the neonatal intensive care unit from 5.2% to 9.8% and the risk for pulmonary disorders from 0.8% to 1.6%, compared with normal spontaneous delivery (Kolas, Saugstad, Daltveit, Nilsen, & Oian, 2006). Furthermore, the increasing rate of caesarean sections raises other concerns, such as increased cost and utilization of public resources. It has been estimated that more than $2.5 billion would have been saved if the rate of caesarean section in America in 2006 had been 15%, rather than the actual rate of 31.1% (Sakala & Corry, 2008). Hence, it is important to better understand the psychological factors (beliefs and attitudes) that influence pregnant women’s decisions to undergo elective caesarean section in order to propose evidence-based behavior change strategies to amend the significant maternal-child health problem.

The theory of planned behavior (TPB) (Ajzen, 1985) is the most widely studied social cognition theory to predict and elucidate human behavior (Hardeman et al., 2002). The efficacy of the theory in predicting and modifying individual health-related behaviors has been demonstrated in several systematic reviews (Armitage & Conner, 2001; Godin & Kok, 1996; Hausenblas, Carron, & Mack, 1997). The TPB posits that mother’s intention/decision is influenced by her attitudes toward the two delivery options, her self-efficacy related to childbirth, and her beliefs regarding what her family and friends may think of her choice.

Therefore, this pilot study examined the acceptability, feasibility, and preliminary validity of a theory-based questionnaire, the Childbirth Delivery Options questionnaire (CDOQ) that has potential as an instrument for pregnant women’s decisions regarding their childbirth delivery options in diverse clinical settings.

Methods: This pilot study used a mixed method approach to pretest and refine the CDOQ. Participants who must be pregnant women aged 18 or older were recruited from two sites to confirm the feasibility of the procedure. First, the study was described and consent obtained from those who were interested. Second, participants were given a choice to complete the questionnaire on paper-and-pencil or tablet. Third, participants were asked to complete the questionnaire and to provide comments about the questionnaire. The cognitive...
interviewing approach provided the feedback obtained from these respondents to revise the questionnaire. Finally, all participants were asked to rate their overall impression of the questionnaire; and this will permit comparison of the two methods (p&p vs. tablet) of administration.

Results: A total of 61 participants were recruited in this pilot study from two clinical sites. Depending on where the participants were recruited, the majority of participants from Site A were single (never married) (79.3%), African Americans (41.4%) with a mean age of 23 years ($SD = 4.93$). About 72.4% of the respondents had a high school diploma with Medicaid health insurance; in contrast, participants from the other site (Site B), were married (71%) and significantly older with a mean age of 26 ($SD = 3.88; t = 2.88, p < .01$). In addition, they were predominately white (80.6%) having a bachelor’s degree (54.8%) with private health insurance at the time of the interviews (67.7%).

With regard to childbirth delivery options, even though both groups preferred the vaginal birth method, Site A had a stronger preference toward vaginal birth whereas the other group tended to respond neutrally. In particular, participants recruited from Site A had a statistically stronger preference towards vaginal birth and believed that vaginal birth was more convenient ($t = 7.04, p < .01$) and meaningful ($t = 4.61, p < .01$) when compared to their counterpart. In addition, participants from Site A were more confident with delivery through vaginal birth method ($t = 2.57, p < .05$) and perceived less social pressure ($t = 4.17, p < .01$) when compared to participants recruited from the Site B clinic. Interestingly, when they were asked whether their decisions were entirely up to them, both groups did not show a significant difference in either vaginal birth method ($t = 1.04, p > .05$) or schedule cesarean section ($t = .03, p > .05$). When it comes to their support system, although participants’ mothers and partners all played a significant role in both sites, Site A’s participants believed that vaginal birth was more meaningful for their significant others when compared to the other group ($t = 2.20, p < .05$).

For the second part of the study, participants’ comments on the CDOQ were generally positive with a mean score of 2.71 on a scale ranging from -4 (terrible) to 4 (excellent). Respondents thought that the items on the CDOQ were easy to read and comprehend; they reported favorably on the wording and formatting. Their overall impression of the questionnaire was no significant difference between the two methods (p&p vs. tablet) of administration, and the CDOQ only took participants on average 10 minutes to complete.

Conclusion: This study is grounded on well established and extensively tested theory—the theory of planned behavior— and responds to the globally increasing rate of caesarean sections. The current study exposes feasibility issues based on the study that may be useful to scientific communities interested in improving maternal-child care. Given that caesarean sections are increasing worldwide, participants from both groups all preferred to deliver their babies by the vaginal birth method. In addition, a difference in socioeconomic status emerged between these two groups; participants with higher socioeconomic status had relatively less preference regarding their delivery options when compared to their counterpart. In particular, they have less confidence to deliver vaginally. Interestingly, in accordance with the theory of planned behavior hypothesizing that their significant others may influence their decisions, in terms of delivery options, pregnant women’s partners or mothers seem to not play an important role influencing their decisions. Although it has been known that the vaginal birth method benefits pregnant women and their babies more when compared to caesarean sections, it is still necessary for clinicians to promote vaginal birth for women with less confidence as well as their support system. The results from this pilot study will be used to inform a larger study with a bigger sample size to improve the contemporary maternal-child health promotion environment.

References

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D 13 - Clinical Outcomes through Nursing Research

The Effectiveness of Integrated Nursing Education on Quality of Life and Health Related among Obstructive Sleep Apnea Patients with Continuous Positive Airway Pressure Therapy

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Purpose
The purpose was to examine the effectiveness of quality of life and health related after nursing education among OSA patients with CPAP therapy.

Target Audience
The audience can understand the effectiveness of quality of life and health related after nursing education among OSA patients with CPAP therapy. Effectiveness indicators included health status, the time of using CPAP, the difficulties of using CPAP, the self-care ability of using CPAP, and SAQLI.

Abstract
Purpose: The purpose was to examine the effectiveness of quality of life and health related after nursing education among obstructive sleep apnea (OSA) patients with continuous positive airway pressure (CPAP) therapy.

Methods: The experimental group received CPAP nursing care and the control group received routine care. The collection data of the both groups involved before intervention (pre-test), post-test (the 7th day after the intervention), and post post-test (the 30th day after the intervention).

SPSS 17.0 was used, which included descriptive statistics, Chi-Square, Generalized Estimating Equation (GEE), and Analysis of Covariance (ANCOVA) for data analysis. The reliability test of effectiveness indicators were diagnosed with OSA patients received CPAP therapy by sleep center chest medicine physician. The subjects treated with CPAP for first time home use in an outpatient clinic of teaching hospital from July 18, 2013 to April 03, 2014. 55 valid subjects were in the study including 25 subjects in the control group and 23 subjects in the experimental group. There were seven subjects withdraw from the study. The withdraw rate was 12.7%.

GEE analysis was used for the two groups before intervention (pre-test), post-test (the 7th day after the intervention), and post post-test (the 30th day after the intervention) to repeat measurements of health status, the time of using CPAP, and the Calgary Sleep Apnea Quality of Life Index (SAQLI).

Results: The results showed that: (1) the health status domain, the ESS, AHI, BMI, and NC in the 7th day and the 30th day after the intervention had improved on the experimental group than control group, but was not significant difference. (2) the time of using CPAP domain, there was reducing the time on the 30th day after intervention compared with the control group, but no significant difference. (3) the difficulties of using CPAP domain, there improved on the experimental group compared the control group in the 30th day after intervention, and was statistically significant difference (β = -1.834, p = .040). (4) the self-care ability of using CPAP domain, there increased the 30th day after intervention in the experimental group than the control group, but no significant difference. (5) SAQLI domain, the mean of SAQLI score was calculated by professor Flemona suggestion. The SAQLI mean score at pre-test was 4.18 points, posttest (the 7th day after the intervention) was 4.31 points, post post-test (the 30th day after the intervention) was 4.35 points in the experimental group, which indicated the quality of life index increased with the time of the intervention. The results showed that a trend of continuous improvement after intervention. Particularly, there was most improving in

The first seven days after the intervention. In addition, the mean quality of life index at the pre-test points was 4.20 points, at posttest (the 7th day after the intervention) was 3.75 points getting worse, and post post-test (the 30th day after the intervention) was 3.89 points slightly improved in the control group. The total score of SAQLI improved and significant difference (β = 1.669, p = 0.014) at the 30th day after the intervention in the experimental group. Another symptoms of the SAQLI sub-item improved and significant difference (β=5.69 p. =0.007) at the 30th day after the intervention in the experimental group, the other variables no significant difference.
Conclusion: Based on the results of the study, the difficulties of using CPAP, the symptoms of SAQLI, and total score of SAQLI had significantly improved at the 30th day after nursing education intervention. As a whole, quality of life index was getting improved trend with a gradual increase in the intervention time, especially the 7th day after the intervention to improve the most.

Therefore, it is recommended in OSA patients using CPAP therapy during 1-7 days continued to a month with follow up the care, which is very necessary care and critical moment. For the necessary, there is to set staffing of CPAP case managers, who provide one by one individual health education, provide education with handout, closely follow up, and provide counseling of nursing education. There is providing the nursing education before CPAP therapy and within a week as soon as possible to promote the use of CPAP compliance and improve the quality of life of OSA patients. The results of the study could be provided as a reference on clinical care map for the future in OSA patients with CPAP therapy.

References

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Effects of an Asthma Disease Management Program for Individuals with Asthma

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Purpose
The purpose of this presentation is to present research findings on the effect of a asthma disease management program for individuals with Asthma. The target outcomes of the study included (a) self care ability, (b) asthma control and (c) hospitalization. The predict factor of program outcomes will also be discussed.

Target Audience
The target audience of this presentation is individuals who work with clients with asthma or those who are interested in the effect of disease management program on clinical outcomes.

Abstract
Background: Asthma is a serious global health problem affecting all age groups with increasing prevalence and raising treatment costs. To enhance the care of individuals with asthma, National Health Insurance Administration implemented “Asthma Management Program” in 2001. Since then, numerous studies had conducted to evaluate the effect of the program, focusing on the effect of medical utilization with either short – term or one-time follow-up, yet only scant studies have focused on the outcomes such as self-care ability, asthma control and quality of life.

Purpose: This study used a repeated measure approach to evaluate the program outcome. The study aim was two folds: (1) the effects of Asthma Management program were evaluated in terms of self-care ability, asthma control and hospitalization, and (2) the predict factor of program outcomes was explored.

Methods: This study used longitudinal design with convenient sampling method. Thirty individuals, who enrolled in the Asthma Management Program at a medical center in Central Taiwan, participated at this study. Adult Asthma Self-Care Behavior Scale, Asthma Quality of Life Questionnaire, Asthma Control Test and Demographic Data Sheet were used to collect data form participants. Data were collected at before enrollment of the program, 1-, 3- and 6-month after enrollment.

Results: The results showed improved self-care ability, better asthma control and better quality of life in participants. The results also showed the improvements of outcomes increased with the time of disease management increased. Significant decreased in the frequency of hospitalization was noted at three months after participated at the program; however, no significant differences in hospitalization were noted at both the first and the sixth month follow-up. Age was the only predictor of the outcomes of the Asthma Disease Management Program; the group of aged 51-65 showed better outcome in asthma control then the group of aged 18-30.

Conclusion: The study has revealed that asthma required long-term-and continuous care. An effective disease management model should be designed to include comprehensive asthma health education program to meet patient’s need. Based on our study, the predict factors of adult Asthma Disease Management Program can be a reference for interventions for all medical members.

References

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D 15 - Issues with Global Retention of Nurses
Planning Nursing Workforce in Primary Health Care in Brazil

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Purpose
The purpose of this presentation is discuss our results about standard time of nursing interventions / activities at Primary Care Units (PCU) and how we can use this to calculate nursing workforce.

Target Audience
The target audience of this presentation are nurses and professional who works in primary care.

Abstract
Purpose: to propose standard references for duration of nursing interventions / activities at Primary Care Units (PCU) and to calculate nursing workforce.

Methods: It was conducted a methodological research field, multicenter with a quantitative approach and purposive sampling in 27 PCUs, in 12 states in all 5 geographical regions. The work sampling technic was applied. The standard references were calculated based on interventions / activities proposed by Workload Indicators Staffing Need.

Results: 32.613 observations were conducted, and 15% was sample retest, 27.846 observations were regular. Furthermore, 9.198 (33%) were observations of nurses and 18.648 (67%) were observations of nurse assistants. Nurses, in Brazil, spend their working time as following: 59.1% in interventions (30.5% direct care and 28.7% indirect care), 7% in unit-related activity, 13.2% in personal activity, 3% standby time, 14.7% absence and 3% was not observed. Nurse assistants, in Brazil, spend their working time as following: 40.7% in interventions (24.7% in direct care and indirect care in 16%), 13.7% unit-related activity, 15.8% in personal activity, 15.6% standby time, 11.7% absence and 2.5% was not observed. The current productivity and potential productivity of nurses, in Brazil, were 66% and 84% respectively; and of Nurse Assistants were 55% of actual productivity and 83% of potential productivity

Conclusion: These results can support an eventual redesign of some practices and process optimization of nursing workforce in order to better meet the needs of users.

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D 15 - Issues with Global Retention of Nurses

Fit for the Future: Australian Nurses' Health Status and Health Behaviours

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Purpose
To describe the health status, health and lifestyle behaviours of Australian nurses; to consider the implications of this for workforce performance and sustainability in the context of population and workforce ageing, increasing prevalence of chronic disease and rising healthcare demand.

Target Audience
Nursing and midwifery managers, for its information of relevance for workforce planning, promotion of retention and management of sickness absence; nursing and midwifery managers, for its information of relevance for workforce policy and strategy development; clinical nurses and midwives, for its information related to workforce characteristics and peer issues.

Abstract
Purpose: Global changes in population demographics are forecast to increase demand for healthcare services [1]. Chronic or non-communicable diseases associated with aging are projected to increase by 15% globally between 2010 and 2020. However, good long term health and disease prevention is possible through key healthy behaviours including limiting alcohol use, abstaining from tobacco, eating recommended amounts of fruit and vegetables, being physically active and maintaining a healthy weight. Around 80% of coronary heart disease and cerebrovascular disease have been estimated to accrue due to behavioural risk factors [1], so even small changes in behaviour have the potential to impact on health outcomes.

Long term, healthcare and prevention strategies are crucial to address these population trends and the World Health Organization has emphasised the need to strengthen the capacity of the health workforce to meet these demands. Nurses provide the bulk of healthcare and are the main health education providers; highly visible, they are accessible role models for good health practices for their patients, families and the community. However, the nursing workforce faces the same health issues as the population it serves although nurses have advantages that should support their participation in health behaviours, including education with high health literacy and the economic advantages of employment. Whether nurses’ health and health behaviours reflect this advantage is largely unknown [2].

In high income countries the nursing workforce is aging [3], in many countries to a greater extent than the populations from which they are drawn. Nurses’ health is a crucial consideration for their retention in the workforce. There is some evidence of risk to the health of nurses through obesity, lack of physical activity and poor diet. This may be evident in nurses undertaking preregistration education, so the impact on work capacity and ability to act as healthy role models may be hampered from the beginning of careers [2]. Overall, however, little information is available about the health and health behaviours of the nursing workforce.

Methods: To address this deficit, this study employed an electronic survey comprised of validated and reliable questions and instruments delivered with the link distributed using the New South Wales Nurses and Midwives Association membership database and publication and snowballed through professional contacts in the nursing and midwifery workforce of New South Wales (NSW), Australia in 2014; 5,347 nurses and midwives responded. This paper describes their overall health and health-related behaviours and will discuss this compared to the NSW general population by age and gender, and in relation to their job satisfaction and future intentions.

Results: Respondents had a mean age of 48 (SD 11, range 18-78) years; almost two thirds (66%) were 45 years of age and older. Most (88%) were female, worked full-time (53%), and were shift workers (62%), half of whom worked night shifts; just over half (52%) were employed at Registered Nurse grade, and were hospital-based (59%). These nurses were well-educated with most (62%) having at least a Bachelor degree and 39% with postgraduate qualifications. Altogether 72% agreed or strongly agreed they were satisfied with their current job but 23% were planning to leave within the next 6-12 months.

On a scale of 1 (poor) to 5 (excellent) nurses in the study rated their general health at mean 2.5 (SD 1), with 39% indicating good, 38% very good and 13% excellent health. However, in the previous 4 weeks 35% reported
often suffering pain whilst 39% were in pain sometimes. Asked about the severity of this pain, 6% reported it as severe/ very severe, 28% as moderate; 7% reported pain interfered with normal work quite a bit or extremely; 12% moderately. Approximately one in six (17%) had experienced a hospital admission in the previous 12 months, 10% for at least an overnight stay. More than half (58%) were taking regular medications. Overall, they reported taking mean (SD) 7 (14) days sick leave in the previous 12 months, 2 (7) of which they identified as ‘mental health’ days.

Respondents were asked whether they experienced a wide variety of health symptoms. Around 50% reported experiencing back pain, severe tiredness, stiff/ painful joints, headaches / migraine sometimes or often; around 30% reported allergies, indigestion/ heartburn and anxiety with similar frequency. However, most were self-managed, with breathing difficulties, urine infection and mouth/ gum/ teeth problems the only symptoms where even one in three affected sought help. Symptoms that could potentially indicate a mental health issue were common, as were sleeping problems. Moderate – very severe difficulties were reported in falling asleep (30%), staying asleep (32%), waking too early (32%). Altogether 31% were dissatisfied or very dissatisfied with their sleep quality.

Reported Body Mass Index values were classified as overweight for 31% of respondents, as obese for 30%. For a small group (between 3% and 9%) their health or emotional problems limited physical activity and stair climbing, and meant they accomplished less than they liked or did things less carefully to a large degree/ all or most of the time.

Conclusion: Analyses are at an early stage and will be discussed in more detail. A separate paper will present findings with implications for the future health of this workforce: current diagnoses of enduring disease and presence of the major behavioural risk factors of diet, activity, smoking, obesity and hypertension.

In conclusion, a clear pattern is emerging of nurses and midwives functioning, delivering care and achieving a high level of job satisfaction despite substantial symptom burden and health risks. Targeted strategies will be required to ensure the nursing and midwifery workforce are fit for the future. The implications of this for managers, policy makers and the future nursing and midwifery workforce will be discussed.

References

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D 15 - Issues with Global Retention of Nurses
Harm, Threat, or Challenge, Nursing Students in Clinical Education Settings

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Purpose
To share the need for educating nursing students about incivility and methods for responding to it when encountered in a clinical education setting, and to gain insights on what events or behaviors students identified as uncivil as well as their emotional and behavioral responses to those events.

Target Audience
the employers, educators, and healthcare professionals who provide students an environment for experiential learning during their clinical education in nursing.

Abstract
The majority of students in a baccalaureate nursing program are traditionally new graduates from high school. The research shared the need for educating nursing students about incivility and methods for responding to it when encountered in a clinical education setting, and to gain insights on what events or behaviors students identified as uncivil as well as their emotional and behavioral responses to those events. The background for this research included studies on incivility that were conducted internationally and in the United States. Empirical research studies were reviewed for incivility on general workplaces, employed nurses, nursing education, clinical settings, faculty incivility towards nursing students, nursing student’s incivility toward faculty, and nursing curriculum. The primary research question was: How do nursing students in a clinical education setting describe their experience with incivility? The basic qualitative method of open ended conversational interviews and audio taping of participants were transcribed and then fact checked from each interview. The transcriptions that provided data was aligned with the primary and secondary research questions and reflected the empirical literature reviewed. The data was analyzed for recurring patterns and new themes using a constant comparative method for each interview. The information supported the empirical findings from previous research in which incivility was found to be prevalent in nursing milieus, and it was present during the clinical education of nursing students in this study. The participants in this study felt unprepared to effectively respond when encountering incivility and experienced emotional and behavioral harm from the encounters. The research demonstrated a gap in preparing students and making them aware that incivility may occur in nursing. There is a need to provide information early in the nursing curriculum about incivility and methods for responding to it. Nurse educators have a responsibility to provide knowledge about incivility and effective communication methods when encountered. There is also a need to advocate for a change in the nursing culture when socializing students into nursing during their clinical education.

References

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Purpose
The purpose of this presentation is to inform nurses of the persistence of symptoms expressed by breast cancer survivors who have completed primary therapy (surgery, chemo/biotherapy and radiation), up to 5 years prior.

Target Audience
The target audience of this presentation is nurses who research, interact with, and provide nursing care to survivors of breast cancer, the most common cancer in women worldwide.

Abstract
**Purpose:** The purpose of this study was to determine whether symptom burden differed according to survivor status (early [less than 3 years post completion of primary therapy], as opposed to long-term [years 3 through 5], survival) and/or use of endocrine or hormonal adjuvant therapy.

**Methods:** In this exploratory, cross-sectional study, data were collected on 133 survivors, using the MD Anderson Symptom Inventory, Karnofsky Performance Status, Charlson Comorbidity Index and a demographic/health history form. We analyzed symptom burden by survivor status and use of adjuvant therapy utilizing a 2-way ANOVA model.

**Results:** Patients who were prescribed endocrine or hormonal therapy had higher symptom severity and burden scores than did women who did not receive these therapies. No differences were noted in symptom burden, symptom severity and composite interference score between early- and long-term survivors. As functional status increased, the patients’ symptoms scores decreased. Comorbidities did not impact symptoms.

**Conclusions:** Breast cancer survivors continue to experience symptoms, up to 6 years after completing primary therapy, but symptoms are more severe among those taking hormonal or endocrine therapy. Understanding the relationship between symptoms, cancer therapy, comorbidities, and functional status in early versus late survivorship may improve symptom management and outcomes for breast cancer survivors.

References

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D 16 - Screening and Surviving Breast Cancer: Promoting Health through Vigilance
The Lived Experience of Breast Cancer in the Surveillance Phase of Recovery: A Liminal Process

Patricia K. Amado, PhD, MS (Ed), RN, CNS, USA

Purpose
The purpose of this presentation is premised upon hermeneutical phenomenology. The method enables the narrative inquiry approach to research; from a therapeutic lens; the uniqueness it provides in coping and making- meaning of a chronic illness; breast cancer in order to facilitate healing body, mind, and spirit.

Target Audience
The target audience of this presentation is educators, Nurse Practitioners, and nurse researchers, and practicing RN's. It is a method which encompasses many schools of thought. It is relevant to psycho-social studies, anthropological studies, sociology, cognitive psychology and many more as language is a central component to this approach.

Abstract
Background: Breast cancer is one of the most prevalent types of cancer today among women of all ages. Many women are being diagnosed each year and learning to cope with a chronic illness. Accompanying the victory of survivorship, however, are challenges in the surveillance phase of recovery. Surveillance is the time after surgery, chemotherapy and/or radiation is complete and the patient is continues to be receiving regular scheduled check-ups by the oncologist. Each individual’s care plan for surveillance may be different depending upon the stage and the treatment received. Breast cancer survivors face many fears during this period of time, including fear of recurrence, loss of health, or fear of dying from the disease to name a few.

Purpose: The purpose of this study was to illuminate the lived experience of women after they have undergone their treatment regime for breast cancer and have entered the surveillance phase of recovery. This study gave a voice to the women’s experience through their life story and the resiliency they demonstrated while transitioning to a new life within the context of illness.

Philosophical Underpinnings: This study was guided by Max van Manen’s hermeneutic phenomenological perspective.

Methods: A purposive sample of 10 women ages 25-75 years old from survivorship clinics in south Florida was selected to explore the question: “What is the lived experience of women with breast cancer in the surveillance phase of recovery? Data collection was gathered with one-hour semi-structured interviews and was audio-taped, transcribed for verification, and member checked by the researcher. Data analysis included interpretation and description of textual writing guided by van Manen’s six.

The purpose of this presentation is premised upon my study based upon hermeneutical phenomenology. The method enables all disciplines to understand the narrative inquiry approach to research; what it is from a therapeutic lens; what uniqueness it provides in dealing with coping and making- meaning out of a chronic illness such as breast cancer and the art of story-telling as a venue for communication and a method to facilitate healing body, mind, and spirit while battling a chronic illness. Through the use of narrative inquiry to study liminality or the in- between time of illness and wellness will provide a path to an innovative method to understand a phenomena (illness) in order to understand the lived experiences of woman diagnosed with breast cancer. Liminality is the place between wellness and illness and the fear of facing a possible recurrence. It is important as healthcare professionals and laypersons realize the experience of what happens for women in the transition from health to facing a life- threatening disease.

Narrative inquiry represents a better perspective on the story of illness that at times may be difficult to voice. A cognitive engagement of discourse in an open semi-structured format may give voice to the person within the context of their own journey through illness. With semi-structured interviews, the investigator will have a set of questions on an interview schedule, but the interview will be guided by the participants rather than be dictated hence the advantages of this method is as follows:
There is an attempt to establish rapport with the patient which allows a richer relationship to gather personal experiences of illness

Results:
- The ordering of questions is less important as in gathering information in an history and physical (less empirical approach)
- The interviewer is freer to probe interesting areas that arise.
- The interview can follow the respondent’s interests or concerns. It is a creative method of healing as someone is faced with a chronic and sometimes terminal journey.

Conclusion: Quality of life is a multi-dimensional facet of one’s social, spiritual, and physical, emotional wellbeing. Breast cancer survivors face many fears, whether it is fear of recurrence, loss of health, and fear of dying. In order to treat each person holistically the healthcare provider needs to acknowledge alternative ways of healing for the breast cancer patient. Through introducing narrative therapy as a therapeutic way to express feelings one can make sense of this malady through the art of dialogue and may introduce new ways of learning how one builds resiliency in the journey of illness through their lived story. It is an innovative method to facilitate transition to a new reality such as living with cancer and improve the quality of life living in the in-between times of constant surveillance of this insidious disease.

References

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D 16 - Screening and Surviving Breast Cancer: Promoting Health through Vigilance
Community-Based Intervention to Promote Breast Cancer Screening, Awareness, Knowledge and Motivation among Homeless Women

Roxana Orta, DNP, ARNP-BC, USA

Purpose
To provide information on a quasi-experimental study designed to increase breast cancer awareness, knowledge and motivation for mammography screening among homeless women, to an international audience of nursing clinicians and researchers.

Target Audience
directly primarily towards community/public health nurses, researchers and academicians involved in breast cancer prevention, health promotion programs and disease prevention interventions as well as other health care professionals involved in the care of homeless populations.

Abstract
Purpose: A national efforts is underway to detect breast cancer in its early stages which is very necessary to reduce breast cancer-associated mortality (National Cancer Institute, 2014). Despite many initiatives to increase breast cancer screening in the United States, minority homeless women continue to have alarmingly lowered rates of breast cancer screening, therefore increasing their risk for delay diagnosis and decreased survival after diagnosis (Bhargava & Du 2009; DeSantis, Siegel, Bandi & Jemal, 2011; Miller, King, Joseph & Richardson, 2012; Ooi, Martinez, & Li, 2011). A doctoral prepared nursing faculty member and RN-BSN Students facilitated a community-based Intervention to promote breast cancer screening, awareness, knowledge and motivation among minority homeless women. The purpose of this educational intervention for homeless women living in transitional housing was to evaluate the effectiveness of a culturally appropriate multifaceted learning intervention on increasing awareness, knowledge and motivation for breast cancer screening and health promotion.

Methods: A pre-and-post quasi-experimental study was conducted. Prior to the intervention, a pretest was administered by the nurse researcher. The RN-BSN students under the supervision of the nurse researcher implemented the ten-session two hour-weekly multifaceted educational intervention. In the intervention a convenient sample of 24 women completed the educational intervention based on Green & Kreuter (2005) Health Belief Model. Awareness and knowledge of breast cancer were measured by a pre- and post-education demographic breast cancer risk factor 36 questions and a self-administered 16 multiple-choice questions breast cancer knowledge test. The posttest was administered by the nurse researcher. Content validity for both instruments was obtained with a panel of 5 experts. The participants' motivation for breast cancer screening was evaluated by a two week follow up telephone interview by the researcher.

Results: Demographics: of the 24 participants, 95% of the sample was ethnic minorities (48% Hispanic, 44% African American, 4% Caucasian and 4% identified themselves as other). Of the women, 75% reported little or no worried about breast cancer while 68% reported their health as poor. Furthermore, 48% of the women reported never having had a mammography and 30% of the participants were identified as in need of mammography as recommended by the U.S. Preventive Services Task Force (USPSTF). Effectiveness of the educational intervention was estimated through a paired t test. The mean percentage of correct answers increased from 64% at baseline to 84% post-education (P < 0.0001). After the telephone interview 75% of the women requested help with obtaining a clinical breast examination or a free mammography.

Conclusion: Findings in this sample suggest an apathetic view of breast cancer risk factors by these women despite reports of poor health by this sample. This community-based education intervention was effective in increasing breast cancer awareness knowledge among homeless women. The invention also made these fragile women more likely to undergo clinical breast examination and mammography in future and recommend it to their relatives and friends. This community based educational study effectively facilitated health-promotion education and awareness among homeless women. Findings from this study may be used to decrease breast cancer screening gaps and to promote programs that are population specific as recommended by the overall objectives of Healthy People 2020. Findings also may be used to inform public policy about the health disparities experienced by these vulnerable populations.
References

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D 17 - Issues Within the Nursing Workforce

Nurse Executives' Perceptions of the Barriers and Facilitators Associated with Reaching an 80% Baccalaureate Prepared Nursing Workforce in Rural Kansas

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Purpose
The purpose of this presentation is to disseminate the results of a study of selected critical access hospitals (CAH) and the perceived barriers and facilitators for nurse executives in implementing changes that will promote reaching an 80% baccalaureate prepared nursing workforce

Target Audience
The target audience of this presentation would include nurses in executive leadership roles, nurse educators, state and national leaders and nurses with an interest in continuing their education.

Abstract
Purpose: The Institute of Medicine (IOM) recommends that 80% of the Registered Nurses (RN) in the workforce be baccalaureate prepared by the year 2020. This study explored the perceptions of nurse executives in rural Kansas about the barriers and facilitators to reaching an 80% baccalaureate prepared nursing workforce. Current educational staff mix and the educational staff mix goal were also explored.

Methods: A qualitative descriptive design was used. Eight critical access hospitals throughout Kansas were purposively sampled. The nurse in the executive leadership position at each facility was interviewed. A questionnaire was used to obtain demographic information about the facility's current workforce and the nurse executives' goals for RN educational level.

Results: Data were analyzed using a qualitative inductive thematic analysis. Five themes related to barriers to achieving a higher percentage of baccalaureate-prepared nurses emerged: 1) Limited finances; 2) Life that gets in the way; 3) Don't see the value; 4) Nurses are comfortable with where they are; and 5) Rural challenge. Facilitators to increase percentages include: 1) Increase funding for nurses in rural communities; 2) Require mandate for BSN with time limits; 3) Educate on the value of the BSN degree; 4) Develop mentoring and role modeling programs, and 5) Offer a variety of BSN program options.

Conclusion: It is hoped that the outcomes of this study raise awareness to healthcare employers, educators and policymakers of the need to consider the barriers in rural communities to increase the percentage of BSN nurses. Initiatives that increase the percentage of BSN in urban areas and unintentionally creates barriers in rural communities needs to be further understood.

References

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D 17 - Issues Within the Nursing Workforce

Employment Implications for Nurses Going Through Peer Assistance Programs for Substance Abuse

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Purpose
The purpose of this presentation will be to highlight the employment implications experienced by chemically impaired nurses who are going through peer assistance programs.

Target Audience
The target audience for this presentation is all nurses and other members of the interdisciplinary healthcare team who need to understand the employment challenges facing nurses who are chemically impaired and going through peer assistance programs.

Abstract

Purpose: The purpose of this presentation will be to highlight the lived experiences and employment implications experienced by chemically impaired nurses who are going through peer assistance programs.

Methods: This was a qualitative research study that focused on the lived experiences and employment implications of nurses participating in a peer assistance program for substance abuse. A convenience sample was used in this research study. Inclusion criteria were as follows: 1) an active member of the Texas Peer Assistance Program for Nurses (TPAPN). 2) able to read and write English proficiently. 3) at least 18 years of age. IRB approval was obtained from the University of Texas at Arlington. Ten nurses participated in the study. A 9-item questionnaire was used to obtain the data. The QSR XSight 2 software was used for qualitative data analysis.

Results: Sixty percent of the participants were female and all the participants classified themselves as non-Hispanic White. Seventy percent were employed at the time of the study. 50% had bachelor’s degree, 20% had Associate’s degrees, 10% had master’s degree and 10% Diploma in Nursing. Age of the study participants ranged from 26 to 55 years old. Four themes emerged from the qualitative data analysis were these were (1) stress from restrictions, (2) guilt and shame, (3) gratitude for being caught, and (4) keeping up with recovery.

Conclusion: This research study highlighted several aspects of the lived experiences of nurses participating in a peer assistance program for substance abuse. The themes captured many of the concerns that this population of nurses had toward their employment status. The issue of chemical dependency and substance abuse in the nursing profession is one of the most sensitive issues of our time. Six out of the ten participants in the study indicated that they had problems with substance abuse prior to becoming nurses. They however, relapsed after entering the nursing profession. Many of them are concerned about the legal implications for their dependency and dread losing employment any time, which leaves them with financial responsibilities that they are not able to take care of, thus contributing to the stress of the disease process.

References

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D 17 - Issues Within the Nursing Workforce

How Transformational Leadership is Addressing the Rural Nursing Workforce

Amber Proctor Williams, DNP, MSN, APRN, USA

Purpose
The purpose of this presentation is to describe and discuss how transformational leadership and Kotter’s (1996) change framework was used to expand a rural program to increase the local BSN workforce.

Target Audience
The target audience of this presentation is nurse educators and administrators in higher education or rural practice settings

Abstract
Greater supplies of nurses who are prepared at the BSN level minimally are needed to address increasingly complex healthcare and community needs in rural counties. Workforce planning to achieve the goals set forth in the IOM's Future of Nursing Report (2010) has several known barriers: the nursing shortage itself, the nursing faculty shortage, clinical site shortage, and financial and regulatory barriers. These barriers are especially true in rural areas where the supply of RNs has historically been low (Cramer, et. al., 2009). The majority of nurses in rural areas do not have access to baccalaureate nursing education (Fulcher & Mullin, 2011). Rural residents have several unique challenges to attaining higher education including: geographic access to programs, competing work-life demands, money for tuition, insufficient preparation for college level work, lack of successful role models, and lack of incentives to pursue more education (Hunsberger, et al., 2009). Evidence supports that a better educated nursing workforce improves patient outcomes, increases the available human capital which encourages innovation, enhances recruiting, and retains quality nurses thus multiplying nursing talent in the area (Aiken, et al., 2003; Henry, et al., 2004; Murray, et al., 2011). Bringing education to rural areas “will tap into a larger group of possible nurses that cannot easily leave the area and bring them into nursing profession, and likely keep them there” (Dotson, et al., 2011, p. 407; Williams, 2012).

Through innovation and partnerships, a major university was able to extend baccalaureate nursing education beyond the university walls into rural areas. Increasing the capacity of this rural distance program to address the demands of the IOM required effective leadership. Transformational leadership was essential throughout the process of enlarging the program size. Transformational leaders are able to describe the change in a way that allows those involved to understand its value and how it will affect their own efforts (Porter-O’Grady & Malloch, 2007; Williams, 2012). Transformational leaders are able to identify needed change, create vision to guide change through inspiration, and execute change with commitment of others. These leaders develop the leadership potential of the entire team by empowering colleagues, inspiring others to achieve what could be, engaging stakeholders, and sharing commitment to values (Marshall, 2011). Effective leadership could establish direction, align, and energize people to overcome major political, bureaucratic, and resource barriers to produce change (Kotter, 1996). Kotter’s eight-stage process of creating major change was used as the framework (1996). Each of these qualities was reflected in the steps of Kotter’s change process (1996) proving a goodness of fit between effective leadership qualities and successful change.

Effective leveraging of resources allowed the distance based program to enlarge enrollment. By 2020, over 200 graduates from this program will enter the local rural workforce. This is timely and necessary as BSNs in rural areas are needed to decrease current shortages, replace retiring nurses, and confront the demands from aging baby boomers, the expected ACA influx, and the Institute of Medicine’s recommendations (Williams, 2012). As long as significant portions of the population reside in rural areas, the need for leadership to meet the unique needs of the environments, communities, and healthcare conditions is enormous (Marshall, 2011).

References

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E 13 - Leadership Education for Nursing Students  
Identifying Bedside Staff Nurse Barriers and Facilitators in Moving from an RN to a BSN Degree

Shannon M. Graham, DNP, MSN, BSN, RN, NE-BC, USA

Purpose

to discuss the barriers and facilitators identified by bedside staff nurses in one academic medical center in returning to school to obtain a bachelor of science in nursing degree.

Target Audience

nurse managers, nurse administrators, and school of nursing instructors.

Abstract

Purpose: Recognizing the IOM recommendation of 80% BSN by 2020, one large academic medical center conducted a study in order to answer the question “What are the perceived barriers and facilitators of associate degree staff nurses returning to school to obtain a BSN?” With a nursing force of approximately 3,000 registered nurses, this hospital’s current rate of BSN prepared nurses was at 48.7% with 48.6% holding an Associate degree, clearly indicating a need to formulate a plan of action. As a teaching hospital, higher education is not only promoted and encouraged, but also supported through a tuition reimbursement program. However, the relatively low number of nursing staff with an associate’s degree currently in school to obtain a BSN indicated that more than a tuition reimbursement program was needed for staff to enroll in school. The purpose of the study was to identify the barriers and facilitators for returning to school to obtain a BSN degree.

Methods: Email invitations were sent to bedside nurses with an associate's degree asking them to participate in one of six focus groups. Facilitated by the study investigators, each focus group was asked questions designed to identify their perceived barriers and facilitators to returning to school for a BSN. Information gathered from the focus groups was used to create a 15 item survey which was sent via email to bedside nursing staff to further evaluate the barriers. The survey was designed as a Likert scale using an online survey tool.

Results: Twenty bedside staff nurses participated in the six focus groups. The themes identified by participants as barriers included family obligations; money, including books, fee’s, and work schedule; difficulty and need to obtain pre-requisites, and lack of support from nursing management. The themes were incorporated into a survey. Results from the survey echoed the focus group themes with the greatest barriers identified as cost of education, family obligations, work schedule, and time. Participants identified the following as facilitators for returning to school: support from family and co-workers, online classes, personal growth, and personal satisfaction.

Conclusion: Bedside staff nurses want to pursue higher education but feel they lack the resources, direction, support, and encouragement. Through collaboration with school of nursing faculty, hospital nursing leadership can create structures to support bedside staff nurses in returning to school for a BSN.

References


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E 13 - Leadership Education for Nursing Students
Utilizing Student Outcome Data from a Three Year Interprofessional Clinical Practice Team Grant to Develop Effective Nursing Leadership Education

Susan J. Kimble, DNP, MSN, BSN, RN, ANP-BC, USA
Margaret Brommelsiek, PhD, USA
Heather Gotham, PhD, MA, BA, USA

Purpose
This presentation will provide the background, methods and outcome data from a three year Interprofessional Clinical Practice project. Specific attention will be given to the tools utilized throughout the project, including an overview of the pre-rotation didactic content. Discussion includes the quantitative and qualitative results, including application to other projects.

Target Audience
The target audience for this presentation includes those interested in the development of Interprofessional Clinical Practice teams. Those planning IPE projects could benefit from a discussion of the methods utilized and the resulting data. Lessons learned from the project can be utilized to develop future IPCP projects.

Abstract
Background: This project extended experiences in two urban clinics utilizing collaborative healthcare teams of advanced practice nursing students alongside Pharm D and Dental students. This project enhanced interprofessional education (IPE) efforts, where students gained advanced knowledge and skills in caring for vulnerable medically underserved populations. The project was the first clinically-based IPE activity at this Midwestern University focused on nurse leadership and the importance of developing patient focused team based care.

Methods: The project provided innovative opportunities for IPE by incorporating team based primary care, collaborating with two urban clinics. Prior to clinical placement, focused education was provided on the four IPE goals: roles and responsibility, values and ethics, interprofessional communication, and teamwork (IPE Expert Panel Report, 2011), with an emphasis on patient centered care of vulnerable populations. Tools utilized for evaluation included Student Surveys, Student and Provider Focus Groups, Patient Satisfaction Surveys, and student reflection through journaling on clinical experiences. Instruments utilized pre and post clinical rotations included, Readiness for Interprofessional Learning Scale (McFadyen et al., 2006), Interprofessional Collaboration Scale (Kenaszchuk et al., 2010), Attitudes Toward Health Care Teams Scale (Heinemann, et al., 1999), Team Skills Scale (Hepburn, Tsukuda, & Fasser, 1998), and the Cultural Competence Assessment (Schim, et al.,2004). Clinical huddles and case study presentations based on patient visits extended the student experience.

Results: Quantitative results include students’ reports of increased team skills and cultural competence. Qualitative themes included student learning to make team-informed care decisions. In addition, student participants acquired new perspectives regarding vulnerable patient populations, improved team communication skills through interactions with team members, increased confidence about working in challenging situations, and overcoming preconceived role assumptions. The project established a platform for open and honest communication, integral to team identify, which impacted both health delivery and desired patient outcomes as student teams provided care.

Conclusions: Based on final analysis, the data supports the importance of developing team identity early in the process through expanded discussions providing concise explanations of IPE and IPCP, with examples of how IPCP works in the real world. References on IPE and cultural competency are currently lacking to provide concise guidance to the beginning students. Content on the specific minority populations served at the clinics was needed. The focus group data provided valuable considerations for future IPE rotations. The evaluation data as a whole serves to guide future IPE curriculum development.

References

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Purpose
The purpose of this presentation is to describe the implementation of a bundled approach to address the complex needs of burn survivors in their local & regional community.

Target Audience
The target audience for this presentation is registered nurses who are committed to the care of patients with complex needs such as burn injuries.

Abstract
Background: “I woke up and all I could see was smoke. I could hardly breathe. Then it dawned on me- the house was on fire. All I could think about is…..Lord, please get my wife and kids out of this house alive…..” Most of us will thankfully never experience the life-changing events of a burn survivor, their families, and loved ones. In a matter of seconds, lives are tragically lost or irrevocably changed. Burn injuries are quoted as one of the worst traumatic injuries. They are painful, costly, disfiguring, may worsen over time, require extensive rehabilitation, and may be associated with long term disability (Heffernan & Comeau, 2014).

The global burden of burn injuries is significant. According to the World Health Organization (WHO), 265,000 deaths occur each year from burn injuries with the majority occurring in low and middle income countries. Additionally, these preventable injuries are a leading cause of morbidity worldwide. The millions who survive are often disabled for the rest of their lives and the resulting disfigurements may result in social stigmas and rejection (WHO, 2014).

Introduction: Dr. Richard Gamelli, the president of the International Society for Burn Injuries (ISBI), has challenged the global community to meet goals to improve outcomes of burn patients, with emphasis on the importance of partnerships, education, training and advocacy. One important goal is to consider the unique needs of each local community (ISBI, 2014).

In an effort to transcend above and beyond the routine care of hospitalized burn patients, one burn center in Southeast Texas has successfully implemented a bundled program to address the complex, holistic needs of adult burn patients beyond the walls of the burn center itself. Elements of the bundle include 1.) Prevention and education, 2.) The Phoenix Society’s Survivors Offering Assistance in Recovery (SOAR) program, 3.) Blocker Burn Champions (BBC), and 4.) The Dr. Sally Abston Memorial Fund for Burn Survivors.

Description: The first element of the bundle is education on burn prevention and early treatment of an acute burn injury. Numerous community outreach prevention activities have been conducted at area schools, local industrial and chemical plants, and other venues. Examples of topics presented include smoke detector use and maintenance, avoiding scald burns, and protective wear for industries. In addition to burn prevention, many professional development opportunities on early treatment have been provided to local community hospitals, fire fighters, regional emergency medical services, and first responders at industrial plants. Educating prehospital providers and referring hospitals is paramount to optimizing outcomes. The literature supports the need for collaborative relationships between the prehospital setting, emergency departments and burn centers for the promotion of positive outcomes for burn patients (Zaletel, 2009).

The second element of the bundle is the enrollment in the Phoenix Society’s Survivors Offering Assistance in Recovery (SOAR) program. SOAR is an established evidence based hospital program that many hospitals elect to offer locally. The program trains burn survivors and their families to provide emotional support to burn patients and their loved ones. The value of SOAR is the provision of support for the overwhelming psychosocial recovery needs of burn survivors and the opportunity for former burn patients to inform and inspire others.

The third element of the bundle is the formation of a charitable organization (BBC) to provide financial support, free of charge, for burn patients who meet specified criteria. Examples of this support include funding for
pharmacy bills, transportation costs, medical equipment, and various personal needs. The organization's board consists of nurses and other interdisciplinary members of the burn team who volunteer their time. Monies generated for this organization are from various fundraisers that are held throughout the year.

The fourth element of the bundle is financial assistance for burn survivors to attend the annual international conference sponsored by the Phoenix Society. This popular multiday conference is geared for burn survivors, their support systems, fire fighters, prehospital providers, and burn professionals. Its popularity includes the opportunity for burn patients and caregivers to network and support each other. This assistance for sponsorship was initially made possible by a generous donation from a grateful former patient with the stipulation that the funds would be used to send future burn survivors to this conference.

**Outcomes and Impact:** Forty nine community outreach and education events were provided over the most recent 3 year period. Numerous patients and their families have been financially and emotionally supported by SOAR, the charitable organization (BBC), and the funds for the annual burn survivor conference. The true return on investment is priceless- a local community focused on burn prevention, regional area providers engaged in evidence-based care to improve early treatment, and the provision of psychosocial support for burn survivors and their loved ones.

**Implications:** The theme for the 26th International Nursing Research Congress is *question locally, engage regionally, apply globally.* According to Dr. Richard Gamelli, the president of the International Society for Burn Injuries (ISBI), “if we work together as a worldwide burn team we can elevate the level of burn care and lessen the global burden of burn injury” (ISBI, 2014, para 4). As a global community of energetic and committed nurses, we can rise to this challenge utilizing creative and innovative strategies. Through community partnerships, education, and patient advocacy we can all make an impact….one patient and local community at a time.

**References**

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E 15 - Implementing EBP to Promote Health and Prevent Disease
The Effect of the Enhancement Re-Check Rate Program for Those Who Have Been Screened as Abnormal for Their Liver Function Examination

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Purpose
To compare the rate of follow-up outpatient visits for subjects with abnormal liver function before and after implementing the enhancement re-check rate program.

Target Audience
The target audience of this presentation is community health-related professional, or case manager, or administrator who works in hospital, or community health center.

Abstract
Background: Since 1986, chronic liver disease and liver cirrhosis have been listed as top ten causes of death. In 1996, Ministry of Health and Welfare began promoting free health examination for adults above age 40. However, more than half of those with abnormal liver function results are not return for follow-up outpatient visits and needs to be increased to ensure prevention of hepatopathy.

Purpose: To compare the rate of follow-up outpatient visits for subjects with abnormal liver function before and after implementing the enhancement re-check rate Program.

Method: The study design of program evaluation was used in this study from October 2011 to April 2012. Subjects who participated in free liver function screening from one outpatient department of a hospital in southern Taiwan were chosen as study subjects via purposive sampling to participate in this program. The content of this programs were the following steps: to contact those who participated in free liver function screening and have been diagnosed as abnormal, to confirm causes for them not return to receive follow-up visits, to set up the case manager to consult subjects, and to arrange designated personnel to guide those are agree to follow-up. Hotlines were also set up to provide detail information and guidance.

Results: After consulting those who have been diagnosed as abnormal liver function and not willing to visit follow-up, the main reason is they do not know the importance of follow-up visits. Among 341 qualified subjects, 231 of them returned for follow-up visits after they have received this program services and makes the re-check rate was 68.0%. Compare 47.3% before the implementation of this new program, this program has a successful enhancement follow-up visits for those have been screened as abnormal liver function.

Conclusion: This program reaches the goal of preventing liver function deterioration by screening, diagnosing, and treating as earlier as possible.

Keyword: health screening, chronic liver disease, the enhancement of the re-check rate

References

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E 15 - Implementing EBP to Promote Health and Prevent Disease
An Evidence-Based Intervention to Improve Vaccination Rates for Seasonal Influenza among Registered Nurses

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Purpose
The purpose of this presentation is to disseminate the knowledge gained from the completion of a DNP capstone project. This project evaluated the effect of an educational intervention provided to RNs by addressing the common reasons nurses decline voluntary vaccination for seasonal influenza.

Target Audience
The target audience of this presentation are nurses who work or practice in healthcare, especially those in acute care, long term care, and ambulatory care facilities where RN vaccination for influenza remains voluntary, and where RN vaccination rates are below the Healthy People 2020 target of 90%.

Abstract
Seasonal influenza continues to cause the hospitalizations and deaths of tens of thousands every year in the U.S. (National Foundation for Infectious Diseases, 2008). Vaccination of healthcare workers for influenza has been recommended for more than 30 years (Willis & Wortley, 2007) and reports of transmission of influenza by Registered Nurses (RNs) to patients are well documented. In spite of these facts, RN vaccination rates remain below the recommended target of 90% (U.S. Department of Health and Human Services, 2012). Evidence suggests that RNs who refuse influenza vaccination are less knowledgeable about influenza, the risks of the vaccine, side effects, and vaccine efficacy, than those who are vaccinated (Clark et al., 2009). Mandatory vaccination policies are becoming more common as efforts to improve rates voluntarily have failed. This project's purpose was to evaluate if an educational intervention on influenza and its risks, while addressing myths and misconceptions, would improve the rate of RN vaccination. The Health Belief Model's (Champion, 1984; Champion & Skinner, 2008; Glanz, Rimer, & Lewis, 2002) conceptual framework informed and guided the project. The primary objective was to dispel myths and misconceptions regarding influenza and vaccines, while improving knowledge of influenza's risks, vaccine efficacy, and safety. A secondary objective was to determine if demographic factors such as age, gender, race/ethnicity, and years of experience, were associated with RN vaccination status, so that more successful interventions might be developed. Over a two-week period, 12 presentations on influenza, its risks, and the safety and efficacy of vaccines, were provided at a large, urban medical center, employing 900+ RNs. A convenience sample of 57 RNs completed data information sheets reporting their vaccination status for the year prior to the intervention, which was then compared their vaccination status in the current influenza season, after attending the presentation. Non-parametric statistical tests were utilized to determine if vaccination rates improved following the intervention. Results suggest while vaccination rates increased slightly following intervention, the change in vaccination rate was not significant. However, notable associations were found with vaccination status and race/ethnicity, and age. In addition, previous vaccination status was strongly associated with recurrent vaccination status. Further study is recommended in order to determine what interventions would improve RN acceptance of vaccination, as the likelihood of mandatory healthcare worker vaccination policies increase. Keywords: Seasonal Influenza, Registered Nurses, Vaccination, Evidence-Based Intervention.

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Factors Associated with the Completeness of Nursing Process Documentation in the Center Surgical Units

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Purpose
The purpose of this study was to identify variables independently associated to the completeness of the nursing process documentation in operating rooms.

Target Audience
Nurses in clinical or administrative practices

Abstract
Purpose: In the surgical center unit documentation of nursing process are used to identify potential risks to anesthetic-surgical process and record care actions by the nursing team. Since the introduction of nursing process in the nurse care practice until present day, this care model has some challenges for its complete implementation.

Objective: To identify the variables associated with complete documentation of the nursing process.

Methods: Cross-sectional study developed in public hospitals under the management of the Sao Paulo state board of health, Brazil, from Jan/2010 to Jan/2011. The research was developed in 40 hospitals, where was identified 25 surgical center units that perform the nursing process. The information was obtained by observing the medical records and interviews with nurses in the operating room units considering completeness of the nursing process documentation (assessment, diagnoses, nursing orders, progress notes, and nursing notes), quantitative dates about surgeries performed, unit and institution characteristics, including the Nursing Work Index – Revised (NWI-R) e Malasch Burnout Inventory. A descriptive analysis of the variables, Kruskal-Wallis test to compare means and chi-square test for the analysis of qualitative variables were performed. The significance level was 5% and all analyzes were performed by SPSS v17. The project was approved by the Research Ethics Committee.

Results: Analyzing the medical record, 22.2% (6) of units does not document the nursing process, 48.1% (13) documents partially and 2.2% (6) documents completely. About the hospitals’ size, the 63% (17) were large. The median surgeries per day was 10.2 (range 2.2 to 31.0), with a high frequency of small and medium procedures, only one unit was located in an ambulatory. The findings of the analysis of quantitative variables, by Kryskall-Wallis test, showed that only emotional exhaustion and personal dimensions of Malasch Burnout Inventory showed statistically significant differences in relation to completeness of the nursing process documentation (p<0,05). Although, the lowest average in the emotional exhaustion and highest average in personal accomplishment dimensions were associated with incomplete documentation of the nursing process, the average observed to complete and no documentation of nursing process was equal.

Conclusion: The documentation of the nursing process is very important to patient safety undergoing surgery, because it identifies potential risks. Strategies that promote personal accomplishment and avoid emotional exhaustion may impact on the completeness of clinical documentation of nursing in the operating room, but it is necessary to investigate further because nurses that do not document the nursing process completely has average similar to those who do it.

References

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Factors Associated with the Completeness of Nursing Process Documentation in Intensive Care Units

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Purpose
The purpose of this presentation is to share results of a study on health institutions variables associated with completeness of nursing clinical documentation on patients' charts in Intensive Care Units.

Target Audience
The target audience of this presentation is nurses in clinical or administrative practice.

Abstract
Purpose: The intensive care unit is aimed to the care of patients in critical condition. These units have specific infrastructure, material resources involving cutting-edge technology and skilled human resources. This environment configures a very particular context for nursing practice because of its process, routines and nursing staff dimension different from those in general wards. The purpose of this study was to analyze the variables that could predict the completeness of the nursing process documentation in health institutions.

Objective
Identify the independent variables associated with completion of nursing process documentation in intensive care units.

Methods: It is a multilevel study carried out at public hospitals (n=40) under the administration of the Health State Secretariat of São Paulo, Brazil, from January 2010 to January 2011. Data about the record of the steps of the nursing process, human resources, characteristics of the sectors, malašch Burnout Inventory and Nursing Work Index - Revised (NWI-R)(1, 2) were collected in 431 sectors of the hospitals (sector = unit with employees work scale). The results presented here refer to the subgroup analysis of 54 intensive care units. The type of decision tree, a graphical representation of a series of decision rules, was used to analyze the data. The root node includes all cases, the tree branches are divided into different smaller nodes that contain subgroups of cases. The criterion for separation is selected after examining all possible predictive values of all variables available. In the end nodes, the grouping of cases obtained is the most homogeneous as possible (3). The different types of decision tree are classified depending on how the nodes are separated (4). The Chi-square Automatic Interaction Detection technique (CHAID) was used as an alternative to logistic regression analysis or other technique of multivariate analysis. The outcome analyzed was the completion of the nursing process documentation. The study was evaluated by the Ethics Committee of the School of Nursing, University of São Paulo, and was developed in accordance with the ethical assumptions of research with human beings.

Results: Of the 54 Intensive Care Units analyzed, 31 held pediatric care and 23 met exclusively adult patients. The patient-day average was 8.8 (SD = 5.5), average inpatient bed occupancy rate of 73.5 (SD = 17.0). Regarding the dimensioning of nursing staff, it was observed that every graduate nurse was responsible for the supervision of 9 patients at night and 5.2 during the day. Licensed practical nurses were responsible for the care of 1.2 patients both at night and in the daytime. There has been CHAID analysis including variables with p≤ 0.20 in the univariate analysis. The root node (node 0) showed that 61.1% (33) of the units recorded the complete nursing process and 38.9% (21) partially. According to the model, the variable that most affected the registration of the complete nursing process in the medical record was the turnover rate (p = 0.012), 84.6% of units with higher turnover than 2.2 were the complete record of the process nursing in the patient record. The tests showed an average adequacy of the decision tree, with 45.3% of the units classified correctly as to the realization of nursing process steps (error estimate = 0.46).
Conclusion: In public institutions of the State of São Paulo, the variable with the greatest association with the completeness nursing process in the patient's record was the turnover rate.

References

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Purpose
The purpose of this presentation is to share results of a pre-test/post-test control group study that evaluated the effectiveness of two teaching strategies, online modules only versus online modules in conjunction with a flipped classroom discussion seminar on nursing students’ knowledge, skills, and attitudes about quality improvement and patient safety.

Target Audience
The target audience for this presentation is nurse educators.

Abstract
Purpose: Since the Institute of Medicine Report to Err is Human: Building a Safety Health System (1999), and the establishment of Quality and Safety Education for Nurses (QSEN) (2005), nurse educators have been challenged with discovering effective teaching strategies to infuse the QSEN competencies into the nursing curricula. The Future of Nursing Report (2011) has called for a need to transform nursing education. Nurse educators are being challenged to break away from traditional established patterns of teaching and consider new innovative teaching strategies. The purpose of this study was to evaluate the effectiveness of two teaching strategies, online modules only versus online modules in conjunction with a flipped classroom discussion seminar on nursing students’ knowledge, skills, and attitudes about quality improvement (QI) and safety.

Methods: This study utilized a quantitative pretest-posttest control group design. The following six research questions were addressed:

1. Is there a significant difference in pre-licensure nursing students’ knowledge of quality improvement as measured by test scores based on type of educational program on quality improvement (online module in conjunction with a flipped discussion classroom seminar vs. online modules only)?
2. Is there a significant difference in pre-licensure nursing students’ knowledge of patient safety as measured by test scores based on type of educational program on patient safety (online module in conjunction with a flipped discussion classroom seminar vs. online modules only)?
3. Is there a significant difference in pre-licensure nursing students’ attitudes about quality improvement as measured by self-reported attitude scores based on type of educational program on quality improvement (online module in conjunction with a flipped discussion classroom seminar vs. online modules only)?
4. Is there a significant difference in pre-licensure nursing students’ attitudes about patient safety as measured by self-reported attitude scores based on type of educational program on patient safety (online module in conjunction with a flipped discussion classroom seminar vs. online modules only)?
5. Is there a significant difference in pre-licensure nursing students’ comfort with skills of quality improvement as measured by self-reported skill scores based on type of educational program on quality improvement (online module in conjunction with a flipped discussion classroom seminar vs. online modules only)?
6. Is there a significant difference in pre-licensure nursing students’ comfort with skills of patient safety as measured by self-reported skill scores based on type of educational program on patient safety (online module in conjunction with a flipped discussion classroom seminar vs. online modules only)?

The research was conducted within a college of nursing at a private university in the southeastern United States. A total of 97 students consented to participate in the study. The final sample size that completed both the pre-test and the posttest was 64 students, 31 in the experimental group and 33 in the group. Participants in both groups completed a pre-test to assess their current knowledge, skills, and attitudes about QI and safety. The experimental group completed 10 online modules on QI and patient safety through the Institute of Healthcare Improvement (IHI) Open school and participated in an eight week flipped classroom discussion seminar that met for 2 hours each week. The control group completed the 10 online modules on QI and patient though the IHI open school only. Participants than completed a posttest to assess any change in their knowledge, skills, and attitudes of QI and safety. The study used an adapted version of the Quality Improvement Knowledge, Skills, and Attitudes (QuISKA) questionnaire, and adapted version of the Healthcare Professional.
*Patient Safety Assessment* (HPPSACS) questionnaire. Prior to administering the adapted version of the QuISKA and HPPSACS five doctorally-prepared nurse educators were asked to establish content validity of the adapted tool. The content validity index (CVI) was used to measure content validity. For the adapted tool the S-CVI-AVE was .97 and the S-CVI/UA was .83

**Results:** Data were analyzed using Statistical Product and Service Solutions (SPSS). Two MANOVA analysis used to examine group differences demonstrated a statistically significant similar omnibus effect (p=.028) between the experimental group and the control for knowledge, comfort with skills, and attitudes of quality improvement. A MANOVA examining group differences between the experimental group and the control group on knowledge, comfort with skills, and attitudes of patient safety was not statistically significant (p=.59). Due to a small sample size and low observed power of .72 these finding should be interpreted with caution.

**Conclusion:** The results of this study demonstrated that the online modules through the IHI open school in conjunction with the flipped classroom discussion seminar had more effect on nursing students’ knowledge of QI and patient safety, and comfort with skills of QI and patient safety than the online modules only. Neither teaching strategy had an effect on students’ attitudes of QI and patient safety. Although the online modules in conjunction with the flipped classroom discussion seminar proved to be more effective, participants who completed the online modules only did raise their comfort with skills of QI and safety scores showing the online modules did have some effect. The adapted QuISKA and HPPSACS tool demonstrated reliability with a Cronbach’s alpha of the entire tools of .88. The present research grows to a growing body of research on effective teaching strategies to incorporate the QSEN competencies into the nursing curricula. It is one of only a few studies that measure student’s current knowledge, skills and attitudes of the QI and safety competencies.

**References**

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F 16 - QSEN and Practice Competencies
QSEN: Outcomes of a National Project to Transform Education and Practice

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Purpose

to examine the evidence based outcomes of the national project Quality and Safety Education in Nursing (QSEN) that has transformed nursing education and is being applied in practice.

Target Audience

any nurse engaged in improving quality and safety, both educators and clinicians, at all levels, as well as administrators.

Abstract

The Quality and Safety Education for Nurses (QSEN) project initiated in 2005 and was funded through four phases until 2012 by the Robert Wood Johnson Foundation. Beginning with Phase I, the project was led by a National Expert Panel of pedagogical specialist and faculty who were experts in the six Institute of Medicine quality and safety competencies (1999) to identify the knowledge, skills, and attitudes needed to improve patient care outcomes. Recognizing there would likely be changes to educational policies, an Advisory Panel also participated in all phases and were in position to also help lead changes in nursing accreditation standards, so that all graduating nurses would be prepared in the six competencies: patient centered care, evidence based practice, quality improvement, teamwork and collaboration, safety, and informatics. The project launched with the idea of Will (nurses want to do good work), Idea (nurses will do good work when provided the tools), and Execution (nurses will do good work when provided the tools and the environment to support good work). Faculty who were early adopters became engaged in the work, identified the need for faculty development, and recognized that how we teach is as important as what we teach. Thus, Phase II was a Pilot School Learning Collaborative, Phase III and IV were devoted to faculty development and spread of ideas. The presentation will describe the impact and usage of the robust web site that became the signature of QSEN with its expansive peer reviewed teaching strategies, teaching videos, learning modules, annotated bibliography for the competencies, and other resources. As the project took flight, authors and publishers of nursing textbooks began to edit to include QSEN competencies and learning activities; by the start of Phase IV, already 20 textbooks had integrated QSEN. Through Phase IV more than 1000 nursing faculty had participated in at least one of the Regional Faculty Development workshops led by the American Association for Colleges of Nursing, more than 2000 had participated in at least one of the annual National Forums, and QSEN was being called a social movement. Now, the original 2007 article describing QSEN has been cited almost 200 times and is ranked in the top 1% of health related publications by Science Direct. A best-selling, award winning textbook is now translated in three languages and more are in negotiation, evidence that the work is now recognized globally. The presentation will use story and cases to illustrate these and other outcomes, particularly with the shifts in pedagogies now implemented across nursing. This is an amazing story of change and transformation that has led to evidence based changes in nursing education and practice

References


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Purpose
The purpose of this presentation is to impart methods to engage clinical partners in utilizing students as change agents for improving quality and safety on the hospital unit. Students identify quality and safety concerns, conduct a root cause analysis, and plan interventions to improve safety or quality on the unit.

Target Audience
The target audience of this presentation is nursing educators looking to enhance quality and safety competencies in their clinical settings by utilizing nursing students as change agents for implementing and sustaining quality and safety interventions.

Abstract
The purpose of this presentation is to impart 3 methods to engage nursing schools’ clinical partners in utilizing students as change agents to improve quality and safety on the hospital units. First, as the academic institution, create a student centered active and latent failure simulation to reinforce quality and safety content from didactic. Second, after the annual safety simulation of active and latent safety infractions, first and second year students identify quality and safety concerns in their clinical setting. During post conference a root cause analysis utilizing the 5 “why’s” methodology reinforces for students how to develop a blameless communication outlook on innovative interventions for improving quality and safety on the units. The clinical instructor facilitates the RCA discussion. The clinical instructor or lead faculty facilitates the students’ created plan, do, study, and act. These learning activities are embedded within their clinical evaluation tool, so to meet objectives; students, as a group, formulate and create solutions.

Once the clinical group agrees upon a root problem and solution(s), they create an educational poster, learning activity, or intervention for the target audience—patients, staff, or family. With the assistance of the clinical instructor, the plan for improving quality and safety on the unit is presented to unit managers or nursing educators—students are utilized as “change agents.”

Third, clinical partners are invited to an annual student safety simulation. During the simulation exercises, faculty imparts the language of quality and safety as outlined by the Institute of Medicine Quality and Safety for Nursing Education (QSEN). Furthermore, faculty is transparent on how to relate to the clinical partners how they too, can create a unit or a room of safety infractions, conduct a root cause analysis (RCA), and target a plan, do, study, act (PDSA) for a just culture on the unit. This quality and safety improvement process is reproducible.

Outcomes: Lab of horrors resulted in both increased knowledge retention of a culture of safety and skills for applicability within context on medical surgical units. By instilling a broader view of rationales for maintaining patient safety, attitudes will be changed from a “laying blame” to a “system failure” attitude (AHRQ, 2012; Johnson, 2011). Originally high stakes testing solely demonstrated an increase in knowledge retention for safety hazards (pre-simulation vs. post simulation). Currently, the addition of clinical exemplars (an aspect of the QSEN clinical competency evaluation tool) also capture reflections of attitudes and reasoning in transition for safety and quality in the clinical setting (Benner, Sutphen, Leonard, & Day, 2010; Flores & Shakhshir, 2014; Tanner, 2006).

After reviewing the first and fourth semester students’ completed hospital safety surveys, it was discovered that approximately 40% of the identified safety infractions fell into the infection control category. With the coordination of a nurse educator, unit manager, and charge nurses, a campaign for breaking the chain of infection ensued on a unit of a hospital in Southern California. Students identified unrestrained, loose, long hair of health care professionals as a route for infection. The students designed a poster in which information related to the reason hair should be secured, was displayed on the unit. The observational study to measure outcomes is pending.
The nurse educator of a second hospital partner in Southern California creates rooms of horror on different units, on a quarterly basis. The nurse educator sets up safety, infection control and HIPAA violations. The nurse educator and hospital partner implemented this safety activity after having participated at our school’s Lab of Horrors. The simulation is duplicable.

To follow up on creating a culture of safety, collaboration among unit nurse managers, nurse educators, staff, and nursing students will be needed to maintain sustainability of the safety intervention plans. Efficacy of safety interventions will entail another observational survey from the next cohort of nursing students assigned to the same unit. Since 2011, annual safety simulations and unit surveys are embedded within the clinical practicum portion of the program.

**Reflections:** With early introduction of the concepts of health care systems, the laying blame stigma of infractions is alleviated (Johnson, 2011). To follow up on creating a culture of safety, the simulation activity would entail linking the safety infractions to a root cause analysis, then developing a process plan for safety. This can become a leadership project during the students’ fourth semester. Integration of QSEN core competencies begins in first semester. Quality, evidenced based, safety, patient centered care, team work collaboration, and informatics are concepts threaded in the entire curriculum, clinical evaluation tools, and simulation exercises. Taking the safety core competency one step further to increase adherence to infection control in our clinical partners will result in better patient outcomes. Immersing nursing students to analyze problems for root causes creates a blameless communication and creates a thinking process as well as attitude for changing the “system.” Ultimately, outcomes result in improved patient satisfaction and outcomes (AHRQ, 2012; Barnsteiner, 2011a; 2011b).

One major challenge relates to the unit managers at five clinical practice sites. They experienced discomfort and became defensive during our safety debriefing. To avoid the “laying blame” culture, clinical partners are invited to celebrate the annual lab of horrors and are included in choosing the students’ change project.

Determine what quality improvement project the staff is “working on” for quality and safety, and then integrate the advance medical surgical clinical students into the unit’s one minute update at start of shift or at a lunch in-service. To warm the unit managers to the safety observational project, the conversation was begun with accolades for the unit’s safety compliance behaviors and culture. Inviting the unit managers and educators to the lab of horrors promotes openness and acceptance while experiencing a fun exercise with Halloween treats at the end. To maintain the momentum and sustainability of the change project, a cohort to cohort debriefing occurs at the annual active and latent failure simulation. Utilizing students as “change agents” increases their immersion in the process of implementing quality and safety knowledge, skills, and attitudes. There is no cost to the clinical partner or unit. The clinical partner benefits include creating a just and blameless culture of safety for quality improvement.

**References**

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G 13 - Alarm Fatigue and Its Issues
Fatigue and Alarm Fatigue in Critical Care Nurses

Robin S. Krinsky, DNP, MSN, BSN, BS, RN-BC, CCRN, USA

Purpose
To identify the levels of acute, chronic, and intershift fatigue in critical care nurses and identify the most important concerns about monitoring alarms.

Target Audience
Nurses, Nursing Leadership, and Nurse Educators of organizations who provide cardiac or critical care services to patients.

Abstract
Purpose: The purpose of the descriptive, correlational research study of fatigue and alarm fatigue in critical care nurses was to understanding the levels of fatigue and which demographic characteristics were associated with higher levels of fatigue. The sources of loading, of the task of responding to cardiac monitoring alarms was subjectively assessed to evaluate the nurse’s perception of the dimensions of workload. Additionally, critical care nurse’s concern surrounding cardiac monitoring alarms and a culture of safety were investigated.

Methods: A non-probability convenience sample of critical care nurses was obtained at the national critical care conference over a three day period in May 2014. Inclusion criteria: registered nurses currently engaged in full time work (>36hr/week), provider of direct patient care, employed in inpatient critical care unit which provides cardiac monitoring. Exclusion criteria: advanced practice nurses, managers, supervisors, part time employment, non-critical care unit or do not have cardiac monitors.

The sample of 195 nurses completed the demographic tool, two study instruments and the survey tool. Occupational Fatigue Exhaustion Recovery Scale (OFER) was used to assess chronic fatigue, acute fatigue and intershift recovery. This 15-item scale distinguishes between the three fatigue levels. The National Aeronautics and Space Administration-Task Load Index (NASA-TLX), was used to evaluate subjective workload of responding to cardiac monitoring alarms. NASA-TLX evaluates the task on the following dimensions: mental demands, physical demands, temporal demands, own performance, effort, and frustration. The Healthcare Technology Foundation (HTF) survey was utilized to examine issues surrounding clinical alarms and priorities for future actions related to alarms.

Results: An exploratory, univariate analysis was done to assess associations of 26 demographic and work environment variables between chronic, acute, intershift fatigue and total workload of responding to cardiac alarms. Significant sample characteristics were: 167 (85.6%) female, mean age 42.6 years (SD ± 11.5, range 24-65), length of time as a registered nurse 15.9 yrs. (SD ± 10.9, range 1-43), length of time in critical care 13.2 yrs. (SD ± 9.7, range 1-42), education and: BSN 112 (57.4%), Associate Degree 42 (21.5%), Master’s Degree, 40 (20.5%), and Doctoral Degree 1 (.5%). Area of practice: Intensive care 176 (90.3%), telemetry 19 (9.7%). Teaching or non-teaching hospital, 150 (77%), Community Hospital, 43 (22%), Not for Profit, 146 (75%), For Profit 37 (19%), Units with monitor watchers or telemetry technicians, 104 (53%), areas with secondary alarm systems, 65 (33%). Living situation: married/living with partner, 117 (60%), single, 54 (28%), living with others 32 (17%), 0-5 years, 28 (14%), 6-12 years, 40 (21%), 13-18 years, 38 (19%), 19-24 years, 33 (17%), 25-60 years, 135 (69%), 61 or older, 30 (15%). Numbers of people in household that need looking after by the nurse: 0 people in household, 108 (35%), 1 person, 34 (17%), 2 people, 35 (18%), 3 or more people, 35 (10%). Shift: dayshift no rotation, 110 (56%), night shift no rotation, 59 (30%), dayshift with rotation, 16 (8%), night shift with rotation, 7 (4%). Hours worked/week, 39.2 (SD ± 6.8, range 24-72), paid overtime, 7.4 (SD ± 3, range 0-76), non-paid overtime, 3.1 (SD ± 9, range 0-75), second job, 45 (23%), average number of successive shifts 3.1 (SD ± 1.9, range 0-14), maximum number of shifts of worked between days off, 4.1 (SD ± 2.8, range 0-25), number of days off in succession 2.8 (SD± 1.8, range 0-18) Reasons for working shifts: part of the job, 102 (52%), higher rate of pay, 44 (23%), convenient for domestic responsibilities, 43 (22%).

Main advantages of a shift system, groups were not mutually exclusive, more flexibility, 90 (25%), more time with family/friends, 40 (11%), more time to sleep, 39 (11%), no rotation, 8 (10%), better pay, 36 (10%), less commuting, 28 (8%), second job/more overtime, 26 (7%), school, 21 (6%), continuity of care, 12 (3%),
autonomy, 11(3%), job satisfaction, 10 (3%). Main disadvantages, long hours/not enough recovery time 68 (21%), lack of family time/missed events, 60 (18%), alteration in sleep pattern, 56 (17%), abnormal eating patterns, 36 (11%), exhaustion/fatigue, 35 (11%), lack of a social life, 24 (7%), too much rotation, 24 (7%), stressful 14 (4%).

The mean chronic fatigue levels, (N=195) was, 49.35 (SD ± 24.83), mean acute fatigue levels, was, 63.86 (SD ± 20.06), the mean intershift recovery levels, was, 50.68 (SD ± 19.55) and overall fatigue level 54.63 (± 10.78). Fatigue scoring: Low: 0-25, Low/Moderate: 26-50, Moderate/High: 51-75, High: 76-100.

The interrelationships among chronic fatigue, acute fatigue, and intershift recovery: chronic fatigue and acute fatigue positive moderate correlation (r_p = 0.55, p < .0001), nurses with higher chronic fatigue have higher rates of acute fatigue, chronic fatigue and intershift recovery have a negative moderate correlation (r_p = -0.52, p < .0001), those with higher chronic fatigue have lower intershift recovery, and acute fatigue and intershift recovery have a negative moderate correlation (r_p = -0.50, p < .0001), those with higher acute fatigue have lower intershift recovery. Levels of chronic fatigue, acute fatigue and intershift recovery were statistically significant (p < .0001).

The workload of responding to cardiac monitoring alarms on the NASA-TLX multidimensional scale: mental workload mean 11.30 (SD ± 5.25, range 1-20), physical workload 8.81 (SD ± 5.98, range 0-20), temporal workload 13.89 (SD ± 4.35, range 1-20), performance workload 7.64 (SD ± 4.87, range 0-20), effort workload 11.85 (SD ± 4.90, range 1-20), frustration workload 12.55 (SD ± 5.25, range 1-20) and total workload 66.03 (SD ± 20.29, range 6-114). To date the workload of responding to cardiac monitoring alarms has not been evaluated.

Issues of importance to monitoring alarms: alarm sounds should be distinct, nuisance alarms, confusion among alarms and sounds, missed alarms, background noise interference, difficulty setting, hearing, and prioritizing alarms.

Significant univariate associations were found with the study variables and the following: a weak positive correlation was found between age and chronic fatigue (r_p = 0.143) and is statistically significant (p = 0.047), the mean intershift fatigue in those with an associate degree was significantly lower than the mean of those with a bachelor’s degree or higher, (45.3968 ± 20.90049 vs. 52.1351 ± 18.97834, p = .048), the mean acute fatigue level of nurses working in telemetry units as compared to all other units was higher, (62.8977 ± 20.12657 vs. 72.8070 ± 17.50708, p = .030), mean chronic fatigue levels in single nurses was significantly lower than the mean of those married (56.9753 ± 21.39053 vs. 66.5012 ± 18.95411, p = .005), there was significantly higher chronic fatigue in nurses who lived with at least one person, age 19-24 years versus none, (61.62 ± 23.62 vs. 46.85 ± 24.39, p = .0017) and nurses who lived with at least one person age 25-60 years versus none (51.68 ± 24.88 vs. 44.11 ± 24.09, p = .049), there was significantly lower acute fatigue in nurses who lived with at least one person over 60 years compared to none (59.68 ± 18.22 vs. 64.76 ± 20.3, p = .025), there was a difference in nurses who worked the day shift and increase in chronic fatigue (56.9753 ± 21.39053 vs. 66.5012 ± 18.95411, p = .005), there was significantly higher chronic fatigue in nurses who worked the day shift (56.9753 ± 21.39053 vs. 66.5012 ± 18.95411, p = .005), those nurses working four or more successive shifts had a higher level of intershift fatigue, (52.029 ± 18.97834 vs. 52.346 ± 18.24987, p = .027), there was a difference between working non-flex shifts and acute fatigue (62.3602 ± 20.17162 vs. 70.9804 ± 18.17479, p = .017), there was a difference between these groups in intershift fatigue (50.77 ± 18.97834 vs. 44.11 ± 24.09, p = .049), there was significantly lower acute fatigue in nurses who lived with at least one person over 60 years compared to none (59.68 ± 18.22 vs. 64.76 ± 20.3, p = .018), there was a significant higher intershift fatigue in nurses who had people ages 6-12 years (50.77 ± 20.78 vs. 50.32 ± 13.88, p = .043), there was a weak positive correlations between the number of people living in the household in chronic fatigue (r_p = 0.171, p = .017) and acute fatigue (r_p = 0.161, p = 0.025), there was a difference in nurses who worked the day shift and increase in chronic fatigue (56.9753 ± 21.39053 vs. 66.5012 ± 18.95411, p = .005), nurses who worked over 40 hours/week had higher chronic fatigue (47.7711 ± 23.74213 vs. 58.3908 ± 29.13598, p = .003), working non-flex shifts had a higher chronic fatigue (47.2878 ± 23.66492 vs. 59.1176 ± 28.08487, p = .027), there was a difference between working non-flex shifts and acute fatigue (62.3602 ± 20.17162 vs. 70.9804 ± 18.17479, p = .017), there was a difference between these groups in intershift fatigue (50.290 ± 18.94500 vs. 44.11 ± 24.09, p = .049), those nurses working four or more successive shifts had a higher level of chronic fatigue, (47.9012 ± 19.91463 vs. 54.1379 ± 18.62846, p = .017), nurses working a maximum of four or more successive shifts before having a day off had higher chronic fatigue (45.1282 ± 23.75642 vs. 57.7949 ± 24.93935, p = .001) and total workload of responding to cardiac alarms, (63.5000 ± 20.45992 vs. 71.1077 ± 19.12878, p = .013).

**Conclusion:** Critical care nurses experience high rates of fatigue, find the task of responding to cardiac monitoring alarms most temporal demanding and most frustrating, and have many concerns rated as very important to alarm issues. The findings from this study provide valuable information on quantifying fatigue levels, assessing subjective workload and identifying issues of concern related to monitoring alarms. The findings reinforced the importance of understanding more fully the perceptions of how fatigue impacts nursing
and the potential outcomes of nurse fatigue on patient safety and what concerns nurse have about alarms that could be important to industry when designing new monitoring devices.

References

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G 13 - Alarm Fatigue and Its Issues
Reducing Telemetry Alarm Fatigue

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Purpose
To facilitate an environment of care where nurses are tuned-in to cardiac telemetry alarms that are clinically significant so more efficient patient care can be provided for truly actionable events. The importance of selectively managing alarm signals and reducing alarm fatigue in the clinical environment has taken precedence nationwide.

Target Audience
health care professionals working in an inpatient setting with cardiac telemetry monitors, nursing leadership, clinical Directors, health care providers, biomedical engineers, and patient safety personnel.

Abstract
In the recent years, the importance of reducing alarm fatigue in a clinical environment has taken precedence nationally. Alarm management is one of the Joint Commission’s National Patient Safety Goals (2014) because sentinel events have directly been linked to the devices that are generating these alarms. At an acute care facility in Boston, a multi-disciplinary team was formed to conduct a pilot study on the state of telemetry alarms on a surgical floor. The goal of this pilot project was to facilitate an environment of care where nurses are tuned to cardiac telemetry alarms that are clinically significant so more efficient patient care may be provided for truly actionable events.

An evidence-based approach was taken utilizing alarms tracking software to capture all telemetry alarms during a twenty-five day time span. Likewise noise meters were placed near telemetry alarm speakers to track decibel levels during the aforementioned timeframe. Analysis of the data showed that clinically insignificant PVC alarms accounted for forty percent of all alarms in the unit within the time span, while also contributing to an average noise level of 57.84 dB in one of the selected areas. In response to the data, the interdisciplinary team approved to permanently default the settings for PAIR PVC, MULTIFORM PVC, and RUN PVC alarms to off. Alarm and noise data were subsequently tracked for an additional 25 days. The results showed a 54% decrease in the rate of alarms per bed per day, and an overall noise reduction of 1.5 dB.

References

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G 13 - Alarm Fatigue and Its Issues
Quite Alarming! Reducing the Incidence of False Alarms to Prevent Alarm Fatigue

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Purpose
The purpose of this presentation is to improve patient safety and reduce alarm fatigue by decreasing the incidence of false alarms for a central telemetry monitor station that can watch up to 62 patients.

Target Audience
The target audience of this presentation is any unit that manages inpatient telemetry. Whether in a critical care, acute care, or the newer ehealth based unit.

Abstract
After attending AACN NTI 2013, the NTI Action Pak – Alarm Management was presented to the cardiac performance improvement council. The council reviewed the literature, including the AACN Practice Alert on Alarm Fatigue. Excessive alarms, especially false ones, can desensitize medical personnel causing delay or no response that may lead to an adverse event. A false alarm is when an alarm sounds in response to inappropriate stimuli. A true alarm is when an alarm sounds in response to an event that needs an action. To assess our current situation with alarm management, a pre-data survey was sent to cardiac nurses to determine if the skin prep EBP guidelines were being utilized in daily practice. The survey included these questions: 1. How often do you prep the skin prior to electrode placement? and 2) How often do you change the electrode patches? In addition, data was collected on 57 telemetry patients on the cardiac and noncardiac units who are monitored at a central station. The data captured all arrhythmia alarms: false and true alarms and causes of alarms. Data was collected for 24 hours per patient.

References

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G 15 - Academic Performance: Variations around the Globe
Faculty Caring, Campus Racial Climate, and Academic Performance

Marivic B. Torregosa, PhD, RN, FNP, USA
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Purpose
To examine the relationship between students’ perception of faculty caring and academic performance, and to verify the existence of the moderating role of students’ perception of campus racial climate in the relationship between perception of faculty caring and students’ academic performance.

Target Audience
The target audience for this presentation will be students, nurse educators, and nursing administrators.

Abstract
Background: Caring is the essence of nursing. However, most of the scholarship in this topical area has been conducted in the clinical nursing domain; very few have been carried in academic setting. While seminal qualitative studies about faculty caring in nursing education provide conceptual groundwork on how caring is demonstrated in student-faculty relationships, there is limited information on how faculty caring influences students’ academic performance. It is also not known whether campus racial climate influences students’ academic performance; meaning whether it plays a moderating role between students’ perceptions of faculty caring and performance. Most studies that examine the nexus between nursing students’ perception of faculty caring and students’ academic performance have failed to account for campus racial climate as a factor that may influence performance. In this paper, we posit that academic performance is linked to students’ perception of campus racial climate, and that this link is conditioned by students’ perception of campus racial climate. By casting our framework in this manner, we gain better understanding of how perceived organizational environment shapes the relationship between perception of faculty caring and performance, thereby extending Watson’s theory of transpersonal caring. The results of our study have the potential to provide basis for the development of institutional policies in nursing education.

Purpose: To examine the relationship between students’ perception of faculty caring and academic performance, and to verify the moderating role of students’ perception of campus racial climate in the relationship between perception of faculty caring and students’ academic performance.

Methods: Our study takes the form of a secondary data analysis of an original on-line survey of n = 385 Mexican-American and non-Hispanic White baccalaureate nursing students enrolled in Medical-Surgical 1 nursing course across seven universities in Texas. Four of the seven universities were Hispanic-serving institutions. Institutional Review Board (IRB) approval was obtained for the original study and for this secondary data analysis. Face-to-face recruitment was conducted in the last 4 weeks of the semester for each three semesters, and an online survey was sent to the participants. Our dependent variable, academic performance, was measured as end of semester Medical-Surgical-1 course grade. Our independent variables comprised six factors extracted from the factor analysis of 31 items pertaining to students’ perception of faculty caring measured through Nursing Students’ Perceptions of Instructor Caring (NSPIC) (Wade & Kasper, 2006). Variables relating to age, gender, ethnicity, marital status, entrance grade point average, and university served as multivariate controls. Campus racial climate served as moderator variable and comprised a single factor extracted from a 7-item scale designed to measure Students’ Perception of Prejudice and Discrimination (PPD) (Nora & Cabrera, 1996). Cronbach’s alpha for NSPIC was at 0.94 while that for PPD was 0.95.

Data Analysis: An exploratory factor analysis (EFA) that used a principal component method and varimax rotation was performed to extract the main factors underlying the 31 NSPIC items and the 7 PPD items. The resultant six NSPIC factors and one PPD factor were casted as independent variables and moderator variable, respectively, in our multiple linear regression model.

Results: Six factors with eigenvalue greater than 1 explained 65.5% of the variance in faculty caring. We labeled these factors based on the items that heavily loaded on each factor. The factors were named as follows: Factor 1 (support and accepting), Factor 2 (instills positive outlook and compassion), Factor 3 (non-judgmental), Factor 4 (encouraging), Factor 5 (empathic understanding), and Factor 6 (self-disclosure). Only one factor, which we labeled discrimination was extracted from the 7 PPD items. This factor explained 58% of the variance
in campus racial climate. Our results indicate that perceptions of faculty instilling a positive outlook and compassion towards students has a significant positive effect on academic performance. As perceptions of campus racial climate being discriminating increase, the positive relationship between perceptions of non-judgment from faculty and academic performance become stronger. Likewise, being married and entrance GPA had direct positive associations with students’ academic performance.

**Conclusion:** Our findings indicate that one factor pertaining to NSPIC had a main effect on academic performance, while yet another NSPIC factor had an effect of academic performance that was moderated by campus racial climate. The findings of this study suggest that student perceptions of faculty caring is impacted by the organizational climate where student-faculty interactions are situated which then ultimately impacts students’ academic performance.

**References**

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G 15 - Academic Performance: Variations around the Globe
Fear-Based Education: Impact of the System of Controls on Nursing Students

Barb Le Blanc, MN, RN, Canada

Purpose
The purpose of this presentation is to expose the participants to the effects of misuse of control on nursing students, particularly minority populations e.g. males students and the implications for our educational system.

Target Audience
The target audience of the presentation is nursing faculty, particularly those involved with undergraduate programs

Abstract
Purpose: The focus of this research is the pedagogical experience of the nursing students, particularly males. This research looks at the inherent discriminations within the nursing profession, particularly in the education system. There are often limited opportunities for mentorship, sexism on the part of some educators and lack of acknowledgment of the differences between males and females and how they think, react and communicate. The male nursing student is often expected to conform to certain stereotypical behaviours and responses that are equated with the (feminine) nursing ideal. This creates an environment that subjects the male student to additional stress, pressure to meet expectations and subjects them to misuse of power and disciplinary action by faculty in an effort to force performativity. The result is psychological harm to the male student, increased failure and drop-out rates and feelings of inadequacy and persecution. Stott (2003) and Kermode (2006) have found that 40-50% of males entering nursing either fail or drop out and that there is a concern within nursing regarding the lack of gender equity and sexism. The purpose of this presentation is to examine the effects of the educational process on nursing students, specifically male students, the implications for other marginalized groups and nursing education systems.

Methods: A phenomenological method has been employed, interviews with 20 current and past male and female students have been conducted. Current students were from one particular nursing program. Past students include graduates and those who were unsuccessful, either failing or withdrawing out of the program. Past students were from several programs across a geographical area. Graduates were working in various roles across Canada. Each participant was interviewed using a series of open ended questions as a guide. The study is being completed utilizing Butler's theory of gender performativity and Foucault's concepts of power and discipline as its theoretical framework.

Results: Butler (1988) refers to gender as a constructed identity that is accomplished through performativity of behaviours and attitudes that meet social norms. The results of the research have shown that nursing is similar in its desire to meet social images and expectations and thus insist on gender performativity by its male members. Those who do not conform are subject to concrete or abstract discipline (in the Foucauldian sense). The theme of control has been identified in relation to the examination of the socialization practices and educational environment created within nursing. Within nursing education we incorporate strategies that include surveillance and examination, aspects of discipline according to Foucault. Male students have reported that they perceive a need to be more independent in their work, feel isolated and excluded in academic and clinical settings and perceive that they are subject to stricter surveillance then female students. The research has shown that these controlling strategies, manifested through hierarchical, structure and personal controls, have significant effects on the educational experience of the male student, and in some cases nursing students as a collective. These effects can be categorized into seven concepts; anger, frustration, confusion re expectations, self-doubt, isolation / marginalization, not being self (faking it) and justifying presence. The overriding theme is that of a fear based educational system. It is these effects that need to be highlighted to nursing educators and those in positions of power that the impact might be better understood and possible strategies developed to not only combat these identified effects but precipitate a collective examination of our socialization and education practices with the goal of transforming them into more inclusive, diversity accepting processes.

Conclusion: The research will shed light on a concerning and yet silenced issue within nursing; the marginalization/exclusion of male nurses. Understanding the experience of this population may help move towards a more inclusive and accepting profession and a safer educational environment for all. This will involve rethinking the gendered basis and confining assumptions that construct the ideal nurse, examining how they work to exclude certain individuals or groups from the nursing profession. Understanding the effects of the
current nursing educational system on this minority group will help us make necessary changes to the current socialization and education of nurses. This is only one example of a greater problem within nursing, that of discrimination and marginalization of students and nurses who do not meet the ideal nurse image, which changes based on your geographical and cultural lens. The findings can be applied to other sub-populations within nursing who also struggle to be accepted and feel a sense of belonging.

References

Contact
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Purpose
The purpose of this presentation is to: 1. share in the global body of research on cognitive engagement in nursing education. 2. relate from a Caribbean perspective in relation to international trends in nursing education.

Target Audience
Target audience of this presentation is: nursing students, nurse educators, nurse administrators, nurse clinicians

Abstract
Purpose: Evidence indicates that a positive relationship exists between cognitive engagement and academic performance. The transition of nursing education from hospital based training to universities and colleges in the Caribbean; require that nursing students engage at a higher cognitive level to secure academic success. Examination of the literature reveals gaps in understanding how cognitive engagement impact on the academic performance of nursing students internationally and nationally. Therefore, the purpose of this study was to determine if nursing students were cognitively engaged in the teaching-learning process, and the relationship that existed between their cognitive engagement and academic performance at a Rural Community College in Jamaica.

Methods: A cross-sectional descriptive correlational design was employed. All students (BSN and Assistant Nursing (AN)) enrolled at a rural community college in Jamaica were included (n = 117). To collect demographic and cognitive engagement data, items from the NSSE 2013 The College Student Report and The Engagement in Academic Work tool were combined to form a 33-item Cognitive Engagement Survey. Respondents’ grade point averages (GPA) were obtained from anonymized records. The relationships between cognitive engagement and GPA were examined using Spearman’s rho, Tukey post-hoc test and ANOVA, assisted by SPSS® version 20.

Results: The response rate was 88% (n=103); 69 from the BSN years one to three and 34 from the AN group. Most respondents were 22 years and older (67%). Mean GPA was 2.49 ± 0.518; 59.2% of respondents achieved GPAs between 2.00 and 2.99, 23.3% had GPA ≥ 3.00, while 17.5% failed (GPA ≤ 1.00). The majority BSN and Assistant Nursing students (80% & 62% respectively) reported surface cognitive processing. A statistically significant relationship existed between deep cognitive engagement and academic performance (F [2, 100] = 3.35, p = .039).

Conclusion: Most students utilized surface levels of cognitive engagement regardless of programme type with little effect on pass rates; however, deep cognitive engagement influenced the quality of academic performance. The need for critical clinical reasoning in patient care requires that teaching methodologies be examined with a view to stimulating the use of deep cognitive engagement among nursing students.

References

Contact
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Purpose
The purpose of this presentation is to review the interprofessional competencies and present outcomes of a multidisciplinary SBIRT program.

Target Audience
The target audience of this presentation is professional nurses and nursing educators.

Abstract
Purpose: While health care providers will be required to work interprofessionally upon graduating and entering the field, there is little education or training on this matter. In order to provide patient-centered care with optimum outcomes, health care providers must be provided with the education to work together. This lack of education may contribute to the fact that there are 23 million Americans with drug abuse problems yet 83% remain untreated. Those left untreated are at a higher risk for a multitude of comorbidities. The focus of this project is on the interprofessional training of anesthesia students, including Student Registered Nurse Anesthetists (SRNA), Dental Anesthesia Residents, Dental Students, and Dental Hygiene Students. These students will work together and use SBIRT, allowing them the exposure of working together as a team. While working together, these professionals will be able to identify patients with substance misuse, abuse, or dependence and then refer them to the appropriate treatment.

Methods: The University of Pittsburgh partnered with the Institute for Research, Education, and Training in Addictions (IRETA). The School of Nursing and the School of Dentistry were included and then participated in the training, which included 1.5 hours of didactic instruction, online booster sessions, simulation at The Peter M. Winter Institute for Simulation, Education, and Research (WISER), and lastly, interprofessional case conferences. Both before and after the training sessions, students completed the Alcohol and Alcohol Problems Perception Questionnaire (AAPPQ), the Drug and Drug Problems Questionnaire (DDPPQ), and a measure of SBIRT and interprofessional knowledge.

Results: For both the AAPPQ and DDPPQ, role adequacy, role legitimacy, role support, and work satisfaction increased significantly from pre- to post-training, and again from post-training to post-simulation (p<0.05). None of the interprofessional attitude scales increased from pre- to post-training, but did increase after the simulation experience (p<0.05). Several baseline differences were noted between SRNAs and dental students, perhaps reflecting variations in interprofessional education between these programs.

Conclusion: The students were exposed to collaborating as a team using SBIRT and this was associated with positive changes in student’s perceptions of alcohol and drug misuse and dependency in patients. The simulation experience was associated with positive changes in attitudes toward interprofessional practice, indicating that experiential education is a critical component. Interprofessional education and practice should improve patient outcomes by providing more congruent, patient-centered care.

References
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H 13 - Nurse’s Role in Patient Substance Abuse
Outcomes of Positive Interactions between Injection Drug Users’ and Their Nurse in an
Acute Care Setting

**Kimberly A. Dion, MSN, RN, CNE, USA**

**Purpose**
The purpose of this presentation is to describe the characteristics and outcomes of positive interactions between
the nurse and injection drug user in the acute care setting.

**Target Audience**
The target audience of this presentation is any nurse caring for a person using illicit substances.

**Abstract**

**Purpose:** To describe the injection drug users’ (IDU) perceptions of received nursing care in the acute care
hospital setting. Substance misuse and abuse is a global issue. It has been well documented that stigma and
discrimination of the IDU exists among health caregivers (Myers, Fakier, & Louw, 2009; Neville & Roan, 2014),
but there is a dearth of research on the care received from nurses by IDUs. Understanding the experiences of
the IDU receiving care from a nurse is imperative in order for nurses and researchers to gain insight into new
ways to improve care for this vulnerable and growing population.

**Methods:** A case study methodology (Yin, 2014) was used and included audiotaped semi-structured interviews
with nine IDUs at two needle exchange services (NES). Travelbee’s (1971) Human-to-Human Relationship
model served as the framework. Analytic approaches were based on the works of Miles and Huberman (1994).

**Results:** Of the nine participants, two identified as Black/African American, three identified as Hispanic/Puerto
Rican, and four identified as White/Caucasian. Five of the participants were males and four were female. Three
of the participants described positive interactions with their nurse that resulted in the development of rapport
according to Travelbee’s (1971) framework. These interactions resulted in a change in behavior outcome that
reduced the harm related to injection drug use.

**Conclusion:** Results indicate that acute care nurses require additional education and role support regarding
addiction and caring for the IDU. The nurse played a pivotal role in how the IDU acted and reacted when
hospitalized. When the nurse connected to the IDU on an interpersonal level, the outcomes included: harm
reduction techniques; reflection on drug use resulting in decreased use; a verbalized decrease in time seeking
care for future health related needs; and willingness to be transferred to a detoxification unit. The nurse played a
pivotal role in the overall hospitalization experienced by the IDU. Implementation of harm reduction education by
the nurse was shown to be an effective tool that resulted in behavioral changes for the IDU.

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The experience of nurses’ care of patients who use illicit drugs. Contemporary Nurse: A Journal For The Australian Nursing

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H 13 - Nurse’s Role in Patient Substance Abuse
Preventing Opioid Misuse and Potential Abuse: The Nurse’s Role in Education

Margaret Costello, PhD, MSN, MHA, BSN, RN, USA
Sarah B. Thompson, MSN, RN, USA

Purpose
The purpose of this presentation is to share findings of our descriptive study which examined nurses’ knowledge of opioids at two large urban East Coast medical centers in the United States. We will also review the interventions and nursing educational program we developed as a result of our study findings.

Target Audience
The target audience is nurses who care for patients who are taking Opioids with a special focus on nurses who are discharging patients with opioids for the first time following a procedure.

Abstract
Purpose: Prescription drug misuse and abuse is the intentional or unintentional use of medication without a prescription, in a way other than prescribed, or for the experience or feeling it causes. (SAMHSA, 2013). In 2013, 15.3 million people ages 12 or older used prescription drugs non-medically with pain relievers (1.9 million). As many as 12.5% of new illegal drug users began with prescription pain relievers (SAMHSA, 2013). Prescription drug abuse and misuse has been steadily increasing over the past three decades in the United States. Opioid analgesic sales increased nearly four-fold between 1999 and 2010, coinciding with a nearly four-fold increase in opioid overdose deaths and substance abuse treatment admissions during the same time period. Prescription drug abuse-related emergency department visits and treatment admissions have risen significantly in recent years (CDC, 2011). In a call to action, the CDC, 2013 has recommended that healthcare providers follow evidence based guidelines for safe and effective use of opioids prescriptions. Nurses play a vital role in providing education for proper use of opioids. Data recently released by the National Center for Health Statistics show opioid drug overdose deaths increased for the 11th consecutive year in 2010. In recent years, prescription drug use has claimed more lives than heroin and cocaine combined (Jones, Mack, & Paolozzi, 2013). The incidence of increased opioid use is not limited to the United States but also Canada, which has seen an increase in opioid use in recent years and, as of 2011, was the second largest per capita consumer of prescription opioids after the United States (2013). The International Narcotics Control Board reported that Canadians’ use of prescription opioids increased by 203% between 2000 and 2010 (2011). The Youth Smoking Survey revealed that nationally, 5.9% of Canadian adolescents reported the use of prescription drugs in the past year to get high (Currie & Wild, 2012). Deaths related to prescription opioids doubled in Ontario, from 13.7 deaths per million in 1991 to 27.2 per million in 2004 (Fischer & Argento, 2012). Nurses play a key role in providing this patient education at the point of care when the patient first receives the opioid prescription. However it has been hypothesized that nurses lack sufficient knowledge of opioids to provide patients with all the information they need to safely care for themselves. This descriptive study was designed to explore nurses’ knowledge of opioids.

Methods: Nurses in two large urban east coast medical centers in the United States were invited to participate in the study. One hundred and thirty three nurses completed the survey in its entirety. Registered nurses’ knowledge of and attitudes about opioid use were assessed using a 48-item web based questionnaire sent via email. Frequencies were computed for all items on the questionnaire. Data were analyzed using Chi-square for all questions that fewer than 50% of participants answered correctly.

Results: The results of this study identify that there is a pain management knowledge gap among nurses caring for patients who are receiving opioid analgesics. This gap includes patient assessment; pharmacologic management, use of adjuvant medications; risks of addiction; risks of respiratory depression; and disposal and storage of opioid analgesics. Twenty-five percent of the nurses answered 50% of the survey questions correctly. Demographic variables such as experience working as a nurse or length of time as a nurse, in addition to educational level, did not influence how nurses performed on the questionnaire. However, nurses who received education on opioids as a separate class of medication answered a higher percentage of questions on the survey correctly than those who did not receive education on opioids.

Conclusion: The results of this study reveal a knowledge gap and nurses’ lack of sufficient information about opioids that may affect their ability to provide effective medication instructions to their patients. The findings from this study informed the development of an opioid discharge medication class to help nurses in their...
awareness of the scope of the problem and to offer evidenced based guidelines for safe use of opioids in the home.

References

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H 15 - Influencing Health Status of At-Risk Populations
Health Status Perceptions and Literacy among Low-Income Mexican-Americans in Texas-Mexico Border Colonias

Eloisa G. Tamez, PhD, MSN, BSN, RN, USA

Purpose
The purpose of the study was to determine one or more characteristics of low income Mexican American residents in the South Texas-Mexico border region. Therefore, low income Mexican Americans (N=175) residing in South Texas-Mexico Border colonias were sought to participate in a study to determine broad predisposing factors.

Target Audience
The target audience of this presentation is composed of interprofessional healthcare providers including registered nurses, physicians, psychologists, pharmacists, social workers and others.

Abstract
Purpose: The purpose of the study was to determine one or more characteristics of low income Mexican American residents in the South Texas-Mexico border region. Therefore, low income Mexican Americans (N=175) residing in South Texas-Mexico Border colonias were sought to participate in a study to determine the following broad predisposing factors: health history, health beliefs, health literacy, perceived health status and nutrition knowledge. The health history of the participants included the following components: anthropometric measurements (perceived and actual), a determination of their body mass index (BMI), skin fold measurements, an index of the activity level, and an assessment for acanthosis nigricans (AN).

Methods: A cross-sectional descriptive study with convenience sampling was conducted in four South Texas-Mexico Border colonias. Descriptive statistics, the Wilcoxin Two Sample Test and the Chi Square/Kruskal Wallis Test were used.

Results: A significant difference between males and females was the skin fold measurements (p < 0.0001) with females having greater measurements. Diabetics were older than nondiabetics and people with diabetes reported a greater degree of worry. Those born in the United States with English as the primary language had more years of education and were employed. Those with higher education had lower Chance Health Locus of Control (CHLC) and Powerful Others Health Locus of Control (PHLC) scores and higher nutrition knowledge scores. The participants generally perceived themselves as healthy; however, their physical measures (weight, nutrition knowledge, reported physical activity, and health literacy) were not congruent with these beliefs.

Conclusion: While the overview of low-income Mexican Americans residing in the Texas-Mexico border disclosed interesting factors, there is a void in specificity related to these factors that may prove to be beneficial in defining the need and type of interventions. There are unanswered questions that require a comprehensive methodology and measurement. In particular, health care literacy requires much more than merely a measurement of how well the people can navigate a healthcare system. Whereas there was a concern that adherence to the primary language of Spanish might influence access to health care by this population, we discovered that there was adequate understanding of how to navigate through a health care system. In that the majority of the population is Spanish speaking, the impact of health literacy on knowledge and comprehension is a critical measurement to add to the data profile. Perhaps, this information, and other critical factors, will lead to a better understanding for the development and implementation of relevant health-care interventions moving health care initiatives closer to reducing or eliminating treatment delivery disparities to vulnerable populations.

References

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Purpose
The purpose of this presentation is to discuss the parenting experience of incarcerated fathers and provide information about how we can support fathers as they re-enter family life after release.

Target Audience
The target audience for this presentation includes nurses who work with families that have complex histories and multiple vulnerabilities. Nurses who work in a prison system, public health or within the community.

Abstract
Purpose: This Australian research study, Breaking the Cycle, aimed to develop new knowledge about incarcerated parents’ learning and support needs to enable a shift towards pro-social parenting practices. A secondary aim is to inform correctional policy and practices to support the parenting and education needs of prisoners in New South Wales.

Methods: An Appreciative Inquiry approach guided the research design, data collection and analysis (Cooperrider & Srivasta 1987), which involved quantitative and qualitative methods. These findings are drawn from a larger study of 128 incarcerated fathers and mothers who completed a number of questionnaires administered via an interview. The interviews used for this presentation were conducted with 64 incarcerated fathers. To provide a comparison, we interviewed 32 incarcerated men who had completed a parenting program and a further 32 men who had not. All the men were biological or step fathers of a child under 18 years of age.

Following ethical approval processes, demographic and Corrective Services data were gathered to provide a context and profile of the participants. This quantitative data provides a profile of the incarcerated fathers. Qualitative data were obtained from open-ended questions about parenting experiences and relationships with their children. Appreciative Inquiry enabled an exploration of parents’ experiences and aspirations and their situational strengths rather than focusing on deficits (Cooperrider & Srivasta 1987). The data were analysed using thematic analysis.

Results: The profile of the men interviewed included: aged between 19 and 52 years; were the father to 1-to-9 children; 93.9% were born in Australia; 21.2% had an incarcerated father, 2% had an incarcerated mother and 3% had both parents incarcerated; and 65.6% had their children visit them while incarcerated. Many of these men identified that they had limited experience of a fathering model that provided sensitive, appropriate care. The men described their feelings of guilt and regret and their desire to be a better father.

Conclusion: Findings from this research will be used to assist in the design of parenting support and education programs for incarcerated parents to support and increase their contact or reunion with their children.

References


References

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H 15 - Influencing Health Status of At-Risk Populations
Correctional Health Care: Local, Regional and International Collaborations

Donna M. Zucker, PhD, MS, BS, RN, FAAN, USA

Purpose
The purpose of this presentation is to describe the nursing activities of building capacity and networks in Correctional Care and Criminal Justice. This will be illustrated by describing programs and activities completed in local, regional and international settings during 2014.

Target Audience
The target audience of this presentation is all nurses, especially those with an interest in community/public health, psychiatric mental health, correctional and forensic health care.

Abstract
Purpose: The purpose of this presentation is to describe the nursing activities of building capacity and networks in Correctional Care and Criminal Justice. This will be illustrated by describing programs and activities completed in local, regional and international settings.

Methods: Qualitative descriptions of both fieldwork and quantitative outcomes of research studies will be used as exemplars of correctional nursing capacity building and interprofessional collaboration. Outcomes of participation in professional networks include research study summaries.

Results: Interprofessional collaboration takes many forms: forming consortia, joining centers of excellence and volunteering. Outcomes include expanding the knowledge base of the role of correctional nursing through publications, presentations and teaching.

Conclusion: Capacity building takes time, investment and commitment to a common goal. Mutual respect and buy-in are a direct result of dedicated relationship building across the long term. Development of new knowledge in correctional care relies on building interprofessional networks locally, regionally, nationally and internationally.

References

Contact
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Purpose
The purpose of this study is 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
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. 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.

Methods: This quantitative, descriptive pretest/posttest 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 intervals 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: 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.

Conclusion: 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. Using the CPQ as a means to identify students at academic and social risk will provide the nursing faculty information that can be used to improve and implement remediation strategies to promote NCLEX success and lower program attrition.

References

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H 16 - Improving Students Potential for Success
Mock Competencies: An Intervention to Improve Student Outcomes

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Diana M. Baughman, MSN, BSN, RN, FNP-C, USA
Camille Payne, PhD, MSN, BSN, RN, USA

Purpose
The purpose of this presentation is to present research about a pedagogical strategy designed to reduce stress during high-stakes evaluation of nursing students’ psychomotor skills. Following implementation of this intervention, lab and course faculty saw significant improvement in first-round pass rates in two courses in an undergraduate nursing program.

Target Audience
The target audience of this presentation is nurse educators and nursing students.

Abstract
Nursing students experience high levels of stress during their educational program. There is an abundance of literature that addresses the impact of stress in nursing students and the effect it has on their learning, performance, and overall well-being. The level of stress experienced by nursing students can have a negative impact on their ability to learn and their academic performance (Chernomas & Shapiro, 2013; Jimenez, Navia-Osorio, & Diaz, 2010). Stress can cause nursing students to question their abilities (Chernomas & Shapiro, 2013). Stress can cause students to feel high levels of anxiety, worry, anger, fear, depression, crying, irritability, feelings of rejection and inadequacy, as well as maladaptive behaviors such as increased consumption of alcohol and withdrawing from others (Reeve, Shumaker, Yearwood, Crowell, & Riley, 2013). High-stakes testing, where students are required to withdraw from the course or even the program of nursing if they are not successful, makes the experience even more stressful, and has been found to escalate stress-related behaviors, impact performance and overall well-being negatively even months before the testing occurs. The high level of stress related to testing has caused some students to question their decision to study nursing (Roykenes, Smith, & Larsen, 2014).

Faculty in one nursing program with high stakes teaching and evaluation of psychomotor skills observed that students were exhibiting many behavioral signs of stress while undergoing competency testing. These signs included shaking hands, tears, and emotional outbursts. Faculty also noted a high percentage of student failures in first-round performance evaluations. Students were allowed three chances to pass the skills check-offs but if unsuccessful, were required to withdraw from the course. Withdrawing from the course delays progression or can even result in their termination in the nursing program. Faculty believed that the high number of first-round failures were, at least in part, caused by excessive stress and thought that by reducing stress, overall performance on the skills competencies would improve. The purpose of this presentation is to present research about a pedagogical strategy designed to reduce stress during high-stakes evaluation of nursing students’ psychomotor skills.

Lab faculty developed a creative pedagogical strategy designed to reduce stress with skills competencies without lowering standards of performance. Peer-to-peer evaluations in a simulated competency assessment were structured so that students participated in peer-to-peer “Mock Competencies,” prior to undergoing faculty-led competency evaluations. The Mock Competencies were set up much like faculty evaluations but student peers provided feedback on one another’s performances. Students were provided skills guidelines to use as an assessment tool for each of the skills they might be required to perform.

The purpose of this retrospective, descriptive study was to determine whether this pedagogical strategy had an impact on first-round pass rates for skills competency assessments. Pass rates for skill competency evaluations were compared in two clinical courses for four semesters prior to the implementation of Mock Competencies, and for four semesters following implementation. Significant improvement occurred in first-round pass rates in courses utilizing the Mock Competencies. Faculty also noted a reduction in stress-related behaviors. In course evaluations, students expressed that the Mock Competencies were beneficial for both learning and evaluation of psychomotor skills.
These results have significant implications for nursing education. This intervention empowered students and was successful in improving both student performance on high-stakes psychomotor skills evaluations and in decreasing student stress.

References

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**H 16 - Improving Students Potential for Success**

An Evidence-Based Approach to Support Student Success in a BSN Program: WIN Project

*Maria Rosario-Sim, EdD, MA, BSN, RNC-OB, PPCNP-BC, USA*

**Purpose**
The purpose of this presentation is to inform the audience evidence-based approach to help in the retention, graduation and success in the Accelerated BS in nursing program using the three-prong acronym W.I.N. project.

**Target Audience**
The target audience would be educators, students, school administrators and other stakeholders of nursing who could learn and benefit from the WIN approach in the retention, graduation and success of students not only in the Accelerated BS in nursing programs but also in the traditional generic nursing programs.

**Abstract**

**Background Statement:** SUNY Downstate Medical Center College of Nursing (CN) has implemented a three-prong approach to enrich the Accelerated Bachelor of Science in Nursing (ABSN) program and assist in student retention using concepts from themes emerging from literature on barriers and obstacles to retention of diverse and economically disadvantaged background students. The overarching concept in Project W.I.N is an educational environment supporting the needs of all students regardless of cultural, ethnic, racial, gender or economic backgrounds with mentorship as a common thread that permeates the supporting concepts. The CN tracked the overall impact of the project during the first five years of its implementation 2009 - 2013 and compared with the previous years (2004 – 2008) without the project.

**Statement of Purpose:** The purpose of this project was to enhance student success evidenced by retention/graduation rate and NCLEX-RN pass rate for first time takers in an ABSN program.

**Methods:** The College of Nursing implemented the following approaches in Project W.I.N:

- **W – A welcoming environment that supports and fosters self-development.** The CN implemented the Pre-Entry Immersion Program (PIP) using the Robert Wood Johnson Foundation New Careers in Nursing (RWJF/NCIN) PIP Toolkit to supplement the school orientation for all new incoming students one week prior to starting the ABSN program. The PIP is designed to assist new students adjust to the rigors of the accelerated program. NCIN scholars participated in the PIP where they shared their perspectives and experiences with the new students. A scholar support group was formed led by a minority faculty. University-based support services such as educational counseling, test-taking and study skills were available to support students.

- **I – Individualized developmental academic advisement and support.** Each student was assigned a designated academic faculty advisor through the duration of the program to monitor student progression. Learning contracts were used as “work plans” for students who required remediation. An NCLEX-RN Readiness Plan was integrated into the curriculum to prepare students for the licensing examination.

- **N – Nurturing through mentoring.** The CN initiated a formalized mentoring program using the NCIN Mentoring Toolkit in collaboration with the CN Alumni Academy utilizing alumni as mentors. The CN implemented the NCIN “Scholars as Mentors” to assist new students. Nurses and preceptors in clinical training sites who come from diverse background served as mentors.

**Results:** The overall impact of Project W.I.N is improved graduation rate and NCLEX-RN pass rate for first time takers Accelerated Bachelor of Science nursing students. The mean graduation rate from 2009 – 2013 was 98% compared with 87% from 2004 – 2008. The mean NCLEX-RN pass rate for first time takers from 2009 – 2013 was 97% compared with 80% from 20004 – 2008. The CN continues to implement Project W.I.N and will be periodically evaluated as a major strategy for student success.

**References**


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I 13 - Lesbian, Gay, Bisexual and Transgender (LGBT) and Nursing Care
Nurse Practitioners' Barriers and Facilitators to Providing Lesbian, Gay and Bisexual Inclusive Care

Caroline Dorsen, PhD, MSN, BS, BA, FNP-BC, USA

Purpose
The purpose of this presentation is to present the results of a grounded theory study exploring nurse practitioner's (NPs) attitudes towards, and experiences working with, lesbian, gay and bisexual patients. A conceptual framework developed from the data explores the facilitators and barriers NPs face when caring for this vulnerable population.

Target Audience
The target audience of this presentation is practicing nurses and nurse practitioners, nursing educators and researchers interested in health disparities/culturally competent health care.

Abstract
Purpose: Research shows that LGB individuals experience significant healthcare disparities compared to heterosexuals. Although the reasons are multifactorial, negative attitudes towards LGB patients among healthcare providers may be a key factor. There is a paucity of literature on nurses’ attitudes towards LGB patients, and there has never been a study on NP attitudes towards LGB patients. The purpose of this qualitative study was to explore the attitudes and experiences of NPs working with LGB patients in NYC.

Methods: This study used Corbin & Strauss’ grounded theory methodology. Semi-structured interviews with experts in LGBT health (n=3) and LGB patients (n=6) informed the final interview guide used with a sample of 19 NPs working in primary/outpatient care. NPs were recruited via publically available lists and snowball sampling. A three step analysis procedure culminated in the conceptual framework: NPs multiple facilitators and barriers to providing LGB inclusive care.

Results: The resulting framework reflects the complexity of the multiple, often overlapping, influences on attitudes and intention to provide LGB inclusive care and includes 5 factors: 1) NPs baseline passive intention to provide inclusive care, 2) facilitators to providing care, 3) barriers to providing care, 4) active intention to provide care and 5) education and experience needed to provide LGB inclusive care.

Conclusion: Consideration of the barriers and facilitators NPs face when providing LGB inclusive care will help educators, researchers and policy makers understand the complex interplay of factors in attitude development and intention to provide LGB inclusive care, with the goal of reducing health disparities.

References

Contact
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Purpose

to inform nurses and other healthcare providers about how primary and secondary relationships of Hispanic men may increase HIV/STI risk.

Target Audience
Nurses and other healthcare professionals who provide care to or conduct research with Hispanic men.

Abstract
Background: Hispanic men experience high rates of HIV infection and other sexually transmitted infections (STIs) when compared to Caucasians (Centers for Disease Control and Prevention, 2014). An array of factors contributes to HIV/STI risk among Hispanic men. Some researchers have suggested that primary relationships may be a source of HIV/STIs because some men engage in sexual relationships outside of the primary relationship (De Santis, Vasquez, Deleon & Gonzalez-Guarda, 2012; Gonzalez-Guarda, Ortega, Vasquez & De Santis, 2010). However, little is known about this among Hispanic men, and less is known about how sexual relationships differ by sexual orientation.

Purpose: The purpose of this study was two-fold: 1) to determine if Hispanic men engage in sexual relationships outside of the primary relationship; and 2) to compare sex outside of primary relationships by sexual orientation.

Methods: Data for this study was obtained from a larger study that investigated health risks of Hispanic men residing in the U.S.-Mexico border community. Participants were recruited from agencies that provided services to Hispanic men. Participants completed a structured interview that included questions about primary relationships and sex outside of primary relationships. The sample consisted of 103 Hispanic men (50 heterosexual, 43 gay, and 10 bisexual Hispanic men), but two participants refused to answer relationship questions, resulting in a sample of 101 Hispanic men.

Results: Nearly all participants (n = 96) reported sex outside of the primary relationship, so no differences were found between the three groups of men, X²(2, N = 101) = 9.91, p = .128. More gay/bisexual men reported sex with the primary partner and another person at the same time than heterosexual men, X²(2, N = 101) = 13.32, p = .010. More gay/bisexual men reported open relationships when compared to heterosexual men, X²(2, N = 101) = 17.23, p = .008, and more gay/bisexual men reported sex outside the primary relationship without the primary partner’s knowledge, X²(2, N = 101) = 15.09, p = .020. However, more heterosexual men reported that condoms were not used for sex outside the primary relationship when compared to gay/bisexual men, X²(2, N = 101) = 14.01, p = .029.

Conclusion: Sex outside of primary relationships presents some implications for HIV/STI prevention among Hispanic men. Because gay/bisexual men experience disparities in HIV/STI rates, more attention needs to be focused on relationships to prevent acquisition of HIV/STIs. Among heterosexual Hispanic men more attention needs to be given to reinforcement of the need to practice safer sex both outside the primary relationship, and within the primary relationship if high risk sex is occurring outside the primary relationship. More research is needed on the reasons for sex outside the primary relationship among Hispanic men, as well as research to promote safer sex practices when sex occurs outside of the primary relationship.

References

Contact - eprovenciovasquez@utep.edu
Purpose
The purpose of this presentation is to present the findings of a qualitative research, under the guidance of Parse’s Humanbecoming theory, to explore the lived experience of individuals undergone sex reassignment surgery.

Target Audience
The target audience of this presentation is interested in gaining perspective of the lived experience of individuals undergone sex reassignment surgery.

Abstract
Background: Transsexualism is the most severe form of gender dysphoria. The patients suffer from disharmony of body and soul, and result in interpersonal, and occupational dysfunction. The first sex reassignment surgery (SRS) in Taiwan was performed in 1988, and currently there are 50 ~ 100 SRS performed each year. SRS is a way of empowerment of individuals with transexualism, and with SRS, they can be more assured of their own identity. While innovative technology and diverse cultures are embraced as part of daily life, individuals with transexualism are often rejected by the public, and stigma is still attached to individuals who receive SRS. On the other hand, healthcare professionals do not have sufficient knowledge about the lived experience of individuals who receive SRS.

Purpose: The purposes of this study was to: (a) explicate the experience of persons who had undergone female to male (FTM) SRS, (b) contribute to the understanding of the lived experience of persons who had undergone FTM SRS, and (c) contribute to nursing’s extant body of knowledge by enhancing human becoming.

Method: A qualitative research was conducted, under the guidance of Parse’s Humanbecoming theory, to explore the lived experience of individuals undergone SRS. The researcher used purposive sampling method to recruit persons who had undergone FTM SRS. Participants who had completed all stages of SRS were recruited from a regional teaching hospital in Central Taiwan. Participants were asked to consent the audiotaping of the dialogue and volunteered to describe their living experience of FTM SRS. All participants met the researcher at a time and a convenient setting of their choice that was conducive to a private discussion. The participants were interviewed using semi-structured interview guide. Interviews were transcribed verbatim. The Parse research method was used to discover the meaning of living experience of SRS. It is a phenomenological-hermeneutic mode of inquiry used to explore the meaning of living experiences. The processes of the method are dialogical engagement, extraction synthesis, and heuristic interpretation.

Results: With Parse’s perspective, the lived experience of going through FTM SRS are (a) the validation of the meaning of sex transformation with the difficulty of gender identity, the pursue of support strength and the balance with the dilemma of commitment or giving up and that of change or preservation, and the future is optimistic and hopeful with the vision of life and realization of dream; (b) the comprehension of the significance of sex transformation from gender confusion, and become persevere to stand facing the difficulty, to achieve balance in the constant swing of “reform-rigidity”, and to step into the sunlight and stride toward the bright future, and (c) the vision on the revealing-concealing of powering.

Conclusion: The findings of this study, as evolved and interpreted in light of the Parse research method, contribute new knowledge and understanding about the living experiences of going through FTM SRS. The findings enhance the unique body of nursing knowledge by expanding the humanbecoming school of thought and by providing insight for future research and practice. The challenge for future research is to continue to unleash the knowledge of the phenomenon of the common lived experience as experienced by persons undergo SRS, as well as to reach out to persons with unsatisfactory outcomes.

References

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Purpose
The purpose of this presentation is to disseminate research results from the study titled Components of the Test of Essential Academic Skills (TEAS) as a Predictor of First Year Success in a Baccalaureate Nursing Program. Research results indicated that reading comprehension was an important indicator of success for nursing students.

Target Audience
The target audience for this presentation is nursing faculty. The research focus was for a Bachelor in Nursing program; however, results would apply to any program type in the nursing field.

Abstract
Purpose: The purpose of this study was to examine potential predictors of early academic success for students in a selected BSN programs. Many studies evaluated the predictive value of nursing program admission tests for NCLEX-RN success, but few evaluated early academic success. Students were at most risk for failure in the first semester of nursing programs. One goal of the research was to develop a cut score for the TEAS based on results of the predictive value of the test. The other goal was to identify at-risk students early in the nursing curriculum with the intention of developing a retention program designed to enhance weak academic skills identified from TEAS results.

Methods: This was a correlational study investigating 218 baccalaureate nursing students in a selected university nursing program. Predictor variables included the components and subcomponents of the TEAS test while criterion variables included final grades and ATI Course Mastery Tests in first-year nursing courses. Correlation analysis was used to determine strength and direction of relationships. The TEAS composite scores were evaluated by independent t-tests. The independent and dependent variables were assessed using correlational coefficients to determine the strength and direction of relationships between the variables. Correlation was used to determine if fundamental research assumptions were met prior to model selection for regression analysis and to check for multicollinearity. Stepwise regression analysis was used to explore the research hypotheses that components and subcomponents of the TEAS are predictive of successful grades in first-year, upper division BSN courses and higher CMT scores. Stepwise regression analysis was used to determine the power of predictive validity between the independent and dependent variables.

Results: The TEAS Reading and English components were the most frequently occurring predictor for the first-year course grades. The TEAS Science components showed predictive validity for Pharmacology course grades in the BSN program. The TEAS Science component demonstrated predictive validity for the ATI Pharmacology and Fundamentals Course Mastery Tests, while Reading and English were predictive of success on the Fundamentals ATI Course Mastery Tests. Significantly predictive TEAS subcomponents for course grades included Paragraph Passage, Informational Source Comprehension, Grammar and Word Context Meaning, Structure, Life Science and Human Body Science.

Conclusion: The results emphasize the importance of reading comprehension in nursing school. Many students enter higher education with reading difficulties. Some students, perhaps unknowingly, learn to compensate for their reading difficulties. Students with diagnosed or undiagnosed reading disabilities simply require more time to read and comprehend reading materials. Attrition rates early in nursing programs could potentially result from students who can no longer compensate for poor reading comprehension with the workload normally associated with a full-time traditional baccalaureate nursing program. Nursing faculty could potentially use TEAS component and subcomponent scores to identify students who are at risk of failure in the nursing program and faculty could potentially develop remediation unique to the students’ needs.

References
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Purpose
The presentation provides an overview of Lesotho's primary health care clinical placement program for midwifery and nursing students and describes key findings in the operational research related to the clinical placements. Sharing this information will enable implementation of evidence-based strategies for nursing education.

Target Audience
Nurse and midwifery educators, clinical preceptors, student nurses and midwives, nursing researchers

Abstract
Purpose: Primary health care is the main access point for health services in Lesotho; nurses and midwives provide the majority of care at this level. Educational assessments of the nursing and midwifery training programs highlighted gaps in clinical experiences and education of students. The USAID-funded Maternal and Child Health Integrated Program (MCHIP) initiated a nursing pre-service education (PSE) program in Lesotho in May 2010 to improve the quality of nurse- and midwife-delivered care. Given the priority of decentralized health care services and the geographic distribution of the people of Lesotho, there is a need to ensure that these nurses graduating from nursing education institutions are trained to manage the health care priorities within the district health system structure.

MCHIP supported the development of primary health care (PHC) clinical placements for trained nursing assistants and general nursing and midwifery students. The placements were designed to match smaller cohorts of students with preceptors to encourage better teaching/learning opportunities and appropriate oversight. To expand on its anecdotal program evaluation, MCHIP conducted operational research on PHC clinical placements to provide evidence for the effectiveness of the clinical placements. The aim of the research was to determine whether clinical placements prepared students and their preceptors to address Lesotho's health priorities.

Methods: The study employed both qualitative and quantitative methods of data collection. A total of 96 preceptors, eight nurse/midwifery educators, 40 clinicians, and 241 diploma students were recruited as research participants. Eight data collection tools, including skills checklists, observation of preceptors, questionnaires, and 7 focus group discussions were used to collect the data.

Results: Students and preceptors both perceived PHC clinics to be appropriate settings to provide students with rich learning environments, allowing them to develop personally and professionally. While the quantitative data did not definitively conclude that the PHC experience directly increased the likelihood that students would accept placement in the PHC setting, the qualitative data supports this idea; students expressed their likelihood to accept deployment there post-graduation.

Preceptors expressed that PHC clinical placements were valuable as they enforced them to keep up-to-date with new evidence based practices in nursing/midwifery and to demonstrate skills competently to students. For those preceptors who were trained, the placements enabled them to practice the facilitation skills they were trained on. A comparison between trained and non-trained preceptors was also conducted with both groups being observed and evaluated for their performance on 22 skills. Trained preceptors scored an average score of 85% while non-trained preceptors scores averaged 71%. The trained preceptors had a significantly higher total score (p < .005).

In addition, results support the notion that PHC placements contributed to increasing all cadres' confidence and competence in various clinical skills. Across all three cadres of students, there was improvement in the number of skills 80% of students deemed competent between baseline and endline. A majority of students (89%) reported they would work in a PHC setting after clinical placement.
**Conclusion:** PHC placements impacted confidence and competence in HIV care skills among all three cadres of students. The results of this study support the hypothesis that PHC clinical placements contribute to increasing nurse and midwife confidence and competence, though the effect was greater for nursing students than for midwifery students. PHC clinical placements are suitable for acquisition of the needed competencies and confidence for students in Lesotho. Clinical education should include varied experiences to ensure students gain skills in all areas relative to deployment. Communication and supporting clinical sites including training preceptors is key to successful placements. Continuing to support schools in health center placements is vital to creating primary health care clinical learning opportunities for students. Activities that increase the competence of students in the primary health care environment and acceptability of deployment post-graduation to health center settings where most Basotho receive access to care are crucial to ensure a well-staffed and competent rural workforce.

**References**

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I 15 - Impact of Clinical and Academic Preparation on Nursing Students
Preparing Nursing Students and Faculty for Assessment Testing

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Ali Salman, MD, PhD, ND, RN, Canada
Yi-Hui Lee, PhD, RN, USA

Purpose
The purpose of this presentation is to educate academic faculty and administrators regarding the preparation for nursing students for benchmark assessment testing, and how that preparation corresponds to outcomes.

Target Audience
The target audience of this presentation are nursing faculty teaching at institutions that implement benchmark assessment testing, and nursing academic administrators.

Abstract
Purpose: Preparing for an exam is integral for student success. Likewise, remediation after an exam in preparation for a re-test remains essential for student learning and is linked to the same successful outcomes. For the best outcomes on assessment testing, students need to be prepared by faculty and supported by administrators.

Methods: An assessment testing plan was developed, implemented and used by nursing students to improve their assessment scores, with later correlation to NCLEX outcomes. The assessment testing plan had two parts: preparation and remediation. Preparation was integrated into the nursing course and implemented with all students. Remediation was completed with students who were not successful on the assessment test and to prepare these students for the re-test. While there are many strategies for preparation and remediation for assessment testing, the best ones are those that students use and that are associated with the success sought by both students and nursing educators. After both assessment tests, students were surveyed regarding their use of the assessment testing plan.

Results: This assessment testing plan was used with baccalaureate nursing students at a mid-west university setting. This plan met with varied success dependent on student usage. When student usage increased, this remediation plan was associated with improved assessment testing score outcomes.

Conclusion: This assessment testing plan had success with students who wanted to study for their exams and who wanted to know how to be successful. Further examination of factors associated with student usage is needed.

References

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I 16 - Use of Simulation to Improve Student Confidence

Improvement in Student Satisfaction and Confidence Levels through Simulation Activities

Cynthia Cummings, EdD, MS, RN, USA
Linda K. Connelly, PhD, ARNP, USA

Purpose
The purpose of this presentation is to highlight significant research findings for baccalaureate nursing students engaged in simulation activities. Eight survey items related to satisfaction and confidence level were significantly improved as the student progressed from junior to senior year.

Target Audience
The target audience for this presentation is anyone interested in whether simulation activities improve student confidence and satisfaction levels as they advance through a nursing curriculum.

Abstract
Purpose: This research explored whether nursing students’ learning satisfaction and confidence scores improved in simulation experiences, as they progressed from junior to senior year.

Methods: The students were asked to voluntarily participate in a survey on learning satisfaction and self-confidence following a simulation activity. The student scores were compared between juniors and seniors for each item. Survey data was collected for a one year time frame and was approved by the University’s institutional review board. The instrument utilized was the: Student Satisfaction with Learning Scale and the Self-Confidence in Learning Using Simulations Scale (Jeffries & Rizzolo, 2006).

Results: The results demonstrated that for eight items specifically linked to satisfaction and confidence levels, there was significant improvement in the average score. The mean averages for each item were compared using a t-test for significance of means. A p value <.001 was obtained for the following eight items: “I am confident that I am mastering the content of the simulation activity that my instructors presented to me;” “I am confident that the simulation covered critical content necessary for the mastery of medical surgical curriculum;” “I am confident that I am developing the skills and obtaining the required knowledge from this simulation to perform necessary tasks in a clinical setting;” “I know how to use simulation activities to learn critical aspects of these skills;” “I actively participated in the debriefing session after the simulation;” “I had the opportunity to put more thought into my comments during the debriefing session;” “There were enough opportunities in the simulation to find out if I clearly understand the material;” “Using simulation activities made my learning time more productive.”

Conclusion: The faculty will continue to survey upcoming students and assess simulation activities in order to develop and improve student learning and confidence. Oermann, Poole-Dawkins, Alvarez, Foster and O’Sullivan (2010) reported that nurse managers described new graduates as lacking confidence in their clinical skills and rely unnecessarily on staff for second opinions. Real life simulations allow students the opportunity to practice clinical skills and refine decision making in an effort to develop confidence in their own abilities (Gaberson & Oermann, 2010; Swenty & Eggleston, 2010; Pike & O’Donnell, 2009). Thidemann and Soderhamn (2012) reported that satisfaction and self-confidence in learning were both highly rated in simulation groups and these activities may bridge the gap between theory and clinical practice. In all, it is imperative that faculty look at multiple ways to educate our students in a fast moving and ever-changing clinical environment. A variety of simulation activities provide an invaluable method to engage and develop student confidence.

References

Contact
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Purpose
The purpose of this presentation is to describe the results of standardized patient simulation exercises and its impact on students' self-confidence in patient interaction.

Target Audience
The target audience of this presentation are nurse educators, nursing administrators, mental health nurses and other practicing nurses, and other entities with interest in standardized patient simulations.

Abstract
Background & Purpose: Self-confidence is an important factor for developing clinical competence. First semester nursing students report anxiety and the lack of confidence to approach patients in the clinical area for an assessment interview and subsequent provision of care. Standardized patient simulations provide a venue for students to practice their communication skills and receive feedback from the “patient”. The purpose of this article is to describe the result of standardized simulation exercises and its impact on students' self-confidence.

Methods: A quasi-experimental pre-test/post-test design was used to investigate the impact of standardized patient simulations on students’ self-confidence. A convenient sample of first semester nursing students completed a pretest self-confidence questionnaire before exposure to the standardized patient. The Confidence Questionnaire is a 10-item Likert Scale of 1 to 5, strongly disagree, disagree, neutral, agree and strongly agree. Students were given two exposures with patient debriefing after each exposure. Students completed a posttest self-confidence questionnaire after the second exposure. The data collection span 5 semesters: Summer 2012, Fall 2012, Spring 2013, Fall 2013 and Spring 2014. The participants were first semester nursing students in the Psychiatric Mental Health Nursing course. A paired sample t-test was performed to test the differences between the pre- and post-test self-confidence scores with a Bonferroni corrections for multiple testing applied by dividing the alpha value of 5% by 2, yielding a significance level of .025. The 2-dependent samples Cohen’s d were calculated and reported for the effect size of the total pre and post self-confidence scores and for each individual item.

Results: Two hundred thirty (230) completed questionnaires were included in the analysis. The mean total self-confidence score pre-test was 31.62 (sd=5.45), which increased significantly posttest to a mean of 39.48 (sd=7.94), (t = -14.40, df = 231, p < .01). Significant changes were found on every item in the questionnaire. The overall effect size also shows a large impact (d= -1.1). In looking at individual items, students were mostly low on their self-confidence in assessing patients’ history pre-encounter (items 1, 2, 3 & 4), but the significant increase in these scores from a mean of 11 to 15 (disagree to neutral), has the highest average effect size (d= -1.4). Items 5 to 9 dealt with students’ confidence in interacting with patients using therapeutic communication techniques and seeing patients holistically. Overall, students’ confidence in their ability to therapeutically interact with patients (items 5 to 9) was higher pre-encounter with a range of 3.48, neutral to agree. These items rose significantly but the average effect size, although large, is lower than the effect size of the changes in items 1 to 4 (d=-.99).

Conclusion: Students’ reported self-confidence in patient communication significantly increased after standardized patient exposures. The SP encounter showed a large impact in increasing students’ self-confidence. SP simulations have a positive impact in preparing students for patient encounters in the clinical area. As students’ self-confidence grow, they are more likely to increase their clinical competence in interacting with patients, especially in psychiatric mental health setting. Research limitations and future research directions will be discussed.

References

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Purpose

to promote the utilization of simulation in nursing education to prepare students for entry into clinical rotations and to decrease their anxiety.

Target Audience

faculty, instructors, academic administrators and clinical educators.

Abstract

Introduction: Nursing students experience stress and anxiety in clinical rotations; especially in unfamiliar areas. Specialty nursing courses, such as maternal-infant nursing, often require clinical rotations that are short and intense, laden with complex concepts, new topics, and nursing skills peculiar to the specialty.

Objective: To evaluate the impact of a new interventional model with a clinical simulation upon student perception of readiness for entry into maternal-infant clinical rotations and their level of anxiety.

Method: As part of a course improvement project, 153 senior baccalaureate nursing students who enrolled in the maternal-infant nursing course in two consecutive semesters participated in this study. 110 students were enrolled in the new interventional model and 43 students participated in the traditional model. Traditionally, the first clinical rotation in the maternal-infant course takes place in the acute care setting with students being placed directly at the bedside of neonates, post-partum, and intra-partum clients. In contrast, in the new interventional model, the first clinical rotation began in the simulation lab, where two sessions, 1A and 1B, were implemented. The purpose of simulation 1A was to expose the students to a normal and basic labor patient and to give the students the opportunity to practice the most common skills, assessment, and communication transactions. The purpose of simulation 1B was to expose the students to a normal and basic postpartum assessment. Therefore, in the new model, students were asked to attend a simulation to assess fetal heart tones (FHT), uterine activity, labor pain, cervix, postpartum physical assessment with an emphasis on fundus and lochia, and practice communication with the client and primary care provider.

Groups of 6-8 students spent about 30 minutes actively learning from their clinical faculty, 90 minutes practicing and performing essential functions and 30 minutes debriefing at the end of the simulation. Additionally, simulations 1A and 1B offered faculty the opportunity to annotate the strengths and weaknesses of individual students for further guidance, support and evaluation at a later time. In both groups, students’ anxiety and perception of readiness were assessed by giving a questionnaire at the end of the semester. In addition, using a Likert scale of 1-4 (1= not helpful, 2 =somewhat helpful, 3=helpful, 4=very helpful), students were asked to indicate how helpful simulations 1A and 1B were in preparing them for entry into maternal-infant clinical rotations. The specific simulation portions were: assessment of FHT’s, application of fetal monitor on client, assessment of uterine activity, assessment of labor pain, assessment of cervix, communication with client, communication with the primary care provider, assessment of the postpartum client, assessment of postpartum fundus, and insertion of indwelling urinary catheter. They also were asked to share any additional information/feedback.

Results: The mean age of contributors was 24.26 (minimum 21 and maximum 44) and %90.5 were female. Some level of anxiety and discomfort before the initial clinical rotation was reported by 66% and 41% respectively. The most common reasons anxiety and discomfort were “having no or very little experience and knowledge regarding pregnancy and labor” and “wasn’t sure what to expect.” In the traditional group where clinical rotations began in the acute care setting, students perceived their readiness for the first day of clinical as follows: assessment of FHT 48%, uterine activity 33%, labor pain assessment 31%, cervical assessment 25%, postpartum assessment 56%, post-partum fundus 50%, and insertion of urinary catheter 14%. The rates were also low for readiness for communication skills with the client (60%) and health care provider (43%). In contrast, students in the new interventional group found simulation in assessment of FHT, 80%, uterine activity, 83%, labor pain assessment, 69%, cervical assessment, 73%, postpartum assessment, 86%, post-partum fundus, 80%, and insertion of urinary catheter, 84%, as helpful to very helpful in preparing them for clinical. However,
the impact of the simulation on communication skills with the client and health care provider were the same (53%) and not as strong as the other variables. Overall, 75% found the new interventional model helpful to very helpful in reducing their anxiety and 76% found it helpful in reducing their discomfort.

**Conclusion:** Simulation can be considered a viable alternative for preparing students for maternal-infant clinicals; however, more innovative models should be designed to improve nursing students’ communication skills.

**References**

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Purpose
The purpose of this presentation is to discuss processes behind creating a simulation-supported capstone experience, student learning outcomes, and lessons learned over the course of the semester leading up to the event. This blended platform strategy for an interprofessional primary care course included nursing, medicine, nutrition, and social work students.

Target Audience
The target audience of this presentation is nurse educators of all levels, in both academic and clinical settings. Although the presentation is simulation based at the academic level of instruction, approaches to interprofessional learning can be applied whether traditional strategies or simulation-supported methodologies are utilized.

Abstract
Purpose: Although advances have been made the U.S. healthcare system continues to rely heavily on the silo model of education and practice. Students learn about their profession and practitioners provide care at their level of training, but often for only one disease and without the knowledge or understanding of the complementary roles of other healthcare professions in patient care. Therefore, patients with multiple chronic conditions receive fragmented care affecting cost, safety, effectiveness, quality of life, and mortality. Practitioners must be trained to collaborate in interprofessional (IP) teams. This cannot happen without each person becoming aware of the roles and responsibilities of others. Well-integrated IP teams increase patients’ physical functioning, well-being, perceptions of control, self-efficacy, quality of life, satisfaction with services, and reduce healthcare costs. The purpose of the course and learning outcomes evaluation was to assess self-reported perceptions of effectiveness of the simulation in meeting course objectives, including synthesis of IP collaborative practice concepts.

A team-based approach to learning stresses shared leadership, fostering growth in the skills needed to be effective drivers of healthcare change. Most IP course and capstone simulations are face-to-face, with a focus on acute care and critical decision-making. The innovation of this course and capstone event was the ability for virtual attendance by distance students during a technology-supported simulation learning experience; thus providing early IP education to crystalize application of didactic content from the online portion of this blended platform approach. The skill set acquired from the course included competencies established by the Interprofessional Education Collaborative (IPEC) and TeamSTEPPS® for primary care.

Critical steps for the success of technology-supported teleconferencing include early communication, advanced planning and practice, and access to proper equipment. Technology support was essential to connect virtual students during simulation and debriefing, and to stream debriefing to overflow rooms.

Methods: This semester long IP course included nursing, medicine, nutrition, and social work students. It combined online didactic material, unfolding case studies, and culminated with a technology-supported simulated capstone experience utilizing standardized patients. The format ensured inclusion of communication, values and ethic, roles and responsibilities, teamwork, and embedded four TeamSTEPPS® skills of (leadership, situation monitoring, mutual support, and communication).

Students used a mobile app to connect to telehealth carts with built-in teleconferencing devices. Test calls were completed in advance to troubleshoot connection issues, ensure call reliability, and assess audio/video quality. Several sessions were needed to establish connections, confirming the importance of advanced planning. Even after a mock session there were unexpected complications.
To stream the debriefing session into another room, a room with a built-in teleconferencing system served as the base-room. Multiple cameras and microphones covered the room and a telehealth cart connected the audio/visual system to the destination room.

**Results:** Thirty students attended the event, and eighteen students responded to the non-required survey. The majority of students reported a positive simulation experience and learning expectations were met (88.9%). Students reported that the technology-supported simulation was effective in meeting course objectives, including synthesis of IP collaborative practice concepts (66.7%), enhanced knowledge of professional roles (66.7%), and a better understanding of how working within an IP team improves rural healthcare (66.7%). Specific to IPEC objectives, they reported the event was effective in meeting objectives related to core competencies (88.9%), collaboration (83.3%), professional roles (72.2%), and teamwork (83.3%).

**Conclusion:** There were many lessons learned from this experience. Unexpected problems that could have been avoided included (1) a remote student connected into the simulation session mid-stream causing some disruption, but this is like real life behavior; (2) students in the second session may have had an advantage because they have time to get to know each other and to plan roles before starting the simulation session, while students in the first session were immediately ushered into the simulation without the orientation time; (3) use of standard release form was not sufficient;

Revisions to the course and the simulation experience should include: (1) stream simulation into additional rooms to be viewed by other students and faculty, (2) students should have the opportunity to watch all recorded sessions at a later time; (3) revise student release forms to allow use of photos/videos in portfolio.

**References**

**Contact**
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Purpose
The purpose of this presentation is to present the results from Phase I implementation of simulation-based communication exercises with multi-disciplinary health care students.

Target Audience
The target audiences of this presentation are educators and administrators.

Abstract
Staff communication was the primary cause of 65% of hospital sentinel events between 1995 and 2004” (Zhang, Thompson, & Miller, 2011). Effective interprofessional communication has shown to be a paramount factor not only in improving overall patient outcomes, but to directly impact employee satisfaction and retention in the healthcare setting positively. An interprofessional project was developed in an attempt to improve overall communication between pre-licensure healthcare students from different disciplines. Participants include 3rd and 4th year medical students, Physician Assistant students, and Second Degree Bachelor of Science in Nursing students. Students complete clinical scenarios; trauma, operating room, pre-operative and post-operative, requiring clinical skills, problem solving, and clear communication between team members. Utilizing the Louise and Clay Wood Simulation Center, scenarios are recorded and analyzed by programmatic faculty proctors. Practice time for procedures is allowed and scenarios are scored to improve assessment of results. Debriefing provides circular feedback to student colleagues.

During Phase 1 of the project, quantitative data was collected through use of pre- and post-surveys. The survey asked 8 questions assessing the student’s comfort level when working with interprofessional team members and were based on the TEAMSTEPPS model (American Institutes for Research, 2010). Debriefing followed the Plus-Minus-Delta format, allowing students to self-assess strengths, weakness, and identify means of improvement. The post-survey added three qualitative questions regarding satisfaction level, benefits of the exercise, and willingness to participate in future exercises. Substantial growth in perceived efficacy was demonstrated in each group of participants and all participants were willing to participate in additional exercises. Students reported the benefits learning from their mistakes, increased valuing of their role in the healthcare team, and a better understanding of the roles of other disciplines.

The interprofessional project indicated formalized communication training utilizing simulation scenarios can and will enhance teamwork and improve clinical outcomes amongst patients. Future plans are being made to gather post-graduation data by surveying not only post-licensure participants, but their supervisors as well, regarding their interprofessional communication skills compared to other recent graduates. The development of an interprofessional curriculum is the final goal of this project to be piloted on the Permian Basin Campus in Odessa, Texas with the aim to integrate formal interprofessional education into the Texas Tech University Health Sciences Center system.

References


References


Contact
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J 15 - Enhancing Learning through Simulation
Challenges Associated with Bringing High Fidelity Simulation to Rural Campuses

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Purpose
The purpose of this presentation is to discuss the challenges faced with integrating a state of the art simulation lab into a rural, distance based nursing program.

Target Audience
The target audience of this presentation is nursing faculty members and academic administrators.

Abstract
Due to advances in nursing education, and in response to the increasing complexity of patient care today, high fidelity simulation has been incorporated into nursing curricula. Today, nursing schools are challenged by shortages of faculty, clinical sites, and capital. These are more evident in rural areas. Simulation is a learning environment that contributes to the students’ ability to gain knowledge, attain skills, ensure patient safety, and build confidence. Simulation allows for specific learning experiences that correlate with content to enhance the overall learning environment of the student. Simulated experiences are more critical than ever due to the limited availability of clinical sites, especially in a rural setting, shorter hospital stays, and decreased availability of patient selection in the clinical site (Powell, 2013). It is also an effective educational strategy for low volume/high risk patient care scenarios, which are more prevalent in rural areas, where there is increased risk of harm to the patient. However, simulation education requires substantial capital and ongoing investment.

Implementing simulation on a distance based rural campus posed many of the challenges previously mentioned, but also had limited resources. Additional barriers faced by this rural campus included: finding appropriate sized space, renovation costs, time to renovate, cost of simulators and technology associated with their use, and sheer scope of the project with the fewest resources. A strategic plan was developed to overcome the challenges. Detailed strategies were implemented with administrative support and a development team.

Transformational leaders and the simulation team developed a strategic plan and timeline for soliciting funding and implementing a simulation lab on the rural campus. To date, over half a million in grant funding has been awarded for the simulation lab and plans are in motion for its construction.

References

Contact
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J 16 - Medical and Behavioral Concerns Affecting the Family
Promoting Resilience in Families of Children with Autism and Insomnia through Social Support

Cristine A. Roberts, PhD, RN, USA

Purpose
The purpose of this presentation is deliver results of an exploratory mixed method study on families whose children have autism and sleep problems and how their coping-coherence, social support, and ability to minimize strain can lead to resilience. Advocating for access to community services including sleep therapies promotes family health.

Target Audience
The target audience of this presentation is nurses who provide care to families. Nurse researchers will learn about designing and analyzing data for a mixed method study using both surveys and interviews. Audience members will learn about effects of autism and sleep issues and how families can learn to reframe.

Abstract
Purpose: Children with autism spectrum disorder (ASD) often have co-occurring health conditions including sleep disorders. Sleep problems in children can have a profound effect on the entire family. While most of the current research on ASD has focused on the children’s issues, it is equally critical to understand the families' issues of adapting and dealing with stress induced by the sleep problems. Very little is currently known on how resilience is achieved and maintained among families. The Resiliency Model of Family Stress, Adjustment, and Adaptation provides the conceptual model for this study. Resilience is defined as “the ability to withstand and rebound from life challenges”. The model provides a framework to evaluate how families respond to the specific stresses of parenting.

Sleep issues affect up to 86% of children with ASD as confirmed by parental reports and polysomnography studies. A high prevalence of insomnia, including both sleep delay and sleep latency (duration) are common. Strong correlations have been shown between challenging behaviors of ASD and sleep problems. Sleep impairment is related to greater repetitive behaviors, hyperactivity, and mood disorders. Strict adherence to routine which can be a characteristic of autism often leads to difficulty with settling into sleep at night. Sleep problems in children with ASD do not seem to disappear over time without interventions. Sleep strategies such as sleep hygiene and behavioral therapies are helpful.

Children’s sleep problems are highly related to parental sleep disturbances. Poorer parental sleep was found to be related to higher fatigue levels, higher anxiety and depression, and lower levels of activity in parents. Parental reports demonstrated that the impact of sleep problems on family life between parents of children with ASD or (typically developing) TD children differed; the effect of sleep disturbances was much greater when the child had ASD. Sleep deprivation has many deliterious effects including decreased energy conservation, cognitive functioning, and ability to regulate emotions, especially mood.

Research Questions. Quantitative: How does family resilience differ between families of children with ASD who have and do not have sleep problems? Which independent variables among sleep problems, family resilience sub-indices, and family demographic data show the best prediction for positive adaptation? Qualitative: How are adaptation and resilience processes ameliorated by improvement of child’s sleep? Mixed: How do narrative findings of parents of children with co-occurring ASD and sleep problems support, expand, or conflict with the results of the regression analysis findings?

Methods: An explanatory sequential mixed methods design involved collecting quantitative data first and then explained those results with in-depth qualitative data. Survey data was used to analyze the variables of sleep problems and demographic data with family resilience. Subsequent to the collection of survey data, family resilience was explored using interviews with families. Families whose children had sleep problems were invited to participate in interviews. Mixed design data was connected to analyze, compare, and contrast findings in order to establish relationships.
After institutional board review was approved at two Midwestern pediatric hospitals and clinics, participating families were solicited via mailed letters. The letters contained information about the study including purpose, incentives, and confidentiality.

Three questionnaires were used: a demographic survey, the Family Index of Regenerativity and Adaptation-General (FIRA-G), and the Children’s Sleep Habits Questionnaire (CSHQ). Parents completed information regarding child’s gender, age, race/ethnicity, age of diagnosis, specific autism diagnosis, co-occurring diagnoses, food allergies, gastrointestinal problems, age of sleep problem onset, medications, therapies, and a listing of those living in the home with ages, and who serves as the primary caregiver. The FIRA-G includes seven sub-indices. Family stressors include items regarding significant family changes in the previous year. Family strains include items regarding family problems conflicts, financial difficulties. Relative and friend support include items seeking support and advice from friends and relatives. Social support includes items regarding interactions among family members and community help. Family coping-coherence includes items regarding spirituality and acceptance. Family hardiness includes items regarding problem-solving, family activities, locus of control. Family distress includes items regarding serious psychological problems such as substance abuse, divorce, violence. The subscales of the CSHQ are: bedtime issues, sleep behaviors including amount of sleep (including parasomnias), night awakenings, morning waking, and daytime sleepiness.

During interviews, family members were asked to describe the child’s behaviors, family functioning, and any current sleep strategies. Sequentially, retrospective evidence derived from parental responses to qualitative interviews described how families achieved positive or negative adaptation which led to richer insight into family processes. Convergence of results from these mixed methods substantiates which family adaptive behaviors and interventions best served these families.

**Results:** Seventy-five families returned the questionnaires and of that number 70 were complete and used for the quantitative analysis. Six subsequent interviews were conducted with eight parents. The qualitative data (interview transcripts) were analyzed with thematic content analysis as well as analysis of the verbal responses related to specific items on the CSHQ. The survey data was analyzed through descriptive, correlation, analysis of variance, and regression statistics.

Families of children who had sleep problems as measured by the CSHQ did show higher levels of negative resilience sub-indices as measured by the FIRA-G than families of children who did not have sleep problems. The child’s age was not significantly related to any sleep or resilience scores; time since the ASD diagnosis was not significantly related to resilience scores. Families with financial problems had significantly lower coping-coherence scores when compared to families who did not have financial problems. Relative and friend support was significantly correlated with social support. Social support was significantly correlated with hardiness.

Families of children who had sleep problems had lower overall resilience, specifically on measures of strains and distress. Predictors of hardiness, the dependent variable; were coping-coherence, social support, and strains. Social support contributed the most to the regression model with the largest beta estimate. Families were asked about community involvement and family sacrifices through the social support FIRG-A sub-inventories. Coping-coherence items include concepts related to acceptance, positive reframing, and faith. Potential strains that could decrease resilience were measured by items such as conflicts at home, difficulties at work, and finances.

Themes from interviews substantiated these predictors. Several parents stated that they “wouldn’t change a thing, we love our child as he/she is” or “you accept what you are dealt” or “focus on the positives”, although all parents would appreciate improved sleep for their child and themselves. Parents told stories of the impact that poor sleep had on their families. They also revealed issues with obtaining necessary services for their child and adaptations their families needed to make. Most of the participants talked about how family dynamics, including the ability to rebound, improved over time.

**Conclusion:** The goal of discovering patterns of functioning in families that lead to resilience when their child has ASD and sleep problems was realized. Higher hardiness scores indicate that families felt an increased inner-familial strength and consequently a higher sense of control in their lives. Hardiness refers to an active orientation to stressors and is revealed when families call upon their internal vitality.

Social support services for families need to provide assessments of family functioning, access to community services, and counseling including sleep hygiene strategies. Ultimately, assisting families resolve sleep issues will help children with ASD integrate better into their community and social settings by ameliorating behaviors
that may be exacerbated by sleep disruptions. An important benefit would be realized by parents and family members who deal with interrupted sleep. Variables intrinsic to McCubbin & McCubbin’s Family Resiliency model such as family’s appraisals and capabilities, resources, and social supports will guide future research and intervention studies.

References

Contact
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Purpose
The purpose of this presentation is to report findings from a focused ethnographic study about forgiveness promotion in schools within a Midwestern Old Order Amish community; secondarily, these findings will be compared to reported outcomes of non-Amish school-based forgiveness programs.

Target Audience
The target audience of this presentation includes nurses working in the fields of school nursing, faith/parish nursing, community/public health nursing, and psychosocial nursing. Nurses interested in holistic care, and psychologists interested in forgiveness and holistic care would also be a target audience.

Abstract
Purpose: The purpose of this presentation is to report findings from a focused ethnographic study about forgiveness promotion in schools within a Midwestern Old Order Amish community; secondarily, these findings will be compared to reported non-Amish school-based forgiveness programs. With this information, recommendations for future nursing practice and research can be made. With increased school shootings, bullying, and mental health issues in schools in recent decades, interventions focused on building healthy relationships and preventing violence is needed. Children who work through forgiveness training, psychotherapy, and/or school programs have decreased anger, improved well-being, increased forgiveness, and increased academic success. Forgiveness also provides the opportunity for building trusting relationships between individuals and groups, forming stronger communities. Channels in which forgiveness is taught in communities outside of church services or psychotherapy are not well understood or tested. Additionally, there is a paucity of nursing research focused on the development, implementation, or outcomes of forgiveness programs for children. There is an opportunity to look to Old Order Amish communities for strategies to instill forgiveness in children to receive individual and community benefits. Forgiveness is an essential pillar to Old Order Amish spirituality. The nation observed how the Amish readily forgave after a school shooting in 2006 killed five Amish children and injured five more. With a deeper look into the intentional introduction of forgiveness to children in the Amish community, it can be better understood how forgiveness can permeate a community to be readily used by its members.

Methods: This analysis was derived from a larger study of how forgiveness is taught within the Amish community. Chain referral sampling of Amish bishops, teachers, families, and community members was used to illustrate the various roles and perspectives that people take to teach children about forgiveness. Data sources included formal and informal interviews, participant observation in schools, homes, and community, and Amish publications used within school or home settings for children. The primary investigator and author with two research assistants used inductive qualitative analysis first through coding and then developing overarching themes to describe how the Amish teach forgiveness to children through school.

Results: The results show that the Amish have a unique model of approaching forgiveness in a proactive manner, teaching children the values underlying forgiveness before they experience any transgression. Amish schools are an extension of the values within the community, and the values emphasized include thinking of others before self, humility, and discipline. Their approach to forgiveness is through the Christian lens of the Amish belief system but works effectively to develop children with a readiness to forgive. Schools include exercises that teach children about forgiveness and develop the skills of forgiveness through storybooks, wall hangings, written lessons, and practicing apologies and forgiveness in front of the classroom. Robert Enright and colleagues developed and tested school-based forgiveness programs in Ireland and the United States. After being exposed to curriculums related to forgiveness, children who experienced previous transgressions demonstrated not only improved forgiveness, but also decreased anger and depression.

Conclusion: The Amish community provides a model that deepens an understanding of techniques or approaches used to develop values and practices related to forgiveness; these techniques and approaches can build upon already-existing non-Amish forgiveness programs to reach an audience of children who may or may not have already experienced transgressions. Nurses are in a position within the schools to be able to implement health promotion interventions that aim to reduce violence, improve mental health, and improve academic success. In collaboration with social work and psychology disciplines, nursing can contribute to the
forgiveness science with rigorous experiments and theory development to test the effectiveness of school based forgiveness programs. These findings can help to produce effective school based forgiveness programs that train children prior to transgressions, prevent violence and revenge, and improve well-being.

References

Contact
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Purpose
The purpose of this presentation is to present an Interprofessional practice model to educate rural healthcare teams and apply Interprofessional practice to substance use/misuse screening through the use of online technology.

Target Audience
The target audience of this presentation is nurses providing care in alcohol screening.

Abstract
Purpose: Over 23 million individuals in the U.S. are identified as need treatment for alcohol and/or other drug problems, however only 1 in 5 receive treatment. Further, lack of specialist and lack of access to services in rural areas makes Interprofessional Collaborative Practice (IPCP) imperative for the most effective patient care. Social attitudes and stigma associated with the use of alcohol, tobacco and illicit drugs make substance abuse one of the most complex public health issues (Healthy People 2020). Health professionals must be skilled to identify, assess, and intervene to reduce the risks/effects of substance use. Implementing new models of interprofessional practice requires innovation, relationship building, networking, and patience.

The purpose of this presentation is to present an interprofessional practice model to educate rural healthcare teams and apply interprofessional practice to substance use/misuse screening through the use of online technology. This presentation describes an online technology to deliver health care in rural areas. Rural areas of the U.S. northeast report a higher prevalence of alcohol use compared to urban centers of the region (Eberhardt et al., 2001). Further, the consequences of drug use in rural communities may be greater in rural areas because of limited access to substance use treatment (Dempsey, Bird, & Hartley, 1999). Healthcare teams in rural counties learned and used the universal prevention alcohol and drug use model of Screening, Brief Intervention, and Referral to Treatment (SBIRT) to promote clinical outcomes.

Methods: The intervention includes eight online hours of 1) modules on substance use, 2) interactive case studies designed to include IPCP content, and 3) interprofessional dialogues with site cases. Free continuing education units are provided. Survey data are collected at five time points. Questionnaires included the Alcohol and Alcohol Problems Perception Questionnaire (AAPPQ), Drug and Drug Problems Perception Questionnaire (DDPPQ), and the Interdisciplinary Education Perception Scale (IEPS).

Results: Participants were primarily white females from rural regions of Pennsylvania. The majority of participants worked in hospitals (30%), addiction treatment facilities (12%), and community health centers (10%). One third of the participants were nurses, and the remaining participants identified as mental health workers, public health workers, and students. For the AAPPQ, significant increases were noted for Role Adequacy and Role Legitimacy subscales (p<0.05). For the DDPPQ, significant increases were noted for Role Adequacy. On the IEPS, no significant increases were noted after training; however, the Autonomy and Actual Cooperation scales increased significantly after the interprofessional dialogue (p<0.05).

Conclusion: Substance use is a worldwide public-health priority. Annually, 2.5 million people die from the harmful use of alcohol with resulting accidents, violent behavior, and other societal costs. By engaging with the model, practitioners are better able to provide team-based care for substance use. The IP Dialogues were associated with increased positive attitudes toward interprofessional principles. Linking health professionals in
online technology to enhance positive health outcomes is imperative and facilitates connections between fragmented healthcare sectors. Through technology, nurses better understand their role in substance use and risk reduction.

References

Contact
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Purpose
The purpose of this presentation is to describe static plantar pressure patterns in Apert syndrome patients.

Target Audience
The target audience of this presentation is health care professionals who care for patients with Apert syndrome.

Abstract
Purpose: To describe plantar pressure patterns in Apert syndrome patients.

Methods: The plantar pressure patterns of the feet of thirty-five patients, aged 4-38 yrs (19 female, 16 male) were measured during barefoot standing, using a HR Mat™ System, a high-resolution pressure distribution measurement platform (TekScan, Boston, MA).

Results: The average percentage of total body weight on the left foot vs. right foot was 47.74 and 52.45 respectively with average difference of 13.89% between feet. 11 of 35 patients (31.43%) had a large asymmetry (≥20%) in foot contact between the left and right feet. Pressure distribution differences between the ball and the heel were noted in 23 of 35 right feet (65.71%) and 24 of 35 left feet (68.57%). Most patients had higher pressure (weight-bearing) at the heels (82.86% left heels vs. 77.14% right heels). Twenty-four of the 35 patients (69%) exhibit a complete lack of lateral arch support in the standing position.

Conclusion: This groundbreaking study shows that most patients present with asymmetrical pressure distribution between their feet, and a lack of support along the lateral arch. The findings indicate the importance for nurses working with this population to be aware that patients with Apert syndrome may be at high risk for falls. Efforts should be carried out to prevent falls, improve quality of care and promote a safe environment for patients with Apert syndrome.

References

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K 16 - HIV/AIDS Risk Reduction and Prevention

SEPA III: An HIV Prevention Intervention to Reduce HIV Risk Among Hispanic Women

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Brian E. McCabe, PhD, USA
Rosina Cianelli, PhD, MPH, RN, FAAN, USA

Purpose

Target Audience

Abstract

Purpose: The adoption of HIV prevention behaviors involves a complex process for Hispanic women. Culturally-specific HIV prevention programs are needed to address the unique context of these women. Few culturally-tailored interventions for Hispanic women have been tested in community settings. This presentation will describe the design of a randomized controlled trial to analyze HIV prevention related outcomes of Hispanic women in SEPA, an evidence-based HIV risk reduction intervention delivered in a real world setting by community agency personnel, and characteristics of women enrolled in the study.

Methods: Baseline data collected to test the effectiveness of the randomized clinical trial SEPA (Salud/Health, Educación/Education, Promoción/Promotion, y/and Autocuidado/self-care). A total of 320 Hispanic women between 18 and 50 years old were enrolled in this study. Participants were recruited through outreach at the Florida Department of Health in Miami Dade County and at public places where Hispanic women go frequently (e.g., churches, supermarkets, community organizations). Assessors were female bilingual interviewers using a structured questionnaire that contained questions about HIV related factors. Assessments are completed at baseline (pre-randomization), and 6-months and 12-months post-baseline. Assessments were collected with a web-based research management software system (e-Velos). Hispanic women were randomized to 2 intervention conditions, SEPA and a delayed-intervention control group. The SEPA intervention is an HIV prevention program with 3 sessions. Group sessions were facilitated by agency personnel trained by study personnel, and on-going supervision was provided by the study personnel.

Results: On average, participants were 35 years old (SD = 9.15), had 13 years of education (SD = 3.46). The majority (71%) were employed, and average monthly income was $1674 (SD = 1007). Women had been living in the U.S. for a mean of 8.34 years (SD = 8.28), and had high Hispanicism (M = 3.50, SD = 0.37), and low Americanism (M = 2.01, SD = 0.77). About two-thirds (68%) were living with a romantic partner, and over a third (37%) were married, with 15% single, 6% separated, and 4% divorced. Women reported few sexual partners in their lifetime (M = 6.48, SD = 19.15); and were mostly monogamous: (96%) had one main partner in the past 6 months, but only 11% had multiple partners in that time; 91% had one main partners in the previous 30 days, but only 6% had multiple partners in that time. Few (18%) women said they always used condoms during vaginal sex with their main partner over a 6-month periods. Of the women who had sex with other men in the last 6 months, only 13% reported always using condoms in the previous 6 months. In the 30 days before enrollment women said they used condoms 33% of the times they had vaginal sex with their main partner, and women who had sex with other man use condoms 51% of the time during vaginal sex. About 44% reported some physical violence (on the Conflict Tactics Scale), but only 4% were positive on the HITS violence screening tool.

Conclusion: Baseline data showed that Hispanic women who enrolled in SEPA III are at risk of acquiring HIV. SEPA intervention may benefit these women through the reduction of HIV risk behaviors. This study is designed to test whether SEPA reduces HIV/STI risk behaviors and incidence of HIV/STI when delivered in a real world setting. If SEPA intervention proves to be effective, it will suggest that SEPA can be easily implemented in various settings to reach Hispanic women, and that SEPA could reach large numbers of women in an efficient cost-effective way.

References

Contact
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K 16 - HIV/AIDS Risk Reduction and Prevention

HIV Risk, Mental Health, Substance Use, and Violence: A Syndemic Factor among Hispanic Men Who Have Sex with Men

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Purpose

To inform nurses and other healthcare providers about co-occurring health conditions, termed syndemics, that are experienced by Hispanic men who have sex with men (MSM).

Target Audience

Nurses and other healthcare providers who are interested in health disparities among Hispanic MSM.

Abstract

Background: Hispanic men who have sex with men (MSM) experience high rates of HIV infection and sexually transmitted infections (STIs) (Centers for Disease Control and Prevention, 2014), mental health issues, substance abuse (De Santis, Layerla, Barroso, Gattamorta, Sanchez & Prado, 2012), and childhood and adult intimate partner violence (Feldman, Diaz, Ream & El-Bassel, 2007). In addition, some researchers that have studied Hispanic populations (e.g., Gonzalez-Guarda, McCabe, Florom-Smith, Cianelli & Peragallo, 2011) have suggested that social factors such as socioeconomic disadvantage contributes to this intersecting cluster of illnesses that is termed the syndemic factor (Singer, 1996). Although this syndemic orientation has been well-described among the general population of MSM (Starks, Millar, Eggleston & Parsons, 2014), little is known about syndemics among Hispanic MSM.

Purpose: The purpose of this study was two-fold: 1) to determine if HIV risk, mental health, substance use, and violence comprise a syndemic model among Hispanic MSM, and 2) to determine if this syndemic model is related to socioeconomic factors.

Methods: Data for this study was obtained from a larger mixed method study that investigated high risk sex, mental health, substance use and violence among Hispanic MSM residing in South Florida (n = 125). Participants were recruited from agencies that provided services to Hispanic MSM. Participants completed a structured interview that included instruments that measured sexual risk, mental health, substance use, and childhood/adult violence. Structural equation modeling (SEM) will be used to test the syndemic factor model and the relationship of this model to social factors such as socioeconomic status, years living in the U.S., acculturation, etc.

Results: The participants ranged in age from 21-65 years (M = 43.02, SD = 10.34). The majority of the participants were born in Cuba (n = 66; 54.5%) and had lived in the U.S. for an average of 20.27 years (SD = 12.43, range = 0-62), and had an average of 14.37 years of education (SD = 3.19, range = 6-24). The majority of the participants (n = 77; 61.6%) completed the interview in Spanish and were not acculturated to mainstream U.S. culture. About one-third of the participants (33.6%; n = 42) reported incomes less than $1,000/month. Preliminary analysis indicates that a number of the participants engaged in high risk sex, were depressed, used substances such as cigarettes and alcohol, and had experienced childhood/adult violence. At the time of submission, SEM analysis has not been completed.

Conclusion: HIV risk, mental health, substance use, and violence comprise a syndemic for Hispanic MSM. Nurses and other healthcare providers interested in addressing health disparities among Hispanic MSM need awareness of this co-existing conditions. More research is needed to develop public health programs and interventions targeting these multiple health disparities among Hispanic MSM.

References


Contact
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K 16 - HIV/AIDS Risk Reduction and Prevention
High Blood Pressure and Multiple Risk Behaviors among Individuals at High Risk of HIV/STIs

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Purpose
The purpose of the study was two-fold: (1) to describe BP among individuals at high risk of HIV/STIs; and (2) to examine the relationships of substance use, psychological, CVD risk factors (e.g., diabetes, body mass index [BMI]), and BP.

Target Audience
The target audience of this presentation are clinicians and researchers whose primary interest is promoting healthy lifestyle behaviors, cardiovascular health, and health disparities.

Abstract

Purpose: Cardiovascular disease (CVD) is the number one cause of death in the United States and worldwide. Hypertension, along with tobacco use, obesity, and other lifestyle behaviors, is one of the major risk factors for CVD. Despite significant efforts in the treatment of hypertension, severe complications of hypertension—ischemic heart disease, heart failure, and end stage renal disease—continue to increase, particularly among certain ethnic minorities and disadvantaged populations.

Numerous studies have shown that individuals at high risk of human immunodeficiency virus/sexually transmitted infections (HIV/STIs) often have problems in substance use and risky sexual behaviors, and suffer from psychological distress such as symptoms of depression. Depression is associated with risky sexual behaviors, smoking, alcohol abuse and unhealthy eating behaviors, which may influence the risk of CVD. The health problems that individuals at high risk of HIV/STIs have are compounded by limited access to health care as a result of high levels of unemployment and low socioeconomic and educational levels. Nevertheless, little attention has been paid to CVD in one of the most disadvantaged populations, individuals with high risk of HIV/STIs. Limited data available on effects of substance use, psychological, or other CVD risk factors on blood pressure (BP) among individuals with high risk of HIV/STIs. Therefore, the purpose of the study was two-fold: (1) to describe BP among individuals at high risk of HIV/STIs; and (2) to examine the relationships of substance use, psychological, CVD risk factors (e.g., diabetes, body mass index [BMI]), and BP.

Methods: This current study is a sub-study of a larger randomized clinical trial: CHAT = Choose the right time, Hear what the person is saying, Ask questions, and Talk with respect—the four communication tools provided in the intervention. CHAT is a social network-based HIV/STI prevention study conducted in Baltimore, Maryland, U.S.A. (Clinical Trial #NCT00183456). The CHAT intervention was provided by peer mentors and consisted of 5 group-based sessions and one individual session. Peer mentors talked to their social network members about HIV and STI risk reduction, which was hypothesized to lead to safer behaviors among network members and peer mentors. There was no intervention regarding CVD risk reduction such as BP control, physical activity, or healthy eating. Participants were randomized into a standard of care comparison condition or the peer mentor condition. All participants participated in the baseline and 6, 12, and 18 months follow-up assessment. Eligibility criteria for primary participants included the following: (1) women 18–55 years of age, (2) had sex with a man in the past 6 months, (3) had not injected drugs in the past 6 months and had one of the following risk behaviors: (a) more than 1 sex partner in the past 6 months, (b) had a partner who engages in risky behaviors such as injecting in the past 90 days, (c) smoked crack in past the 90 days, (d) is a man who had sex with other men, (e) had sex with a prostitute, or (f) snorted/sniffed or smoked heroin or cocaine. The primary participants were also asked to invite their network members such as friends or partners to enroll in the study. The eligibility criteria for the network members were as follows: (1) men or women 18 years of age or older and one of the following: (a) injected drugs in the past 6 months; (b) had sex with a primary participant in the past 90 days; (c) felt comfortable talking to network members about HIV and STI and (3) interacted with network members at least a few times a month. We focused on findings from the 18 month follow up where BP data were collected. After five minutes rest, BP was measured by an automated cuff twice, with 1 minute between readings. The average of the two readings were recorded. Other assessments included sociodemographic characteristics, insurance status, medical history, depression and CVD variables (i.e., diabetes, dyslipidemia, BMI), and drug
and alcohol consumption behaviors by participants’ self-report. The Center for Epidemiologic Studies Depression Scale (CES-D) was used to examine depression.

Descriptive statistics were used to examine the distribution of the variables and to summarize sample characteristics. We conducted Pearson’s correlation coefficients (r) and Spearman’s correlation (ρ) to examine the correlation between average systolic/diastolic BP (SBP/DBP) (continuous variables) and other variables.

General Estimating Equations (GEE) modeling was used to examine the relationship among BP, sociodemographics, CVD risk factors, depression, and other risk behaviors (cigarette smoking, alcohol and drug use), because some of the risk behaviors among the primary and network member participants may have been shared behaviors, not have been independent observations required for conventional logistic regressions. The outcome variables, SBP and DBP were dichotomized to normal or prehypertension to stage 2 hypertension.

Results: A total of 672 primary and network members participated in the study. The majority of participants were women (75.3%), single (91.4%), unemployed (71%) and African American (96.9%), with a mean age of 44 years (SD: ± 8.56). More than half of the participants had health insurance (65.6%). Most of the participants were smokers (80.2 %) and reported that their general health was fair to excellent (93.8%) and no use of injected drug during the past 6 month (92.9%). Thirty-one percent of participants were previously diagnosed with hypertension. Approximately 60% of the participants whose BP was measured at least twice had prehypertension to stage 2 hypertension (by SBP: normal- 39.4 %; prehypertension- 32.6%; stage 1-15.7%; stage 2-7.9%) (by DBP: normal- 40 %; prehypertension- 24.2%; stage 1-17.5%; stage 2- 18.2%) as defined by the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure criteria. Among those with hypertension diagnosis, only 2.2% reported that they had cut alcohol consumption, 9% reported that they engage in physical activity, 49.9% reported lowering salt intake, 7.3% reported controlling body weight, and 69% reported taking medications to lower their BP. A higher SBP was associated with older age (r=.365, p<.01), a higher number of drinks on a typical day (ρ=.191, p<.01), poorer self-reported general health (ρ=.132, p<.01), and higher frequency of alcohol drinking (ρ=.170, p<.01). Similarly, variables significantly associated with higher DBP were as follows: older age (r=.245, p<.01), higher number of drinks on a typical day (ρ=.184, p<.01), higher frequency of binge drinking (6 or more drinks on one occasion) (ρ=.121, p<.05), higher frequency of alcohol drinking (ρ=.178, p<.01), lower income (ρ=.115, p<.05), HIV positive (ρ=.276, p<.05), poorer self-reported general health (ρ=.134, p<.01), and higher BMI (ρ=.097, p<.05). Clinical depression by CES-D (≥16) was not associated with high BP in our study sample but was significantly correlated with alcohol use, smoking and injected drug use. In the general estimating equation logistic models—adjusting for sociodemographics, CVD variables, and substance use—age (AOR=1.085, 95% CI, 1.051-1.121) and injected drug use (AOR=.255, 95% CI, 1.07-.606) were significant factors of high systolic BP. Age (AOR=1.077, 95% CI, 1.038-1.118), body mass index (AOR=1.085, 95% CI, 1.042-1.130), injected drug use (AOR=.356, 95% CI,.130-.976), and daily consumption of six or more alcoholic drinks (AOR=2.812, 95% CI, 1.005-7.869) were significant factors of high diastolic BP.

Conclusion: This study highlighted several correlates of high BP that are modifiable. Future CVD program should be multi-faceted interventions by addressing mental health, multiple risk behaviors—including moderate alcohol consumption, avoidance of substance use, and weight control—to improve BP among individuals at high HIV/STI. Approaching this population in a more systematic way to develop integrated health care services by addressing multiple risk behaviors as well as multiple barriers to appropriate health care are needed. Future research should continue to target this high-risk group to improve cardiovascular health along with HIV/STI risk reduction. More importantly, health care professionals should understand the multiple risk factors among this population and expand their efforts to eliminate barriers to provide needed health care.

References

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Purpose
The purpose of the presentation to facilitate a better understanding of the consequences of error. The effect errors on healthcare workers will be discussed, and the audience will be invited to explore what are the meaningful supports for people who have been affected by their job.

Target Audience
This presentation will most interest people with an interest in patient safety. These individuals might be hospital administrators, clinician, researchers, and educators.

Abstract
Purpose: Understanding the effects of an unanticipated adverse or near miss patient event has implications for the well-being of healthcare professionals, the retention of staff, and the sustainability of a healthy practice environment. For the purposes of this study an adverse event is an unanticipated patient injury or complication that is a caused by healthcare management rather than the patient’s underlying disease process. Healthcare management includes actions of individual health care providers, as well as broader systems and care processes, and includes both acts of omission (failure to diagnosis or treat) and acts of commission (incorrect diagnosis or treatment, or poor performance). A near miss occurs when a healthcare management error has occurred but the patient does not experience injury or harm.

Several researchers have concluded that the occurrences of adverse events in complex healthcare environments are inevitable (Waterman et. al, 2007; Baker et al., 2004; Sears, Baker, Barnsley, & Short, 2013). When an adverse event occurs it is readily acknowledged that there are consequences for the patient and that the costs of caring for that patient increase because of the adverse event. The costs associated with healthcare professionals’ reactions to adverse events are unknown; but are thought to be significant (Statistics Canada, 2013; Canadian Institute for Health Information, 2001). These reactions may include compassion fatigue (Austin, et al., 2013) and moral distress (Austin, et al., 2009). Healthcare professionals who have experienced traumatization as a result of being involved in an adverse event may have an increased risk for burnout (Chenevert, et al., 2013; Waterman et al., 2007; Wu & Steckelberg, 2012). Healthcare professionals’ have also reported that they experience illness and disability as a result of having inadequate organizational support; which includes working short staffed, lacking equipment, having a lack of leadership, and a lack of a meaningful and cohesive team affect. These experiences weaken their commitment to the organization and they experience diminished professional empowerment (Lashinger, et al., 2012).

The lack of organizational commitment then has the potential to lead to organizational stagnation and potential collapse (Porter-O’Grady & Malloch, 2011). The cost to the healthcare system related to healthcare professionals’ reactions to adverse events is unknown. However, on average, healthcare professionals lose twice as many days to illness and disability than do those in the general working population (Statistics Canada, 2013). Nurses lose more time to illness and disability than workers do in any other profession (Canadian Institute for Health Information, 2001). Determining the reason(s) for these high rates of lost time is complicated. It has been suggested that one of the potential causes for the increased rate of illness and disability is related to psychological reactions to the stress and demands of the workplace.

Research supports the notion that healthcare professionals are affected by their experiences with adverse events. However, there is disagreement on how they are affected. Researchers have also identified that healthcare professionals should be supported after they are involved in an adverse event, but there is disagreement on the most appropriate means of support.

Methods: Using a qualitative descriptive approach individual interviews were used to gather information about the reactions and experiences of healthcare professionals after they are involved in an adverse event. The interviews were recorded and then transcribed. Themes were then identified.

Results: Healthcare professionals experience many reactions to their involvement in adverse events. These reactions include a sense of isolation and frustration. Additionally participants reported a lack of confidence, remorse, and self-doubt after the incident. They also described experiencing a number of physical as well. All of
the participants had suggestions on how the organization could better support health care professionals in the future.

**Conclusion:** There are consequences to being involved in an adverse event whether or not you are a patient or the healthcare professional involved. There are opportunities for organizations to better support the staff, faculty and students involved. These strategies may be one of the means of reducing burnout and moral distress within health professionals.

**References**


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L 13 - Creating a Patient Safety Culture
Patient Safety Culture, Compassion Fatigue, Compassion Satisfaction: Impact on Nurse-Sensitive Patient Outcomes

Debbie Anglade, PhD, RN, USA

Purpose
to impart results of a unique exploration of patient safety culture, compassion fatigue, and compassion satisfaction on nurse-sensitive patient outcomes.

Target Audience
any nurse, whether in the clinical or academic arena, interested in impacting efforts to improve patient safety.

Abstract
Purpose: The Institute of Medicine (IOM) defines patient safety as “freedom from accidental injury and ensuring patient safety involves establishing operational systems and processes that minimize the possibility of errors and maximize the possibility of intercepting them when they occur”. For over a decade healthcare organizations have placed a great deal of effort into establishing operational systems and processes to minimize errors and achieve a culture of safety in their organization. This effort to improve patient safety has been one of the most highly publicized and critical issues facing the healthcare industry. In 1999 the IOM report *To Err Is Human* stated that avoidable medical errors annually contributed to 44,000 to 98,000 deaths in the United States. Current estimates now place the number to between 210,000 and 440,000 patients annually.

Since the IOM report, there has been a diverse level of engagement to improve health care safety. Although improvements have been made, health care safety is still not demonstrably and measurably safer due to the complexity of the healthcare system and the challenge of creating cultures of safety which requires changes in behaviors. Nursing literature shows a plethora of research on the relationship between safety culture and patient outcomes with overall results demonstrating that better safety culture is related to better outcomes. Also, in terms of compassion fatigue much of the nursing research focus has been on the risks, prevalence, and causes; with a focus on burnout and very little research conducted on the outcomes of compassion fatigue on the patients. To date, the interrelated relationship between nursing units’ safety culture and compassion fatigue constructs have not been examined in relations to patient outcomes.

The study aims were: To examine the relationships between: a) inpatient nursing units’ patient safety culture, b) nurse compassion fatigue, c) nurse compassion satisfaction, and d) the impact on nurse-sensitive patient outcomes. Bronfenbrenner’s bioecological model guided this study.

Methods: This was a quantitative descriptive correlational design, which used primary and secondary data. Primary data on patient safety culture, compassion fatigue, and compassion satisfaction were collected through a convenience sampling of registered nurses (N = 127), employed on inpatient units of a teaching hospital in South Florida, who responded to a self-administered anonymous Qualtrics electronic survey delivered by email. Secondary administrative 2013 NDNQI data was provided by the hospital for unit nurse-sensitive patient outcomes. The dependent variables to address the research questions were unit rates for falls, falls with injury, hospital acquired decubitus ulcers, catheter associated urinary tract infections, and central line associated blood stream infections. As a result, statistical models were generated for each of the five dependent variables. The independent variables were the units’ patient safety culture as measured by overall patient safety perception and patient safety grade, compassion fatigue, and compassion satisfaction. Pearson’s correlations, three-way ANOVA, and multiple regression statistical analyses were used to analyze the data.

Results: Of the total participants, the two components of compassion fatigue, burnout (BO) and secondary traumatic stress (STS), were present, with 29.1% of the nurses were at risk for BO, and 19.7% of the nurses were at risk for STS. Significant correlations were found between patient safety culture, compassion fatigue, and compassion satisfaction. Initial overall regression models did not predict nurse-sensitive patient outcomes. However, inclusion of demographic variables, covariates, and additional patient safety culture variables did explain variances in the sample. The study significant findings seem to cluster around unit type, nurse characteristics, and elements of patient safety culture.
Conclusion: This study was a unique exploration of patient safety culture, compassion fatigue, and compassion satisfaction on nurse-sensitive patient outcomes. The study results demonstrates the need for further nursing research to better understand patient safety culture, compassion fatigue, and compassion satisfaction which would lead to development of effective strategies to improve patient safety outcomes.

References

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L 15 - Working and Caring for Young People Living with HIV/AIDS

Spirituality: A Cultural Strength for Young People Living with HIV

Sharon T. Smith, MSN, RN, FNP-BC, USA

Purpose
The purpose of this presentation is to increase nurses knowledge of the impact spirituality may or may not have on HIV positive young adults.

Target Audience
The target audience of this presentation is clinicians and advanced practice nurses.

Abstract

Purpose: The empirical evidence of the relationship between religion and spiritual beliefs on health outcomes, including adjustment to chronic illness, continues to grow. While spirituality is considered important for a significant percentage of the population, it is surprising that there remains a paucity of research on spirituality and HIV in adults. Fewer still have examined the role of spiritual beliefs and practices in the lives of young adults with HIV. The research on spirituality and HIV in adults has been very minimal and even less has been done on the impact spirituality has on young adults with HIV. The specific aims of this study were to understand (a) the impact of spirituality in young adults with HIV and (b) the factors that influence spirituality in young adults with HIV. This study also seek to understand the spiritual experiences of young adults with HIV, specifically the use of spiritual beliefs as a coping mechanism in their efforts to find meaning in their diagnosis. Understanding the meaning of spirituality and HIV for young adults may also increase clinicians understanding of how young adults effectively manage their chronic illness.

Methods: A grounded theory approach to this phenomenon generated new understandings of how young adults appraised the meaning of HIV and offered explanation and insight on how their spiritual beliefs guided them in this appraisal in a way that was meaningful to them. In addition, use of grounded theory facilitated sharing of situational meaning (i.e. facilitates the researchers sharing of the meanings of situations as such situations are viewed by participants). A grounded theory approach provided insight on how young adults responded to a diagnosis of HIV during a heightened time of social development. This method of data collection offered greater potential of capturing the lived experiences of young adults as they constructed meaning about their spiritual beliefs and HIV. Grounded theory also provided study participants with a sense of autonomy and ownership of personal information, thereby facilitating participants’ disclosure of lived experiences and transcription of these oral accounts.

Results: This grounded theory study recruited 19 young adult males with (three) second interviews for a total of 22 interviews. Participants age ranged from 19 -25. Participants were equally diverse in representation with six Hispanic, six African Americans, five Caucasian and two Bi-racial. The time of HIV diagnosis till time of interview ranged from four months - six years. With the exception of one, all participants experienced some form or organized religion during childhood or youth and none admitted to currently participating in organized religion. All participants however, admitted to believing in a higher power or spiritual being. Three participants felt spirituality could benefit those that believed but was not for them and four participants felt their HIV status was something God allowed to happen to them. African American and Hispanics admitted to practicing or relying on their spiritual beliefs greater than Caucasian participants. African American experienced or perceived to have experienced greater stigma from the church than Hispanics and Caucasians. Spirituality was found to be a cultural strength among African American and Hispanics.

Conclusion: This study of young adult males used grounded theory methods to provided rich descriptions of how spirituality influenced medication adherence, instilled a sense of normalcy and being able to cope with and accept their HIV diagnosis and status. The flexibility of grounded theory allowed for and encouraged the participants to tell their stories in a way that was meaningful to them yet provided insight on how others may benefit form employing their spiritual beliefs as a mechanism for coping with HIV. Participants felt their spiritual beliefs offered hope and made it possible to cope with their diagnosis.

References

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Purpose
The purpose of this presentation is to articulate the role that child sexual abuse (CSA) plays in potentiating HIV, explain how Latin American culture affects CSA, describe novel concepts unearthed by this study, and discuss ways that nursing can solve this problem in light of the recent Southwest Border crisis.

Target Audience
The target audience of this presentation is nurse stakeholders involved with the issues of child rights, underserved populations, pediatric health, and health promotion/disease prevention. Nurses who have focused their efforts on the HIV/AIDS epidemic, domestic violence, and public health policy planning will have much to gain from this presentation.

Abstract
Purpose: The purpose of this integrative review of peer-reviewed data and key documents is to elucidate the means by which children are identified as victims; present prevalence data on victimization in Latin America; to identify themes contributing to CSA (and ultimately, HIV) in these countries; and to compare this data to current literature. To date, such a review has not been published that specifically focuses upon Latin American populations.

Methods: An integrative review of the literature using a structured search strategy was performed to capture and describe all factors associated with detecting and reporting CSA in Latin America. The framework for conducting an integrative review as outlined by Whittemore and Knaf1 (2005) was used for this study. Combining past empirical or theoretical literature allows researchers to achieve a more comprehensive understanding of a phenomenon (Broome, 1993). When well executed, the integrative review process produces sound nursing science that may inform future research endeavors, influence policy, and change practice initiatives (Whittemore & Knaf1, 2005).

PubMed, CINAHL Plus, Embase, PsychINFO, and Web of Science were searched to identify original peer-reviewed sources. The terms “prevalence or incidence” were combined with “child sexual” and “abuse, assault, victimization, violence, exploitation, and trafficking” to find any study on identifying victims of CSA. Medical Subject Headings (MeSH) for child sexual abuse were utilized in compatible databases.

Results were narrowed by adding search terms for every country included in Latin America as determined by the World Bank (2014). The titles, abstracts, and entire publications were reviewed by both authors for relevance to this review. Inclusion criteria for review was a focus on identifying the incidence or prevalence of child sexual abuse in a Latin American country. The study type, method of data collection, statistical results, and associative findings from each publication were noted and synthesized for presentation in this paper. A summary of the search strategy and inclusion process are outlined in table 1 and figure 1 respectively.

Additionally, databases of key organizations in refugee and parentless children were reviewed in order to better understand how the current U.S. Southwest Border crisis may relate to CSA and HIV transmission. Peer-reviewed literature did not speak to this phenomenon, most likely because the issue only received national attention shortly before this investigation began. The UN Refugee Agency, US Department of Health and Human Services (Administration for Children and Families), UNICEF, and Save the Children documents were searched for information pertaining to this matter. Thematic analysis was conducted using a six step process to identify, code and name themes for all non-peer reviewed documents.

Results: Fourteen articles were identified for inclusions in the study once duplicates were removed; no article was excluded based on language. Two publications were in Portuguese and one was in Spanish and were translated by graduate students at the Johns Hopkins University fluent in English and the published language. Publications represented nine out of 24 Latin American countries. There was no restriction based on publication dates, included articles were published between 1992 and 2013.
Statistical reports of the prevalence of CSA vary by country, study methodology, definitions of CSA, and outcome measures. Even studies within the same host country and region report largely varied CSA prevalence and incidence statistics.

One primary culturally-driven theme identified in this literature review stems from the notion of machismo found in Latin American countries. Machismo is the cultural ideal of masculinity; it is associated with pride and inherent value in the man’s ability to protect, support, and provide for his family. This cultural expectation of males to be strong and resilient creates a roadblock for males who experience CSA by making it more difficult for them to report the incident due to fear of being perceived as weak or feminine. The results of this study suggest that the negative health effects of CSA including increased risk of HIV/AIDS exist for Latin American children. Sexual coercion of males and females is associated with a decreased knowledge of sexual topics, increased rate of STIs, increased prevalence of HIV, and increased engagement in activities that may lead to HIV infection. Those with a past history of CSA had higher rates of early sexual debut, increased number of partners, and increased rates of condom avoidance. Other risky sexual behaviors are the result of early exposure to sexual practices leading to an onset of consensual sex at younger ages, increased number of lifetime partners, and partners with elaborate sexual histories.

Literature addressing characteristics of perpetrators suggest that most aggressors are males well known to the family with variability in perpetrator characteristics when comparing male and female victims. Many male victims report a female perpetrator and report being subjected to more physically violent acts of sexual abuse. While much of the published literature shows that females are affected by CSA disproportionately more than males, data from this review indicate that this may not always hold true. Multiple studies show that males are usually affected as frequently or more than female children. Overall, there is a lack of research and knowledge relating to the experience and understanding of male victims of child sexual abuse. Rates of unaccompanied youth entering the United States from Latin America have dramatically increased in numbers over the past 2 years. Many children flee their home countries without money or parental guidance due to violence and have reported histories of physical and sexual abuse while in their home countries. Refugee minors are among some of the most vulnerable populations and are at an increased risk for sexual violence due to child labor, sex trafficking, and a lack of supervision.

Conclusion: Children who experience sexual abuse have an increased life-long risk for contracting HIV. The only identified culturally-specific issue related to CSA in Latin America is the machismo attitudes and beliefs held by many Latin families. Similar to other publications, this review also identified that the most frequent perpetrator of CSA is often a male who is well known to the family. This review highlights the role that gender plays in CSA and questions the notion that most victims of sexual abuse are female. Several studies included in this review found that males were sexually abused as frequently or more frequently than females. This may indicate that previous methodologies of studying CSA may not be adequately designed to identify males who have been sexually abused. Machismo attitudes may build barriers to reporting by males because it sets a social expectation for boys and young men to be strong and resilient.

Nurses as trusted clinicians sit in a unique position to identify victims of child abuse and halt the spread of HIV in Latino populations. HIV has spanned the globe because of biological susceptibility and specific human interactions that spread the infection. As such, nursing needs to be involved in international efforts and work with international aid organizations to prevent the further spread of HIV.

Nursing is best suited to address this critical issue because of its holistic approach to health issues and appreciation for cultural nuances in rendering care. The World Health Organizations’ revised HIV guidelines promote international task-shifting of the management and prevention of HIV/AIDS from physicians to nurses. Child sexual assault and the spread of HIV are not discrete events, but exist in a complicated and intertwined relationship. In order to stop the spread of HIV nurses must address the social and cultural situations and events that potentiate new infections.

If the number of children without guardians who enter the country continues to increase without a response from child welfare organizations, the capacity for the country to protect these children will continue to diminish; placing them at risk for sexual abuse and HIV transmission.

References

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Contact
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Purpose
The purpose of this research study was to compare face-to-face and Email delivered intervention for Intimate Partner Violence (IPV) survivors.

Target Audience
the general global population of nurses concerned with preventing and/or stopping IPV.

Abstract
Purpose: The purpose of the study to explore the use of email-delivered HELPP intervention and compare it with a face-to-face delivered intervention focused on health, education, and legal information/services (HELLP) was designed for IPV survivors. As the conceptual framework, the Ecological Model (EM) by the World Health Organization (WHO) targeted the personal, interpersonal, and community domains of women surviving IPV. Specific problems within domains included the: personal domain (anxiety and depression); interpersonal (anger and personal support); and community (social support)

Methods: A mixed methods design was employed. The quantitative data from the Promise short form (PROMIS Cooperative Group, 2008), the Personal Resource Questionnaire (PRQ) (Brandt & Weinert, 1981) and The Interpersonal Support Evaluation List (ISEL) (Cohen & Hoberman, 1983) were analyzed using T-test, and ANOVA. The Health, Education on Safety, and Legal Support Participant Preferred Intervention (HELPP) was delivered weekly online and face-to-face for six weeks.

Results: The HELPP intervention (1) significantly decreased anxiety (p<0.05), depression (p<0.05), and anger (p<0.05) and (2) significantly increased personal and social support (p,<0.05) in the Email group compared with the face-to-face group.

Conclusions: The HELPP information and intervention was shown to be feasible, acceptable, and effective among IPV survivors compared to participants in the Email and face-to-face groups with much more significant outcomes in the email group. Given the increased use of online and mobile health intervention, we need to find best evidence in delivering interventions in the most economical, feasible, and timely manner. Further research could be conducted to determine if email alone or email plus mobile devices are more useful to deliver the HELPP intervention and influence the delivery of nursing care globally.

References

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M 13 - Promoting Health among Victims of Intimate Partner Violence
The Association between Exposure to Intimate Partner Violence and having an Abnormal Pap Test and HPV Infections among Women in a Low-Income, Urban Area

Patricia Hindin, PhD, MSN, BA, CNM, USA
Rula M. Btoush, PhD, MSN, RN, USA

Purpose
The purpose of this presentation is to examine the association between intimate partner violence (IPV) and abnormal Papanicolaou (Pap) test results, including human papillomavirus (HPV) infection and cellular abnormality. Along with the interaction of exposure to IPV with smoking, psychosocial stress and risky sexual behaviors on abnormal Pap test results.

Target Audience
The target audience of this presentation is advanced practice nurses, certified nurse midwives and researchers who are interested in the effects of IPV on the health status of women in particular the associations with HPV infections and cervical cancer.

Abstract
Purpose: The purpose of this presentation is to examine the association between intimate partner violence (IPV) and abnormal Papanicolaou (Pap) test results, including human papillomavirus (HPV) infection and cellular abnormality. As well as the interaction of exposure to IPV with smoking, psychosocial stress and risky sexual behaviors on abnormal Pap test results. Intimate partner violence (IPV) affects 20-50% of women in the United States sometime in their lives. An estimated 40% of IPV victims seek medical treatment for their injuries. The National Center for Injury Prevention and Control has reported that 33% of all female homicides are perpetrated by current or ex intimate partners and IPV results in 550,000 injuries requiring medical attention every year. The same report estimated the total annual cost of IPV at around $3.9 - 7.6 billion in the United States. Professional organizations recommend routine screening of all female patients for IPV; however, IPV is significantly underreported, unidentified, and mismanaged by health care providers. It places victims at higher risk for physical injuries, psychosocial problems, maternal complications, and death. Studies have reported a higher prevalence of IPV among poor women and women from ethnic minority groups; and these groups also had higher rates of many of the health consequences associated with IPV. According to the National Cancer Institute, 12,170 women will be diagnosed with cervical cancer in 2012 with a projected death rate of 4,220 women. Further, high-risk, human papillomavirus (HR-HPV) is a major risk factor for cervical cancer and is associated with 95%-100% of squamous and 75%-95% of intraepithelial cervical cancers. The rate of HPV-associated cervical cancer was significantly higher among Black and Hispanic women compared to their White counterparts. In 2009, the national age-adjusted cervical cancer incidence rates (per 100,000) for Black and Hispanic women (10.0 and 10.9, respectively) were dramatically higher than the rate for White women (7.6). Also, the national age-adjusted cervical cancer mortality rate (per 100,000) for Black women (4.2) is dramatically higher than the rates for Hispanic and White women (2.9 and 2.1, respectively). In addition to race and ethnicity, the incidence rate of cervical cancer increases with higher poverty. Intimate Partner Violence is associated with all the known risk factors for cervical cancer, including smoking, stress, risky sexual behaviors, and HPV infection. Exposure to IPV and the control imposed by the abusive partner may influence the risk for cervical cancer by restricting the woman’s ability to seek cervical cancer screening services and screening for cancer at recommended intervals. Exposure to IPV and fear in a relationship interferes with receiving follow-up care among women with abnormal Pap test results as well treatment of cervical cancer. Women exposed to IPV have many of the factors that impact access to health services such as being under or uninsured, living in poverty, lower education, poor employment opportunities, and lower access to transportation.

Methods: This prospective, descriptive, correlational study consists of 400 women between the ages of 21 and 50 years recruited from an urban community health center. The majority of women are Black (81%), single (84%), and insured (76%). The study outcomes include exposure to IPV, history of smoking, psychological stress, and risky sexual behaviors. Study participants completed a 20-minute survey about their IPV history, smoking, stress, and risky sexual behaviors. Recent Pap test results and HPV infection status were collected from their health records.

Results: Past year exposure to IPV was 13% for physical, 4% for sexual, and 21% for psychological IPV. Lifetime exposure to IPV was 38% for physical, 19% for sexual, and 37% for psychological IPV. A substantial
number of women reported current or past smoking (24% and 10%) respectively. The mean number of years of smoking was 7 (SD=6.1). Prevalent risky sexual behaviors included not using a condom (24%), ever having any STIs (40%), and having an intimate partner who has had sex with more than one partner. The average number of sexual partners was 8 in a lifetime (SD=6) and 1.6 in the past year (SD=1.4). Women reported relatively high levels of perceived stress such as often feeling nervous and stressed (56%), upset due to unexpected life events (45%), and angered because things were outside their control (39%). A substantial number of women reported never feeling that things were going their way (16%), able to control irritations in your life (11%), and confident about their ability to handle personal problems (11%). Physical, sexual, and psychological IPV were significantly associated with smoking history, ever having any STI, number of sexual partners, and perceived stress. Having an abnormal Pap test was significantly associated with past year exposure to physical (30.8% vs. 7.1%), sexual (66% vs. 8.4%), and psychological IPV (26.7% vs. 7.2%). Having a positive HPV infection was associated with past year exposure to physical (33.3% vs. 2.0%) and sexual IPV (50.0% vs. 3.8%). Having an abnormal Pap test or a positive HPV infection was not associated with lifetime exposure to IPV. Additional results will be presented about the association between exposure to IPV and each of the mediating cervical cancer risk factors (smoking, perceived stress, and risky sexual behaviors) in a multivariate analysis with calculated adjusted odds ratios and 95% confidence intervals.

**Conclusion:** Exposure to IPV is detrimental to women's gynecologic health. Women exposed to IPV may feel that the Pap test is threatening and a reminder of the abuse and violence. Therefore, in cervical cancer screening, it is important to routinely ask about history or exposure to abuse and apply the strategies of trauma informed care when working with women. On a global level, the World Health Organization (WHO) identified that 1 out of 3 women throughout the world will experience physical or sexual violence by a partner or sexual violence by a non-partner. This study has potential for engaging in scholarly conversations with global partners regarding best practices for women exposed to violence and the impact on cervical abnormalities and HPV infections. The study has received funding from the New Jersey Foundation Grant.

**References**

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Purpose

to describe the quantitative findings of a mixed method study aimed to explore the sociocultural factors influencing the attitudes toward intimate partner violence among college students in Costa Rica

Target Audience

international and local researchers on health disparities and intimate partner violence and nursing students and other parties interested in the topic.

Abstract

Purpose: Although intimate partner violence (IPV) is a worldwide public health issue affecting millions of people, adolescents and young adults are disproportionally affected. IPV is a complex problem primarily because it is influenced by a web of risks and protective factors, which interact and shape the experiences of each person. However, the exact nature of these interactions is not well understood, particularly among emerging adults and in cultures where gender norms are rapidly changing and less IPV research has been conducted, such as in Costa Rica. Specifically, little is known about the effect of sociocultural factors on the experiences of IPV among this population. The purpose of this correlational descriptive study was to assess the role of parents’ background, area of origin, religious commitment, and gender and partnership stereotypes on the attitudes toward IPV among college students in Costa Rica.

Methods: A convenience sample of undergraduate college students recruited from a Costa Rican public university completed an electronic self-report survey (N=249). Students reported their attitudes toward IPV, gender norms, partnership stereotypes, level of religious commitment, and parents’ background. Data was analyzed using structural equation modeling. Analysis was controlled by gender, sexual identity, religious attendance, marital status, and parents’ marital status.

Results: Although all the proposed variables were not significantly associated with attitudes toward IPV except partnership stereotypes (p=.001), IPV attitudes were significantly associated with gender (p=.001), marital status (p=.001), and religious attendance (p=.026). The indirect effect of partnership stereotypes through religious attendance on the attitudes toward IPV was also significant (p=.03). In addition, path analysis results indicated that religious attendance was significantly linked to partnership stereotypes (p=.005) and religious commitment (p<.001), while parents’ background was significantly related to religious commitment (p=.007).

Conclusion: Findings elucidate how college students’ attitudes toward IPV in Costa Rica are shaped through the interaction of multilevel sociocultural factors. Implications of the study and recommendations for nursing, research, practice, and policy are discussed.

References


Contact

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Purpose
The purpose of this systematic review is to locate, appraise, and examine the best available evidence for identification of the risk factors of heart disease in the Asian Indian (AI) population.

Target Audience
The target audience of this presentation are the following: 1. Nursing Staff 2. Nurse Educators 3. Nursing Professors 4. Nurse Practitioners

Abstract
Purpose: The purpose of this systematic review is to locate, appraise, and examine the best available evidence for identification of the risk factors of heart disease in the Asian Indian (AI) population.

Methods: Systematic Review

Results: Asian Indians have the highest risk of heart disease in the world, with heart attacks commonly occurring as young as 40 years of age. According to the World Health Organization, one in four cardiac patients in this world would be an AI by 2020. A three-step literature search for studies in English language from 2000 to 2011 was conducted utilizing (a) a primary search of Medline, CINAHL, Cochrane Central Register of Controlled Trials and Joanna Briggs registered titles, (b) a secondary search of non-indexed databases, and (c) a search of the grey literature. This review included studies with AI participants who traced their origin to the country of India and who were 18 years or older. Only quantitative evidence that investigated the risk factors for heart disease among AI was evaluated. Each of the eligible articles was reviewed by two independent reviewers. Studies that met the inclusion criteria were assessed for methodological quality using the JBI standardized critical appraisal tools. Data extraction was undertaken using the standardized data extraction tool from JBI-MAStARI. There were 18 descriptive studies met the inclusion criteria representing 39,945 AI participants included in the final review.

Conclusion: Based on the analysis of the pooled data the review identified the modifiable, non-modifiable and emerging risk factors for CAD in AI population. Historically AI has not been perceived as having the traditional risk factors for CAD. But this systematic review actually shows that they are in fact exposed to those very same risk factors. Traditional risk factors may not be the most important etiologies for CAD in AI and genetics along with emerging risk factors might be a contributing factor for high rates in this population.

References

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Purpose
In an increasingly global world in which immigrant families arrive from very different cultures, health professionals are challenged to identify risk factors, including the psychological stressors that can lead to delinquency and marginalization, and devise interventions to ameliorate them.

Target Audience
Researchers, health professionals working with immigrant youth, policymakers working with immigrants

Abstract
Purpose: This study examines the nature of disparities in cardiovascular risk by exploring the impact that chronic stressors and other cardiovascular risk factors have on the integration of youth of African descent into an industrialized society. New immigrants must learn the ways and culture of the new society before they can fully integrate into its fabric (i.e., cultural acquisition).

Methods: Qualitative data on cardiovascular risk and acclimation to the dominant society were collected from three groups of key informants: (1) community leaders; (2) youth; and (3) a community advisory group.

Results: Youth of Ethiopian descent from immigrant families engaged in the same western diets, computerized social networking, and habits in smoking and alcohol as did youth from the dominant society. However, informants of Ethiopian descent encountered and witnessed racism, institutional discrimination and evidence of devaluing Ethiopian culture, influencing the ability of youth from immigrant families to integrate into the society. Some youth were isolated. Often they had no friends outside the community. They referred to themselves as Ethiopian and the other youth as Israelis. One youth said, "I don't know many Ethiopians [youth] who have really good Israeli friends." Another youth described being held back and having to work more than youth who were not from families of Ethiopian descent was evident, "Every time [a youth of Ethiopian descent] makes headway, always there is the stage that he gets grabbed and slapped, and grabbed and slapped, and then again has to return home."

Conclusion: In addition to the cardiovascular risks posed by fast food diets and a more sedentary life style (which youth adopted from the dominant society), youth of Ethiopian descent experienced chronic stress from pervasive discrimination, and the struggle to adjust to societal expectations. Such factors not only compounded the cardiovascular risk of youth from immigrant families, but also pushed them away from mainstream society and towards societal marginalization.

References

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Acculturation is Associated with Cardiovascular Disease Risk in West African Immigrants in the United States

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**Purpose**
The purpose of this presentation is to share the results of the Afro-Cardiac Study; a community based study of the cardiovascular disease risk of West African immigrants and the association between cardiovascular disease risk and acculturation.

**Target Audience**
Target audience: The target audience is healthcare providers including nurses, nurse practitioners and nurse researchers in clinical and public health settings.

**Abstract**
**Purpose:** Cardiovascular disease (CVD) is the leading cause of mortality and morbidity in the United States (US), accounting for more than 40% of all deaths, with ethnic minorities bearing a disproportionate burden of disease. The causes of increased risk for CVD in African-descent populations in the diaspora are incompletely understood. They may involve socio-economic and environmental factors, lifestyle changes, and cultural changes. These cultural changes (acculturation) that occur after migration of immigrants to the US may be detrimental or beneficial to health. The purpose of the Afro-Cardiac study was to examine the relationship between acculturation and CVD risk in West African immigrants in the US, who have increased 40-fold between 1990-2010.

**Methods:** A cross-sectional study of West African immigrants (Ghanaians and Nigerians) between the ages of 35-74 years was conducted in the Baltimore-Washington, DC metropolitan area. CVD risk factors (total cholesterol, HDL-cholesterol, hypertension, overweight/obesity, diabetes, physical inactivity and smoking) were determined according to the American Heart Association guidelines (AHA) guidelines. Participants with Pooled Cohort Equations (PCE) scores ≥7.5% and ≥3 CVD risk factors were deemed high risk for CVD in multivariable logistic analyses. Acculturation was assessed with length of residence (proxy) and the modified Psychological Acculturation Scale. Per this scale, individuals were classified as 1) Traditionalist, identified more with their ethnic culture than host culture; 2) Integrationist, developed a bicultural orientation and successfully integrated both cultures; 3) Assimilationist, identified more with the host culture than their ethnic culture; or 4) Marginalist, identified with neither the host nor ethnic cultures.

**Results:** Participants (n=253) had a mean age of 49.5±9.2 years and 58% were female. The mean length of US residence was 13.6±8.8 years. The prevalence of CVD risk factors was high with the exception of hyperlipidemia and smoking. The majority (54%) had ≥3 CVD risk factors and 28% had PCE scores ≥7.5%. About half (53%) of those who had hypertension were on antihypertensive treatment with females more likely to report taking their antihypertensive medication than their male counterparts (64% vs. 36%; p=0.003). Although females were significantly more likely to be treated for hypertension, males (71%) were more likely to have their BP controlled than females (42%) [p=0.045]. In males, residing in the US for ≥10 years was significantly associated with a 5-fold (95%CI: 1.28-20.33) odds of overweight/obesity and an 8-fold (95%CI: 2.09-30.80) odds of having high CVD risk (PCE scores ≥7.5%). Females who had resided in the US for ≥10 years had a 3-fold (95%CI: 1.04-6.551) odds of being diagnosed with hypertension than newer residents. Acculturation strategies identified by participants were as follows: Integrationists, 166(66%); Traditionalists, 80(32%); Marginalists, 5(1%); or Assimilationists, 2(1%). Integrationists had a 0.46(95% CI: 0.24-0.87) lower odds of having ≥3 CVD risk factors and 0.38(95% CI: 0.18-0.78) lower odds of having PCE score ≥7.5% than Traditionalists.

**Conclusion:** Although increasing years of US residence was associated with higher CVD risk, we observed that Integrationists who equally identified with American and West-African cultures had lower risk for CVD and were more likely to have controlled blood pressures than Traditionalists who identified more with the West-African culture. Hence, ensuring the successful integration of West African immigrants may reduce the risk of CVD in...
new African immigrants. These findings suggest that acculturation should be considered as a meaningful predictor of increased CVD risk and culturally-sensitive tailoring of CVD risk reduction strategies may be needed in West African immigrants.

References

Contact
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M 15 - Diversified Practices
Global Priorities for Home Care Research, Education, Practice, and Management

Olga F. Jarrin, PhD, MS, BS, RN, USA
Fatemah Pouladi, MSN, BSN, RN, USA
Elizabeth Madigan, PhD, MS, BSN, RN, FAAN, USA

Purpose
The purpose of this presentation is to present the results of a recent survey describing global priorities for the future of home care nursing research, education, practice, and management.

Target Audience
The target audience of this presentation is nursing researchers, educators, clinicians, and administrators with an interest in home care nursing, community based rehabilitation or long term care, and post-acute care.

Abstract
Purpose: This study describes global priorities for the future of home care nursing research, education, practice, and management. Attendees at the inaugural International Home Care Nurses Organization (IHCNO) Conference identified the need for a global agenda around the future of home care nursing. The inaugural meeting of the IHCNO was held July 2013 at Case Western Reserve’s School of Nursing (the site of the World Health Organization Collaborating Center for Research and Clinical Training in Home Care Nursing).

Methods: This study used a descriptive, qualitative design. A brief on-line survey was distributed through professional networks of IHCNO members. The survey included 4 open-ended questions regarding priorities for research, education, practice, and management in the specialty and setting of home care nursing. Demographic questions included country of reference, and years of home care experience. This study was approved by the IRB at Case Western Reserve. Research team members identified themes for each research question separately, and themes were later compared and contrasted across questions.

Results: Completed surveys were received from 50 nurses representing 15 countries and the United States Commonwealth of Puerto Rico. Respondents had an average of 28 years of nursing experience, and 17 years of home care experience. Cross cutting themes reflect a global interest in the development of nursing knowledge around best practices for home care nursing, the development of basic and advanced educational competencies and curricula for home care nurses, and improving strategies for patient and family engagement, support, and education. Other cross-cutting themes include optimization of nursing leadership and management practices within home care, focused on recruitment and retention of highly qualified nurses, as well as dealing with regulatory issues and financial constraints.

Conclusion: While differences in national health care systems and nursing education were associated some of the variation in responses across countries, there was also congruence of priority areas identified within and across the focus areas of home care research, education, practice, and management. We invite attendees to join us in the next steps of building a community of practice and scholarship around home care nursing.

References

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Perceptions of Cultural Competence among Nurse Practitioners

Carolina Huerta, EdD, MSN, BSN, RN, FAAN, USA

Purpose
describe a descriptive, qualitative study investigating perceptions of cultural competence and its integration in the delivery of health care in nurse practitioners practicing in a Mexican-American region of South Texas.

Target Audience
nurses, nurse researchers, nurse educators, and anyone with an interest in culture and cultural competence.

Abstract
Purpose: Nurse practitioners are at the forefront in providing quality care to diverse populations and must become cognizant of the importance of cultural competence in caring for diverse patients. The purpose of this study was to examine perceptions of cultural competence and its integration in the delivery of health care in nurse practitioners practicing in a Mexican-American region of South Texas.

Methods: A descriptive, qualitative design using grounded theory and purposive sampling was utilized for this study. Sixteen nurse practitioners, fourteen females and two males, participated in the study. Qualitative data collection was elicited through individual interviews and a focus group. The selected participants included nurse practitioners who were employed for at least eight hours per week in a primary or acute care setting. The study included a demographic questionnaire and a nine-item interview guide created by the researchers to elicit thoughtful reflection on the participants’ perceptions of cultural competence and how cultural competence is integrated in their practice.

Results: Data analysis involved grouping of response similarites until no new categories emerged. Affinity among the categories resulted in linkage into four distinct core categories or emerging themes. These themes provided a summary of what the nurse practitioners working with a Mexican-American population perceived as cultural competence and its integration in the delivery of health care. The four emerging themes include: 1.) Culture as multifaceted; 2.) Communication as empowerment; 3.) Cultural dissonance; 4.) Influence of myths, traditions, and complementary modalities.

Conclusion: The study findings highlight the importance of advanced practice nurses’ efforts to continue to learn and increase their knowledge base and sensitivities to the culture of their clients in all dimensions of health care. The findings also support previous research and strengthen the understanding of the importance of cultural competency in the delivery of care to minority populations.

References

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M 15 - Diversified Practices
Peer Supporter Experiences of Home Visits for People with HIV Infection

Hanju Lee, PhD, South Korea
Hee Sun Kang, PhD, RN, South Korea
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Purpose
The purpose of this presentation is to share the knowledge on peer supporter's home visiting program for people living with HIV/AIDS.

Target Audience
The target audience of this presentation is nurses or educators who are interested in care for people with HIV/AIDS infection and peer supporter program.

Abstract
Purpose: This study's purpose is to explore the experiences of peer supporters regarding their work on a home visit program for patients with HIV infection.

Methods: A qualitative descriptive study was conducted using focus groups, and thematic analysis was used to analyze the data.

Results: Five major themes emerged: “feeling a sense of belonging yet concern about the position’s instability,” “facing HIV-related stigma and fear of disclosure,” “reaching out and act as a bridge of hope,” “feeling burnout,” and “need for quality education.” This study showed that although working as a peer supporter has a positive aspect, such as feelings of belonging, they were having difficulties with the position’s instability, work-related stress, and were unhappy about the quality of the continuing education.

Conclusion: These findings indicate that to maintain and strengthen this peer supporter program, it is essential to have the government’s stable financial support. Additionally, it is important to acknowledge peer supporters’ work as valuable and create a supportive environment in which they could feel secure about their job. Helping them to manage their work-related stress or burnout and providing quality continuing education focused on their needs should be a priority. Furthermore, one important step is raising awareness to overcome the HIV-related stigma for people in general as well as people with HIV infection. These efforts will be helpful to empower them to work as an expert and impact positively on quality of care for people with HIV.

References

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Research Oral Presentations (Oral only)
A 02 - Advancing Sepsis Recognition through Various Methods

Recognizing Sick Sooner

Amy E. Curley, MSN, APRN, CEN, USA

Purpose
The purpose of this presentation is to share what our organization has gained by Recognizing Sick Sooner using a modified version of SUPER SIRS criteria.

Target Audience
ALL healthcare professionals

Abstract
Purpose: In April 2014, based on comparative data with our partner hospitals, we realized that our organizational mortality rate from sepsis was unacceptable. We wanted to accomplish the impossible….have an immediate and measurable reduction in morbidity and mortality caused by sepsis and septic shock.

Methods: To reduce the amount of patients that would prove to be “false positive” in our sepsis screen, the ED decided to implement a modified version of SUPER SIRS criteria. In order to expedite door to provider and door to treatment time; we educated all physician and nursing staff in the modified SUPER SIRS criteria; which is: a patient with a new or unexplained mental status change and/or a suspected or known source of infection, AND any 2 of the following: systolic BP <90, respirations >24, heart rate >120, temperature of >38.3c or<36.0c.

Results: We had unexpected and exciting findings. Within 6 months we were immediately able to improve our morbidity and mortality by over 50%. However, a totally unanticipated finding; we realized that of all of the patients that met modified SUPER SIRS criteria, 99% were admitted, and with early identification, we were able to initiate treatment of other infectious and disease processes much earlier in the course of illness, and improve outcomes.

Conclusion: We realized that the utilization of modified SUPER SIRS has caused us to re-evaluate the benefit of very basic nursing skills, which are done by old fashioned assessment, and observation. Ultimately, we have realized and identified an opportunity to recognize sick sooner.

References

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A 02 - Advancing Sepsis Recognition through Various Methods

Taming Sepsis: Simulation-Based Educational Program

M. Isabel Friedman, DNP, MPA, RN, BC, CCRN, CNN, CHSE, USA
Barbara A. DeVoce, DNP, RN, FNP-BC, USA

Purpose
The purpose of this presentation is to discuss the innovative educational program designed to assist nurses in the early identification and prompt treatment of patients in the sepsis continuum. The multimodal design utilizes online learning and replicated scenarios using human patient simulators affording the application of evidence based practices.

Target Audience
The target audience of this presentation is registered professional nurses, nurse educators and nursing leadership

Abstract
Purpose: The purpose of the Taming Sepsis Education Program® was to assist nurses in the early identification and prompt treatment of patients in the sepsis continuum. The multimodal design utilized online learning and replicated scenarios using human patient simulators affording the application of evidence based practices.

The overall program goals of TSEP™ were to:
1. Decrease the mortality rate of patients with severe sepsis and septic shock
2. Implement evidence-based sepsis bundles throughout the North Shore-LIJ Health System (NSLIJ) hospitals
3. Utilize simulation as an integral part of a comprehensive educational program designed to instruct clinical staff in early identification and prompt treatment of sepsis

Methods: TSEP™ is innovative both as a strategic initiative for implementing sepsis bundles and as an educational curriculum designed to improve patient care for patients on the sepsis continuum. NSLIJ launched a multi-faceted, interprofessional effort to promote and monitor the evidence-based guidelines embodied in the sepsis bundles.

TSEP™ is comprised of an innovative curriculum that integrates human patient simulation, elearning about sepsis management, and a variety of essential supplemental skills. Simulation forms the core of TSEP™. Nurses participate in two scenarios and educator-lead debriefs enabling a team of clinicians to practice recognizing and treating sepsis. The simulation component of TSEP™ is held at the Patient Safety Institute, which is the simulation center for the health system and is located geographically close to the health system’s largest hospitals. Emergency medicine and family practice physicians have participated in the simulation scenarios, which adds to the realism and has enhanced interprofessional learning.

Engaging in simulation enables clinicians to apply the evidence-based guidelines they previously learned in the online modules. The didactic materials and simulation scenarios are based on case studies developed by an interprofessional team of NSLIJ clinicians. The module structure enables the team to revise the TSEP™ educational modules to meet the particular needs of different nursing specialties.

TSEP™ enriches and expands nurses’ knowledge through four additional online modules. First, the health system president and CEO introduces TSEP™ and emphasizes that it is a system-wide strategic priority to treat sepsis effectively and improve patient outcomes. The second module explains IHI’s concept of “bundles” (i.e., a set of evidence-based guidelines). The third module reviews TeamSTEPPS® (communication model), and the fourth discusses cultural awareness and health literacy.

The educational program includes an assessment of participants’ knowledge and clinical practice. Participants completed a knowledge assessment before and after completing each module and are required to receive a score of 80% or higher on each post-assessment. Simulation educators used a checklist to evaluate each team’s clinical performance, including identifying triage level, recognizing stages of sepsis, verbalizing the correct diagnosis, and enacting the correct treatment. Participant evaluations were used to evaluate TSEP™ based on three levels of the Kirkpatrick model.
**Results:** Since 2012, over 2500 clinicians have engaged in TSEP’s evidence-based sepsis recognition and treatment curriculum. NSLIJ achieved a 50% reduction in sepsis mortality rate from 2009 to 2014. In 2013, NSLIJ’s 17 hospital emergency departments (ED) collectively reported improvement in four key sepsis bundle elements (n=600 sepsis cases monthly). NSLIJ’s sepsis initiative, combining TSEP™ and improvement science methodologies, contributed to these dramatic improvements in patient outcomes and clinical practice. Pre/post assessment scores for all modules indicated statistically significant improvements. The clinical performance checklist demonstrated participants’ practical application of knowledge in simulation. Evaluations used to evaluate TSEP based on three levels of the Kirkpatrick model indicated that learners self-reported simulation as an effective tool to solidify information and that the sepsis education in TSEP™ was presented in an easily understood manner.

NSLIJ recognizes the patient safety and educational value of TSEP™. All newly-hired nurses across the NSLIJ Health System are required to complete TSEP™ as part of their orientation.

**Conclusion:** The model of knowledge in action that is demonstrated by TSEP™ is effective in creating measurable results. NSLIJ achieved a 50% reduction in sepsis mortality rate from 2009 to 2014. Pre/post assessment scores for all modules indicated statistically significant improvements. The clinical performance checklist demonstrated participants’ practical application of knowledge in simulation. NSLIJ’s ED’s showed improvement in four sepsis bundle elements. Evaluations used to evaluate TSEP indicated that learners self-reported improved confidence and competence in the treatment of patients in the sepsis continuum. Other benefits of TSEP™ are that the modules are hosted on a learning management system, and can be accessed by clinicians throughout the organization at anytime. The TSEP™ educational modules were developed collaboratively by an interprofessional group of clinicians, making TSEP™ easily modifiable to meet the needs of additional clinical specialties and changing evidence-based data. Additionally, TSEP™ fulfills the New York State Department of Health Law 405.4 requirements for sepsis education.

**References**

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A 02 - Advancing Sepsis Recognition through Various Methods

Arresting Sepsis through Inter-Professional High-Fidelity Simulation

Patricia A. Brennan, PhD, MS, DFNAP, RN, USA

Purpose
The purpose of this presentation is to report on the implementation of an innovative pilot curricular project to augment didactic teaching of sepsis content with computer and simulation-based experience from an inter-professional perspective.

Target Audience
The target audience of this presentation is academic faculty and clinical educators interested in addressing the knowledge gap in early sepsis identification.

Abstract
Purpose: The purpose of this study is to evaluate the effectiveness of an innovative curricular project to augment didactic teaching of sepsis content with computer and simulation-based experiences, with a focus on inter-professional communication and collaboration.

Methods: All students participated in a didactic lecture regarding sepsis within the context of an advanced Medical Surgical (Critical Care) undergraduate BSN theory course. A post-test regarding the material was administered to each student on-line in preparation for a high-fidelity simulation experience. Each student participated actively in a series of three increasingly more acute high-fidelity simulation experiences related to the development of sepsis in the acute care setting. Inter-professional team members interfaced with student participants to allow for active engagement and communication regarding end goal directed therapy. Debriefing after each of the three scenarios took place followed by a retest of knowledge concerning sepsis recognition and treatment.

Results: Knowledge acquisition measured by post-simulation scores increased by 42% when compared to test scores pre-simulation and post didactic lecture. Inter-professional high fidelity sepsis simulation contributed to short term knowledge retention. Significant improvements in communication among an inter-professional team of clinicians was observed.

Conclusion: High fidelity simulation following didactic lecture enhances short-term knowledge acquisition in undergraduate BSN students in regard to early sepsis recognition and treatment. Incorporation of, and continued evaluation of this curricular innovation is necessary as significant gaps in inter-professional communication skills necessary to implement effective treatment modalities were identified. The evaluation of longitudinal knowledge retention of early goal directed therapy for sepsis among participants is necessary. In addition, measuring the impact of the potential fiscal savings of teaching sepsis through this methodology in health sciences education and clinical practice should be evaluated. Finally, consideration of the adoption of this model of inter-professional education for the undergraduate and graduate health care practitioner should be considered.

References

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A 03 - Academic and Scholarly Writing in Nursing Education
Using an Innovative Research-Based Process to Facilitate Scholarly Writer Development

Elizabeth A. Gazza, PhD, RN, FACCE, LCCE, USA
Teresa Shellenbarger, PhD, RN, CNE, ANEF, USA
Diane F. Hunker, PhD, MBA, BSN, RN, USA

Purpose
The purpose of this presentation is to share an innovative research-based process that can be used to facilitate writer development across all levels of nursing education and with nurses practicing in clinical and academic settings.

Target Audience
This session is appropriate for nurse educators, researchers, and professional nurses interested in scholarly writing development and evidence-based nursing education.

Abstract
Purpose: Nursing students and practicing nurses around the world engage in a variety of writing activities throughout their nursing career as they disseminate information and share knowledge with other professionals. To communicate effectively they need to use appropriate communication skills and scholarly writing techniques. Scholarly writing is defined as writing that is specialized in nursing, communicates original thought, includes support from a body of literature, contains formal language consistent with the discipline of nursing, and is formatted in a manner consistent with peer-reviewed publications. Developing the knowledge, skills, and attitudes (KSAs) associated with scholarly writing involves a process that unfolds over time and requires practice to effectively master. Students enter nursing education programs with diverse experiences and past educational preparation. Even upon graduation their writing abilities require refinement and additional practice that must continue after graduation in professional practice arenas. The literature suggests a variety of strategies that faculty can use to enhance the writing skills of nursing students. These strategies include scaffolding, sequencing, approaches to creating assignments, providing feedback, presenting style requirements, providing writing and support workshops, faculty development, and the effective use of rubrics and guidelines for writing activities (Bickes & Schim 2010; Cowles, Strickland, & Rodgers 2001; Gazza & Hunker, 2012; Harris 2006; Luthy, Peterson, Lassetter, & Callister 2009; Salamonson, Koch, Weaver, Everett, & Jackson 2010). Even though faculty use these techniques to develop student scholarly writing skills, they are not research-based strategies. The purpose of this presentation is to share an innovative research-based process that can be used to facilitate writer development across all levels of nursing education and with nurses practicing in clinical and academic settings. Additionally, attendees will devise a plan for incorporating the knowledge, skills, and attitudes specific to writing into the nursing curriculum, the practice environment, and/or for developing their own scholarly writing abilities.

Methods: The proposed writer development process is based on the results of two hermeneutic phenomenological studies that explored the experience of scholarly writer development in Doctor of Philosophy (PhD) in nursing students (Gazza, Shellenbarger, & Hunker, 2012) and Doctoral of Nursing Practice (DNP) students (Shellenbarger, Hunker, & Gazza, 2014) at two universities in the Eastern United States.

Results: Findings from interviews with ten PhD nursing students revealed the themes of: coming to know about scholarly writing, shifting thinking in order to write scholarly, giving birth: the pleasure of scholarly writing, and putting all of the pieces together into the final product. Similarly, findings from the six DNP student interviews revealed the themes of: learning throughout life, influence of emotion, and getting through the gate. These studies provided the framework for developing the essential KSAs needed for scholarly writing development. The writing process that emerged incorporates KSAs for those just learning the scholarly writing approach through those who have mastered previous levels of writing (Hunker, Gazza, & Shellenbarger, 2014). The KSAs are cumulative in nature, meaning they build on those developed at the previous level of education or experience. Beginning writers focus on developing “knowledge” or the cognition needed to write and as writing experience and knowledge increases, focus shifts to “skill” and “attitude” development. This leveling of the KSAs provides an assessment and teaching tool for educators or other nursing professionals who can evaluate writing progress and consider methods for ongoing development. Using the proposed process, attendees will devise a
plan for incorporating the KSAs into the nursing curriculum, the practice environment, and/or for developing their own scholarly writing abilities.

**Conclusion:** This session will be of interest to nursing educators teaching at all levels of nursing education and to nurses who are interested in advancing the quality of nursing care through dissemination of evidence, or improving their own scholarly writing. Use of the research-based writer development process has the potential to effectively influence nursing education and facilitate writer development, which will ultimately enhance nursing communication and advancement of the discipline of nursing internationally.

**References**

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**Purpose**

to discuss findings of an interventional mixed methods study designed to test and evaluate the implementation of a formalized CFS in an academic institution. Included in the presentation will be a discussion of pre/post writing intervention results and implications for further intervention and research.

**Target Audience**

Nurses at any level interested in building scholarly writing capacity would benefit from attending this presentation.

**Abstract**

**Purpose:** This study evaluated outcomes associated with implementation of an academic Community of Faculty Scholars (CFS).

**Methods:** A correlational, repeated measures mixed methods design was used to answer the research question: What effect does a faculty writing mentoring program have in cultivating a culture of scholarly inquiry? The intervention consisted of three phases. Phase I used a scholarly writing retreat to inaugurate a CFS. Faculty writing groups paired scholar mentors with scholar fellows for a one year partnership. Phase II initiated customized strategies to support mentors and fellows. Phase III entailed celebration and closure. Twenty interprofessional fellows collaborated with five mentors.

In Phases I and III, fellows completed pre/post scales: Inner Strength Scale, Resourcefulness Scale, Climate and Culture Assessment Survey. Related Samples Wilcoxin Signed Rank Tests were used to analyze pre/post scores. Narrative analysis evaluated qualitative data across phases.

**Results:** Analyzing pre/post scores of three instruments revealed change in an undesired direction. Quantitative results from the Climate and Culture Assessment Survey were significant of overall effective communication \((p = .046)\), email communication \((p = .013)\), and face-to-face communication \((p = .011)\) which suggested a trend of rankings downward. The subscale of Connectedness in the Inner Strength Scale and the Social Resourcefulness subscale in the Resourcefulness Scale were significant at \(p = .038\) and \(p = .021\), respectively. A difference was found in the Total Resourcefulness Scale median scores \((p = .038)\) with the trend of median scores downward. Further, no significant differences were found in any of the total or subscale scores of the Inner Strength and Resourcefulness Scales among the subjects who published manuscripts, were in progress, or made no progress.

**Conclusion:** Although all participants reported benefit from the CFS intervention, empirical evidence suggests that the writing intervention did not have the intended result of creating an academic spirit that fostered a sustainable community of scholars. Upon reflection, the investigators speculate how changes in an environment may affect faculty capacity for nourishing a program of scholarship. Further study is needed to identify how best to support faculty members when external factors may impede scholarly writing.

**References**


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A 03 - Academic and Scholarly Writing in Nursing Education
Perceptions and Writing Experiences of Nursing Students: A Mixed Methods Exploration of Writing Self-Efficacy

Lori Sprenger, PhD, MSN, BSN, RN, USA

Purpose
The purpose of this presentation is to understand the reciprocal determinism model and its relationship to self-efficacy and competent academic writing and also to understand educational methods that can be used by nurse educators to increase writing self-efficacy and decrease hindrances to achieving competent academic writing for entry-level BSN students.

Target Audience
The target audience of this presentation is nurse educators who teach entry-level BSN students.

Abstract
Purpose: The investigated research problem was the need to identify the facilitators and barriers to competent academic writing by examining writing self-efficacy and academic writing experiences of entry-level BSN students. The purpose of the mixed-methodology research study was to empirically determine writing self-efficacy and qualitatively explore writing experiences of entry-level Bachelor of Science in nursing (BSN) students.

Methods: Bandura’s self-efficacy theory and the reciprocal determinism model were used as the supportive framework. The study’s participants included entry-level Bachelor of Science in nursing (BSN) students in a Midwestern state. The mixed methods study, using a concurrent triangulation design for data collection, incorporated a quantitative writing self-efficacy survey and focus group interviews. Descriptive statistics, one-way analysis of variance (ANOVA), and the Kruskal-Wallis test were used to analyze the quantitative data. Content analysis with identification of categories and themes was used to analyze the qualitative data.

Results: A statistically significant ($p = 0.05$) difference was found related to the gender demographic variable. No statistically significant differences were found related to the demographic variables of age, nursing student status, employment status, primary care provider status, support system status, first speaking language, and prior college-level writing course. Findings indicated that a variety of facilitators and barriers hindered the achievement of academic writing for entry-level BSN students: environmental factors, personal factors, and behavioral factors as shown in the reciprocal determinism model (Bandura, 1977, 1986).

Conclusion: Awareness of this study’s data might inspire nurse educators to consider assessment of entry-level BSN students’ writing self-efficacy and implement diverse teaching strategies to increase writing self-efficacy. Three main implications for nursing education included the following: increase writing self-efficacy, decrease hindrances to achieving competent academic writing, and increase facilitators to achieving competent academic writing. The achievement of competent academic writing for entry-level BSN students is imperative for academic student success and for the scientific sustainability of the nursing profession.

References

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Teaching Nursing Students to Provide Patient-Centered Transitional Education to Heart Failure Patients Using a Peer Teaching Strategy

Margaret A. Avallone, MSN, RN, MSN, CCRN, USA
E. Renee Cantwell, DNP, MSN, RN, CNE, CPHQ, USA

Purpose
To describe an educational interventional program to prepare pre-licensure nursing students to provide patient-centered, transitional heart failure education to patients.

Target Audience
nursing faculty, hospital nursing educators, preceptors, clinical nurses caring for heart failure patient populations.

Abstract
Background: Heart failure (HF) affects an estimated 26 million individuals across the world and is the leading cause of hospitalization in the United States and Europe (Ambrosy et al., 2014). In the United States, up to 20% of patients hospitalized for HF are readmitted within 30 days (Fida and Pina, 2012). Approximately 80% of patients with HF are over the age of 65 and are challenged to learn complex self-care skills to manage this syndrome (Ding, Yehle, Edwards, & Griggs, 2014). Nurses must possess not only knowledge of heart failure self-care principles but must have a skill set that enables them to prepare HF patients for a safe transition to home.

Though pre-licensure nursing students may learn HF concepts and transitional care content as part of the regular curriculum, nursing students in the Adult Health and Illness I Course were observed to lack the necessary knowledge, skills, and confidence to provide comprehensive HF education to patients and families. HF education must include disease-specific content, management across the continuum of care, and health literacy strategies. Teach-Back is an evidence-based health literacy educational strategy that provides effective patient education at the health literacy level of the patient and caregiver (Rudd, 2010). Teach-Back was associated with effective knowledge retention when implemented in a population of heart failure patients (White, Barber, Carroll, Brinker, & Howie-Esquivel, 2013).

Peer teaching partnerships have been used successfully to enhance cognitive and psychomotor development, increase confidence and satisfaction with the learning experience, and promote professional development (Goldsmith, Stewart, Ferguson, 2006, Secomb, 2007). Peer teaching and learning also supports teamwork and develops leadership and communication skills (Secomb, 2007)

Purpose: The purpose of this project was to evaluate the effectiveness of a peer taught Transitional HF Educational Program to provide accelerated baccalaureate nursing students with the knowledge, skills and confidence necessary to provide patient-centered HF education to patients and families. The Institute for Healthcare Improvement (IHI) and Transforming Care at the Bedside (TCAB): Creating an Ideal Transition Home for Patients with Heart Failure (Nielson, 2008) provided the basis for the program curriculum.

Methods: A quantitative pre-test, post-test design was used. Sixty second-semester accelerated baccalaureate nursing students enrolled in the Adult Health and Illness I Course were invited to participate. Additionally, senior (fourth semester) students who were serving as Academic Ambassadors were invited to be peer teachers. The Academic Ambassador program is an existing program within the School of Nursing that develops student leadership skills through focused academic and community services. Ambassadors are required to meet rigorous academic standards, attend educational sessions, and submit tutoring and community service hours.

Fifty-three second-semester students participated in the program, and nine senior level nursing students served as peer teachers. Faculty provided the Transitional HF Program education for the peer teachers in a two-hour session prior to the program. Peer teachers demonstrated proficiency in program topics prior to the educational intervention.

The Transitional HF Program consisted of a two-hour session that included HF didactic, case study, and role-play activities. Topical content, derived from the IHI/TCAB document, served as the curricular guide and
included HF disease management strategies including transitional care concepts, essential elements of HF education, and Teach-Back methodology. Senior (fourth semester) nursing students acted as peer teachers to present program content, participate in role-play activities, and help facilitate small group sessions. Peer Teachers role-played effective and ineffective examples of HF education and Teach-Back and then facilitated student discussion. During the small group sessions, the Adult Health students had the opportunity to role-play HF education and Teach-Back skills within small groups of three, taking turns as patient, nurse and observer. Peer Teachers also facilitated the role-play within the small groups. Faculty provided support for the peer teachers before and during the educational sessions, and facilitated the interactions during role-play. The study was reviewed and received exempt status by the Institutional Review Board of the University.

**Analysis and Summary of Results:** The Transitional HF Education Program was offered Fall semester of 2013 and Spring of 2014. Examinations of change scores were conducted by paired t-tests. Instructor-designed pretests and posttests were used to measure the difference in knowledge and confidence resulting from participation in the Transitional HF Educational Program.

Second semester Adult Health students’ demonstrated significant improvement in identifying essential elements of HF patient education defined by the IHI and TCAB: Creating an Ideal Transition Home for Patients with Heart Failure (2008) in a pre and posttest comparison, improving from 45.8% to 77%. (p<.001). Additionally, the education significantly improved the Adult Health students’ knowledge of escalating signs of HF from 41% to 83% and ability to perform Teach-Back (43% to 86%, p<.001 for both measures). Confidence in HF assessment skills, patient education skills, and Teach-Back technique significantly improved, increasing from 17% to 94% (p<.0001). The Adult Health students and Senior peer teachers overwhelmingly described the program as an effective method for teaching HF patient education.

**Recommendations:** Using the IHI and TCAB Transitional Heart Failure Education (Nielson et al., 2008) template provides an exemplar for nursing students to learn transitional care education concepts to promote care across the continuum. Instructing students in the use of Teach-Back technique provides an evidence-based, patient-centered method for teaching patients. Using upper level peers to facilitate education provides an effective, safe and satisfying way for the Adult Health students to practice new techniques through role-play. Additionally, this Program is highly adaptable for the education of nurses caring for patients in a variety of settings across the healthcare continuum. The Transitional HF Education Program may improve the quality of transitional care for patients with chronic diseases and prevent unnecessary readmissions by better preparing the emerging workforce.

**References**

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A 04 - Care in the Cardiovascular Realm
The Experience of the Coronary Patient in the Recovery Process of Acute Myocardial Infarction

Ma. Teresa Pratz Andrade, PhD, RN, Mexico

Purpose
Present the results of a study on the experience of the coronary patient in the recovery of myocardial based on various forms of management.

Target Audience
Nursing professionals involved in the process of rehabilitation of persons who have submitted an acute myocardial infarction

Abstract
Introduction: At present, have developed new therapeutic measures making the survival of people suffering from acute myocardial infarction (AMI) increase, however the experiences they have patients on this condition and treatment, rehabilitation and needs support required to meet the recovery process are not well documented. Acute myocardial infarction is a sudden illness that requires specialized and immediate favorable decision for management, however, recurrence of infarction was observed through reentry intensive care units, increasing the risk of mortality and making apparent lack a preparation for continuous home care.

Purpose: Understanding the experience of the coronary patient in the recovery of myocardial based on various forms of management.

Methods: Phenomenological qualitative study, carried out in-depth interviews in the homes of the participants, using an interpretative phenomenological analysis. The selection of participants was coronary patients attended in a public health institution of tertiary care.

Results: Nine interviews were conducted coronary patients, the issues raised are given to the torque from the acute event of illness, the treatment process until the recovery process at home, whose subjects include; feeling sick, coping with this situation, complications of treatment, care required at home and myocardial recovery process

Discussion: The abrupt change of life does not allow them to call the event using phrases such as "what happened to me" "what happened to the future does not exist as such, only live now", so it is not a life plan establishes "do not know it's going to happen, "living with physical and economic constraints" and not working I spend at home "I do what he did before, "making it difficult the recovery process.

Conclusion: This approach to people on survival to a heart attack, envision ourselves as the disease occurs in different dimensions (physical, social, economic and emotional) and needs support required in the recovery process, providing a framework to establish a strategy for the nursing rehabilitation in coronary artery disease.

References

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A 04 - Care in the Cardiovascular Realm
The Relationship between BMI, and Depression, Anxiety and Stress Represented by the Physiologic Indicators of Vagal Response and Blood Pressure

Rebecca Jo Helmreich, PhD, MSN, RN, PNNP, WHNP-BC, USA

Purpose
To motivate nurses to make a difference in perinatal outcomes for obese and non-obese women. Through early screening for psycho-social distress, changes in vagal response and blood pressure individually tailored, more effective prevention and treatment strategies can be developed to enable women to achieve healthy perinatal outcomes.

Target Audience
The target audience of this presentation is a combination of clinical nurses, researchers’, and educators. The presenter attempts to provide suggestions to apply to patient care, ways to improve the design of future studies, and ways to present information in a way that students can readily understand.

Abstract
**Purpose:** The purpose of this study was to determine the relationship between body mass index (BMI), and depression, anxiety and stress represented by the physiologic indicators of vagal response and blood pressure. Depression, anxiety and stress are precursors for numerous poor outcomes that may be associated with physiologic changes in the autonomic vagal response that often result in perinatal complications. However, it is unclear why some women experiencing adversity remain resilient and have positive perinatal outcomes in spite of an over-abundance of life circumstances. Individuals with attenuated response to life obstacles may exhibit a lack of physiologic adaptability in response to psychosocial factors, and may lack the self-regulatory capacity to adjust rapidly to stressful stimuli. More information is needed about the impact of stress, anxiety and depression on physiologic indicators in obese women, and if there is a difference between pregnant obese and non-obese women to provide appropriate nursing care.

**Methods:** This is a comparative group study that took place at clinic associated with a large university. Using a convenience sample of 20 obese and 20 non-obese pregnant women were consented to enter the study. Blood pressure and vagal response assessments were determined followed by study participants completing the questionnaires: Perceived Stress Scale, Prenatal Psychosocial Profile, Depressive Symptoms (CES-D) scale, and the Pregnancy Related Anxiety Scale. Means and standard deviations were obtained for the physiologic indicators and T tests computed to determine significance. The SUM function in SPSS 21 was conducted to score the additive scales of the questionnaires after which Independent samples T tests were used to explore significant findings.

**Results:** The mean age for participants was 29.11 years at 25.11 gestational weeks of pregnancy. Participants varied in ethnicity as 12 of the obese women were Hispanic compared to three of the non-obese women. Forty five percent of the study participants had CES-D scores exceeding the threshold score of > 16 equating to depression symptoms as reported in the literature. Non-obese women reported more depressive symptoms (mean = 17.5) and pregnancy related anxiety (mean = 18.3) than obese women (means = 11.6 & 14.6). Systolic and diastolic blood pressures were significantly higher (p.021) for the obese women (mean = 115/72 vs. 107/67). Significant differences in vagal responses were not identified.

**Conclusions:** Overall, these results provide preliminary evidence that non-obese women report more depressive symptoms and pregnancy related anxiety than obese women within a sample of healthy, low-risk women. However, further research is necessary to help determine the impact of stress, depression and anxiety on vagal response and blood pressure over time. By investigating the association of stress, anxiety, and depression with physiologic indicators, individually tailored, more effective prevention and treatment strategies can be developed to enable women to achieve healthy perinatal outcomes.

**References**

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Purpose
The presentation’s main purposes are (a) to discuss the potentially transformative experience of being a Fulbright nursing scholar in the Middle East in higher education, in healthcare, and doing volunteer outreach in the community; (b) to share observations relevant to faculty members’ successful teaching and international collaborative research experiences.

Target Audience
The target audience of this presentation are nurse educators who have interest in global nursing teaching and research collaboration. Moreover, to learn about the process of applying to the Fulbright Scholar Program.

Abstract
Purpose: This presentation results from a focused ethnographic study of the experience of being a Fulbright Nursing Scholar undertaking teaching and research in a different country and culture, particularly within a healthcare setting. The cultures considered are those of (a) higher education, (b) nursing and hospitals, and (c) the Middle East.

The presentation’s main purposes are (a) to discuss the potentially transformative experience of being a Fulbright nursing scholar in the Middle East in higher education, in healthcare, and doing volunteer outreach in the community; (b) to share observations relevant to faculty members’ successful Fulbright experiences in an international and intercultural setting, including perceived barriers, international and intercultural safety issues, and mediating perceptions and expectations between the host community and the visiting vo; (c) to suggest elements that enhance the value of the experience for the Fulbright Scholar, the host population, and the host’s home community.

Methods: The field work for this project was substantially based at Bethlehem University (BU) in Palestine, and included visits to Augusta Victoria Hospital (Jerusalem), University of Jordan (Amman), Jordan University of Science and Technology (Irbid). Research methodology was based on the Observation-Participation-Reflection model

Results: Emergent themes included the importance of personal contact with nursing faculty and nursing students globally, and the importance of understanding the health, family dynamics culture and language of families and their children globally. Nursing faculty impact the health of the children and their families through education, research and health promotion

Conclusion: My Fulbright experience in Palestine, Jordan and Egypt was personally and professionally amazing, enriching, empowering and transformed me to an expert in global teaching, leadership role and research in nursing. Most compelling elements of my experiences were centered on my teaching strength, research and community workshops.

References

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A 05 - International Educational Collaborations
Making an Impact on Infant Mortality in Guyana: Development of an Innovative Nurse Education Program

Caitlin R. Beggs, MSN, RNC-NIC, AHN-BC, USA

Purpose
The purpose is to showcase the development of an innovative, evidence based, year-long neonatal nurse training program designed to address the high infant mortality rate in Guyana, South America.

Target Audience
The target audience includes educators, policy makers, healthcare workers, and public health officials who are interested in improving infant mortality.

Abstract
Background: With a population of 750,000 people, Guyana had an under-5 mortality rate of 35 out of 1,000 children and an Infant mortality rate (IMR) of 29 per 1,000 live births in 2012 (unicef.org). This places them second highest only to Haiti of the 15 Caribbean Community nations (caricom.org), and 67th out of 220 countries worldwide (cia.gov). Millennium Development Goal 4, set by the World Health Organization, challenges countries to reduce by 2/3 their under 5 mortality rate by 2015. While past programs aimed to increase immunizations or pediatrician coverage in the community, few looked at the root of the problem, which is lack of access to quality medical equipment and education of medical professionals.

Purpose: To address this need, in March 2012 a team of nurse educators, physicians, and respiratory therapists from Nationwide Children’s Hospital developed a year-long Neonatal Intensive Care Nurse Certification program in collaboration with the Pan American Health Organization (PAHO) and Guyana Help the Kids non-profit.

Method: Using the Action-Logic Program Development Model, a goal was created to utilize innovative educational and mentoring strategies in a 4-phase program to implement evidence-based neonatal intensive care methods. Implementation of web-based lectures, on-the-ground skills training, and online mentorship yielded an 18% increase in knowledge in the pilot class of 11 students.

Results: Changes to the program in 2013 based on evaluation of the pilot class yielded a 25% increase in nursing knowledge, which impacted the program outcome of increased use of advanced equipment and evidence-based nursing practice to improve neonatal care in the public sector in Georgetown, Guyana.

References

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Educational Activities for Health Care Promoters in Haiti: Insights Gained over the Years

Ellen L. Palmer, PhD, RN, USA
Becky M. Baird, MS, RN, RN-BC, CNE, CMSRN, USA

Purpose
describe the evolution of planning educational activities in an international partnership.

Target Audience
those who are interested in international nursing research and educational partnerships.

Abstract
Purpose: For more than fourteen years, several nurse educators from the Dallas-Fort Worth, Texas area have participated in educational activities for health care promoters in Port-au-Prince, Haiti. A collaborative effort began with U.S. nurse educators first developing a trust relationship with colleagues at Grace Children’s Hospital. Identifying what the educators could accomplish and following through with commitments was key.

Methods: In the beginning, nurse educators did informal walking rounds with nursing management at Grace Children’s Hospital. Learning needs were identified by management and staff. Nursing leadership requested assistance to develop a program for nursing management. The first program was done by the U.S. nurse educators to include developing evaluation forms and certificates. Over the years, the leadership, with mentoring, have become proficient in developing programs. Topics have included nursing leadership, nursing management, infectious diseases, and nursing research. After the 2010 earthquake, a rehabilitation workshop led to a collaborative research project. The study results will be published in 2015.

Results: Nursing leadership learned to develop budgets for programs to cover expenses for handouts, refreshments, lunch and translators. Presenters cover their expenses; attendees from outside the organization are asked to pay a small fee; donations from Sigma Theta Tau International chapters, Delta Theta Tau at the University of Texas at Arlington and Beta Beta at Texas Woman’s University, and other organizations offset costs of lunch and refreshments.

Conclusion: Having a shared vision with mutual needs, representatives from the Haiti National School of Nursing and Haiti King’s Hospital Organization were on the planning committee for the thirteenth symposium held in November 2014. Topics on the agenda included the Ebola virus and other infectious diseases of concern to Haiti. Participants also received instruction on how to complete a learning needs assessment, the results of which revealed the need for simulation-based training. Plans are underway to implement a simulation laboratory at Grace Children’s Hospital which will enable a more complex and detailed collaboration. Suggestions for topics for the next symposium were offered.

References

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A 06 - Caring for Those Whom You Do Not Understand, and Don't Understand You!
The Front Line Nurses' Experiences in Caring for Pediatric Patients and Families with Limited English Proficiency

Jennifer M. Stephen, MSN, RN, CPN, USA

Purpose
describe the lived experiences of pediatric clinical nurses caring for patients and families with limited English proficiency.

Target Audience
all clinical nurses, nurse leaders, and nurse researchers seeking to understand the dynamics of care between patients/families and bedside nurses with differing primary languages.

Abstract
Purpose: The purpose of this qualitative study was to gain understanding about the experience of pediatric nurses caring for limited English proficient (LEP) patients and families in the in-patient setting and how nurses navigate the communication gap.

A decade ago the Office of Minority Health (OMH, 2001) set 14 National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care. OMH encouraged the healthcare community to evaluate and incorporate the standards in an effort to eliminate disparities and improve the health of all people. In addition, the Institute of Medicine (2009) and The Joint Commission (2010) recognized the important role care providers play in the achievement of health through cultural competence, communication, and patient and family centered care. Nurses play a key role in meeting the individual’s communication needs (Patak et al., 2009). Through assessment of the patient’s oral and written communication needs and preferred language; the nurse contributes to the responsibility of effectively communicating when providing care, treatment, and services. Patient-centered communication improves safety and quality of care (The Joint Commission, 2010).

Nurses have a professional obligation to advocate for the needs of patients, regardless of the setting or the system’s shortfalls (American Nurses Association, 2001). As part of the health care community, nurses are expected to meet national standards and be vital partners in ensuring patients reach optimal levels of health. They are frequently the gate-keeper of information, collaborating with physicians and coordinating multi-disciplinary care. A nurse’s ability to perform in the expected role is challenged when a communication barrier exists. This barrier doubles for nurses caring for in-patient pediatric patients, a specialty in which the nurse has a responsibility to both the child and family. Literature providing guidance for nurses navigating the language gap in the inpatient pediatric setting is non-existent. Research exploring how nurses bridge the language barrier and identification of best practices and outcomes would benefit patients, families, and nurses.

Methods: An exploratory qualitative design using phenomenology was used to describe the experiences of nurses caring for patients and families with LEP. Using purposive sampling in a 400+ bed tertiary care children’s medical center in the Southwestern United States, 15 direct care Registered Nurses from medical-surgical in-patient units, with at least one year of experience in caring for patients and families with LEP, were recruited. Private audio-taped interviews, lasting approximately 60 minutes, were conducted in the medical center. All interviews were transcribed verbatim and verified for accuracy by the principal investigator. An investigator designed demographic survey was administered to nurse participants at the end of the interview. The researcher instructed participants to describe his/her experience in providing care for patients and families who speak little to no English. Probing, open ended questions were used to explore the nurse’s decision-making process, communication methods and resources, and feelings associated with caring for patients and families with LEP. At the end of the interview, the researcher summarized and verified the main points with the participant. Using phenomenology (van Manen, 1984), the transcripts were analyzed for and categorized into thematic groupings which described nurses’ thoughts, feelings, examples, behaviors, emotions, and statements that reflected their lived experiences in caring for patients and families with LEP.

Results: Of the 15 pediatric nurse participants, 13 were female, 70% between 20 to 39 years old, 53% with less than 5 years nursing experience, and 53% with a bachelor’s degree in nursing or higher. Of about 12,400 discharges in 2013, 8% of the households reported speaking Spanish and almost 1% reported speaking a
language other than Spanish or English. Nurses stated caring for at least one, and frequently more than one, family with LEP per shift. Two nurses reported proficiency in speaking, reading and understanding Spanish. Each nurse described their feelings of dissatisfaction, frustration, sadness, and defeat when caring for patients and families with LEP. Nurses expressed differences in their definitions of care related to English vs non-English speaking families and patients. When nurses were assigned non-English speaking families and patients and reflected on their shift experiences, they stated they provided the same physical care, nursing tasks, and assessments as for English speaking families and patients. Task-oriented care did not satisfy their vision of ideal, holistic nursing care such as engagement, communication, emotional support, room presence, counsel, and comfort. As described by one nurse, "...not that I'm not giving good nursing care in and of itself, but it makes me feel that I'm not caring for them as I would like to care for them". Rather than relying upon communication, nurses explained numerous nonverbal ("Because you know your face speaks a thousand words.") environmental ("I'll be extra aware to look at the trash bag for diapers..."), and behavioral ("I try to watch them, if they point to something...") cues used to gather information from their patients and families.

Conclusion: In order to “decenter” and move to “unknowing” for data interpretation, the researchers had to abandon previous assumptions that pediatric nurses would recount their daily experiences in a structured, step-by-step process. Instead the nurses described a compromised personal paradigm of care accompanied by emotional distress when taking care of patients and families with LEP. The findings could be used to guide nursing leadership in making patient assignments and assessing their nurses for potential signs of burnout and emotional distress related to the communication challenges. Suggestions for future research include: (1) replication of this study in international settings where English is not the primary language and (2) exploratory qualitative study describing the patients and families’ experiences and perceptions when receiving care from a healthcare provider who does not speak their language.

References

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A 06 - Caring for Those Whom You Do Not Understand, and Don't Understand You!

Developing Trust in the Nurse-Patient Relationship when a Language Barrier is Present

Sharon M. Jones, PhD, RN, CNE, USA

Purpose
To discuss the results of a classic grounded theory study related to how trust develops between the nurse and the patient who is Spanish-speaking in the USA.

Target Audience
nurse researchers, nurse educators or nurse clinicians working with the Hispanic or Latino populations.

Abstract
Trust is an important component in the nurse-patient relationship with hospitalized patients and a key cultural value in the Hispanic culture. In my previous study of the development of trust with English-speaking Mexican American patients, trust was found to develop from positive interactions with the nurse and negative interactions led to the patient not wanting further contact with the nurse which led to patient safety concerns. A limitation of my previous study was not including Spanish-speaking patients. In this current study I explored how interpersonal trust develops between the nurse and the Spanish-speaking Mexican American hospitalized patient in the United States. From a global perspective, nurses worldwide interact with patients who does not speak the same language as the nurse.

Purpose: To explore how trust develops between the nurse and the hospitalized Spanish-speaking Mexican American patient in the United States

Methods: In this study I used the classic grounded theory method. Face-to face interviews were conducted in the hospital setting with Spanish-speaking patients hospitalized at least two days on a medical or obstetric unit in the Midwestern United States. Data collection was done in Spanish using an interview guide with semi-structured questions. Sixteen participants were interviewed in an urban setting and findings indicated nearly all the nurses spoke at least some Spanish. Theoretical sampling led to an extension of data collection to a rural setting where the nurses did not speak Spanish. Data analysis in this classic grounded theory study using constant comparison included first and second level coding.

Results: A model of the development of trust with the hospitalized Spanish-speaking patient in the United States was developed and includes a core category. The preliminary data analysis indicated the language was the key factor. If the nurse spoke the patient’s language (Spanish), the patient could express himself or herself related to care concerns but also to simply chat with the nurse, which could lead to the development of trust. In situations where the nurse did not speak Spanish, the patient placed the responsibility of the language barrier on the patient rather than the nurse, and the patient expressed frustration and vulnerability at the lack of English-language skills. In addition, the patient found ways to communicate with the nurse to overcome the language barrier and participate more fully in care decisions. Another important factor in the development of trust was the nurse’s attitude; participants noted some nurses were able to transmit trust even with a language barrier present. Finally, time spent with the nurse was important, the participants noted the need for time and/or an opportunity to develop trust with the nurse.

Conclusion: Findings from this study are useful in the practice setting. Implications for practice include the importance of the nurse at least attempting to speak the patient’s language, even basic words or phrases for social interactions while patients relied on interpreters for detailed explanations of care. In addition, the nurse’s attitude toward the patient who has a language barrier is an important factor on whether trust will develop.

References
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A 06 - Caring for Those Whom You Do Not Understand, and Don't Understand You!

Engaging the Participant: Use of a Photographic Method

Sue A. Anderson, PhD, MS, BSN, BS, AS, RN, FNP-BC, USA

Purpose
The purpose of this presentation is to describe how a photographic method was used to engage Hispanic mothers in the research process and how it contributed to deeper understanding and knowledge development.

Target Audience
The target audience for this presentation is nurse researchers who conduct qualitative research with ethnic, minority, or vulnerable populations.

Abstract
Purpose: A challenge of conducting qualitative research within a culture that differs from the researcher’s is to capture the emic perspective and accurately and respectfully present the participants’ story. The purpose of this presentation is to describe how a photographic method was used to engage Hispanic mothers in the research process and how it contributed to deeper understanding and knowledge development.

Methods: Ten English-speaking Hispanic mothers of children aged 6-10 were invited to photograph their children’s leisure time physical activity for one week. After the film was developed the participants performed initial data analysis by sorting their photographs into categories of activities. After creating categories of activities based on the pictures, the participants then engaged in photo-elicited interviews in which they told their story about each picture and leisure time activity category. Data analysis incorporated Spradley’s Developmental Research Sequence.

Results: This method reduced researcher bias and was less intrusive than sitting in the participant’s home observing activities or sitting at a playground, watching children at play. It allowed for participant observation in a situation where it is not culturally acceptable for adults to sit and observe children, even in public venues. Important nuances of the children’s leisure time activities may have been missed if traditional ethnographic participant observations, which focused only on the children’s physical activities, were used. While the researcher’s observations may have addressed the research questions, it is possible that those observations would not have been as culturally relevant as the story told by the participants. The participants provided their emic perspective through their pictures, categorization of their children’s leisure activities, and photo-elicited interviews. Their willingness to co-create this research permitted a more balanced and rich description of the children’s activities to emerge.

Conclusion: In this study, participant-produced photography permitted participant observation in a non-intrusive, culturally and ethically-sensitive and appropriate manner. The participants understood the questions posed by this research and helped to co-produce the resulting knowledge through their photographs and narrative. During interviews, viewing their photographs helped to sharpen the participant’s memory, reduce misunderstanding, and provide more in-depth information.

References

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A 08 - Nursing Educational Strategies: Global Views
Embedding Simulation-Based Learning in a Capstone Undergraduate Nursing Subject to Develop Clinical Reasoning Skills

Karen Elizabeth Nightingale, MEd, RPN, RN, MACN, Australia

Purpose
The purpose of this presentation is to describe the process utilised to redesign a large undergraduate capstone nursing subject to develop the clinical reasoning skills of final year nursing students. The unit is run across 5 campuses and delivered to over 1500 students utilising over 30 Faculty staff.

Target Audience
The target audience of this presentation is academics who are excited by exploring ways in which clinical reasoning skills can be taught to final year nursing students through simulation accompanied by a validated six-step Debriefing for Meaningful Learning©

Abstract
Reflective learning and clinical reasoning skills are highly valued and even deemed essential in healthcare professions where constantly changing situations require effective and efficient reasoning and decision-making processes (Parker & Myrick, 2009). Research suggests the capacity of simulation-based learning (SBL) as a technique to stimulate the development of metacognitive processes such as clinical reasoning is dependent upon a purposeful and structured approach to curriculum design (Dreifuerst, 2010; Hoffman, 2007; Kuiper, Heinrich, Matthias, Graham, & Bell-Kotwall, 2008; Lapkin, Levett-Jones, Bellchambers, & Fernandez, 2010).

In October 2014, the Australian Catholic University School of Nursing, Midwifery and Paramedicine re-designed a final semester Bachelor of Nursing capstone subject from a blended mode of lecture-and online delivery to a simulation-based mode of delivery, with a focus on developing clinical reasoning skills. The ensuing simulation program took a unique approach of incorporating two existing resources designed to develop clinical reasoning skills in undergraduate nursing students; written scenarios based upon an eight-step clinical reasoning framework (Levett-Jones, 2013); and the validated six-step Debriefing for Meaningful Learning© (Dreifuerst, 2010) debriefing framework.

The success of this re-design was dependent upon specialised knowledge and skill in both the facilitation of the simulation program and the Debriefing for Meaningful Learning© framework. This presented as a significant challenge as the subject was to be conducted simultaneously on five campuses across the eastern seaboard of Australia, involved over 1500 undergraduate nursing students, and in excess of 30 academic staff both continuing and casual; many of whom had limited prior experience of SBL.

This presentation will present: the design principles underpinning this innovative curriculum re-design; an overview of the simulation program; and the strategy employed to support academic and technical staff in delivering this subject. Finally, preliminary data will be presented regarding student and staff satisfaction with this re-design.

References:


References


Contact
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A 08 - Nursing Educational Strategies: Global Views
Flipping the Classroom without Flipping out the Students

Victoria A. Greenwood, MS, RN-BC, USA

Purpose
The purpose of this presentation is to show that the educational strategy of flipping the classroom has demonstrated a positive effect on student learning, as evidenced by an increase in test scores.

Target Audience
The target audience of this presentation is nurse educators.

Abstract
Background. Flipping the class has been touted as a method of increasing student participation and improving learning outcomes. According to Bergmann and Sams (2012), the basic premise of this instructional technique is to have students complete at home that which is traditionally done in class, and to complete in class that which is traditionally done as homework. Nursing professors are trying their hand at this educational technique with success.

Research Question. Will flipping the classroom positively affect student learning, as evidenced by an increase in test scores?

Methodology. A group of baccalaureate nursing students were introduced to the “flipped classroom” at the start of their junior year in the nursing program. Previously, classroom time was used to deliver instructional material via PowerPoint presentations, with the teacher doing most of the talking. Case studies were built into the presentations several years ago which resulted in some discussion with a handful of students. After attending a “flipping the classroom” seminar and performing a literature review on the topic, the decision was made to begin the fall 2013 semester with a flipped classroom in the Nursing Interventions course (traditionally known as medical surgical nursing). As part of the students’ classroom orientation, a brief explanation of “flipping the classroom” was given, including the specific instructional techniques that would be used during the semester. In keeping with the philosophy of “flipping the classroom”, narrated Power Points were made available before each class. Students were instructed to watch and listen to the PowerPoint presentations and to be ready to participate in case studies that would enhance their understanding of the material covered in the presentations. Classroom time was used to incorporate additional case studies. Students were divided into groups and each group given a different case study relevant to the material in the narrated presentations. Each case study was accompanied by a series of questions edited to promote increasingly complex levels of student understanding. Using a rotating group leader, students were assigned questions and groups presented to the entire class, usually within the same class period.

Results. When comparing student test scores before (n= 46) and after flipping the classroom (n=169), we found a statistically significant average increase of 8.04 points after the change in instruction (t =-6.076, p < .0001). Results of the one way ANOVA to further test the hypothesis that flipping the classroom would improve test scores showed the omnibus F test was statistically significant F (15.852,  p = < .0001). Post hoc tests revealed that, as hypothesized, there was a statistically significant difference in the mean test scores of students in the traditional classroom (M= 69.89) and the first semester of the flipped classroom (M= 76.58) and the second semester of the flipped classroom (80.86). Test blueprint was held constant throughout this process.

Conclusions and limitations. Our hypothesis that flipping the classroom will improve test scores was supported by the data, as outlined above. Test scores progressively improved with each semester of the flipped classroom. This improvement may be attributed to increased instructor confidence with this instructional method. Further analysis over several semesters is need to identify trends, including possibly effect on student attrition and NCLEX pass rates. Observationally, students were noted to have increased classroom participation and confidence when collaborating with their peers. In addition, each student executed the role of group leader which involved organizing and managing peers’ work, potentially empowering them to embrace leadership roles in the nursing profession.

Despite the increase in test scores, student satisfaction as noted in anonymous course evaluations declined. This is consistent with Berrett (2012) and Missildine, Fountain, Summers & Gosselin (2013) who found similar correlation with student satisfaction and the flipped classroom. Instructors should be mindful when
initiating this new pedagogy and prepare students by discussing the rationale. Anecdotally, students in the 2nd semester appear somewhat more satisfied with this teaching method as compared with first semester students, with minimal negative comments in anonymous course evaluations. As expansion of the flipped classroom continues across the nursing curriculum, student engagement and satisfaction with this method is predicted to rise.

References


Contact
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Purpose
The purpose of this presentation is to describe how one school of nursing has developed and sustained an international collaboration that promotes the development of global citizenship, cultural competence and communication and leadership skills among baccalaureate nursing students.

Target Audience
The target audience is nurse educators, nursing students or anyone interested in developing international collaborations.

Abstract
In order to provide quality health care, nurses must apply knowledge, leadership and communication skills. In addition, the professional nurse must develop the necessary skills to provide culturally appropriate care in the multicultural environment in which we live. Nurse educators must provide experiences that facilitate the development of these skills.

Nursing students at The University of Virginia’s College at Wise have been traveling to Body and Soul Ministries of Belize, Central America, during Spring Break for the past six years to provide healthcare for residents of a small multicultural community. One of the goals of the college is for their graduates to develop an understanding of global citizenship. The intent of this podium presentation is to describe how one school of nursing has developed and sustained an international collaboration that promotes the development of global citizenship, cultural competence and communication and leadership skills among baccalaureate nursing students.

Developing an appreciation for diversity is necessary for providing culturally appropriate care. This international collaboration provides opportunities to care for individuals of various cultural backgrounds. Providing care for a large number of individuals in a short time frame in unfamiliar environments without the luxury of air conditioning or running water requires teambuilding skills and effective communication.

Becoming a global citizen requires acquisition of knowledge about various cultures, awareness and appreciation of diverse practices among these cultures, and a willingness to collaborate with the citizens of these cultures. This international collaboration provides the opportunity for participants to acquire an understanding of the health problems and issues related to the availability of healthcare in a country other than their own. In addition, the cultural health practices of the population served are explored.

Over the course of the years of travel to Belize, students have learned communication skills, global citizenship, collaboration skills and cultural competence. Acquiring and refining these skills and characteristics are required for leadership development. For many, this trip was the beginning of a journey to becoming leaders, leaders committed to promoting the health of individuals, families and communities worldwide.

References

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Challenges in International Collaboration: A South African Perspective

Karin C. S. Minnie, PhD, RN, RM, South Africa
Christa Van der Walt, PhD, MSocSc, MEd, BEd, BArtetSc, RN, RM, South Africa

Purpose
To inform attendees of the challenges experienced by a team of South African academics in their collaboration in various international projects

Target Audience
people interested to learn about the experience of academics from South Africa in international collaborations

Abstract
Purpose: This presentation aims to inform participants of the experiences and challenges of a team of South African academics while collaborating in various international projects. Participants can reflect on their own experiences and take the new knowledge into consideration in planning new collaborations.

Methods: Academics from the North-West University in South Africa have been involved in various international projects during the last few years. Experiences while collaborating in the Canadian Teasdale Corti Project, the Maternal-child Nurse Leadership Academy which originated in the United States but was recently rolled out in several African countries, and a European funded COST action will be shared in the presentation.

Results: Some of the challenges are: different working styles, differences in time zones, seasons, academic years and financial year ends. Language differences can also be challenging. Lessons have been learned from each of the collaborations.

Conclusion: International collaboration can be very exciting and fulfilling. International exposure is also necessary to grow as researcher. An academic which is aware of the challenges that can present themselves, is better prepared for such an experience. Participants will be asked to share their experiences and challenges they had during international collaboration.

References

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A 09 - Challenges in International Collaboration
Aligning Cross-Border Nursing Practice: Development of a Legally-Defensible
International Regulatory Examination for Entry-Level Registered Nurses

Philip Dickison, PhD, RN, USA
Ada Woo, PhD, USA

Purpose
The authors aim to use the NCLEX-RN as a case study of cross-border licensure examinations. This paper will outline the test development and psychometric processes in the development of the examination. It will also discuss the cross-border nursing practice implications resulted from the use of a common assessment.

Target Audience
The target audiences for this presentation are nursing regulators, nursing educators, clinicians and anyone who are interested in cross-border regulation.

Abstract
Purpose: In the United States, the NCLEX-RN® is an examination of entry-level registered nursing competence for the purpose of initial licensure. Beginning in 2015, ten Canadian provinces and territories also adopted the use of NCLEX-RN as the entry-to-practice examination. The current paper will outline the test development procedures that were implemented to ensure that the NCLEX-RN is an appropriate and legally-defensible assessment of entry-level nursing practice in the U.S. and in Canada. The authors would like to highlight the process used in transitioning the NCLEX-RN from a U.S. licensure examination to one that is appropriate and legally defensible for use in two countries as a case study for developing a cross-border licensure nursing exam.

Methods: Large scale, international practice analysis survey methodologies will be used. See reference section for detail.

Results: Four major aspects of the examination development process will be discussed in this paper: (1) practice analysis, (2) test content development, (3) psychometrics and (4) implications in cross-border nursing practice. The NCLEX-RN development process begins with a practice analysis that surveys entry-level incumbents on job tasks, knowledge and skills that are relevant to entry-level practice. After the initial practice analysis survey was conducted in the U.S., a large scale validation study was completed using the Canadian nursing population. In terms of test content development, Canadian subject matter experts joined forces with their U.S. colleagues in the NCLEX-RN development and review process two years prior to the examination launch in Canada. Canadian nurses took part in the item writing, review and translation validation of the NCLEX-RN.

Conclusion: In addition, this paper will describe the psychometric analyses applied to the examination data to ascertain whether the NCLEX-RN items are fair and unbiased for both U.S. and Canadian nurse candidates. Specially, the use of differential item functioning analyses in detecting content bias will be discussed. To conclude, the authors will discuss the implications on cross-border nursing practice in the U.S. and in Canada since the common use of the NCLEX-RN in these two countries.

References

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A 10 - Creating and Sustaining Programs Using Evidence

Evaluation of an Academic-Service Partnership Using Kirkpatrick's Evaluation Model

Laurie Ecoff, PhD, MS, BSN, RN, NEA-BC, USA
Jaynelle F. Stichler, DNSc, MS, BS, RN, NEA-BC, FACHE, FAAN, USA

Purpose
The purpose of this program is to describe the demonstrated benefits and outcomes of an academic-service partnership between a university-based school of nursing and a Magnet designated hospital to influence the enculturation of research and EBP among nurses and interprofessional colleagues. Outcomes are reported using Kirkpatrick’s Evaluation Model.

Target Audience
The target audiences of this presentation are nurse researchers and leaders from the academic and service settings.

Abstract

Purpose/Background: The benefits of faculty embedded in community hospitals has been previously described including knowledge sharing, enhancing lifelong learning, and potentiating the professional practice of clinical nurses. The most successful academic/service partnerships include synergistic relationships with reciprocal exchanges of knowledge and competencies where faculty partners assist clinicians in developing research protocol to address clinical questions and EBP projects for real situations occurring in the hospital setting. The American Association of Colleges of Nursing and American Organization of Nurse Executives have recognized the importance of academic/service partnerships and have developed guidelines for such partnerships.

Conceptual Framework: Knowles adult learning theory (Lieb, 1991) and Kirkpatrick's Evaluation Model (Kirkpatrick & Kirkpatrick, 2006) were used as the conceptual frameworks to guide the case study experience.

Description of Best Process/Methods: A mixed-method model was used to teach, support, coach, and encourage nurses in research projects and EBP change projects to change the research-adverse culture to a culture of inquiry. The faculty partner was embedded in the organizations' collaborative governance councils, presented 15 minute "educational snip-its", and facilitated workshops in Writing for Publication (dissemination of new knowledge).

Outcomes Achieved: Kirkpatrick’s Evaluation Model is a sequence of methods to objectively evaluate the effectiveness of educational programs. Level 1 "reaction" and Level 2 "learning" are evaluated at the time of teaching and coaching events. Outcomes of the academic-service partnership were evaluated using the higher evaluation levels of Kirkpatrick’s model - Level 3 "behavior change" and Level 4 "results". Level 3, behavior change was demonstrated by clinicians through application of knowledge, skills and attitudes related to conducting research studies or EBP projects, developing poster and podium presentations and writing manuscripts for publication. Level 4 outcomes included the number of nursing research studies, completed EBP projects, poster and podium presentations, and manuscripts submitted for publication. These scholarly activities have increased substantially during the 7 year academic partnership with the embedded professor. Feedback from nursing leaders, clinicians and interprofessional colleagues indicate the benefits of an academic-service partnership in building and sustaining a culture of inquiry.

Conclusions: Academic-service partnerships can be an effective method to facilitate an appreciation of nursing research and evidence-based practice and demonstrate an increase in the quantity and quality of scholarly activities.

References
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A 10 - Creating and Sustaining Programs Using Evidence
Creating a Hospital-Based Certification Program for Organ Donation Management

Sandra G. Egnor, BSN, BA, RN, CCRN, USA

Purpose
The purpose of this presentation is to provide information to clinical, research, and administrative nurses involved in promoting best practices in donor and transplant hospitals. The presentation offers a framework on which other organizations can build upon to further the cause of organ donation and transplant care.

Target Audience
The target audience of this presentation is clinical critical care nursing staff involved in the care of organ donor patients and their families, transplant nurses, nursing leadership, hospital administrators, and organ procurement organizations.

Abstract
Purpose: Certification is a benchmark for recognizing clinical and expertise among nursing professionals. The American Nurses Association, American Nurses Credentialing Center, and The American Association of Critical Care Nurses are among the groups that advocate certification as a means to recognize knowledge and competence, improve patient outcomes, and empower and engage nurses in their areas of expertise. The review of the literature does not represent a specialty certification in organ donation management for critical care nurses. The survey of nursing staff, the number of process related breakdowns, and loss of donation opportunity indicated a need for further investigation and education. Educational interventions are an integral part of efforts to promote best practice, inform providers, and improve patient care. Interventions alone do not recognize and validate expertise. Charleston Area Medical Center in association with the Center for Organ Recovery and Education offered the first educational intervention specifically targeted to critical care nurses for the care and management of donor patients and their families. The program is organized as a certification review course.

Methods: The course outline and materials were compiled by faculty representing medicine, nursing, quality management, organ and tissue recovery, transplant, and administration. The activity was built around clinical domains, caring practice, legal, ethical and regulatory standards. The conference consisted of speakers from the listed disciplines, power-point, group activities including case studies and question and answer sessions including a special session with donor families. The title of the course and hospital recognized certification is the CAMC Certified Donor Management Nurse (CDMN). The first course was offered in November of 2013. The second course was offered in 2014. Currently there is a third class scheduled for 2015. Participants were given 60 days to take their exam and be recognized as certified.

Results: The first group of participants represented nurses from the eight critical care units at CAMC. The second group represented nurses from seven of the critical care units at Charleston Area Medical Center. Fourteen of a total of 21 nurses have taken and successfully passed the certifying exam. The certified nurses are now recognized by the organization, physicians, and peers as clinical experts in the care and management of donor patients and their families. Requirements of nurses certified include participation in donor recognition activities, advocacy, peer education and taking the exam annually to maintain certification. The certified nurses have been recognized in the hospital based electronic newsletter as well as print media. They will receive certificates of achievement and be honored during the CAMC "Power of Donation” month in June of 2014.

Conclusion: Currently improvement data is being monitored including: number of referrals, management of the donor patient, organ yield per donor, and conversion rates. Charleston Area Medical Center will explore offering the class to partner hospitals in the future.

References

References

Contact
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Purpose
The purpose of this presentation is to analyze benefits and costs incurred by FQHCs as a result of the accreditation process. Accreditation places pre-determined guidelines and standards in place that set the stage for macrosystem level redesign without full awareness of the impact to nurses and practitioners at the frontline.

Target Audience
The target audience of this presentation are nurse practitioners and nurses at the frontline that provide the microsystem level impetus to improve health in the populations they serve. Work flow processes are developed around pre-determined guidelines and standards set through the process of accreditation.

Abstract
Purpose: Federally Qualified Health Centers (FQHCs) are currently the nation’s largest primary health care provider group with a projected patient census of 40 million patients by 2015. Accreditation of FQHCs is a federally endorsed process recognized as creating a framework to deliver increased quality of care. Nurse practitioners and nurses at the frontline of community health provide the microsystem level impetus to improve health in the populations they serve, and accreditation places pre-determined guidelines and standards in place that set the stage for macrosystem level redesign. However, sufficient empirical data showing improved clinical outcomes and cost-effectiveness related to accreditation do not exist. This study analyzes benefits and costs incurred by FQHCs as a result of the accreditation process.

Methods: Using a semi-structured interview process, the data were collected from administrators of FQHCs that have obtained Joint Commission accreditation. The interview sessions were directed toward qualitative/quantitative information about the benefits and costs associated with obtaining and maintaining accreditation status. Data were analyzed using qualitative, descriptive, and multivariate methods.

Results: Participants agreed that the process helped create a framework for specific quality indicator reporting by programs and departments. Participants were unable to make a clear distinction between costs that could be directly attributed to daily operations versus costs specific to the accreditation process, particularly in facilities that had been through more than one cycle of renewal. Although the process within inpatient facilities had historically consisted of chart reviews, FQHCs reported a greater focus on examination of clinical outcomes and patient specific processes in administering services. None of the participants knew the actual cost of the accreditation processing fees incurred every three years.

Conclusion: Improved clinical outcomes were perceived to be associated with accreditation, and the cost of accreditation was either unknown or relatively indiscernible from every day clinical operations; further research is needed. The power of this review process is most effective if all parties involved are aware of the costs, the effectiveness and the outcomes achieved. Structural design of FQHCs should empower and recognize the importance of nursing at the frontline in wellness centers, community clinics, schools, and public health. It is imperative that those responsible for the delivery of these services guide innovation, with the opportunity for frontline providers to give candid feedback on the processes. The effect of accreditation on innovation, work flow processes and resources needed to improve clinical outcomes in FQHCs should be examined in future studies.

References

Contact - kcurna@ufl.edu
Purpose
Propose an integrated information systems model which, includes both patient and provider data in order to optimize patient outcomes.

Target Audience
Nurse Executives, Nurse Educators, Nurse Informaticists, Nurse Researchers, and Practicing Nurses

Abstract
The technology supporting today’s electronic health records has evolved significantly since their first generation. However, the underlying systems integration model has changed very little over the same time period. Nursing has access to more patient data than ever before. Sadly, opportunities to utilize the data to inform the care process are still being overlooked.

The Synergy Model states the by matching patience characteristics with nursing characteristics patient outcomes are optimized. The electronic health record provides a near complete view of the patient characteristics. However, systems for capturing nursing characteristics are lacking.

A systems integration model will be presented, informed by the Synergy Model that will support the linking of patient and nursing characteristics through linkages between the electronic health record, a knowledge base, and a competency management system.

The learner will be able to explicate the benefits of linking patient data with provider data to improve patient outcomes.

The learner will understand why a knowledge base should be the conduit between the Electronic Health Record and the Competency Management System.

References

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B 03 - EHR: Influencing Nursing Practice
A Protocol to Measure Nursing Electronic Health Record Usability

Frank Lyerla, PhD, RN, USA
Christine Durbin, PhD, JD, RN, USA

Purpose
The purpose of this presentation is to report the results of a study that developed and used a protocol to measure nursing electronic health record usability. A convenience sample of 30 nurse participants completed 8 tasks within three different scenarios. Usability was determined by measuring effectiveness, efficiency, and satisfaction.

Target Audience
The targeted audience includes nurses, administrators, informaticians, and others charged with implementing, modifying, and optimizing the EHR used within their facility.

Abstract
Purpose: The American Recovery and Reinvestment Act (Centers for Medicare and Medicaid Services, 2010) incentivized the adoption of electronic health records (EHR) in healthcare settings. The adoption rate of these systems is reported to be higher than ever before (Dustin et al, 2013). Many organizations are facing the challenge of modifying their existing system or selecting a new system that best meets their needs. A key contributor to the safe and effective use of technology is usability. Usability is an important concept that should be considered when making major EHR decisions. The usability of an EHR is defined by the National Institute of Standards and Technology (Lowry et al, 2012) as the extent to which a product can be used to achieve the goals of efficiency, effectiveness, and user satisfaction. While government mandates for meaningful use of the EHR have resulted in wide-spread purchase of hospital information systems, the literature regarding nursing EHR usability is minimal. Our research team implemented a two-phase study. The first phase focused on uncovering the variables associated with EHR usability, and selecting a satisfaction scale. The second phase presented in this paper aimed to develop and implement a protocol to measure nursing EHR usability. The purpose of this presentation is to report the results of the second phase of this study.

Methods: The theoretical framework used was the Technology Acceptance Model (Venkatesh & Davis, 1996), which attempts to predict and explain the use of information systems. This framework provides a parsimonious depiction of the process seen in EHR implementation. Thirty registered staff nurses with at least two years’ experience in a Midwestern hospital were recruited to participate in this study. Eight nursing tasks within three medical-surgical scenarios were constructed and then uploaded into the training component of the hospital’s EHR. Nurse participants were tested in a laboratory in the hospital’s computer lab set aside specifically for this study. Each scenario included the tasks of: results look up, care organization, assessment, care plan, problem list, medication administration, order entry, and discharge. The three scenarios included patients with congestive heart failure (CHF), cerebrovascular accident (CVA), and pneumonia (PN). Nurse participants were asked to record tasks using MORAE usability software by TechSmith (2012). Efficiency was measured by recording time, number of keystrokes, number of mouse clicks, and amount of mouse movement. Effectiveness was measured by counting the total number of errors made during each scenario. Nurse participants with zero errors were labeled as effective, those with one error were somewhat effective, and those with two or more errors were labeled not effective. The System Usability Scale conversion scores published by Sauro (2011) were used to calculate the satisfaction score. The three separate scores for efficiency, effectiveness, and user satisfaction were then converted to individual grades using a 4.0 grading scale. Each of the three grades was combined to calculate the overall usability grade/score.

Results: Scores for efficiency, effectiveness and satisfaction were obtained and then converted into a grade. The system tested received a grade of “C” for each component of usability. In addition, we found that older nurse participants took more time to use the system compared to younger nurse participants. We found a statistically significant correlation for the pneumonia (PN) scenario (p = .043) and congestive heart failure (CHF)
(p = .016), but not for cerebral vascular accident (CVA) (p = .231). However, this is likely due to a tighter age range of participants tested in the CVA scenario. We also found in the CHF scenario that, while the younger nurse participants completed their tasks in less time (more efficient), they committed more errors (were less effective) compared to the older nurse participants (p = .039). While statistical significance was not found for PN or CVA, it might have been due to our small sample size.

**Conclusion:** This study provides information regarding the development and implementation of a protocol to measure nursing EHR usability. This protocol including the scenarios will be made available for others wishing to conduct similar usability studies. Obtaining a baseline nursing EHR usability score is important for facilities wanting to know the effect on usability following EHR modifications. Because this study is the first to be conducted on nursing EHR usability, these findings are limited to the EHR system studied and the hospital where the study occurred. More research using this nursing usability protocol will need to be completed for further comparisons across different EHR systems.

**References**

**Contact**
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Purpose

Target Audience
registered nurses (RNs), advanced practice registered nurses (APRNs) including nurse practitioners (NPs) and clinical nurse leaders (CNL), nurse educators, nurse administrators, nursing informaticists, and/or nursing students.

Abstract
Purpose: Dissemination of extensive integrative review and evidence leveling regarding perceived EHR benefit, usability, acceptance, and satisfaction among nurses and factors associated with acceptance and satisfaction of EHR adoption/utilization from a qualitative anecdotal/focus nursing group -- RN (n=28) and NP (n=10) groups.

The EHR should be both disciplinary specific “unique and interdependent aspects … visible and understandable” (Keenan & Yakel, 2005, p. 385). Nursing leadership determined nurse satisfaction an essential indicator of patient care quality (Kossman & Scheidenhelm, 2008).

Methods: This integrative review leveled evidence of RN-EHR-MU with perception of benefit; usability, acceptance, satisfaction and consequence as substantiated by use of adapted Melnyk/Fine-Overholt Hierarchy and Whittemore/Knafl integrative methodology. A deficiency of nursing evidence exists on this subject. The review methodology documented consistent literature perception themes inclusive of: Satisfaction, ease of use, usability, efficiency, acceptance, and either benefits or barriers (human or other) to implementation and adoption for nursing. The aforementioned terms became the analysis themes for inclusion in the review with additional criteria of nursing related not to clinician or physician research or observation. Evidence leveling and integrative review methodology resulted in selection of nineteen nurse meaningful use articles for inclusion in the EHR and RN evidence summary table corroborated a deficiency of nursing literature.

To assess ‘lessons learned’ about EHR usability, adoption and RN meaningful use; a focus group was organized through email announcements and voluntary consent in order to understand the challenges and benefits of implementing and using a new electronic health record system. Quarterly evaluation assessed nurses’ perception of usefulness, ease of use, and acceptance based upon Davis’ (1989) perception tool and the Technology Acceptance Model (TAM) appraising how RN users decide how or when they will use the new EHR technology. RN usability assessed: (1) Has the EHR met the goals and expectations originally set forth? (2) Has the EHR met the goals and expectations originally set forth in relation to (a) quality of care, (b) patient safety (c) unexpected outcomes or (d) other issues? (3) What have been the key challenges to success? and (4) What have been the key benefits to success?

Results: Meaningful benefit, satisfaction, usability, and acceptance themes emerged along trends for enhanced perception of benefit and satisfaction

- Integrative review substantiates nursing literature scarcity regarding perception and ascertains magnitude of human/environmental/technology factors upon perception and usability.
- EHR satisfaction necessitates RNs understand how taxonomy, technology principles, discipline specific templates and Systems Life Cycle participation influence acceptance.
- Identified usability themes, human or other factors along with recognition of barriers or facilitators for adoption and utilization, ensure intuitive and meaningful HIT use.
- Familiarity with any EHR system over time improved system usability and adoption. Design of healthcare system technology lacks RN meaningful use templates and screens specific for nursing domain.
Unless nursing utilization constructs are inclusive of beneficial nursing template design with worksheets or flowsheets perceived useful, possibility of RN dissatisfaction and individualized workaround develop

**Conclusion:** Results of a qualitative anecdotal/focus nursing study corroborates limited nursing and EHR literature findings and adds to the body of knowledge regarding meaningful benefit, satisfaction, usability, and acceptance themes and trends for enhanced awareness of benefit and satisfaction measured by Perceived Usefulness, Ease of Use, and User Acceptance of Information Technology (Davis, 1989).

External variables (human or other factors) influence perceived usefulness or ease of use both of which determine RN attitude; usefulness similarly effects behavioral intention to use the HIT or EHR system. Overtime, the human or other factors previously described as essentials of nurse MU; along with belief that the particular system will enhance nursing performance modifies actual system use and eventual HIT or EHR acceptance (Bagozzi, Davis, & Warshaw, 1992). Summarized focus group themes and comments appear in the following table. Findings are consistent with other evidence leveled and evaluated using the adapted Melnyk/Fine-Overholt Hierarchy and Whittemore/Knafl integrative methodology.

RNs function in a non-linear manner for patients who are unstable physiologically or emotionally with a myriad of potential issues that might change in a matter of seconds or minutes; documentation design does not allow for adequate charting or retrieval for RN meaningful use and/or satisfaction. Rippen, Pan, Russell, Bryne, & Swift (2013) reviewed existing EHR technology literature revealing organizations "do not yet know how best to design, implement, and use [health information technology, a framework dedicated to] technology, use, environment, outcomes, and temporality [time]" is essential for implementation and expected outcome(s) (p. e1). About 80% of RNs determined electronic charting would enhance patient care; however, it was not established how this EHR documentation would influence or modify RN delivery of care (Kelley et al., 2011).

Prospective studies must use the Technology Acceptance Model-2 (TAM-2); the Task-Technology Fit (TTF) Model; the Health Information Technology Reference-Based Evaluation Framework (HITREF) or other nursing theory/framework to substantiate and level EHR and RN meaningful use evidence. Future research regarding RN experiences with EHR utilization should include additional randomized clinical trials with qualitative nursing studies, particularly in regards to advanced practice nurse roles and nursing domain template and/or taxonomy development, assessment, and/or adoption.

**References**


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Use of the Spiritual Development Framework in Conducting Spirituality and Health Research with Adolescents

Dora Clayton-Jones, PhD, MSN, BSN, RN, CPNP-PC, USA
Kristin Haglund, PhD, RN, PNP, FNP, APRN, USA

Purpose
The purpose of this presentation is to provide researchers and clinicians with an example of the application of the Spiritual Development Framework (SDF) in a study regarding spirituality and religiosity among adolescents.

Target Audience
The target audience for this presentation includes researchers, clinicians, or educators, interested in spirituality and health, adolescents, or psychosocial research.

Abstract
Purpose: The purpose of this presentation is to provide researchers and clinicians with an example of the application of the Spiritual Development Framework (SDF) in a study regarding spirituality and religiosity (S/R) among adolescents. The current study examined S/R in adolescents with sickle cell disease (SCD). Spirituality is considered a universal phenomenon, but research addressing the S/R needs of adolescents in the context of health and illness is limited. In addition, there is a paucity in the literature addressing methods for conducting research in spirituality, religion, and health with teens. Spirituality and religiosity has been shown to improve coping and correlates with positive health outcomes in research conducted with children and adolescents. In order to enhance understanding of spiritual development among adolescents and the role of S/R in their lives, use of the SDF may be valuable to researchers when applied to spirituality and health research with teens. Understanding how S/R impacts health and illness will support researchers in research development and analysis. This knowledge will also assist clinicians in identifying spiritual strengths and appropriate resources adolescents can use to cope with challenges, illness, or other life events. Identifying best practices to evaluate S/R needs of adolescents, will assist clinicians in providing developmentally appropriate holistic care that is essential for adolescents’ quality of care and quality of life.

Methods: A descriptive qualitative design was used for the current study. Sickle Cell Disease Interview Guides were developed using the Spiritual Development Framework (SDF) as a guide. The SDF provides a foundation for conceptualizing the spiritual element of human development. The SDF focuses on adolescence and was developed based on data from focus groups conducted with adolescents, young adults, parents, and those working with youth in 13 countries. In addition, international experts participated in a method of consensus that guided development of the SDF. In the current study, the SDF was used to frame the study and guide the development of the research questions, the interview guides, the data analysis, and interpretation of the results. Interviews for the current study were audiotaped and transcribed verbatim. Nine adolescents completed two semi-structured interviews (M = 16.2 years). Participants were recruited from a pediatric SCD clinic and one support organization. Participant and Parent Demographic Forms were used to collect demographic information. SCD Interview Guides elicited information on beliefs. NVivo 10 was used for analysis. Qualitative data from interview transcripts were categorized and coded. Data were analyzed using a template analysis style and a concurrent process of content analysis. The template was developed using fundamental concepts of the SDF.

Results: Four major themes emerged to include spirituality as coping mechanisms, shaping of identity, influence of beliefs on health and illness, and expectations of health care providers. The theme spirituality and religiosity as coping mechanisms included six threads to include: interconnecting with God, interconnecting with others, interconnecting with creative arts, scriptural metanarratives, transcendent experiences, and acceptance and finding meaning. The theme expectations for health providers included two threads to include: religiosity is private/personal and sharing spiritual and religious beliefs can be risky.

Conclusion: Spirituality and religiosity are salient among adolescents. This was particularly evident in adolescents with SCD. Findings from this study identified ways adolescents relied on their S/R to cope with life and specifically their SCD. Use of the SDF may provide a foundation and systematic method for developing and conducting more robust studies with adolescents in the context of spirituality and health.

References

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Nurses' Experiences with Spirituality in Acute, Tertiary Care: An Emerging Typology

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**Purpose**
To explore and categorize nurses' experiences with spirituality in acute tertiary care evaluating a sociology of religion theoretical framework from a nursing perspective.

**Target Audience**
clinicians, hospital nurse administrators, and academicians interested in spirituality and spiritual care in nursing, both, from a practice and theory perspective.

**Abstract**
**Purpose:** To explore and categorize nurses’ experiences with spirituality in acute tertiary care evaluating a sociology of religion theoretical framework from a nursing perspective.

**Methods:** A subsample \( n = 318 \) of registered nurses working in adult, pediatric, and psychiatric care at a non-profit university affiliated Medical Center who completed a larger quantitative online survey design study \( N = 554 \), responded to an optional open-ended question: “Tell me about an experience at work that greatly influenced your understanding of spirituality, positively or negatively?” Drawing on previous work in sociology of religion (Demerath, 2000; Grant, O’Neil, & Stephens, 2004) a team of researchers used directed content analysis (Hsieh & Shannon, 2005) to respond to the following research question: What are the kind of situations in which spirituality emerges in acute tertiary care and what kind of responses are described by participating nurses?

**Results:** Nurse narratives differentiated between engaging and disengaging experiences with spirituality at the workplace. Engaging experiences with spirituality were classified as integrative (four subcategories), quest type, and collective experiences (two subcategories) that often led to some form of nurse spiritual care. Engaging experiences with spirituality either affirm the nurse’s identity as professional caregiver and his or her deeply held values or provide relief from a work that might otherwise be perceived as unfulfilling (Grant et al., 2004). Summarizing the subcategories of the engaging experiences, spirituality surfaced in the context of birth, death and dying, healing and transformation experiences, and in bonding relationships. Spiritual encounters were described by nurses with diverse views on spirituality (traditional versus quest type) and reflected meaningful encounters with patients who shared similar beliefs and with patients who held differing beliefs. While some nurses could not recall any experience or were unsure of what the question asked, disengaging experiences reflected mainly nurse bewilderment: In these instances there was a fundamental disconnect between the patients’ belief system and that of the nurse. Given the inability to bridge the gap, nurses disengaged from their patients or their families leaving them spiritually unsupported. The nurse, then, walked away from this specific patient encounter feeling unsatisfied.

**Conclusion:** Nurses describing spiritually engaging situations experienced a facilitating role in the patient and family health-illness transitions promoting peace, coping, and well-being. These nurses expressed growth, both personally and professionally, thus encouraging them to respond to future situations in which spirituality emerged. Disengaging experiences reveal the need for more effective tools to be able to support patients’ spiritual well-being. This study makes a contribution to theory development in the area of nurse spiritual care.

**References**

**Contact** - imamier@llu.edu
Purpose
The purpose of this study was to exam the relationships between college student’s spiritual well-being, parental rearing attitude, and coping strategies with their anxiety and depression.

Target Audience
The target audience of this presentations is nursing educators, nursing staffs, and nursing researchers.

Abstract
Purpose: The purpose of this study was to exam the relationships between college student’s spiritual well-being, parental rearing attitude, and coping strategies with their anxiety and depression.

Methods: There were 330 college students recruited from a state university in the central USA including 79 male (23.9%) and 251 female (76.1%). The mean age was 25.20 (SD = 6.83). The data were collected by structured questionnaires. The SPSS 20 was used to do the data analysis.

Results: The statistical significant factors related to Anxiety include Spiritual well-being (r = -0.262, p ≤ 0.001), Positive Parental Rearing Attitude including Inductive Reasoning (r = -0.16 , p ≤ 0.01), Communication (r = -0.154, p ≤ 0.01), and Involvement (r = -0.132, p ≤ 0.05) as well as Negative Parental Rearing Attitude (r = 0.22, p ≤ 0.001) including Inconsistent Discipline (r = 0.18, p ≤ 0.001) and Harsh Discipline (r = 0.163, p ≤ 0.01). Coping strategies including Problem Focused Disengagement (r = -0.316, p ≤ 0.001), Emotion Focused Engagement (r = 0.29, p ≤ 0.001), and Emotion Focused Disengagement (r = 0.304, p ≤ 0.001) had significant relationships with college students’ anxiety. Same as Anxiety, Depression had significant relationships with those variables. Depression also had a significant relationship with Positive Parental Rearing Attitude (r = -0.164, p ≤ 0.01).

Conclusion: Increasing the scores of Spiritual well-being, Positive Parental Rearing Attitude, and using Problem Focused Disengagement coping strategies decreased college students’ Anxiety and Depression. Decreasing scores of Negative Parental Rearing Attitude and emotional coping strategies also decreased college students’ Anxiety and Depression.

References

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B 06 - Culturally Sensitive Health Practices in the Geriatric Population
Senior Care Clinic House Calls

Ron Billano Ordona, MSN, RN, FNP, USA

Purpose
The purpose of this presentation is to share to the research community and to practicing clinicians and providers a nurse practitioner house call practice model and the resultant morbidities managed where the target focus are homebound seniors living in their own homes or in community dwellings.

Target Audience
The target audience of this presentation are advanced practice community-based nurses (i.e., Nurse Practitioners). In a general sense, the work performed by clinic and hospital based nurses and advanced practice nurses are also impacted by the information presented.

Abstract
Purpose: The purpose of this study was to assess trends in the number of cases per identified diagnosis of house calls made by the nurse practitioner in a house calls private practice from its inception in the year 2014.

Methods: A simple analysis of cases seen from the period of inception of a nurse practitioner house call practice for a total of nine months in 2014. Data obtained using the electronic health record (EHR) used by the practice. The practice grew from 20 patients at the start of the practice in February 2014 to 226 patients by end of November 2014 (a 90% increase over a period of 9 months). In addition, included in the data collection are diagnoses of dementia, hypertension, diabetes, hyperlipidemia, and kidney disease and the service occurred in the counties of Sacramento and Placer in Northern California.

Results: Dementia constitutes the highest share in the distribution of diagnoses at 62% of cases. Co-morbidities according to highest distribution following dementia includes Hypertension 29%, Diabetes 22%, Hyperlipidemia 15% and Kidney Disease 7%.

Conclusion: Previous studies found that physicians doing house calls has decreased in number over the years. However, there is a resurgence of house calls services by a combination of physicians (this includes concierge type practice) and those emerging practices by nurse practitioners. House calls has been a part of the American medical culture, back to the birth of modern medicine.

The distribution of cases in this study suggests that further studies are warranted and that Dementia with presenting co-morbidities presents a great challenge as far as the medical management of such co-morbid conditions and also as far as the challenges the care of these seniors present to the caregivers. House calls by a medical provider opens up opportunities to address some of the challenges that dementia and co-morbidities present, including, but not limited to, medication management, symptom management, and others.

The study limitation is that it looks at the first year of a nurse practitioner private practice in the area where the nurse practitioner has set up practice. We cannot make generalized statements about physician’s or nurse practitioner’s practice patterns. We captured only house calls made by the Nurse practitioner in this practice.

References

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B 07 - Applying Research Theories  
Preparing for an Unfamiliar Setting: A Grounded Theory for Nursing Education Collaborations

Ramona B. Patterson, PhD, MSN, BSN, RN, USA

Purpose
The purpose of this presentation is to disseminate grounded theory findings that revealed social processes and tacit knowledge used by US nurse educators and their counterparts in Ghana, Africa, that can guide nurse educators’ toward successful role preparation for an international nursing education collaboration.

Target Audience
The target audience of this presentation includes nurse clinicians, nurse educators, or nurse administrators that are interested in international collaborations, (or whose institutions are interested) to better equip themselves, their students, or their faculty members for role enactment in a foreign setting during an international nursing education collaboration.

Abstract
Purpose: There is a global shortage of qualified healthcare workers, and international collaborations have been identified as a strategy to address the global healthcare worker crisis. A gap in understanding and evidence exists however, for guiding individuals as they prepare for nursing education partnerships and international collaborations in unfamiliar settings. Much of the existing knowledge base is hidden within institutional or organizational confines. Contextual variations relating to nursing education and practice necessitate a deeper understanding of preparation processes for appropriate role enactment when transferring the nurse educator role to an unfamiliar setting. The purpose of this research was to generate a grounded theory that could guide nursing faculty in developing the knowledge base necessary for role enactment in an unfamiliar setting. Ghana, Africa was the context of the unfamiliar setting for this study.

Methods: Corbin and Strauss’s (2008) grounded theory methodology framed this research. Human subjects were protected through informed consent, Institutional Review Board approval from the researcher's institution in the United States (U.S.), and Ministry of Health approval and oversight in Ghana. The study began in September 2011, with purposive sampling of nurses from the U.S. who had firsthand experience preparing for enacting the nurse educator role in Ghana. In addition to firsthand experience with the phenomenon of interest, inclusion criteria included the ability to speak and converse in English, and a minimum age of 18. Purposive, snowball sampling progressed to theoretical sampling, via telephone interviews with ten U.S. participants. Data saturation was determined after the 10th U.S. interview. Theoretical sampling then transitioned via researcher fieldwork in February 2012, to face-to-face interviews with six key informants in Ghana experienced in partnering with outsiders for nursing education collaborations. Ghanaian participants were selected to enrich researcher interpretations by providing insider perspectives and knowledge to address questions raised by U.S. outsider participants. Data management included an inductive, constant comparative analysis process that began with the first U.S. interview, and continued until the final theory emerged. Interviews were audio-recorded and transcribed verbatim by the researcher. Researcher transparency revealed experiences that shaped researcher perspectives, including a background in nursing education, nursing informatics, information literacy, and global mission efforts. In conjunction with Corbin and Strauss’ (2008) methodology, Saldana’s (2009) coding guidelines for qualitative research facilitated analysis. Data collection and analysis incorporated researcher memos, first-cycle open process coding, reorganization of coded data, second-cycle focused coding to identify relationships between categories, themes, and sub-themes, second-cycle axial coding that indicated their properties and dimensions, and mapping of concepts and their relationships until the overarching central category emerged that could logically and intuitively explain the final emergent theory in September 2012. TAMS Analyzer qualitative software was used to store, manage, code, and sort the data for analysis. Member checks validated the transcriptions, and dissertation chair review helped establish credibility of researcher interpretations. Researcher thoughts, observations, and analytical decisions recorded as memos helped establish dependability and confirmability of findings as part of an audit trail. Rich, thick descriptions, including quotes from participants allow others to judge transferability of study findings to their context.

Results: Findings revealed antecedents and five process steps to outsider preparations that organized the emergent theory: Preparing for an Unfamiliar Setting, grounded in participant experiences. Progression through the process was fluid, allowing individualized interpretations based on antecedent characteristics. Antecedents
included an individual’s existing knowledge base, experience, and network. The five process steps in order of occurrence included: (1) **Personalizing Information Needs**, (2) **Seeking Information**, (3) **Laying the Groundwork**, (4) **Developing Understanding**, and (5) **Framing the Outsider Role**.

When **Personalizing Information Needs** participants asked themselves: (a) what do I know? and (b) What do I think I need to know? Two main themes emerged in step 1: breaking new ground, and drawing on experience. When **Seeking Information**, participants asked themselves: how do I get the information I need? Two main themes emerged in step 2: networking (or its’ counterpart, ineffective networking), and searching for information. When **Laying the Groundwork**, participants asked themselves: (a) how do I know what is important to know? and (b) where do I go to get the information I need? Three main themes and sub-themes emerged in step 3: identifying information needs (country level, contextual, travel and safety, cultural), identifying information resources (nursing knowledge, key documents/publications, key informants/gatekeepers, key organizations/institutions), and building relationships or trouble building relationships (communicating or ineffective communications, building trust or having inadequate trust, envisioning future or lacking forward progress). When **Developing Understanding**, participants asked themselves: (a) how do I make use of what I’ve found? and (b) how do I correct gaps in understanding? Nine main themes emerged in step 4: experiencing, figuring it out, internalizing, recognizing, clarifying (access, regulations, structure, trust, culture), defining (barriers, facilitators, existing efforts, needs & wants, safety & travel), sharing (background, challenges, experiences, feelings, perspectives), questioning (access, attitudes, interpretations, methods, ethics, social justice), and not knowing (preparatory needs). During the fifth step of the process **Framing the Outsider Role**, participants asked themselves: (a) how do I connect the pieces to fit the setting? and (b) how should I operationalize my role? Five main themes emerged in step 5: supporting (empowering, offering guidance, sustaining, not imposing), working together (collaborating, adapting, respecting, referring to locals, relying on insiders), Listening (two-way learning, seeking insider insights), following (national priorities/needs, guidelines/regulations, healthcare realities), and ineffective partnering (not listening, not working together).

**Conclusion:** This research generated a theory grounded in the realities of individuals’ experiences while partnering for nursing education in an unfamiliar setting. Concepts derived from interview data combined with researcher interpretations formed a theoretical framework that can guide individual nurses through the process of “Preparing for an Unfamiliar Setting.” Although the unfamiliar setting was defined as Ghana, Africa, concepts derived from analysis of participant experiences are broad enough to allow others to evaluate the model and transfer the grounded theory process steps to other settings.

Analysis of participant experiences revealed the first 3 steps of the process occurred in advance of travel to the unfamiliar setting, while the last 2 steps of the process unfolded while participants were in the field in the unfamiliar setting. **Developing Understanding** was the process point that encompassed participants arrival at the setting, realization that they had not prepared as well as they thought they had, and their active seeking of deeper understandings from insiders. Findings revealed the necessity of including insiders as information resources during preparation. Instances of ineffective preparation were also revealed across all steps of the process. In those instances, findings revealed that outsiders

**References**

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B 07 - Applying Research Theories
A Grounded Theory of Conceptual Understanding

Susan C. Mills, PhD, RN, USA

Purpose
The purpose of this presentation is to describe a grounded theory of conceptual understanding in undergraduate nursing education. The exemplar for the study was teaching medication calculations for conceptual understanding.

Target Audience
The target audience for this presentation is nurse educators interested in teaching using a conceptual approach in the undergraduate nursing curriculum.

Abstract
Purpose: Rapid advances in technology and scientific knowledge compel nurse educators to continually add content to the curriculum. There has been an increased emphasis on conceptual learning in the nursing curriculum as nurse educators realize that a content focused approach can no longer keep up with the advances in medical and nursing science. Although the concept of conceptual understanding has been more fully developed in the mathematics and science education literature there has been an increased focus on conceptual learning in nursing education. The application of the mathematics and science education literature connected well with the teaching and learning of medication dosage calculations in nursing education. The purpose of this study was to identify the process of undergraduate nursing students' attainment of conceptual understanding when learning medication dosage calculations. This is an important endeavor as nurse educators strive to understand how students learn in a course utilizing a conceptual approach. The identification of conditions that support conceptual understanding in the classroom offers an awareness of teaching strategies that provide students with opportunities to gain conceptual understanding. A blended theoretical framework of constructivism and symbolic interaction strengthened this grounded theory study. This study presents an outline of the process of the attainment of conceptual understanding in undergraduate nursing students learning medication dosage calculations. Analyzing the teaching and learning praxis that influences conceptual understanding provides evidence that can inform nursing education practices.

Methods: The study of conceptual understanding, an abstract phenomenon, was consistent with a qualitative research design. The goal of the study was to discover the process by which a student attains conceptual understanding. A grounded theory approach supported the discovery of a process oriented concept. In addition, both conceptual understanding and grounded theory are reinforced by the underpinning philosophies of constructivism and symbolic interaction. The purposive sampling process was limited to students in an undergraduate medication calculations course during the spring semester of their sophomore year at a Mid-Atlantic university. Data were collected through seven classroom observations and 19 semi-structured interviews with 11 participants. The researcher recorded field notes of student and faculty actions and interactions during the classroom observations. The observations were coded using line by line coding and analyzed using constant comparative analysis throughout the data collection process. Additionally, semi-structured interviews with students focused on trends identified during the observations. Students were asked to describe their approach to studying and problem solving. They were also asked to discuss the effectiveness of teaching strategies that were used during class. Students were invited to be interviewed twice during the semester. This allowed the researcher to evaluate conceptual understanding as the course content became more complex. Eight of the eleven students were interviewed twice. Line by line coding and constant comparative analysis was employed in the interview data analysis. Saturation of data was reached making it possible to delineate the process of conceptual understanding.

Results: A process of conceptual understanding emerged from the data collected during classroom observations and student interviews. The process began with the teaching and learning experiences in the classroom. Questioning was the most common category noted in the classroom observations. Course faculty utilized questioning to help students think critically and provided several problem solving opportunities with practice questions throughout the class. Students also engaged in questioning of the faculty and each other as they participated in group problem solving activities. The next phase of the process of conceptual understanding required that the students reengaged with the course content outside of the classroom. This was typically done when the students practiced problems in the form of homework. It was during this process of reengagement that the students realized that they were confused. A majority of the participants reported that
they understood the material in class but when they went home and practiced the problems they were “lost”. *Confusion* was the core category of the process, indicating all of the students in the study were confused about the course content at one point. Students who were able to work through the confusion and solve the problems were able to attain conceptual understanding and progress to *more complex problem solving*. The identified process of conceptual understanding was iterative and cumulative with students cycling through the process several times during the course of learning and building on their previous understanding.

**Conclusion:** Faculty and students share a responsibility in the development of conceptual understanding. The development of conceptual understanding was a process that began with the utilization of judicious and thoughtful questioning and the promotion of teaching strategies that encourage cognitive effort. Providing students with opportunities to independently reengage with the content and identify areas of confusion was critical to the development of understanding. Required meaningful learning assignments with grade implications that held enough weight to motivate students were necessary. An important implication of this study was that students and faculty need to learn to be comfortable with confusion and the resulting critical thinking required for the attainment of conceptual understanding. Confusion is an uncomfortable and often overlooked opportunity for learning to occur. Scaffolding learning opportunities so that students are able to build on their understanding of concepts was also important. Students who were able to gain conceptual understanding of the course concepts were able to build on that understanding and solve increasingly complex problems. In the study exemplar this meant that students were able to move from understanding volume/dose problems to intravenous calculations. Although the exemplar for the study was teaching and learning in a medication calculation course the process of conceptual understanding could be applied to other courses in the nursing curriculum. The pedagogical implications of this study support the use of meaningful learning and questioning strategies in teaching undergraduate nursing students, providing students with opportunities to become comfortable with working through confusion, and increasing the complexity of problem solving throughout the curriculum. As a substantive grounded theory of the process of conceptual understanding in teaching undergraduate nursing students’ medication calculations, this study adds to the science of nursing education and could be transferable to other aspects of the curriculum.

**References**

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Purpose
The purpose of this presentation is to explore the attitudes, subjective norms, and perceived behavioral control related to energy drink consumption among college students attending a large Midwestern university.

Target Audience
The target audience of this presentation is Advanced Practice Nurses, faculty members working in academic settings, and those interested in college student/public health.

Abstract
Purpose: College students consume energy beverages (i.e., energy drinks and energy shots) to fight fatigue, heighten concentration, and promote weight loss, raising concerns about adverse stimulant effects experienced with excess caffeine consumption. Since 2007, energy beverage-related emergency department visits increased 74% in those aged 18-25, some with instances of product misuse (e.g., mixing with alcohol and/or other drugs). The purpose of this formative study was to apply the Theory of Planned Behavior better understand behavioral intentions and predictors of energy beverage consumption in college students.

Methods: Using a mixed method study design, a convenience sample of college students attending a large Midwestern university completed an electronic survey that measured energy beverage consumption behaviors. The survey was comprised of questions designed to measure demographics, energy beverage consumption practices, medical history, sensation-seeking behavior, vitality (fatigue), and caffeine use. Two blocks of questions were developed to examine attitudes, subjective norms, and perceived behavioral control constructs related to energy beverage consumption. One open-ended survey question was asked: Describe reasons why you do or do not drink energy beverages. The quantitative data were analyzed in SPSS version 22.0 and included descriptive, correlational, and a multiple regression analysis to predict intent to consume energy beverages. The qualitative data were analyzed with QSR International NVivo 10 for Windows.

Results: The mean age of participants was 19 years (n=288). Of those, 90% reported having consumed energy beverages, with two-thirds reporting use for more than one year. The effects experienced as a result of consuming energy beverages were: trouble falling asleep (54%), heart racing (42%), and headaches (39%). More than half of the respondents reported consuming alcohol with energy beverages because “it tastes good.” Eight themes emerged (alcohol mixer/party longer; tastes good; desirable stimulant effects; enhanced sports performance; unpleasant/unhealthy side effects; combat fatigue; enhanced focus; self-management for weight loss).

The regression model explained approximately 75% of the variance in intent to consume energy beverages. After entry of attitudes, subjective norms, and perceived behavioral control, the total variance explained by the model was 74.8%, F(3, 279) = 276.05, p<.001. Attitude made the strongest unique contribution (beta = .79, p<.001) for explaining Intent to consume, followed by Subjective Norms (beta = .15, p<.001). Perceived Behavioral Control made the weakest contribution (beta = -.06, p<.05). The beta values for each independent variable made a statistically significant unique contribution to the dependent variable, intent to consume energy drinks.

Conclusion: Despite their popularity, the majority of respondents reported they believed energy beverages were unsafe, or were unsure as to their safety. Attitudes and social norms are key factors influencing intention and consumption of energy beverages in these college students. The Theory of Planned Behavior was useful as an organizing framework for this population, and future studies should be considered using larger samples from different populations. Findings from this study can be used to influence clinical practice, education, research, and health policy.

References
B 08 - Surviving and then Living with Organ Transplantation  
Contextual Basis for a New Educational Intervention on Living Kidney Donation and Transplant for American Indians

Nancy L. Fahrenwald, PhD, RN, APHN-BC, FAAN, USA

Purpose
The purpose of this presentation is to describe the contextual and cultural basis of a new educational intervention on living kidney donation and transplantation among American Indians.

Target Audience
The target audience of this presentation is researchers, clinicians, educators, and interprofessional healthcare providers who serve culturally diverse populations.

Abstract
Purpose: American Indians disproportionately experience numerous chronic health conditions that contribute to renal disease and failure. Prior to this study, there were no known empirically-tested educational programs on living kidney donation and transplantation (LKDT) designed for American Indians who experience renal failure and who may be eligible for a kidney transplant. The purpose of this study was to qualitatively explore the contextual factors impact LKDT attitudes and educational needs among American Indians. Findings informed the development and future testing of a LKDT educational intervention.

Methods: The study used a community based participatory research approach and was guided by both a community and a clinical advisory board. The method of qualitative description was employed to elucidate the factors that influence LKDT education for the intended population. Individual interviews with five American Indian participants who were receiving renal dialysis but who were not yet evaluated for renal transplant were conducted. A scripted guide was used and interviews were conducted by a trained data collector who was an American Indian health professional. Transcribed recordings were analyzed using the constant comparative technique. Community advisory board members reviewed and validated the findings as reported by two independent data analysts who merged their findings.

Results: Overall themes that emerged from the analysis included: a cautious approach toward living kidney donation and transplant conversations, a concern for others, and expectations for culturally-sensitive education. Community advisory members confirmed the findings and conveyed an urgent need for education on renal disease and both living and deceased kidney donation and transplant.

Conclusions: Culturally-sensitive education on kidney donation and transplantation is needed for American Indians and interventions should include stories of community members and convey a message of hope in addition to basic education about kidney disease, the benefits of kidney transplant, and information about donor risks ad benefits.

References

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Purpose
The purpose of this presentation is to provide information to nurses who may be considering interventions using information and communication technologies, such as Smartphones, to enhance their understanding of Smartphone trends in an Urban, chronically ill, and largely African American population in the United States.

Target Audience
The target audience is nurses who are interested in developing educational or communication based interventions using Information and communication technologies such as Smartphones.

Abstract
Purpose: Cellular phone ownership, including Smartphones, has increased substantially in the last several years. According to a recent Nielsen survey, 3 out of 5 mobile subscribers own Smartphones. According to a 2012 report from the Pew Center, African Americans are more likely to own Smartphones and engage in the full functionality of the devices when compared to whites. The report also concluded that African Americans were significantly more likely to download mobile applications when compared to whites. It is suggested that this adoption of Smartphone technology by African-Americans could provide a means to reduce racial disparities in health care.

Methods: This is a secondary analysis of data collected during a cross-sectional study of health information technology among pre- and post-renal transplant patients. In brief, data were collected during scheduled transplant education sessions at a single urban renal transplant center from January 15, 2012 to June 1, 2012. All patients that presented either for a pre-renal transplant education session or a post-renal transplant clinic visit were invited to participate in the survey. Of the 270 surveys that were distributed, 255 surveys from this sample of convenience were returned, for a response rate of 94. All statistical analyses were conducted using Stata 11.0 (College Station, TX).

Results: Using a multivariate logistic regression model we found that there was no difference in Smartphone use by race. Those who reported having kidney disease for over five years were three times as likely to own a Smartphone compared to those who reported having kidney disease less than one year. Those who reported being on dialysis were 54% less likely to report owning a Smartphone compared to those who were not on dialysis. Those who reported an education level of college or beyond were 1.84 times more likely to report having a Smartphone compared to those with an education level of high school or less. As age increased, Smartphone ownership decreased.

Using an ordinal logistic regression model we found that those who reported having kidney disease of 1-3 years were almost 4 times more likely to report being comfortable using a Smartphone compared to those who reported having kidney disease less than 1 year. As age increased, self-reported comfort using a Smartphone decreased. Those who reported being on dialysis were 55% less likely to report being comfortable using a Smartphone. Those who reported having an education level of college and beyond were one-and-a-half times more likely to report being comfortable using a Smartphone compared to those with an education level of high school or less.

Conclusion: Only forty-three percent of pre and post kidney transplant patients reported owning Smartphones. Determinants of Smartphone ownership and comfort of use included being younger, more educated and free of dialysis. There were no differences in Smartphone ownership by race. Alternatives to mobile applications should be considered for those who do not have access to Smartphone technologies.

References

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B 08 - Surviving and then Living with Organ Transplantation
Pregnancy after Solid Organ Transplantation

Jane M. Kurz, PhD, RN, USA

Purpose

to share the pregnancy decision-making process that female organ transplant recipients (renal, lung, heart & liver transplants) used, their sources of support (or non-support), and their advice for other recipients.

Target Audience

health care professionals and organ transplant recipients interested in pregnancy after transplantation

Abstract

Purpose: Many women, once their quality of life improves with transplantation, consider pregnancy as an option. Several researchers reported positive and negative physiological outcomes of those pregnancies while woman have been maintained on numerous medications including immunosuppressive agents. Many couples struggle with the decision to become pregnant. Transplant teams want to work with couples to help them make decisions that improve their quality of life but does not place the transplanted organ at risk for injury. The problem is that little information is known about how post-transplant couples make their personal pregnancy decision. The purpose of the study was to explore the reproductive decision-making process with female organ transplant recipients (renal, lung, heart & liver transplants).

Methods: Design was mixed methods using taped telephone interviews and written surveys. Ground theory guided the design and analysis. All telephone interviews started with a reminder that it was being taped and the opening statement, “Tell me about yourself and your transplant.” Subsequent questions followed the natural flow of the conversation. A typist transcribed responses exactly as they were spoken. Each interview was completed in 25 to 35 minutes. Participants received a $25 gift certificate after the interview was completed and after completed surveys were returned. Surveys were the MOS Social Support Survey and the SF-36 Health Survey. Sample included were 11 participants with 1 lung recipient, 1 liver recipient, 1 heart recipient, and 8 renal recipients. Responses, typed verbatim, were analyzed through the constant comparative method using open, axial, and selective coding. Since social support is critical, there was a search for disconfirming evidence using the surveys and interviews. Trustworthiness was established through prolonged engagement, triangulation of data methods, and thick descriptions.

Results: Only 2 women had an unplanned pregnancy and they made the conscious decision to continue the pregnancy. The remaining 10 women planned conception with their transplant teams, making pharmacological changes, some interviewed obstetricians in order to find one who would support their decision and provide care if a pregnancy occurred. The core theme was “Wanting a child”. These women wanted a child and were willing to take reasonable risks to achieve that goal. There were 8 themes that emerged from the data. These were 1) getting information, 2) dealing with problems (before, during and after pregnancy), 3) preparing for pregnancy and life after pregnancy, 4) talking to each other (transplant team & OB team, partner, family, organ donor), 5) supporting (or not supporting) pregnancy decisions, 6) coping, 7) advocating for pregnancy, and 8) advising others. Social support scores tended to be high and match statements about support in the interviews. The one participant who had the lower score was seeing a therapist to deal with depression. She had moved to the US from South America several years ago and was “still adjusting”. Most participants rated their health as good to very good.

Conclusion: Many health care professions shared inaccurate information about pregnancy after solid organ transplantation. These women often had to advocate for their pregnancies and provide accurate information to their health care teams. They provided the articles from the pregnancy registries and internet. This was a select group who was focused on their pregnancy goal and they with their partners carefully analyzed the available information as they made their reproduction decisions. They all stated that they had no other transplant recipients to share their experiences and they felt that was a void in their life. Most stated that they had support for their pregnancy decision but they also shared that they avoided others who expressed any hint of disapproval. For one woman that included her sister who donated the transplanted kidney. When asked for suggested advice that should be given to others in a similar situation, many responded in the same way.

• Make sure your partner agrees with the decision.
• Work to coordinate between health care team members “to really like just have everyone on the same page”.

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• Consult your health care team with all decisions or concerns.
• “Always be aware of what is going on with your body and don’t miss taking your medications.”
• Find an experienced medical team, i.e., one who works with high risk pregnancies and transplant patients.
• Establish a support system for yourself
• Plan for life after pregnancy.

Some women talked about the possibility of their death during the pregnancy or during their child’s young life. They demonstrated an excellent understanding of the risks of their decisions. One person stated: “…it’s by far the most amazing, incredible, I guess exceeded almost every expectation I could have ever imagined to be a parent. And I am so grateful that I didn’t pass on my chance to have this.”

Each participant stated that she made the right decision for herself but recognized that not all female transplant recipients should make a similar personal decision. They also agreed that it was a complex decision. Health care teams need to have the most accurate information to assist women to make appropriate decisions related to pregnancy or have resources (support groups, web sites, etc.) that these women can use.

Future researchers should interview women who made the decision not to pursue pregnancy but chose to adopt or to remain childless in order to explore their quality of life and life satisfaction. Partners should be included so their voice is also heard and compare the decision-making process with their spouse.

References

Contact
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Improvement of Maternal-Child Health (MCH) through a Community-Oriented MCH Project in Ethiopia

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Purpose
This study aimed to explore the effects of a community-oriented maternal-child health (MCH) project in Ethiopia initiated and supported by Korea International Cooperation Agency (KOICA).

Target Audience
The target audience of this presentation is the researchers and nurses who are interested in global health.

Abstract
Purpose: This study aimed to explore the effects of a community-oriented maternal-child health (MCH) project in Ethiopia initiated and supported by Korea International Cooperation Agency (KOICA).

Methods: One group pre-post design was used. The project was intervened in a rural area, Kihen of the Tigray regional state in north Ethiopia. The inclusion criteria of the study were women aged 15 to 49 who were married and resided in Kihen. The number of the women participated in the study was 927 for pre-test and 409 for post-test. A complete baseline survey was done for pre-test because the mother project needed to understand the project target area in the beginning. For post-test, we used a stratified random sampling method. Data for the pre-test were collected from October to December in 2012, and the post-test data from June to July in 2014. Our trained research assistants visited each woman’s home and interviewed them using a structured questionnaire which was adapted from a safe motherhood population-based survey questionnaire developed by JHPIEGO (2004). The 2-year MCH project in Ethiopia consisted of on-the-job trainings for nurses and midwives at health centers, education for health extension workers, community health education, and radio broadcasting of MCH/FP-related information.

Results: A descriptive statistics, chi-square test and paired t-test were used for data analysis. There were significant increases of the women’s knowledge on serious health problems during pregnancy (t=-7.33, p<.001), labor and childbirth (t=-6.88, p<.001), 1st 7 days after childbirth (t=-8.94, p<.001), and early childhood (t=-3.90, p<.001) at the completion of the project. The women’s perceptions of father involvement in prenatal visit (t=-10.97, p<.001), and childbirth (t=5.80, p<.001) were also significantly positively increased. The number of women currently using a family planning method was significantly increased from 31.3% to 91.3% (χ^2=404.10, p<.001). The institutional birth rate was also significantly increased from 10.4% to 91.9% (χ^2=307.29, p<.001).

Conclusion: Consistent with the national health policy of Ethiopia, our project was effective to improve the women’s knowledge and perceptions of MCH and their MCH practices. Our study results suggest that capacity development of nursing staffs and community health education are necessary to change knowledge and perceptions on health of community residents and ultimately to improve MCH in a developing country.

References

Contact
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The purpose of this presentation is to describe the rates and correlates (predictors) of HPV vaccination (initiation, completion, and dosing intervals) for 2011-2013 among female and male adolescents in inner-city community health centers.

Target Audience
The target audience of this presentation includes community health nurses and researchers who are interested in health disparities in underserved populations, health promotion, and disease prevention, particularly cancer prevention.

Abstract
Purpose: The human papillomavirus (HPV) infection is a known risk factor for the development of several cancers. According to the CDC, between 2004 and 2008, there was a national average of 33,369 HPV-associated cancers annually, including cervical, vulvar, vaginal, penile, anal, and oropharyngeal cancers. There are pervasive disparities in national morbidity and mortality rates in the US for HPV-related cancers among Black and Hispanic. Cervical cancer, in particular, is more common among Black and Hispanic women and results in disproportionately higher mortality for Black women. In addition to race/ethnicity, incidence rates of penile, cervical, and vaginal cancers increase with higher poverty rates. Cervical cancer and other HPV-related cancers are preventable diseases through the 3-dose series of the HPV vaccine. Healthy People 2020 objective IID-11.4 is to increase the vaccination coverage level of 3 doses of HPV vaccine for females by age 13 to 15 years to 80%. However, HPV vaccination rates remain dramatically low in the US, particularly in underserved areas. Further, knowledge is still lacking on the correlates of HPV vaccination among underserved populations. Therefore, the purpose of this study was to examine the correlates of HPV vaccine initiation, completion, and dosing intervals for 2011-2013 among female and male adolescents in inner-city community health centers.

Methods: This is a descriptive, correlational study using electronic health records data for 6,691 adolescents seen at a multi-site community health center in 2011-2013. The study site is a federally qualified health center, providing services at seven sites in predominantly minority, low-income urban areas. Only five centers were included in this study; the two excluded centers do not provide pediatric services. The inclusion criteria were being 10-20 years old and having had at least one pediatric, OB/GYN, internal medicine, or nurse visit in 2011-2013. In the study sample, 59% were female; 91% were Black or Hispanic adolescents; 25% were non-English speakers; 31% were uninsured; and 69% were seen by a pediatric healthcare provider (HCP). The outcome variables are HPV vaccine initiation (receives at least one dose vs. did not receive any doses), completion of the 3-dose series (received 3 or more doses vs. received only 1-2 doses), and dosing intervals (in months). The predictor variables include gender, age, race/ethnicity, language, insurance status, and specialty of HCP. The EHR data were imported into SPSS statistical software for analysis. Bivariate and multivariate analyses were conducted to examine the associations between the study predictors and HPV vaccine initiation. The study analyses were conducted for the whole study sample as well as through subset analyses for female, male, Black, and Hispanic adolescents. For the bivariate analyses, we conducted chi-square tests for HPV vaccine initiation and completion, and t-tests for dosing intervals. Multivariate analyses included logistic regression for HPV vaccine initiation, linear regression for dosing intervals, and calculation of adjusted odds ratios (aOR) and 95% confidence intervals (CI). We also examined in the regression analyses the effect of any interactions among study predictors on HPV vaccination along with post-hoc analyses to further explore the interactions that were statistically significant.

Results: Over half of the adolescents in the study (54%) have initiated the HPV vaccine. In the bivariate analysis, HPV vaccine initiation was associated with all the study predictors. The multivariate analysis revealed that odds of HPV vaccine initiation were higher for male versus female adolescents (aOR=1.15; 95% CI=1.02, 1.30), non-English versus English speakers (aOR=1.804; 95% CI=1.55, 2.11), and among insured versus
uninsured adolescents (aOR=1.13; 95% CI=0.98, 1.30). The odds of initiation were lower among older versus younger adolescents (aOR=0.77; 95% CI=0.67, 0.88), those seen by a non-pediatric HCP versus a pediatric HCP (aOR=0.23; 95% CI=0.20, 0.27), and among Hispanic versus Black adolescents (aOR=0.69; 95% CI=0.60, 0.80). Only 27% of the adolescents in the study have completed the HPV vaccine 3-dose series. In the bivariate analysis, HPV vaccine completion was associated with all the study predictors except gender. The multivariate analysis revealed that odds of HPV vaccine completion were higher insured versus uninsured adolescents (aOR=1.45; 95% CI=1.21, 1.73) and Hispanic versus Black adolescents (aOR=1.19; 95% CI=1.01, 1.42). The odds of HPV vaccine completion were lower for adolescents seen by a non-pediatric HCP versus a pediatric HCP (aOR=0.54; 95% CI=0.43, 0.67). The mean dosing intervals were 6.6 months between dose 1 and 2 (SD=6.9) and 12.6 months between dose 1 and 3 (SD=8.7). The bivariate and multivariate analyses show that the dosing intervals were significantly longer among older adolescents and English speakers. More findings will be presented on subset analyses for female, male, Black, and Hispanic adolescents as well as for the effect of interactions among study predictors on HPV vaccination.

**Conclusion:** Improving HPV vaccination in low income urban areas is critical to reducing disparities in cervical and other HPV-related cancer in the US, especially among Black, Hispanic, and low-income populations. This study informs the development of targeted intervention to improve HPV vaccination among underserved populations in the US and around the globe. This study has potential for engaging in scholarly conversations with global partners regarding HPV vaccination and cancer health disparities. This study was funded by the New Jersey Health Foundation - School of Nursing’s Research Endowment.

**References**

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Purpose
The purpose of this presentation is to disseminate the results of a family-based educational pilot program developed to address needs related to childhood obesity in an outpatient pediatric clinic. The pediatric clinic services over 9,000 clients. Approximately 82% of the clients are of Hispanic ethnicity. The overweight/obesity rate is 44%.

Target Audience
The target audience of this presentation are clinicians, including advanced practice nurses, nurses, physicians, dieticians, and community members and organizations charged with addressing the childhood obesity epidemic.

Abstract
Purpose: The New Start program was developed to address needs related to childhood obesity in an outpatient pediatric clinic located in Northwest Georgia. The pediatric clinic services over 9,000 clients. Approximately 82% of the clients are of Hispanic or Latino ethnicity and the overweight/obesity rate is 44%.

The purpose of the project was to design and implement the New Start family-based educational program in an outpatient pediatric clinic. Objectives of the project were to evaluate the feasibility, acceptability, short-term effectiveness, sustainability, and ongoing costs of the program.

Methods: The family-based educational program utilized an interdisciplinary team to design and implement the pilot program specific to the predominantly Hispanic pediatric clinic. The New Start program curriculum included education and activities in the areas of physical activity and dietary behaviors. Attendees of the program were children 7 to 12 years of age and a parent/guardian. The program included four sessions that extended over two weeks. A demographic questionnaire, child BMI, HABITS questionnaire evaluating diet and activity lifestyle behaviors, and satisfaction survey were used to evaluate program evaluation participants and the program.

Results: Program evaluation child participants (n=6) had a BMI greater than the 95th percentile, were Hispanic, and a parent/guardian. Pre and post program BMI were not significantly different (p=0.7) from the beginning to the end of the program. However, four participants lost weight and two participants’ weight remained the same. HABITS total scores were significantly improved (p=0.03) from the beginning to the end of the program. HABITS diet scores were significantly improved (p=0.03) from the beginning to the end of the program. HABITS activity scores (p=0.14) were not significantly improved from the beginning to the end of the program. All participants were satisfied and would recommend the program to others.

Conclusion: The program was successful as evidenced by 26 attendees, indications of improved dietary behaviors, child weight loss, and participant satisfaction. Suggestions for future projects and research include expanding the age range of children, including the entire family, and long term evaluation to assess the impact on child BMI.

References

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B 10 - Nurse Satisfaction and Turnover: Does the Setting Really Matter?
The Better Nurse Work Environment and Positive Safety Climate: A Cross-Sectional Study

Edinêis Brito Guirardello, PhD, RN, Brazil

Purpose
To present the results of the study that investigate the professional nurses' perception of the work environment and its relation to patient safety climate, perception of quality of care and burnout level in intensive care units

Target Audience
nurse assistant, nurse manager, researchers and graduate students

Abstract

Background: Nursing staff in the multidisciplinary team has an important role to be the great articulator of any assistance that is provided to patients. Usually they are not recognized by their duties nor does the environment offer favorable conditions for their practice. Thus, the work environment and other variables such as the level of burnout, the perception of quality of care and the perception of patient safety culture can compromise the performance of these professionals.

Purpose: To investigate registered nurses and nursing technicians' perceptions of the work environment and their relation to patient safety climate, perception of quality of care and burnout level in intensive care units.

Methods: A cross-sectional design was conducted, using the measures: Nursing Work Index-Revised (NWI-R), the Maslach Burnout Inventory (MBI) and the Safety Attitudes Questionnaire (SAQ). The sample was composed of 114 nursing professionals from three intensive care units in a teaching hospital in Brazil. For analysis of correlation was used the Spearman Coefficient followed by the Bonferroni correction with p-value < 0.0004.

Results: The sample was comprised of 114 nursing professionals, including nurses and nursing technicians. The majority (79.82%) were female, mean age of 35.4 years. The average length of experience in the institution was 7.7 years and in the unit was 5.2 years. Most of them had a single type of employment (81.42%), was satisfied with their work (71.93%) and perceived a good quality of care to the patient (77.19%). The nursing professional had a moderate level of emotional exhaustion, a positive perception with job satisfaction and a better perception of the work environment. It was found a significant correlation among the variables in which the nursing professional who perceived more autonomy, better nursing physician relationships, more control over the work environment and organizational support, had a lower level of emotional exhaustion and evaluated a good quality of care and positive perception of the safety climate.

Conclusion: The findings of this study can provide insight into areas for improvement and help monitor change over time.

References

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**Purpose**
The purpose of this presentation is to describe and compare causes of resignation, demographic, professional and attitudinal characteristics of nurses resigning with those of nurses remaining in two major hospitals.

**Target Audience**
The target audience of this presentation is decision makers when identifying the weaknesses and strengths of their organization’s efforts to retain employees and making informed decisions regarding future modes of operation and organizational strategies.

**Abstract**
**Purpose:** To describe the causes of nurses’ resignation, and to compare the demographic, professional and attitudinal characteristics of nurses that resign with those of nurses that choose to remain in two major hospitals in Israel.

**Methods:** A matched case control study conducted among 100 resigning nurses and 200 remaining nurses (matching by age, gender and department). Exit interviews to obtain data on reasons for resignation, job satisfaction, burnout, perception of quality of patient care and perception of professional autonomy. A retrospective study to compare demographic and professional characteristics of entire nursing staff (n=1897) with all nurses resigning (n=153) from one hospital during 2012.

**Results:** Findings from the case control analysis indicate that resigning nurses are young in terms of age but also years of experience in the organization (23% of the nurses had up to one-year’s experience, about 40% had up to 2 years of experience, with 70% of the resignations occurring within the first 5 years of employment in the hospital), have no managerial positions (91%), work part time, and have an academic degree (30% had earned an MSN).

Comparison between the entire population of nurses working and all the nurses resigning from the selected hospital during 2012 indicates that resigning nurses were characterized by young age (30% were under 30 years of age) and a high percentage of male nurses. Distance from place of employment (37%) and working conditions (28%) were given as primary causes of resignation.

Distance from place of employment was the most frequent reason given by young, single women holding no managerial positions, working part time, with seniority of up to 5 years. Working conditions were the most frequent reason given by married men aged 30+ with seniority of over 5 years, holding part-time managerial positions, and having no academic education. Lack of professional advancement was most frequently indicated as another reason for resigning by men with an academic education holding part-time managerial positions.

Nurses having a master degree but no managerial position in the organization were found to be much more likely (2.6 times as much) to resign in comparison to others, or occupying a managerial position in the organization. In addition, less-experienced nurses and nurses working part time were much more likely to resign in comparison to more experienced nurses or nurses working full time.

A significant difference was found between resigning and remaining nurses regarding their perceptions of professional autonomy, with resigning nurses reporting a lower level of autonomy than remaining nurses. In addition, aspirations for professional advancement were found to be higher among resigning than among remaining nurses.

Burnout, job satisfaction and perception of quality of care did not predict resignation.

**Conclusion:** Mapping the causes of turnover according to the characteristics of those resigning contributed to our understanding several important aspects of nursing staff retention in hospitals. Such understanding is crucial for decision makers when identifying the weaknesses and strengths of their organization’s efforts to retain employees and making informed decisions regarding future modes of operation and organizational strategies.
Findings that nurses resigning differed from those remaining by demographic variables and professional skills, not attitudes, indicate low organizational commitment among young nurses working part time. In light of the current findings and a survey of the research literature, we believe it important that interventions aimed at new nursing staff retention focus on developing professional career paths/professional autonomy, especially among nurses having a master degree and working part time in departments having a large nursing staff and male gender. Professional advancement among nurses has been found to contribute to organizational commitment, with a decline in commitment found to motivate the taking of pre-resignation actions and ultimately to the act of resignation.

References

Contact
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Purpose
The purpose of this presentation is to present research that will inform nurse managers on how an improved sense of belonging in the workplace environment coupled with a positive social identity could improve employee satisfaction and retention.

Target Audience
The target audience of this presentation are nurse leaders interested in improving the work environment to improve employee retention. In addition, all employees would benefit from information on how the sense of belonging improves employee satisfaction.

Abstract
Purpose: The purpose of this presentation is to present research which will inform nurse managers on how an improved sense of belonging in the workplace environment coupled with positive social identity could improve employee satisfaction and retention.

Methods: The researcher utilized qualitative inquiry for the study. The target population for the primary study included a random sampling of registered nurses licensed in a southwest state. A random sample of registered nurse respondents was collected from a list of 23,000 registered nurses obtained from the Board of Nursing (BON). Data was analyzed by conducting an ANOVA, Pearson’s correlation, linear regression, and descriptive statistics including frequency, percentage, means, and standard deviation. Two tools were used for the study which included Levett-Jones and Lathlean’s Belongingness Scale-Clinical Placement Experience (BES-CPE) and Duddle and Boughton’s (2009) Nurse Workplace Relational Environment Scale (NWRES). Levett-Jones and Lathlean’s Belongingness Scale-Clinical Placement Experience (BES-CPE) tool assesses belongingness. The BES-CPE’s constructs include safety, belonging, self-concept, learning, and competence, and include esteem, connectedness, and efficacy subscales. The NWRES tool assesses the understanding of the nursing workplace environment sense of connectedness and belonging, support, collegial relationships, and communication. The two tools provided the researcher with data on belonging and job satisfaction.

Results: The data analysis indicated registered nurses stayed in their first jobs for pay/benefits, comfort with the job, and satisfaction with the employer. Registered nurses who left their first jobs within the first two years of practice did so because of job dissatisfaction and/or moving to another location. The correlation and linear regression analysis of the data from the BES-CPE and NWRES further substantiated the findings that there is a relationship between a sense of belonging and workplace environment. The registered nurse’s comfort in the job and satisfaction with employer could infer that registered nurses stayed because they felt a sense of belonging.

Conclusion: Based on the results from the data, employers may benefit from implementing programs that improve the sense of belonging by exploring measure that improve job satisfaction and allow the newly employed nurse to voice concerns and opinions. The findings from the study necessitate that employers establish programs that increase trust, values, and communication. Trust and communication may help nurses feel understood by allowing the voicing of their opinions.

References

Contact
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Purpose
The purpose of this presentation is to educate providers about the most appropriate evidence-based treatment for uncomplicated UTIs in women and to bring forth an awareness of the current problem with antibiotic resistance due to inappropriate prescribing.

Target Audience
The target audience of this presentation is for nurse practitioner, students in primary care, hospitals, urgent cares, home health care.

Abstract

Purpose: The purpose of this presentation is to educate providers about the most appropriate evidence-based treatment for uncomplicated UTIs in women and to improve awareness of the current problem with antibiotic resistance due to inappropriate prescribing.

Methods: A review of the literature was conducted of meta-analysis and observational studies as well as findings from RCTs. Various current guidelines were reviewed and the recommendations from the Infectious Disease Society was decided upon as the recommended guideline in this project.

Results: Antibiotics have been used inappropriately. Rates of resistance have been on the rise. Uncomplicated UTIs have been treated unnecessarily with prolonged courses of antibiotics. Further evaluation regarding the cause of recurrent UTIs were often not performed. Urine cultures have been routinely sent with complaints of urinary tract symptoms which are unnecessary and a waste of resources.

Conclusion: Providers need to be aware of the current guidelines for treatment of uncomplicated UTIs in women. Fluoroquinolones should be used as a last resort in order to preserve its effectiveness and prevent resistance. Macrobid is a five day course of antibiotic for treatment which is the first-line of defense. It has a very low rate of resistance despite being used for the last 40 years. Bactrim DS is the second-line of treatment but only for three days. It is imperative to practice antibiotic stewardship at all times in order to decrease potential adverse reactions in patients while protecting the effectiveness of antibiotics for future use.

References

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B 11 - Using Nursing Practice Guidelines
Waiving Parental Consent: An Alternative Strategy for Protecting LGBTQ Youth in Nursing Research

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Purpose
The purpose of this presentation is to provide strategies nurse researchers may use to successfully secure waivers of parental consent from Institutional Review Boards when conducting research with adolescents who self-identify as lesbian, gay, bisexual, transgender or questioning (LGBTQ).

Target Audience
The target audience for this presentation includes nurse researchers who investigate adolescent health outcomes, those who work with LGBTQ populations and researchers focused on sexuality studies.

Abstract
Purpose: Securing parental consent is standard practice when conducting nursing research with adolescents. However, in sexuality research with lesbian, gay, bisexual, transgender or questioning (LGBT) youth, many may have yet to disclose their sexual orientation due to uncertainty with parental reactions or may not feel comfortable asking parents’ permission to participate in studies about sensitive topics such as sex. This challenge in soliciting the input of an understudied population does not allow for the examination of the factors that affect LGBTQ adolescents’ sexual health. Obtaining waivers of parental consent is an underused strategy that allows for the engagement of LGBTQ youth in studies about their emergent sexual health needs. This report will detail our experience in securing a waiver of parental consent in the recruitment of 15 to 17 year old gay, bisexual and questioning adolescent males. Using an exemplar study, we will detail the strategies used to address the Institutional Review Board’s (IRB) anticipated concerns, explain responses to stipulations required for our study and enumerate study design features that future researchers can incorporate in their proposals that will increase the opportunity for LGBTQ minors to participate in nursing research.

Methods: The IRB application included arguments about how excluding LGBTQ youth from research violates the principles of beneficence, justice and respect for persons, how LGBTQ youth are autonomous and capable of providing informed consent similar to their heterosexual peers, how studies that waived parental consent have been successfully conducted in peer institutions, and how research findings produced significant and rich results. Other elements included in the waiver request was a list of studies that effectively recruited underage LGBTQ youth, institutional support letters from bioethicists and child advocacy experts, and anticipated human subjects protection concerns and how they would be addressed.

Results: The waiver of parental consent was granted by the full IRB after months of deliberation.

Conclusion: To properly safeguard LGBTQ youth and to encourage nursing research informed by this population’s current social milieu, waivers of parental consent may be necessary. These waivers are in accord with key ethical research principles and can be a crucial methodological feature that will assuage this population’s concerns about participating in research about them.

References

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B 11 - Using Nursing Practice Guidelines
Clinical Practice Guidelines for Intervention and Care of People with Pressure Ulcers or Risk of Suffering

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Lizeth Xiomara Guzmán Carrillo, RN, Colombia

Purpose
Show the results of research related to the practices of prevention and treatment of people with pressure ulcers or at risk of suffering

Target Audience
Professionals in health, undergraduate and graduate nursing and people interested in nursing practice evidence-based for care people with pressure ulcers

Abstract
Purpose: Elaborate a clinical practice guideline based on scientific evidence to guide decision making health team, in terms of prevention, intervention, treatment, recovery and rehabilitation of people with pressure ulcers or present the risk of suffering.

Methods: Review of the scientific literature in the years 2009-2014 in the bibliographic resources MEDLINE, EMBASE, Scielo, Science Direct, Scopus and CUIDEN, with descriptors: pressure ulcer, nursing care, prevention and control, diagnosis, treatment. Additionally, Snow Ball methodology was used to extend and complement the search. For the elaboration of recommendations made a process of critical analysis of scientific literature found, taking into account the recommendations of the board Agency for Healthcare Research and Quality of the US Department of Health & Human Services.

Results: 152 research articles were considered for the development of the guideline, which were grouped into different chapters: 34 articles in the introduction, 7 items approach the definition of pressure ulcers, 30 articles about prevention, 11 articles related with the patient assessment, 26 articles of diagnosis and assessment of pressure ulcer, 34 articles on the treatment and 10 articles related to nursing process in person with pressure ulcer.

As for the practices related to prevention, found that the risk assessment is through the use of scales for assessing the risk of pressure ulcers also essential to be taken into account such important aspects as the assessment and skin care, especially with the use of hyper-oxygenated fatty acids, among other technologies for the prevention of skin lesions; the assessment and nutritional care; control of excess moisture; effective management of pressure through physical mobility and position changes, protection of bony prominences and the use of special surfaces for pressure management. It is important to implement educational programs in preventing pressure ulcers, including both the patient, family and health care team to lessen their impact on the quality of life of people with this type of injury.

In relation to patient assessment, was found to is important evaluate the intrinsic and extrinsic factors of the person who has or is at risk of pressure ulcer and to evaluate their health related quality of life and the pain impact.

For the diagnosis and assessment of pressure ulcers was found that is necessary doing a good identification of the stage of the ulcer and to assess the characteristics of the wound through different mechanisms with the aim of establishing actions for prevention or treatment.

Among the interventions for the treatment of pressure ulcers, tools were found to guide the preparation of the wound bed as the TIME instrument (Tissue, Infection, Moisture, Edges). For the control of non-viable tissue there are different types of debridement as: autolytic, enzymatic, biological (larval) and surgical for which must take into account the patient's health conditions and characteristics of the wound. Wound infection can be controlled through the use of various dressings containing honey, silver ions and antiseptics such as polyhexanide. As for the stimulation of the ulcers healing, there are a variety of technologies such as the use of
dressings, pulsatile lavage, electrostimulation, polarized light therapy, treatment with natural substances and negative pressure therapy. It is important to consider nutritional support with formulas that provide the nutrients needed to promote the healing process.

Regarding the nursing process was found to be an important methodology for planning integral care for people with pressure ulcers, taking into account the use of nursing taxonomies which give security as efficiency and cost-effectiveness of nursing practice. The most frequent nursing diagnoses found in people with this type of injury are associated with activity and repose (impaired physical mobility and self-care deficit) and safety and protection (impaired skin integrity, tissue and risk for infection).

Conclusion: The elaboration of clinical practice guideline is of great importance for the development of nursing as a profession and standardizes interventions both in prevention, treatment and rehabilitation of people with pressure ulcers. The implementation of this guideline is essential to guide and provide effective, efficient and quality care for people with pressure ulcers or at risk of suffering from a comprehensive and holistic approach in order to improve their quality of life related to health. Is expected to Clinical Practice Guideline can be used by all health professionals in Colombia, after their respective review and publication.

References

Contact
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Purpose

to discuss the effects of a video guided T’ai Chi intervention that has the potential to decrease fear of falling and improve center of balance in community dwelling older adults.

Target Audience

health care providers who are interesting in the older adult, fall prevention and low cost interventions to reduce fear of falling.

Abstract

Falls impact up to 45% of community dwelling older adults each year, contributing to upwards of $30 billion dollars in direct health care costs. Independent of an actual fall many persons over age 65 years report a fear of falling that negatively impacts quality of life through a cycle of inactivity, weakness, depression, isolation and increased falls. There are a number of evidenced based programs available that address fall prevention. T’ai Chi, an ancient Chinese martial art is thought to enhance awareness of body position, alignment, and range of motion. Numerous studies provide evidence that T’ai Chi can be an effective strategy to reduce fear of falling among older adults. This pilot study evaluated effects of a video-guided T’ai Chi group intervention on center of balance (COB) and falls efficacy, using a one arm, pretest posttest design. The study was completed in a rural setting that has a community with a high percentage of older adults (18.9%). The study was an attempt to translate current evidence of the positive effects of T’ai Chi exercise in a low cost manner. The T’ai Chi exercises were delivered via video, fear of falling was evaluated using the Falls Efficacy Scale International and center of balance was measured using a commercially available Wii Balance Board. Thirty-two participants began the study, 17 completed pre- and post-testing and 15 were lost to follow-up. Outcomes were compared for the 17 participants who completed pre- and post-testing and subgroups were formed and analyzed based on session attendance. Irrespective of session attendance, participant COB scores improved. There was a significant negative correlation between number of sessions attended and pre and post scores on the fall efficacy (fear of falling) measure, indicating those with higher fear of falling were less likely to complete the study. Older participants were also less likely to continue participation. Findings indicate potential benefits of T’ai Chi in improving COB (a fall risk factor) among community-dwelling older adults. However, those with greater potential benefit (higher fear scores, older participants) were less likely to continue participation.

References


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C 03 - Promoting Health and Clinical Outcomes in the Elderly
The Comparison between Residents' Health Status for Those Who Use N-G or PEG Feeding in the Long-Term Care Facilities

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Purpose
The Purpose of this study was to compare the differences of residents' health status between the use of PEG and N-G in long term care facilities.

Abstract
Purpose: The Purpose of this study was to compare the differences of residents’ health status between the use of PEG and N-G in long term care facilities.

Methods: The cross-sectional design was used in this study to survey 1,500 residents from 32 long term care facilities in the Greater Taipei, Taiwan between May to July in 2012.

Results: The mean age for total subjects was 80.25 years old. The prevalence rate of the use of enteral nutrition support was 39.7% (n=546). Among 1,500 study subjects, 546 of them use feeding tubes and the percentage of N-G and PEG use was 92.1% and 7.9%, respectively. And those who choose PEG, they have used N-G tube for about 56 months before they decide to choose PEG. The following variables were significantly different between residents of use N-G feeding tubes and PEG: upper arms power, the time period of use N-G feeding tube. Results of this study showed that subjects who were have stronger upper arm power (χ²=13.97, P=.003), do not have diabetes mellitus with complication (χ²=5.553, P=.009), longer use N-G tube time (t=-3.2, P=.001), and more physical constrain (χ²=5.965, P=.015) were more likely to choose PEG.

Conclusion: The percentage of the use of PEG tubes for residents’ who live in long term-care facilities is still few. For those who choose PEG have used N-G for a long time and they have been suffered from deterioration of health status for many conditions, such as complications from medical diseases and physical constrain. The possible reason why PEG uses have a stronger upper arms power than the N-G uses maybe because their stronger upper arm power for them easily remove their N-G tubes and make their families or caregivers to choose PEG use for them.

References

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Elderly Diabetic Patients’ Attitudes and Beliefs about Health and Illness

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Purpose
The purpose of this presentation is to share the results of a study focused on older diabetic patients’ attitudes and beliefs about health and illness and raise the awareness of age-related health behavior changes.

Target Audience
The target audience of this presentation is all clinical nurses especially nurses working endocrinology, geriatrics-gerontology wards, as well as community health nurses. Nurse educators also targeted to use this information for curriculum updates.

Abstract
Importance: For effective management of diabetes, it is important and crucial to understand the beliefs of older diabetic patients in relation to differences in living with the disease and facing the related problems.

Purpose: The aim of the study was to determine the attitudes and beliefs about illness and health of older diabetic patients.

Methods: This study was conducted as a descriptive study. Sample was calculated with power analysis (%90 power, 5% level of significance and 0.40 effect size) and included 70 diabetes patients aged 65 and older. Data was collected with Socio-Demographic Form and Health Belief Model Scale by face-to-face method. The Health Belief Model Scale was developed by Tan (2004) based on five sub dimensions of the Health Belief Model: perceived susceptibility, perceived severity, perceived benefits, perceived barriers and recommended health-related activities. Study was approved by universities ethical committee and written consent was obtained from patients. Data was analyzed with descriptive statistics, Mann-Whitney U test, t-test, Kruskal-Wallis test, Welch variance analysis, and Spearman correlation.

Results: Older diabetic patients’ attitudes about illness and health was negative. Individuals’ aged 65–70 years with higher than secondary education and work experience, perceived seriousness mean scores were found to be significantly high. Perceived barriers mean scores were found to be high and statistically significant in participants who defined their economic status as well, adherence to nutritional therapy as well/very well, and who exercised and checked their blood sugar regularly. Patients’ perceived benefit and recommended health-related activity scores who declared education need were significantly high.

Conclusion: With advanced age, attitudes and beliefs about health and illness become negative and the perceived severity of illness decreases. Patients who were female, aged 70 and older, with low education and low economic status, with poor adherence to treatment and medical nutrition therapy, and need diabetes-related education had a negative health belief and were found to be particularly at risk. The results of this study could help in planning of individual assessments of older adults, the development of educational activities to support good diabetes management, the prevention of complications, the enhancement of treatment adherence and the management of factors influencing health behaviours.

References

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Purpose
The purpose of this presentation is to provide an overview of a research study that focused on the understanding and experience of clinical judgment of Internationally Educated Nurses engaged in simulation and stimulated recall activities using Tanner's clinical judgment model. The concept of reflection beyond action emerged from results.

Target Audience
The target audience of this presentation are educators within higher education and nursing educators.

Abstract
Purpose: The purpose of the research was to explore the experience and understanding of clinical judgment of IENs when engaged in High Fidelity Patient Simulation (HFPS) and stimulated recall and reflective practice.

Methods: The research employs qualitative descriptive, open-ended exploratory and interpretive methods informed by constructivism and transformative learning theories. The participants in this study were four IENs, aged 27–37, who were attending a university academic bridging program. They participated in a) a preliminary interview to collect data regarding their demographics and information associated with their educational, clinical, and professional background; b) three interactive simulated clinical activities comprising of high-fidelity SimMan™ manikins; and c) three stimulated recall sessions followed by three focus groups. The interactive simulated activities were videotaped and stimulated recall and focus groups were audiotaped. Tanner’s Model of Clinical Judgment was used to guide this process.

Results: The thematic analysis uncovered six themes pertaining to IEN’s experience and understanding of clinical judgment of which the concept of reflection-beyond-action emerged as implication for the teaching and learning of IENs.

Conclusion: Reflection-beyond-action has emerged from the findings associated with the understanding of IENs of clinical judgment and a concept that would allow further development of mindful learners.

References

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Purpose
The purpose of this presentation is describe the impact of a catheter-associated urinary tract infection education package on staff nurses’ knowledge, attitudes and skills in relation to catheter management.

Target Audience
The target audience of this presentation are staff nurses, nurse educators, nurse managers, quality improvement advisers and infection control practitioners who are keen to reduce catheter-associated urinary tract infection through nursing interventions.

Abstract
Objectives:
1. To identify staff nurses’ current knowledge, attitudes and indwelling catheter management practices
2. To implement a catheter-associated urinary tract infection (CAUTI) education package on two surgical wards
3. To determine if a significant difference exists in the staff nurses’ indwelling catheter management practices before and after the introduction of a CAUTI education package

Research Question: What is the impact of a CAUTI education package on the knowledge, attitude and indwelling catheter management practices of nurses?

Design: A descriptive design involving mixed methods approach was utilised to answer the research question. The methods used include focus group discussions that explore and describe nurses’ attitude toward catheter care and CAUTI prevention; pre-test and a post-test to measure and compare the nurses’ level of knowledge on CAUTI prevention; and document analysis of a catheter maintenance checklist to identify staff nurses’ catheter management practices.

Setting: Two surgical wards of a general district hospital located in Manukau City, Auckland, New Zealand

Participants: A convenience sample of staff nurses (n=27) from the two surgical wards were invited to participate in the study through e-mail. Information about the research was discussed through flyers. Study participation was voluntary, with utmost respect for human dignity and autonomy.

Methods: The study had three phases. The first phase utilised focus group discussions that involved the gathering of baseline data to determine nurses’ knowledge and attitudes about catheter management and CAUTI prevention. The second phase involved the implementation of education sessions and utilised a pre and post-test to measure nurses’ level of knowledge. The final phase or the evaluation phase identified the impact of the education package on the nurses’ knowledge, attitudes and whether this was translated into practice. This phase utilised an evidence-based checklist that nurses complete daily given patients with urinary catheters.

Results: A total of 13 staff nurses attended two focus group discussions. The focus group revealed that there is diversity in the undergraduate training experience and on-the-job training of nurses that relate to their catheter management practices. Another theme that emerged from the focus group is the nurses’ awareness, access and use of organisational policies and guidelines which serve as a primary go-to guide when recalling information at work. The staff also highlighted that the quality of their current catheter care practice utilizes a collaborative approach, is dependent on the nursing process and is affected by the nurse’s and the patient’s gender. The nurses also verbalized that there is training required in the use of catheter management resources. Lastly, catheter care challenges such as gender, dementia in patients and ethical dilemma affect nurse’s catheter management practices.

Fourteen nurses attended the education session. For the pre and post-test, paired t-test was carried out in order to test for a significant difference in the overall score. Descriptive statistical analyses indicate that there is a
significant difference (p < 0.0001) in the overall score between the pre and post-test, with a mean difference of 6.64 and 95% CI of (4.96, 8.33).

Document analysis of the catheter maintenance checklist revealed that most of the post-surgery patients came to the ward with catheters already in, thus prompting the nurses to complete only the catheter maintenance part of the checklist and the catheter removal part if necessary. Majority of the patients also had their catheters removed on the first day and this is documented on the checklist. Noticeable also is the dwindling of numbers of completed checklists when the study period reached its fourth month.

**Conclusion:** The CAUTI education package had a significant impact on the nurse’s knowledge. While various factors affect catheter management practices, enhanced training will not only improve nurses’ knowledge, but their practice as well. Catheter maintenance checklists serve as procedure prompts for nurses although dwindling of numbers may be expected as time passes by. This could be remedied by regularly reminding staff to complete the checklist and documentation. Finally, quality improvement initiatives on CAUTI prevention would help improve CAUTI rates and nurses’ knowledge, skills and attitude toward catheter management.

**References**

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C 04 - Aspects of Clinical Nursing Education
Preliminary Findings from an Instrument Development Study to Measure Perceived Competence and Confidence of Clinical Nurse Educators

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Purpose
The purpose of this presentation is to report a part of the instrument development processes to measure perceived competence and confidence of clinical nurse educators, and to discuss with international scholars an additional technique rarely used in nursing for factor analysis purpose.

Target Audience
The target audience of this presentation is international nurse educators, clinical health educators, biostatisticians, nurse managers and policy makers in nursing.

Abstract
Background: Clinical education is central to nursing education (American Association of Colleges of Nursing 2008). In the dynamic and complex clinical environment, clinical educators need to be prepared and supported in order to teach and facilitate students effectively (Gaberson and Oermann 2010). The transition of nurse clinician to the nurse educator role in Western countries however has been found to lack sufficient orientation, preparation and support (Aston et al. 2000, Cangelosi, Crocker and Sorrell 2009, Williamson, Webb and Abelson-Mitchell 2004). There is however little evidence regarding this transitional journey in developing countries. In addition, in several Asian countries, the educator role is undertaken by those moving from the student role and thus, the transition may present different challenges. In addition, to date, there is currently no valid and reliable scale to measure perceived competence and confidence following transition to the role of clinical nurse educator.

Purpose: To develop a scale to measure clinical nurse educator perceived competence and confidence in clinical teaching.

Methods: A structured two-phase approach has been employed to develop the Clinical Nurse Educator Skill Acquisition Assessment (CNESAA) instrument based on the platform of another questionnaire developed by Ramsburg and Childress (2012). Phase one (item identification, piloting, reliability and validity establishment and scale modification) will be discussed in this paper.

Six-stage approach by Hair et al (2010) was chosen to guide the factor analysis using SPSS version 20 software. “Partial least square structural equation modeling” (PLS-SEM) (Hair et al. 2014) rarely used in health was also used to compliment the understanding of factor analysis using SmartPLS software version 2.0.

Results:
Demographic:
Five institutions offering undergraduate nursing degrees from both public and private sectors located in three distinct regions (North, Center and South) of Vietnam were included in this study. Of the 104 clinical nurse educators who participated in phase one, 78 were females (75%) and 26 were males (25%). A majority of the participants aged under 30 (n= 71, 68.3%). 90 participants (86.5%) had background in nursing and 14 (13.5%) majored in medicine or other disciplines in health.

Validity & reliability: Content validity was established by a panel of experts in nursing education. Reliability and convergent validity were established by two different statistical techniques:

Factor analysis: From the pool of 38 items that were piloted, a conceptual and statistical model of an instrument with 24 items and five sub-scales was constructed. The instrument’s internal reliability was achieved with Cronbach’s alpha fluctuating from .828 to .920 for all sub-scales and .952 for the overall scale. Convergent and
discriminant validity were established with high-loading items (ranging from .511 to 1.002), no cross-loadings items and low correlation between five subscales (<.7). The stability of the construct via an internal replication technique on two randomly split subsets of the original dataset indeed validated the factor analysis results.

**PLS-SEM:** High internal reliability of the 24-item model was established with composite reliability values ranging from .899 to .938 for all five sub-scales. Outer loadings for all 24 items from .756 to .918 demonstrated indicator reliability. Convergent validity of the instrument was confirmed with Average Variance Extracted (AVE) criterion substantially above .5 (ranging from .645 to .748) for five subscales. The structural equation modeling analysis was validated with t-statistics greater than 3.29 (p<0.001, two-tailed test).

Further to statistical merit; expert ideas, content cohesion and participant voices were taken into consideration. Modification was made to simplify CNESAA's format (labelling) and re-wording where necessary. The modified version of CNESAA with 24 items and five subscales (“Enhancing student learning”, “Relating theory and practice”, “engaging in scholarship”, “functioning as a leader”, and “participating in professional development”) is undergoing the second phase for validation purpose.

**Conclusion:** Through two different but complimentary approaches, the instrument was found to be conceptually and statistically reliable and valid to potentially measure perceived competence and confidence of nurse educators to teach nursing in clinical settings. An additional stage is to be conducted to confirm the purified version of the CNESAA. The structured, rigorous and robust approaches that were conducted to design and validate the CNESAA could be a recommendation for future high quality studies in instrument development in nursing.

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Purpose
To describe the process evaluation of a teaching-learning assignment where faculty and inter professional team members mentored students through the scientific rigor of the development, submission and acceptance of a National Clearinghouse Guideline.

Target Audience
Faculty, nurse practitioners, and leaders who influence and are responsible for the development and quality of facility/institutional clinical practice guidelines.

Abstract
Purpose: The 2014 National Organization of Nurse Practitioner Faculty (NONPF) Core Competencies, expects faculty to impart Scientific Foundation Competencies to our students in nurse practitioner programs. Students should be equipped to critically analyze evidence, integrate and translate research into practice for the purpose of improving patient processes and outcomes. The educator’s challenge is to identify assignments where scientific foundation competencies are understood and practiced by the student with such acumen as to be translated to their clinical practice behavior.

Methods: A process evaluation was undertaken for a graduate teaching-learning assignment to develop a national clinical guideline. Faculty and inter-professional team members mentored students through the scientific rigor of the development, review, submission, and acceptance of a National Clearinghouse Guideline. The faculty and students met weekly as a research team for 15 face-to-face meetings. During the working meetings, the evidence-based approaches of an integrated literature review, article evidence-grading, and clinical guideline development were implemented. On-line shared documents fostered continuous editing by the team members. Independent professional reviewers provided expert and editorial advice. Faculty submitted the guideline for the educational institution. The team also developed a manuscript for peer-reviewed publication on the guideline topic. The faculty led the journal publication process.

Results: The program assignment met the expected course and national NONPF outcomes. Students, faculty and mentors authored a National Clearinghouse Guideline. Additionally, the team’s manuscript was published in a peer-reviewed journal. Formative evaluation of the course assignment was positive, with student’s expressing pride in their published guideline and excitement at adding a publication to the curriculum vita. Faculty admitted to increased workload of mentoring, yet benefited from the publication.

Conclusion: The process evaluation determined that the assignment met the national scientific foundation competencies that will likely benefit the Advance Practice Nurses and the patients they serve. Future evaluation should address the long term goal of continued scholarly activities of our graduates.

References

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Assessing Undergraduate Student Readiness for Evidence-Based Practice

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Purpose
To discuss strategies to measure Evidence Based Practice (EBP) competencies and undergraduate student knowledge of EBP

Target Audience
Faculty in undergraduate nursing programs.

Abstract
Purpose: To measure EBP competencies and knowledge of students in the EBP/Research course in all three of our undergraduate curricula.

Methods: Over the past four years we reengineered EBP throughout the undergraduate program (traditional four year, accelerated BSN, and BSN completion) using the AACN Baccalaureate Essentials as our roadmap. Student and faculty feedback was positive, work products were excellent; however there was no objective measure of student outcomes. A search was conducted to locate an evidence-based instrument to measure EBP competencies. The ACE Evidence Based Readiness Inventory (ACE-ERI) is an online instrument that measures self-reported competencies in EBP. The instrument is based on nationally established EBP competencies and has strong validity and reliability, and is able to pick up changes pre and post intervention. It has been used in both clinician and student populations. The tool incorporates the EBP competencies, a knowledge test focusing on knowledge transformation and demographic information. IRB approval was obtained from the university. Faculty explained to students the purpose of the ACE ERI and that this was an example of evidence based education. Students received an email invitation to participate in the survey at the start and completion of the course. In order to encourage students to complete the survey, a certificate of completion was generated for students.

Results: The ACE ERI has been administered to four cohorts over the past two years. There was an 88% return rate for both pre and post surveys. Student knowledge increased as did level of confidence in EBP competencies. Pretest and posttest mean scores for ACE-ERI competencies were compared. Statistical significance was achieved for all twenty competencies (p < 0.001). Analyses were run to investigate the correlations between the questions and the demographic variables. There were no statistically significant relationships indicating that the variation in the results was not related to the demographics of the students.

Conclusions: Student knowledge and competency in EBP increased significantly. Plans are to use the ACE-ERI to measure EBP knowledge and competency on a continuing basis. In addition, we will resurvey the students with the ACE-ERI at program completion. In addition, all faculty teaching the course will be surveyed using the ACE-ERI.

References

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C 05 - Assessing Nursing Students EBP Tools
A First Look at Undergraduate Nursing Students’ Knowledge of Evidence-based Practice Using the Evidence-Based Practice Knowledge Assessment in Nursing

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Purpose
The purpose of this presentation is to present psychometric and scoring data from the initial validity and reliability testing of a new objective measure of EBP knowledge developed under the Rasch model.

Target Audience
The target audience of this presentation is nursing educators, nurse researchers, and leaders in nursing practice.

Abstract
Purpose: The quantitative relationship between self-reports of competence and objectively measured performance is generally $r < 0.3$ and in a striking number of studies, inverse relationships have been observed. With the slow rate of adoption of EBP in clinical environments, an objective measure of nurses’ EBP knowledge is clearly needed. Here we report initial validity and reliability evidence for a new objective measure of EBP knowledge, the Evidence-Based Practice Knowledge Assessment in Nursing (EKAN).

Methods: Seven subject-matter experts reviewed the candidate items, culminating in a final item pool of $N = 75$ items with an S-CVI = .94. Rasch modeling (1PL item-response theory [IRT]) with jMetrik (Meyer, 2014) was used to evaluate psychometric performance on the theorized unidimensional trait of EBP knowledge. Candidate items were tested in $N = 200$ undergraduate nursing students from two large Midwestern US nursing education programs. Subjects were $M = 24.8$ ($SD = 5.3$) years old and 90.5% female.

Results: For the final, 20-item EKAN, mean difficulty was .19 (Range -2.0 – 2.8), weighted mean square infit was 1.01 (Range .95 – 1.06), standardized weighted mean square infit was .33 (Range -.7 – 1.6), unweighted mean squares outfit was 1.02 (Range .93 – 1.14), standardized unweighted mean squares outfit was .34 (Range -1.08 – 2.00). For the scale, the item separation index was 7.05 and the person separation index was 1.66. Item reliability was .98; person reliability was .66. These values reflect strong item performance but highlight trait homogeneity in the subject pool. EKAN scores ranged from 5 – 16 (of a possible 20); $M = 10.4$ ($SD = 2.31$). A known-group effect was observed ($M = 10.01$ vs. 11.47; $t = -2.53$, $p = .01$) when comparing scores from subjects recently exposed to vs. unexposed to prior EBP, research, or statistical coursework.

Conclusion: The 20-item EKAN showed strong evidence of trait unidimensionality and desirable scale psychometrics when evaluated using the Rasch model. Additional studies are in progress among groups possessing a greater range of EBP knowledge to provide additional validity evidence. The EKAN is an efficient objective EBP knowledge measure available to educators and researchers.

References

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C 07 - Applying Nursing Science and Policy to the Study of Genomics
The Lived Experience of Having a Rare Medical Disorder: Hermansky-Pudlak Syndrome

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Purpose
The purpose of this presentation is to provide an overview of the rare disorder, Hermansky-Pudlak Syndrome. This autosomal recessive genetic condition is seen more frequently in the Hispanic population, especially those from Puerto Rico. Findings of a qualitative study that explored the lived experience these individuals will be shared.

Target Audience
The target audience is practicing nurses and nurse educators who may care for individuals with rare diseases. The need to understand the unique experiences of those living with a rare disease are of great importance, as these patients often face compounded challenges in their ability to cope with the diagnosis.

Abstract
Purpose: Within the discipline of nursing, research is sparse on the experience of living with a rare disease. Given the lack of knowledge related to the experiences and coping mechanisms of those diagnosed with a rare disease, there has been a call to explore the patient experience of rare diseases in order to better care for these individuals (Budych, Helms, & Schultz, 2012; Huyard, 2009; Joachim & Acorn, 2003; Knight & Senior, 2006; Rajmil, Perestelo-Perez, & Herdman, 2010). Hermansky-Pudlak Syndrome (HPS) is a rare form of albinism, affecting approximately 1 in 500,000 to 1 in 1,000,000 non-Hispanic individuals. While still rare, the syndrome is more commonly found in the Hispanic population, where 1 in 1,800 individuals in Northwestern Puerto Rico are impacted by HPS (Gahl & Huizing, 2012; Seward & Gahl, 2013). The diagnosis of HPS can be clinically challenging because of the fragmented symptoms that often mimic other more common conditions. Some of these symptoms include albinism, bleeding disorders, vision impairment, and often-pulmonary fibrosis.

Methods: A qualitative phenomenological study was conducted using semi-structured face-to-face interviews to explore the experience of individuals with this rare genetic disease. After University Human Subject Council approval, the researchers attended the annual National HPS Conference where data collection occurred. Criteria for sample eligibility included: male or female; (a) age 20-50; (b) with an identified diagnosis of Hermansky-Pudlak Syndrome (HPS); (c) able to self-report; (d) and be English speaking. Interviews were tape-recorded, transcribed, and Colaizzi’s (1978) method of data analysis was used to identify four comprehensive categories. The researchers each reviewed the transcripts separately and then met to conduct data analysis. Member checking with two study participants provided validation of results. Rigor was achieved by addressing auditability, credibility, fittingness, and confirmability.

Results: A purposive sample of adults between the ages of 20 and 49 diagnosed with HPS were interviewed (N= 23). The majority (83%) were female. Data analysis resulted in the emergence of comprehensive categories related to long road to diagnosis; giving, in order to move forward; survival is to belong to community; and burden of being expert.

The participants spoke extensively about feeling discredited and not being taken seriously during the extended period of time that it took to accurately diagnose their disorder. Once diagnosed, they reflected on how this affected their family and their future as they processed and thought about “moving forward.” Several research studies (Budych, et al., 2012; Huyard, 2009; Putkowski, 2009; Weng et al., 2011) support the participants’ feelings of the “burden of being the expert” as there was often role reversal and constant self-advocacy and self-sacrifice in order to receive medical care. The Internet and social media have greatly changed the way that these participants have remained positive in their outlook. They spoke extensively about the importance of the HPS network as a way to relate to others with similar conditions.

Conclusion: Nurses care for individuals with a wide variety of illnesses, including those with rare diseases. The need to understand the unique experience of those living with a rare disease is of great importance, as these patients often face compounded challenges in their ability to cope with the diagnosis. Through an understanding
of these unique challenges, nurses can enhance the wellbeing of these patients by the provision of more holistic care. These research findings have implications for policy, nursing practice and nursing education.

The objective of this qualitative study was to begin to understand the lived experience of adults with a rare genetic disorder, Hermansky-Pudlak Syndrome. The data analysis begins to shed light on the complex challenges that these individuals face, along with the ways that they have found to remain positive and resilient in their quest to improve their care and quality of life. All of the participants were gracious in their appreciation for the time and effort expended to listen to their stories.

References

Contact
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Purpose
The purpose of this presentation is to increase awareness of international health policies and the role of nurses in protecting the right to patient autonomy in healthcare and genomics.

Target Audience
The target audience of this presentation is nurses and health care professionals with an interest in learning about international health policy and genomics.

Abstract
Purpose: Nursing leadership in the international community spans many areas including health policy development. International health policies are varied in their subject matter and acceptance. With the development of new technologies and methods of accessing and using genomic data, many international policies regarding genomic science and patient autonomy have been created. Nurses must be aware of international policies and their impact on patient care. Additionally nurses must take an interest in their roles as advocates for patients’ rights to health.

Methods: This review of current international genomic policies and documents incorporates thematic review as a method for understanding current thinking with regard to genomics and patient autonomy.

Results: This review reveals the rich history of genomic policy starting with the 1948 Universal Declaration of Human Rights. The development of genomic health policies has been closely aligned with the policies regarding a patient’s right to autonomy. The underlying constructs of these key areas of policy are very similar and their close association is central to nursing’s role in the future of genomics and international health policy.

Conclusion: International health policy development regarding genomics has great influence on science and research of the future. As scientists and patient advocates nurses benefit from having an understanding of international health policy and the right to health. Better understanding of the themes of genomics and patient autonomy will help nurses in their roles as leaders in the development of future international health policies and patient advocacy.

References

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C 07 - Applying Nursing Science and Policy to the Study of Genomics

Utilization of Genomics to Advance the Care of Chronic Disease in Diverse Populations: Case Study: Hepatitis C

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Purpose
The purpose of this presentation is to describe how the use of genomics in culturally diverse populations, can positively impact on the treatment of chronic diseases such as Hepatitis C. The results of this study is based on a national sample of over 2,000 patients diagnosed with Hepatitis C.

Target Audience
The target audience of this presentation is professional nurses involved in research, practice or education involving the care of patients with chronic diseases.

Abstract
Purpose: The purpose of this presentation is to describe how the use of genomics in culturally diverse populations, can positively impact on the treatment of chronic diseases such as hepatitis C. The results of this study are based on a national sample of over 2,000 veteran patients diagnosed with hepatitis C who seek care from a Veterans Health Administration (VHA) facility in the USA.

Background: Advancements in genetics can inform health care practices. It is currently estimated that approximately 150 million people worldwide are living with chronic hepatitis C (HCV). Hepatitis C is a devastating disease which contributes to significant morbidity and mortality and is predicted to increase over the next 5 years. 80% of currently infected patients, will advance to develop cirrhosis, liver cancer and/or liver failure, if left untreated. The VHA currently treats the largest percentage of hepatitis C infected patients in the USA. In the past, treatment consisted of a two-drug therapy, which was only successful in the treatment of up to 48% of patients with HCV. This two drug therapy is not without significant side effects which can also lead to treatment failure. The recent use of genetic testing can help to better identify patients who are most likely to respond favorably to treatment vs. those who are not.

Methods: A retrospective, descriptive study was undertaken to review the results of genetic testing on patients with hepatitis C in the VHA health care system and identification of the genotype of the hepatitis C virus. Laboratory results were linked to individual patient characteristics for delineation of trends and outcomes for treatment. IRB approval was provided to conduct this study within the VHA.

Results: A retrospective analysis of a sample of over 2025 patients with hepatitis C was undertaken. Inclusion criteria for this study included 1) chronic hepatitis C diagnosis and genetic tests results were available. There are currently 6 different hepatitis C virus genotypes identified. 60% of our sample were identified as genotype 1, the most resistant genotype to treatment. Individual characteristics of our sample were also identified by utilization of the single nucleotide polypeptide (SNP) test. SNP testing identifies which of three subtypes a patient belongs to: CC, CT or TT. The SNP subtype will help to identify those who are most amendable to treatment options. Those identified as genotype 1, subtype CC will have the best opportunity for successful treatment of hepatitis C. Our sample were identified as: White, African American and Asian. Analysis of data showed that the ethnic group most at risk for failure to treatment were African American. 92% of the African Americans with genotype 1 were found to have either the CT or TT SNP as compared to only 52% in those of European descent and 13% of those of Asian descent respectively.

Conclusions: Utilization of genomics can influence treatment of patients with chronic hepatitis C and improve quality of life. Customized effective therapies for patients can help eliminate the long term complications of untreated chronic HCV. In fact, successful treatment of hepatitis C can lead to cure. Genetic testing can also identify those who are least likely to benefit from standard drug therapy thereby eliminating the morbidity of hepatitis C patients who suffer through treatment to experience treatment failure. Limitations of this study include results based on a predominately male population. Although the majority of patients infected with hepatitis C in the past has been predominately male, the number of infected females is increasing and currently accounts for approximately 5400 cases of acute hepatitis C in 2012.
References

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C 08 - Enhancing the Clinical Experience
Enhancing Clinical Experience through Experiential Learning

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Purpose
The purpose of this presentation is to identify challenges in transitioning to professional practice, describe the experiential learning initiatives to assist the Baccalaureate undergraduate nursing students in transitioning to professional practice, and to discuss the impact of experiential learning to positive student performance outcomes.

Target Audience
Nurse Educators in academia, Nurse Educators in healthcare settings, nurse administrators, nurse researchers, managers, leaders, professional nurses, clinical partners, and students.

Abstract
Introduction: Our academic institution aims to graduate caring, compassionate, and competent nurses of the future. The faculty and the administrative team foster supportive environment to assist the students to achieve success. The team effort of the committed faculties, professional tutors, clinical coordinators, administrative team, and leaders are crucial to the academic success of the students. The goal to achieve the highest passing rate is imperative. Bringing passionate and caring nurses of the future is the utmost priority of the campus.

The competitiveness of the job placement after graduation poses a challenge to the future graduates and the campus. Professional experience is one of the strategies to shape the extraordinary nurses of the future. Trainings related to dysrhythmia interpretation, advanced cardiac life support, birthing DOULA, STABLE, and crisis intervention are offered to senior students of CCN while taking the specialty courses. These training are offered during specialty courses in Maternity, Pediatrics, Mental Health, and Critical Care courses in the undergraduate program. The training is accompanied by simulation and case-scenario experience.

Purpose: The purpose of the study is to explore the effects of professional experience/experiential learning in transitioning the Baccalaureate undergraduate students into professional practice.

Methods: Quantitative method using survey questionnaires (Likert scale) was been used to collect the data. Two hundred forty-nine Baccalaureate undergraduate students were surveyed pre and post application of experiential learning/professional experience during their specialty courses (Maternal Child, Pediatrics, Critical Care, and Mental Health Courses). A simulation experience evaluation was also utilized after the students’ professional experience.

Results: Results of the two hundred fifty-nine (259) students’ responses from the survey questionnaire (pre and post professional experience), showed improved competencies, enhancement of knowledge, and confidence while in clinical areas. There were significant results that showed students’ improved skills in using critical thinking and application of concepts to real life situations. As a result of the professional experience, the students enhanced their knowledge and experience in course content as a result of their summative evaluation. More students graduating were not only being prepared for NCLEX success but also for future employment marketability. Findings of this project have supported that lifelong learning may be introduced at the senior level of Baccalaureate degree through professional experience and progressive enhancement of competency development were feasible. Thus, fostering of quality of care and safety were maintained.

Conclusion: In conclusion, transitioning to professional practice is challenging but rewarding experience to help prepare the nursing graduates to professional practice. Nursing shortage is imminent but poses a challenge to nursing schools to produce more extraordinary nurses of the future who are equipped with the knowledge, skills, competencies, confidence, and preparation to provide safe and efficient care through immersion to the clinical practice, professional practice, and simulation experience. Students’ socialization to the role of the nurse prepares them for future professional practice. Healthcare institutions hiring the new graduates must provide supportive measures to assist them to acculturate to the healthcare settings and role expectations. Implications to nursing practice, clinical partners, and community are remarkable. Community: Patient safety is promoted. Nurses of the future can help identify life threatening conditions to save more lives. More people in the
community will receive excellent nursing care from our extraordinary nurses. **Clinical Partners:** Our nurses of the future can be the great employee of our clinical partners. More safe and efficient care will be received by their patients. Our extraordinary nurses will be graduating with certifications that will assist them to competently function as a professional nurse. **Nursing Education Practice:** As the student nurses are more familiar with the environment and critical situations, there will be more competent and confident care that will be provided. Less anxiety from the students will be produced and better patient outcomes. Immersion and socialization to the roles of professional nurses will be a great avenue to prepare the nurses with their role expectations, practice settings, and standards of nursing practice.

**References**

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C 08 - Enhancing the Clinical Experience
Creating Global Clinical Internship Experiences

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

Purpose
The purpose of this presentation is to describe the development of global clinical nursing internship experiences through international collaborations.

Target Audience
The target audience of this presentation is clinical and academic nurses who seek experiences for nursing students that expand their view of global healthcare.

Abstract
Across campuses in the United States and abroad, international nursing experiences that enable students to gain a broader perspective on global healthcare issues have become increasingly popular and valuable to nursing. The practices fall under three broad categories: study abroad programs, sustainable service learning opportunities, and clinical nursing internships. While there are significant benefits for each, the clinical internship appears to be the most challenging program to establish. Because clinical internships provide a platform for understanding nursing issues in developing and developed countries, offer students insight in providing culturally competent care, and support collaborative research and service opportunities for nurses, the demand for this experience is growing exponentially.

Research examining the benefits of global internship or experiential learning across disciplines reveals the importance of establishing international collaborations of stakeholders before programs are developed. There must be a common language of program goals, potential benefits, a plan to minimize costs and risk before the partnership can move forward. Establishing international collaborations with hospital institutions, researchers, and nurses take time, but translates to career-related benefits that employers seek according to recent publications.

The purpose of this presentation is to describe the development of successful global internship programs and answer key questions on negotiating international collaboration to offer affordable abroad programs that are accessible to all nursing students. The important dimensions of internships are examined and a summary of recommendations are presented as “best advice” in creating and growing sustainable clinical internship programs.

References

Contact
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Purpose
The purpose of this presentation is to describe the patterns of clinical reasoning in senior baccalaureate nursing students. The findings substantiate empirical support for Health as Expanding Consciousness theory and broaden the application of the theory to how students think in the clinical area.

Target Audience
nurse educators and the development of clinical assignments that promote prolonged engagement that facilitate nurse-patient interaction. Through interaction, students learn patient patterns and begin to know patterns for future patient interaction. Interdisciplinary interaction promotes an opportunity for students to gain insight into their pattern of thinking in formulating patient decisions.

Abstract
Purpose: Clinical reasoning has been identified as a necessary skill for practice in 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. This analytical process of clinical reasoning is more developed in experienced nurses in contrast to novice nurses. Through the qualitative lens of the researcher, the purpose of this study was to describe the evolving pattern of clinical reasoning in senior baccalaureate nursing students as part of the decision-making process. A second purpose was to explore the meaning of clinical reasoning.

Methods: Newman’s theory of Health as Expanding Consciousness served as the theoretical framework to study the phenomenon of clinical reasoning. Newman’s Research as Praxis methodology was used to collect and analyze data. Individual interviews were conducted with seven participants. The researcher entered a dialectical approach to uncover patterns of clinical reasoning at important choice points in the participants’ lives. Together with the participants, the researcher gained an understanding of how the participants made decisions through the clinical reasoning process.

Results: Patterns of individual participants and across participants were examined to gain an understanding of the whole pattern of clinical reasoning. The patterns of relating, knowing, and decision-making emerged in the participants and contributed to the evolving pattern of clinical reasoning. The meaning of clinical reasoning for these participants was establishing a relationship with a patient to interact and connect with them. Through formulation of a connection and trusting relationship, participants gained information to make clinical decisions that facilitated a transformation. The evolving pattern of clinical reasoning was a maturing process over time as the participants gained insight and expanded consciousness through multiple experiences and interactions with members of the interdisciplinary team and the instructor.

Conclusion: Implications for nursing science and research include that pattern recognition by the participants in nurse-patient interaction substantiate empirical support for the Health as Expanding Consciousness theory. The findings broadened the theory to how students think in the clinical area. In both education and practice prolonged engagement facilitates nurse-patient interaction to learn patient patterns. Collaboration with members of the interdisciplinary team inspires the understanding of another’s thinking process. A consistent clinical instructor with whom the participants engaged in a trusting interaction may facilitate a free exchange of thought that enhances decision-making. In practice, interaction between experience and novice nurse mentorship supports the development of clinical reasoning. In both education and practice, increase in complexity of assignments over time with choice points provide opportunities for students and novice nurses to make clinical decisions.

References

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C 09 - Giving Back Patient Autonomy: Diabetes Related Telehealth

Telehealth and Diabetes Self-Management

Amelia R. Malcom, DNP, Family Nurse Practitioner, USA

Purpose
The purposes of this study are: to determine if a diabetes education intervention through telehealth will improve outcomes in hemoglobin A1C measurements in a 3-month period and whether Body Mass Index’s in type II diabetics will improve over a 3-month period.

Target Audience
The target audience of this presentation is Advanced Practice Nurses, Registered Nurses, Doctorates in Nursing Practice, Nursing Faculty, Rural Nurses, and Diabetic Educators.

Abstract

Background: Diabetes self-management has always been an integral part of diabetes management and access to care for diabetics requires time and travel for patients in this rural county. Telehealth technology is a tool that can provide access to diabetic educators and nutritionists in this rural county.

The Executive Summary: Standards of Medical Care in Diabetes- 2013 lists diabetes self-management education, support, and a standard of care for all diabetics at the time of diagnosis and as needed thereafter. Effective self-management and quality of life are key outcomes of the DSME and should be measured as part of care. This clinic instituted a pilot study utilizing telehealth technology.

Aims: The purpose of this study is to determine if diabetes education through telehealth will improve outcomes in hemoglobin A1C and BMI measurements in a 3-month period.

Methods: Retrospective data collection (chart review) of a current pilot project. Hemoglobin A1C and BMI will be measured before and after the intervention.

Results: N= 20. The mean hemoglobin A1C scores were decreased after the intervention. The mean BMI scores did not change. A paired sample t-test was performed using SPSS and the hemoglobin A1C scores were significant, while the BMI were not significant. Project conducted in 2014.

Discussion: Follow up care was difficult as some participants did not come back after the intervention for their follow up lab work.

Linking evidence to actions: The Standards of Medical Care in Diabetes-2014 list diabetes self-management as an important step in the prevention and treatment of type 2 diabetes mellitus.

Implications for practice: Telehealth can be an effective, low-cost method of delivering diabetes self-management education and should be offered to some populations to enhance access to care.

Conclusions: Telehealth interventions are a viable solution to lack of access to care for some populations.

References

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C 10 - Promoting Health and Cultural Diversity in the Adolescent
Effect of a Nurse-Led Mindfulness Intervention with At-Risk Adolescents: A Randomized Control Trial

Kristen E. Rawlett, PhD, MSN, BS, FNP-BC, USA

Purpose
The purpose of this presentation is presenting and applying the background, study implementation and results of a randomized control trial using a mindfulness curriculum with at-risk adolescents. Interactive discussion includes feasibility, program evaluation and to evaluating levels of coping, affect and mindfulness before and after participation in a six week comparative intervention.

Target Audience
The target audience of this presentation is researchers interested in biobehavioral interventions and comparative effectiveness research. In addition, nurse clinicians and researchers at all levels will gain insight on working with vulnerable and at-risk populations.

Abstract
Purpose: At-risk behaviors are related to poor outcomes among adolescents. Increasing evidence supports adolescence as a vital time to introduce stress reduction techniques to reduce risk and improve mental health. The purpose of the current study was to implement and evaluate a mindfulness based intervention for at-risk adolescents in a randomized control pre-test, post-test design with an attentional comparison group.

Methods: Participants were sixth grade female students from a public boarding school for at risk youth in Maryland. After informed consent by parents and signing assent, students (N=23) were randomized by dormitory to participate in the mindfulness (MC) group (n=12) or the attentional comparison group (n = 11) once per week for 6 weeks. MC sessions were led by an investigator trained in mindfulness techniques and curriculum. A nurse led the attention only group. Baseline evaluation consisted of demographics plus outcome variable tools administered before and after the program: coping (Response to Stress Questionnaire, RSQ), positive affect (10 item Positive and Negative Affect Scale for Children, PANAS-C) and mindfulness (Mindfulness Attention Awareness Scale, MAAS). Statistical analysis was performed using SPSS version 20. Qualitative methods were used to analyze participant feedback and evaluation of the program.

Results: There were no statistically significant differences between the two intervention groups at baseline. Twenty-two of 23 (95.7%) enrolled participants completed the interventions. Participants completed 86.4% of study measures. In separate repeated measures analyses of variance for each outcome, there were no significant interactions between group and time for primary coping \[F(1,17)=0.48, p=0.498\], positive affect \[F(1,17)=1.285, p=0.273\], or mindfulness \[F(1,17)=0.492, p=0.493\]. Positive affect increased significantly \[F(1,17)=10.675, p<=0.005\], mindfulness scores increased \[F(1,17)=3.117, p=0.095\], and primary coping \[F(1,17)=0.15, p=0.903\] did not change over time.

Conclusion: The study demonstrated excellent feasibility for MC in this at risk population. The most important limitations are the size of the sample, potential for intervention cross contamination, homogeneity of the sample, and timing at the end of the school year all limiting the generalizability of the findings. Group interventions were effective at improving mindfulness and positive affect. Implications for nursing practice suggest mindfulness can be a part of reducing risks and improving mental health. Diverse and larger samples with longitudinal measures may guide best practices in using mindfulness with at risk adolescents going forward.

References

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C 10 - Promoting Health and Cultural Diversity in the Adolescent
Illness Representations and Self-Management Behaviors of African-American Adolescents with Asthma

Sharron J. Crowder, PhD, MN, BSN, RN, USA

Purpose
The purpose of this presentation is to describe illness representations and self-management behaviors of African American adolescents (14-16 years old) with asthma. Self-management in this population is often inadequate and contributes to morbidity and mortality. It is important to explore adolescents' illness representations' (beliefs) and their influence on self-management behaviors.

Target Audience
The target audience of this presentation is clinicians, researchers, academics and attendees interested in decreasing health disparities. This presentation is also pertinent for attendees interested in adolescent health and chronic conditions.

Abstract
Purpose: Many African American adolescents have inadequate self-management behaviors, particularly during middle adolescence (14–16 years of age). Inaccurate beliefs, degree of asthma impairment (well controlled or not well controlled), and gender could influence asthma self-management (symptom management, medication management, and environmental control). The concept of illness representations concept from the common sense self-regulation model provided the framework for this study. This descriptive correlational study explored (1) differences in illness representations (cognitive and emotional) and self-management behaviors by gender, asthma impairment, and gender by asthma impairment of African American adolescents with asthma; and (2) relationships between illness representations and asthma self-management behaviors, gender, and asthma impairment in 133 African American adolescents with asthma.

Methods: Data were collected using the Asthma Control Test, the Illness Perceptions Questionnaire-Revised, and the Asthma Self-Care Practice Instrument. Data were analyzed using ANOVA, MANOVA, Pearson correlations, and multiple regressions.

Results: Findings indicated that females whose asthma was not well controlled had more beliefs about the chronicity of their asthma than those who were well controlled. However, there were no differences in such beliefs among males whose asthma was not well controlled from those who were well controlled. Well controlled adolescents differed from not well controlled adolescents for cognitive representations of cyclic timeline, treatment control, psychological attributes, and consequences as well as for emotional representations. There were no significant differences in the means of the self-management behaviors by gender, by asthma impairment, or by gender by asthma impairment. A significant bivariate relationship was found between representations of identity, consequences, treatment control, and symptom management. In the multiple regression model, representations of treatment control and consequences contributed to variances in symptom management; however, no other representations, gender, or asthma impairment variables were statistically significant. The representations, gender, and asthma impairment variables did not contribute to variances in medication management or environmental control.

Conclusion: Limited studies have been conducted with African American adolescents with asthma; therefore, the findings of this study add to the current knowledge of illness representations, gender, and asthma impairment and their relationship with self-management behaviors, particularly symptom management. The findings of this study also contribute to the literature on how African American adolescents' self-management behaviors can be improved.

References

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C 10 - Promoting Health and Cultural Diversity in the Adolescent
Program Evaluation of Camp Kudzu: Impact of Camp Attendance on HgA1C Levels in Adolescents

Mary Katherine T. White, DNP, MSN, RN, CPNP, USA

Purpose
The purpose of this presentation is to describe the characteristics of those attending Camp Kudzu and those not attending, to evaluate the impact of camp attendance on HgA1C levels in adolescents, and to determine associations of adolescents’ demographics with HgA1C levels.

Target Audience
The target audience of this presentation is anyone that currently works with or is interested in working with adolescents, pediatric endocrinology, specifically adolescents living with Type 1 Diabetes Mellitus, or those interested in specialty camping programs.

Abstract
Purpose: Type 1 Diabetes Mellitus (T1DM) treatment regimens are complex and difficult to manage especially in adolescents where non-adherence is higher than any other age group due to desires for peer acceptance, reactions to overprotective parents, adolescents’ denial of disease and complications, as well as anxiety and depression. Sub-optimal habits formed in adolescents are difficult to overcome in adulthood. Thirty-thousand children attend diabetes camps in the United States each year, and it is well documented these camps are the ideal setting for continued diabetes education. While the literature demonstrates diabetes camps are effective at increasing knowledge, the evidence is weaker at showing improvement in self-management behaviors and related decrease in HgA1C (A1C) levels. The purpose of this study is to evaluate the impact of camp attendance on T1DM self-management as evidenced by decreased A1C levels in adolescents that attended a camp for children with diabetes.

Methods: A retrospective medical record review was conducted comparing campers (n=221) and a matched sample of non-campers (n=203). Demographic data and pre/post camp A1C levels were collected from each medical record. Campers attended the diabetes camp in 2013 and non-campers were matched by gender, age and pediatric endocrinology practice; A1C levels for non-campers were collected using the equivalent time periods of their matched campers. A1C levels were evaluated by means of the 2-sample t-test, paired t-test and chi square test.

Results: The majority of the participants were female and fell within the range of 11-14 years age range (campers, 69%; non-campers, 67%). Camp attendance did not significantly impact the A1C levels. There was no significant improvement noted in campers’ mean 12-month pre and post-camp A1C levels (8.29, 8.34 respectively, p=0.462). The pre-camp comparison of campers’ and non-campers’ mean A1C level was 8.29 and 8.55 respectively (p=0.084). The A1C levels collected 2-4 months post camp for campers and non-campers was 8.30 and 8.27, respectively (p=0.887). The mean 12-month post camp A1C level for campers and non-campers was 8.34 and 8.59, respectively (p=0.112). A review of demographics and associated impact of camp attendance indicated a decrease in A1C values in campers attending camp 8-10 years (campers mean A1C levels pre-camp 8.93 and post-camp 8.59) and length of diagnosis >10 years (pre-camp mean A1C levels: campers 8.72, non-campers 9.95, p=0.05; post camp mean A1C levels, campers 8.4, non-campers 10.06, p=0.014).

Conclusion: While camp attendance did not have a significant impact on self-management behavior reflected in an improvement of A1C levels, there could be a clinical effect with a decrease in A1C levels in some situations. A majority of the sample was in the 11-14 year age range, thus puberty could have affected the results since the hormonal influences of puberty on insulin resistance has a direct negative impact on glycemic control. Further studies need to be done focusing on older adolescents and young adults that had previously attended diabetes camp. Even though this study did not indicate that camp attendance had a significant impact on A1C levels in adolescents, camp attendance is still worthwhile. Summer camps are documented as the ideal setting for continued diabetes education and increasing knowledge of self-management. They also create an environment for adolescents living with T1DM to meet new friends that share a common bond of their diagnosis, be surrounded with role models, and gain a support system.
References

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D 03 - Empowering Others through Promoting Health and Wellness
Elastic Band Exercises Improved Sleep Quality and Depression of Nursing Home Older Adults in Wheelchairs

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Hsin-Ting Huang, BS, Taiwan
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Purpose
The purpose of this presentation is to introduce a new complementary health practice method, the Wheelchair-bound Senior Elastic Band (WSEB) exercise program, for global clinical practitioners and nursing researchers who are interested in promoting the psychological health of the nursing home older adults in wheelchairs.

Target Audience
The target audience of this presentation is the global clinical practitioners and nursing researchers who are interested in promoting the psychological health of the nursing home older adults in wheelchairs.

Abstract
Purpose: Sleep disturbances and depression are costly and potentially disabling conditions affecting a considerable proportion of older adults. Physical activity is associated with decreased state of depression and enhanced sleep quality of older adults. This study aimed to test the effectiveness of six months of elastic band exercises on sleep quality and depression of nursing home older adults in wheelchairs.

Methods: A cluster randomized control trial was used. 127 older adults from 10 nursing homes participated voluntarily, and 114 of them completed the study. Participants were randomly assigned to two groups based on the nursing homes where they lived: the experimental group (five nursing homes, n = 59) and the control group (five nursing homes, n = 55). A 40-minute Wheelchair-bound Senior Elastic Band (WSEB) exercise program was implemented three times per week for six months for the experimental group participants. The program has two levels (basic vs. advanced), and each level has three phases (warm-up, aerobic motion, and harmonic stretching). The basic level was practiced for the first three months followed by the advanced level for another three months. Sleep quality (the Pittsburgh Sleep Quality Index) and depression (the Taiwanese Depression Questionnaire) of the participants were examined at baseline, after three-month, and at the end of the six-month study.

Results: After the WSEB exercises, participants had longer sleep duration, better habitual sleep efficiency, and less depression than their baseline (all p < .05). Participants in the experimental group had longer sleep duration, better habitual sleep efficiency, and less depression than the control group at three months of the study and maintained throughout the six-month study (all p < .05).

Conclusion: Regular practice of WSEB exercises significantly improved sleep quality and decreased depression of nursing home older adults in wheelchairs. Nursing home directors could recruit volunteers to learn the program and lead the elderly residents in wheelchairs to practice the WSEB exercises regularly in the facilities.

References

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D 03 - Empowering Others through Promoting Health and Wellness
Empowering Female Immigrant Nurses to Care for Their Own Mental Health

Joy Penman, PhD, RN, Australia

Purpose
The purpose of this presentation is two-fold: describe the state of the art learning environment aimed at assisting female immigrant nurses in maintaining and promoting mental health and well-being; and report on the outcomes of the educational workshops conducted in five rural and regional areas of South Australia.

Target Audience
The target audience of this presentation includes: female immigrant nurses working in aged care and other health care settings, co-nurses, senior staff and managers, as well as policy makers.

Abstract
Purpose: The recruitment and development of the immigrant workforce is indicated as a strategy to overcome workforce shortages in aged care in Australia. However, the employment experience of immigrant workers in aged care (consisting mostly of female nurses) have had problems, especially in regional Australia. Some report isolating, negative and unsatisfying work experiences. To improve these experiences, it was proposed that an educational resource manual be developed and a series of educational workshops on caring for one’s own mental health be conducted in workplaces. In preparing the educational resource and workshops, a reference group consisting of metropolitan and regional health sector representatives was formed and consulted to promote the mental health of female immigrant nurses in aged care. The purpose of this presentation is two-fold: describe the state of the art learning environment aimed at assisting female immigrant nurses in maintaining and promoting mental health and well-being; and report the outcomes of the educational workshops conducted in five rural and regional areas of South Australia.

Methods: The workshops utilising the educational resource manual developed were conducted in various regional aged care services in South Australia. Participant information sheets were distributed by Directors of Nursing of the aged care services agreeing to participate. Arrangements when the sessions were to be conducted were made. Attendance was taken as consenting to participate in the workshops. A pre- and post-test mixed method design was used to determine the impact of the educational manual and accompanying workshops on participants’ work experience and satisfaction. The questionnaires administered before and after the workshops sought information on: the nature of employment pressures; current coping strategies; managing stressful situations; understanding of job resilience, maintenance and promotion of happiness; and the overall impact of the workshop.

Results: A total of twenty-five female immigrant nurses attended two three-hour sessions held at various aged care services. Findings showed positive and beneficial outcomes gained in participating in the workshops. Participants reported: a clearer and better understanding of ways of maintaining and promoting mental health; opportunity to reflect on one’s own coping strategies; gaining the ability to assess one’s own mental health; enhanced ability to cope with the pressures of work; opportunities for peer support; and increased and morale.

Conclusion: The initiative is fit for purpose, effective, relevant and timely. Future plans include surveying the same participants six to twelve months after workshop completion, extending the initiative to include metropolitan aged care services, and facilitating mental health specific forum/s with a focus on mental health research and the aged care workforce. The expansion of the workshops for future collaborations in education, research and clinical practice is another goal to achieve.

References

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Purpose

To report the results of a pilot study that used a simulator-enhanced training program to train caregivers to use the appropriate strategy to provide dressing assistance to elders with dementia.

Target Audience

Nursing researchers and health care providers who want to explore innovative strategies to promote excellence in nursing practice.

Abstract

Purpose: Dementia is highly prevalent in the elderly population. When elders with dementia lose some of their ability to perform activities of daily living (ADLs), caregivers tend to offer assistance. However, ADL skills deteriorate more quickly when caregivers do not allow or encourage elders to perform to their full extent of ability. In addition, this leads to lower self-esteem and reduced control over self and personal space. Therefore, providing appropriate assistance is important to ensure that elders with dementia do not lose their ADL abilities. Therefore, we proposed a simulator-enhanced training program, levels of assistance (LoA) trainer that taught caregivers to use the appropriate LoA strategy when helping an elder with dementia to perform ADLs. We chose dressing assistance as the initial target for improvement because dressing is the way we present who we are to others. As elders with dementia transition to nursing home, the percentage of residents who are dependent on others for dressing rises substantially. However, studies have shown that 75% of residents dressed by staff were able to dress more independently when staff used appropriate LoA strategies. This study, therefore, reported the initial effect of this training program on caregivers’ LoA in dressing assistance and nursing home residents’ dressing performance.

Methods: Nine dyads, assigned to either the experimental (LoA trainer + traditional face to face education module) or control arms (traditional face to face education module), completed the study. The experimental arm received the LoA trainer using a newly developed video simulator on a tablet computer that enabled Certified Nursing Assistants (CNAs) to practice their LoA skills. Major outcomes [CNAs’ LoA usage and residents’ dressing performance measured by the Beck Dressing Performance Scale (BDPS)]—were measured before the intervention and 6 weeks after the intervention.

Results: The results showed that the two arms were not significantly different in either LoA usage or BDPS (p=.25-.36). Detailed analysis showed that a lack of effort to assist and low statistical powers might explain the insignificant finding. The observed effect sizes of the experimental intervention in LoA usage and BDPS were .51 and .89, respectively. There was a strong correlation between CNAs’ LoA usage and the dressing performance of elders with dementia. In order to enable an elder to reach approximately 90% of their dressing potential, LoA must be used at least 66% of the time when providing dressing assistance.

Conclusion: Future studies should verify CNAs achieve a specific skill level and knowledge after training, and consider incorporating a strategy to improve CNAs’ intention to change behavior. In addition, the training program should consider the timing of training to achieve maximum effect.

References


Contact

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Purpose
The purpose of this presentation is to enhance the understanding on actual psychosocial and biological responses of senior nursing students. A better understanding of the students' biobehavioral profile may help the educator to best reallocate the needed resources in order to facilitate the efficiency of learning.

Target Audience
The target audience of the presentation includes both educators and nursing students at all levels. Clinicians may also be interested in the significance of biobehavioral interactions.

Abstract
Purpose: The rigor of nursing education is continuously increasing to meet more complex and challenging healthcare needs. Accordingly, nursing students are under significant stress to achieve both academic and clinical competencies, and clinical competencies include working with the sick with diverse health conditions at various healthcare settings. Although academic stress has been studied with nursing and other professional students, few studies have included biological assessment. Concurrent assessments of psychobehavioral and biological responses would enhance the understanding of biobehavioral interactions between subjective perceptions and objective biological responses in nursing students.

Nursing education can be delivered in various formats, and the composition of nursing students often is diverse. A baccalaureate nursing curriculum typically consists of four consecutive semesters of education, and, at the current school, nursing curriculum is offered in two different tracks to compare its efficacy, traditional versus pacesetter. Both tracks cover the same materials over time but in a different format. Students in the traditional track take didactic courses and matching clinical practicum in the same semester, whereas students in the pacesetter track take all didactic courses first, followed by all clinical practicums in their last semester. Students were randomly assigned to one of the tracks at the entry into nursing program. In terms of student characteristics, it is common to see a wide range of age and various academic preparations prior to the entry to nursing program. Many students hold a prior baccalaureate or professional degree in other disciplines. At this unique setting, it is unclear how age difference or a prior degree affects the management of educational demands.

Psychological stress, mood disturbance (e.g., anxiety, depression), and loneliness are common concerns expressed by students. Psychological factors may, in turn, alter biological responses, particularly responses of the two major systems, the neuroendocrine and immune systems. For example, stress can activate the hypothalamic-pituitary-adrenal (HPA) axis and the sympathetic nervous system, releasing hormones such as cortisol and epinephrine. Because saliva can be collected non-invasively, salivary biomarkers have been utilized frequently. Salivary cortisol represents a free fraction of biologically active cortisol, and cortisol levels and diurnal patterns have been widely examined in relation to acute and chronic stress. Salivary alpha-amylase (sAA) has been regarded as a reliable and sensitive surrogate marker of the sympathetic nervous system activity in response to acute stress. Furthermore, sex hormones are thought to modulate biobehavioral responses.

Stress and mood disturbances also elevate inflammatory mediators, such as interleukin (IL)-1. In adolescents, daily interpersonal stress predicted an elevation of CRP levels months later, and chronic childhood stress has been associated with elevated CRP levels in adulthood. Similarly, lonelier medical students showed lower immune function (e.g., natural killer cell activity), and lonelier people showed higher inflammatory responses.

The major purposes of this study were to: (1) Determine the levels of stress, moods disturbance, and loneliness; (2) examine the associations between psychosocial factors and salivary biomarker responses (C-reactive protein, Interleukin-1β, cortisol, sAA, estradiol, and testosterone); and (3) compare the levels of psychosocial and biological responses between two different baccalaureate curricula tracks (pacesetter vs. traditional), two age groups (younger than 26 vs. equal to or older than 26), and two academic preparation level at the entry to nursing education (a prior professional or college degree vs. no prior degree) in senior graduating nursing students at a 4-year university setting.
Methods: Design: A cross-sectional descriptive study was conducted to assess the levels of selective psychosocial and biological responses and associations between psychosocial factors and biological responses.

Sample: Seventy seven undergraduate senior nursing students participated in the study. Power analysis indicated that the sample size of 82 would provide power of .80 with two-tailed test based on a small effect size of correlation coefficient of 0.3 and alpha level 0.05 using G*Power 3.17 program. Inclusion criteria were: (1) current college students enrolled in nursing program; (2) no known psychiatric or physical illness that required active treatment; (3) not taking corticosteroid, antibiotics, or anti-depressants; (4) no current infection; (5) aged 18 -45. Exclusion criteria were: (1) currently receiving structured psychotherapy; (2) inability to produce saliva; (3) current or recent substance abuse within 3 months.

Data Collection and Analysis: Data were collected between 8:00 and 12:00 am around class hours. Students rinsed the mouth with water, started to fill out the questionnaires while collecting saliva samples, and completed questionnaires. Restrooms were readily available for rinsing the mouth as needed, and personal space was available in and around the classrooms as desired. All data were collected in the fall semester, 2013, using reliable and valid standardized questionnaires: College Readjustment Rating Scale for stress; Profile of Mood State short form for mood disturbance; Revised UCLA Loneliness Scale for loneliness. Biological measures were assessed from saliva using enzyme immunoassay kits for each specific biomarker. The study protocol was approved by the Institutional Review Committee of the university. Data were analyzed for descriptive statistics and to test the specific aims of the study using the SPSS statistical package. All biological data were transformed using logarithm or square root before testing correlations with Pearson’s r and student’s t-tests for group comparison.

Results: The mean age of the participants was 26.6 ± 5.8 years old with body mass index within normal range. Although there were more female students, the sample included 24% of male nursing students. Stress levels measured with CRRS were relatively low with the mean of 123.6, although the score ranged up to 581, which was very high. Mood disturbance total score was not high with the mean 34.7. However, three individual dimensions of the POMS, lack of vitality, anxiety, and fatigue, showed the mean level higher than 5.0. Loneliness score was modest with the mean of 34.3. Biological responses indicated that the range of the values for each biomarker was wide, indicating substantial inter-individual variability in biological responses. The mean values, however, seem to be within the expected range for markers when reference values were available from the manufacturer (cortisol, estradiol, and testosterone).

For correlations, the CRRS stress score was significantly and positively correlated with fatigue and confusion dimensions of the POMS, \( r = .27 \) to \( .32 \), \( p = .05 \) to \( .01 \), but not with anxiety, depression, or anger. As expected, total mood disturbance score was significantly and positively correlated with each dimension of the POMS, \( r = .74 \) to \( .83 \), \( p < .01 \), although the lack of vigor dimension showed the lowest correlation, \( r = .35 \), \( p < .01 \). Loneliness was significantly and positively correlated with depression, anger, and confusion, \( r = .28 \) to \( .39 \), \( p = .05 \) to \( .01 \). sAA showed a significant inverse correlation with stress and fatigue dimension, whereas testosterone showed a significant positive correlation with anger and confusion dimension of the POMS.

For subgroup comparisons, there were minimal differences between the two groups of different curricula tracks, age, and prior degree status in both psychosocial and biological responses. Only difference was noted in the total CRRS stress score in that students with a prior degree showed a significantly higher level of stress score than the students without a prior degree, \( p = .039 \). The levels of CRP and estradiol showed a tendency for younger group having higher CRP and lower estradiol levels, \( p = .07 \), but neither reached statistical significance.

Conclusion: On average, the levels of stress, mood disturbance, loneliness, as well as the levels of stress hormones and inflammatory biomarkers, were not high in senior graduating nursing students. There were some correlations between psychosocial factors and biological responses and some group differences, but the findings were relatively normal. Despite relatively normal responses on average, the wide range of biobehavioral responses suggests considerable inter-individual differences. For example, about 30% of the students reported significant levels of stress with potentially increased health risks. Therefore, efforts should be focused on identifying those subgroups of high risk students and make the needed resources available.

References

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Is Emotional Intelligence an Important Concept in Nursing Education?

Jennifer Lynn Kolker, MSN, RN, USA

Purpose
The purpose of this presentation is to examine the concept of emotional intelligence, define the concept for application, and examine the implications that are relevant to the professional nurse.

Target Audience
The target audience of this presentation would be nurse educators who work with nursing students.

Abstract
Advances in medical treatments and shorter hospitals stays necessitate nurses who possess a high level of working knowledge in both disease processes and the technology to treat them. Nurses are expected not only to be skilled technicians, but they are required to have a high capacity for compassion, empathy, leadership, flexibility, resiliency, and resourcefulness. Working nurses know that the care of an individual is more than the completion and assessment of tasks; its holistic care and a relationship with the individual that makes nursing care successful. Therefore, the careful education of today's nurses needs to reflect this amalgamation of skills. While a large amount of nursing focuses on the cognitive knowledge needed to become an effective nurse, what attention is being given to the affective knowledge required of professional nursing practice?

Purpose: The purpose of this presentation is to examine the concept of emotional intelligence, define the concept for application, and examine the implications that are relevant to the professional nurse. Definitions from leading proponents for the application of EQ are considered and compared for similarities and differences while providing a conceptual analysis for greater clarification and future research.

Methods: Research for this concept analysis was retrieved from electronic databases including EBSCO host, Cinnahl, and PubMed from the years 1993 to 2013.

Results: Attributes related to emotional intelligence include self-awareness, empathy, motivation, and resiliency. Antecedents include emotions, both the existence of emotions, and prior experiences with them, prior experiences, and arguably motivation and resiliency which have characteristics of both attributes and antecedents. Commonly agreed upon consequences include increased levels of independence, confidence, the ability to express oneself and defend personal opinions greater adaptability, resiliency, stress adaptation, and better coping behaviors higher levels of understanding and tolerance, increased ability to build and maintain relationships, and the potential for better teamwork.

Conclusion: Through analysis of the concept emotional intelligence, it is clear that there are pertinent implications for assessing EQ as it pertains to nursing instruction. Through the use of careful perception of emotion and understanding of how personal attitudes and behaviors may affect others, professional nurses have the ability to improve patient outcomes. Nurses with high levels of EQ are motivated to provide holistic care, and they use their knowledge and comprehension of emotions to influence their clinical judgments. A nurse with less understanding of the dynamics involved in complex relationships and therapeutic communication risks patient safety. Nurses with high EQs should be prized for their independence, reliability, and resiliency in the face of difficult situations, and nursing educators should seek to increase these abilities in their nursing candidates.

References

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**D 04 - Assessing Nursing Students Experiences**

*Teacher-Learner Connection: Nursing Students' Perceptions of Contributory Educational Interactions in Associate Degree Practice Experiences*

*Terri P. Worthey, PhD, RN, USA*

**Purpose**
The purpose of this presentation is to enhance understanding of the teacher-learner connection, contributory educational interactions, and learning partnership within clinical learning environments. Research findings as well as implications to nursing education, research, and practice will be discussed.

**Target Audience**
The target audience of this presentation include nurse educators, members of academia, and healthcare partners. Additionally, nurse researchers interested in studies of learning connections within educational environments are an intended audience.

**Abstract**

**Purpose:** The purpose of this interpretive phenomenological study was to enhance understanding of associate of science in nursing (ASN) students’ perceptions of the teacher-learner connection and contributory educational interactions within practice experiences. Interpretation of students’ lived experiences within senior practice experiences was explored. Additionally, insight into students’ perceptions of inviting behaviors and learning partnerships within nursing practice environments was enhanced.

**Methods:** Design: An interpretive phenomenological design was integrated with hermeneutic interpretation to enhance understanding of senior ASN practice experiences. Eleven ASN graduates from an accredited university in the Southeastern United States were included in this study.

**Data Collection:** Qualitative data collected during participant interviews were explored through interpretative phenomenology. Hermeneutic interpretation incorporated researcher reflections, journaling, creating a working image, and the writing and rewriting of text.

**Conceptual Framework:** Invitational theory and the derived application model invitational education (IE) are “built around four assumptions: trust, respect, optimism, and intentionality” (Purkey & Novak, 1996, p. 50). Additionally, levels of functioning, choices, and dimensions are identified as components of human interactions. Purkey (1978, 1988) and colleagues (Purkey & Novak, 1984/1996; Purkey & Strahan, 1995; Stanley & Purkey, 1994) described IT as a collection of assumptions which attempt to explain phenomena. Providing a means of intentionally summoning people to realize their relatively boundless potential in all areas of worthwhile human endeavor, IT addresses the global nature of human existence and opportunity to make life a more exciting, satisfying, and enriching experience (Purkey, 1978; Purkey & Novak, 1984/1996). Invitational theory provides an overarching framework for a variety of programs, policies, places, and processes.

Theory of human caring (THC) is applicable to nursing instruction within clinical and classroom settings, and offers a unique framework for exploration of interpersonal relationships and interactions. The concepts of THC can be promoted through educational instruction and research exploration, as well as patient care experiences. According to Watson (2012), the art of transpersonal caring within nursing practice “is a human activity” (p. 81). Transpersonal caring is described as a compassionate connection between beings to assist in an individual’s healing (Watson, 2012). However, exploring educational interactions and collaboration between teacher and student was the basis of incorporating transpersonal caring relationships as a guiding framework for this study. Human caring science and transpersonal caring relationship were combined with invitational theory as an educational model to provide a cohesive theoretical framework for this research.

**Data Analysis:** Transcribed data were typed in a Microsoft Word document and downloaded into a data processing software program. The Max Qualitative Data Analysis (MAXQDA) software program assisted in numerically coding paragraphs, adding researcher memos, and highlighting common threads. To enhance study rigor, peer debriefing was implemented during the analytic phase. Upon completion of the first cycle coding analysis of the initial five transcripts, second cycle coding commenced. The first and second coding cycles were then initiated for the remaining six transcripts. Within this study, thematic analysis included a process of
narrowing data through hermeneutic interpretation, which consisted of listening to audio-taped interviews, reading and rereading transcribed data, and reflecting on the working image of the lived experience. Thematic analysis produced four primary themes and several subthemes which related to the established research questions, and contributed to the hermeneutic interpretation of ASN senior practice experiences. Additionally, the following research questions were addressed:

1. What is the lived experience of ASN students as they are educated and evaluated by clinical faculty within senior level practice experiences?
2. What contributory educational interactions do ASN students perceive as instrumental to individual transformation to professional nurse?
3. How do students perceive participation within learning partnerships affect experiential learning?
4. What invitational behaviors do ASN students perceive as nurturing the teacher-learner connection during practice experiences?

Results: Among the 11 participants, two were male and nine were female, and the average age was 26, with a range of 20 to 42. Previous work experiences were limited among the nurse graduates who were under 30 years of age, and two cited “full-time student” as their primary work experience. All three participants who were over 30 years of age had previous college degrees and work experiences related to healthcare. Additionally, these participants discussed their increased responsibilities outside the classroom as potential barriers to learning, whereas the younger students described the lack of work experience and decreased confidence as potential barriers.

Identified themes reflect the lived experience of ASN students during senior practice experiences. Additionally, participant perceptions of the teacher-learner connection and contributory interactions were uncovered. Enhanced understanding of student perceptions and lived experiences within the experiential learning environment was attained as part of this study. Identified themes included Building Connection, “Suffering through it,” Reinforced Learning, and “Going through the motions.” In addition to the four themes discovered within this study, a total of 12 subthemes were revealed.

Within the theme Building Connection, students discussed their desire to interact openly with faculty during practice experiences. Identified subthemes included Inviting, Professional Partnering/Engagement, and Trusting. Many participants mentioned welcoming behaviors and accommodating student learning needs as instrumental in creating a teacher-learner connection.

Theme number two, "Suffering through it" was constituted by three subthemes: Discouraging, Contradicting, and Missed Learning Opportunities. Although participants reported many encouraging learning encounters during their senior practice experience, most revealed instances when they perceived personality differences among faculty and nursing staff, a lack of teacher engagement, and inconsistencies within the practice experiences diminished individual learning opportunities.

During participant interviews, recent nurse graduates discussed how practice experiences reinforced nursing knowledge development. The identified theme Reinforced Learning revealed participant perceptions of engaging in active learning through hands-on experience, observing nurses in action, and validation of nursing skills, as well as encouraging “connecting the dots” through critical thinking. Identified subthemes included Role Modeling, Improving Confidence/Validating, and Encouraging Critical Thinking.

The theme “Going through the motions” depicted the participants’ stories of ineffective learning within senior practice experiences. Students described occasions when nursing staff were unwelcoming, which created uninviting environments and forced students to retreat or avoid interactions. Additionally, some clinical faculty members were described as too harsh and were perceived as demanding perfection. Within the primary theme “Going through the motions,” Powerless, Disengaging, and Avoiding subthemes were uncovered.

Conclusion: Identification of contributory educational interactions which may support nursing student learning, promote successful transformation to professional practice, and encourage teacher-learner connections was an outcome of this study. Exploring ASN students’ perceptions of the senior level practice experience revealed the effects of educational interactions within the clinical environment, identified partnerships which enhance the teacher-learner connection, and enlightened understanding of the human learning experience. The significance of this study brings to light encouraging and discouraging educational interactions within the practice experiences of senior ASN students. Findings within this study further revealed implications related to student learning when faced with inviting and uninviting behaviors during practice experiences. The discovery of students’ perceptions of contributory educational interactions advances nursing science, and provides a
foundation for future research. Consequently, faculty, preceptors, and nursing staff may utilize findings from this research to improve learning outcomes, and enhance practice experiences of future nursing students.

Understanding student perceptions of the essential connections within the clinical learning environment may augment student success and individual transformation from nursing student to professional registered nurse. Additionally, as faculty and preceptors become enlightened about students’ perceptions of disconnections within the learning environment, the essential connections between classroom content and practice application, inviting behaviors and student learning, and the teacher-learner relationship may be nurtured.

Recommendations for nursing education include encouraging nursing faculty to develop effective teaching strategies to address relationship building within the practice experience and beyond. Understanding a nursing student’s need to relate in a positive manner with individual instructors, preceptors, and nursing staff will enhance experiential learning and influence student transformation.

Contributions from this research include findings which increase awareness of effective and ineffective learning connections within the clinical environment. Additionally, research findings provide support for educational programs designed to enlighten nursing staff about the positive and negative educational interactions conveyed to nursing students. Incorporating invitational education principles along with transpersonal caring relationship concepts, nursing practice may begin to address inadequacies within the clinical learning environment and encourage professional partnering between nursing staff and student nurses. Strengthening the transformation from student nurse to graduate nurse and ultimately to professional registered nurse should be considered the responsibility of educators, nursing staff, and healthcare administrators.

Future research should continue to examine student perceptions of effective learning opportunities, provide data on how to foster contributory educational interactions, and increase understanding of essential learning connections. In addition to the aforementioned focus areas of inquiry, nurse researchers should continue to explore faculty and preceptor behaviors which enhance learning and augment the student nurse transformation to professional registered nurse. It would also be interesting to discover faculty, nursing staff, and preceptor perceptions of contributory educational interactions within practice experiences.

References

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Purpose
This poster presentation will familiarize the learner about the difficulties in calculating total abortion rates in countries with poor health record systems and highly restrictive abortion laws. This presentation will demonstrate the use of the Westoff regression approach for estimating abortion rates using 1998 Togo Demographic and Health survey data.

Target Audience
This presentation would be useful for anyone interested in demography, population health, reproductive health, statistical modeling, or health in resource-limited settings.

Abstract
Purpose: Abortion rates are likely the most inaccurate of all demographic data in countries where abortions are illegal. In areas where abortion is legal in most circumstances, it is possible to record the numbers of abortions being performed. In areas where abortion is illegal or highly restricted, there are high levels of underreporting of abortion due to fear, stigma, and shame. In addition, health care workers often do not report providing abortion services due to the legal and moral implications. Induced abortion is a key component of reproductive health; high rates of unsafe abortion contribute to maternal mortality and morbidity worldwide. In addition, high rates of induced abortion are often strongly associated with an absence of modern contraception use. Because of these challenges to researching the actual rates of induced abortions which take place in countries with restrictive abortion laws, numerous methods have been developed to estimate the rates of induced abortion in these areas. One of the newest estimation methods is the Westoff Regression Approach which was developed by Charles Westoff in 2008. This method was developed based on the strong negative correlation between contraceptive prevalence rates and induced abortion rates in counties with relatively high levels of abortion reporting. The regression formula was based on observations from 18 countries in Eastern Europe and Central Asia. The model was later adapted for use in other geographic regions. The formula used for this analysis was based on an adaptation of the regression model found to closely reflect the actual levels of induced abortion in Nigeria. The purpose of this analysis was to estimate the annual rates of induced abortion in the Savanes region of northern Togo represented in available data from 1998 Togo Demographic and Health Survey using an adapted Westoff Regression Approach; all abortion in Togo was illegal in 1998.

Methods: Data from the most recent Demographic and Health Survey (1998) available for Togo were used to estimate the rates of induced abortion in the Savanes region. The data were gathered from the “Women’s Questionnaire” of the Demographic and Health Survey completed by 1679 women aged 15-49 years living in the Savanes region. The regression equation used is as follows: total abortion rate = 2.94 - 0.033(modern contraceptive prevalence rate of ever-married women) - 0.252(total fertility rate) + 0.091(mean years of education). The annual abortion rates were calculated by the following characteristics: geography, religion, ethnicity, and socioeconomic status. The annual abortion rates were calculated from the total abortion rates. Stata statistical software was used to calculate the age-specific fertility and total fertility rates. SPSS statistical software was used to calculate the modern contraceptive prevalence rates and mean years of education. Excel was used to calculate the total abortion rates and annual abortion rates.

Results: The model estimated the overall annual abortion rate in the Savanes region was 39.12 abortions per 1,000 ever-married women. It was 66.84 per 1,000 ever-married women in the urban areas and 32.99 per 1,000 ever-married women in the rural areas. Dividing the women by religion showed that Muslim women had the highest estimated annual abortion rate at 53.65 per 1,000 ever-married women and women who practiced traditional religions had the lowest rate at 30.77 per 1,000 ever-married women. Dividing the women by ethnicity found that women with a Togolese ethnicity other than Gourma, the predominant ethnicity in the region, had the highest annual abortion rate at 71.06 per 1,000 ever-married women. Women who were a non-Togolese ethnicity had the lowest rate at 35.98 per 1,000 ever-married women. Dividing women by socioeconomic status using the proxy indicator of radio ownership found that women who owned a radio (high socioeconomic status) had an estimated annual abortion rate of 48.10 per 1,000 ever-married women compared to women who did not
own a radio (low socioeconomic status) who had an estimated annual abortion rate of 32.00 per 1,000 ever-married women.

**Conclusions:** The regression model estimates of the annual abortion rates in the Savanes region of Togo were similar to the estimates done by the Guttmacher Institute for Africa in 1995 and the West African region in 2008 which were 33 and 28 per 1,000 ever-married women aged 15-44 respectively. This shows that the estimates found using the Westoff Regression Approach are likely within a probable range of the actual rates of induced abortion which took place in the Savanes region of Togo in the late 1990s. There are a number of limitations of using the Westoff Regression Approach to estimate annual abortion rates. The model is based on the assumption of a strong negative association between modern contraceptive prevalence rates and the number of lifetime abortions per woman and the total fertility rates, but this assumption is mostly based on data from developed countries. In addition, greater use of traditional family planning methods, which is present in Togo, are connected with higher rates of abortion. Other limitations include a lack of a ‘gold standard’ to evaluate these estimates of annual abortion rates and the inability to calculate annual abortion rates by parity, educational attainment, age, or contraception use due to these variables being used in the model. In addition, most methods of estimating annual abortion rates overestimate the actual abortion rates in countries where modern contraceptive use is low and total fertility rates are high, as they are in Togo. While these limitations exist around the use of the Westoff Regression Approach for estimating rates of induced abortion in Togo, because of the extremely limited data which exists on actual rates of induced abortion in this area these estimations provide some insight into the state of induced abortion in the Savanes region of Togo at the turn of the 21st century.

**References**

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Purpose
Understand the cultural barrier in successful implementation of maternal and child health interventions.
Understand the theory of cultural diversity in health promotion initiatives

Target Audience
Nursing Educators, administrators, policy makers, and students.

Abstract
Purpose: Understand the cultural barrier in successful implementation of maternal and child health interventions.

Understanding the theory of cultural diversity in health promotion initiatives

Methods: Culture plays a major role in health promotion and disease prevention. The Nepali’s like many other cultural groups emigrated to U.S. According to Leinienger, nurses needs to be prepared to provide culturally competent and culturally congruent care. According to the Transcultural nursing theory, nurses can provide an effective care if they understand the similarities and diversities of each individual (Millender, 2012). The U.S. population is known for its cultural diversity. Nurses who care for this population must be culturally aware to provide culturally competent care (Rew et al., 2014). Therefore, it is vital to conduct research in transcultural nursing and cultural sensitive care.

Guided by the theory of Trans Cultural Nursing, a qualitative, ethnography study was undertaken among the selected rural and tribal population of the Eastern Region of Nepal, Asia. The investigator practiced midwifery and provided home-based midwifery care to the rural and tribal women of the selected area. Through cultural immersion and observation over three year period, issues like women’s health, prenatal care, labor process, and post-natal practices were studied.

Results: Though many practices are holistic and promote health, they are few practices that are unhealthy and injurious to both pregnant women and the new born. For example, prenatal care is delayed because of the belief in evil eye. Pregnancy and contraceptive use is determined by the husband or elders of the family. Women only prefer female health care providers. They follow hot and cold concepts in food and hygiene during pregnancy. Fruits are considered to be cold food and avoided during pregnancy. Pregnancy and child birth is considered as normal event therefore, seeking medical care is not considered important. Some tribes considered using contraceptives to prevent pregnancy is against God’s will. Child birth is considered unclean and women are not allowed to deliver inside the house where God’s live. Postnatal women and the newborn are not allowed inside the house. After labor, women are allowed to eat only certain types of diet mixed with meat, vegetables and herbs. Post-natal period is considered unclean and women are restricted to public activities. Sharp items like sickle or knife are placed under women’s bed to keep away evil spirits. In delayed placental separation, bamboo stick is tied at the end of the chord and women is asked to squat in a corner of the room. The belief is that the luck of the bamboo will bring out the placenta. Breast feeding is highly encouraged and women prefer to breast feed their children at least for three years.

Conclusion: Culture plays a vital role in belief and practices of the rural and tribal people of Nepal. According to Leinienger cultural theory, nurses need to understand the culture of their patients for effective care and successful strategies. Culture defines an individual. Lack of sensitivity and ignorance of various culture by nurses creates stress and poor quality of care (Millender, 2012). Through this qualitative ethnographic study, the author asserts that the culture governs the health seeking behavior of the women. Nurses should take time to learn the culture of their patients for successful interventions.

References
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D 06 - Simulation Used in the Pre-Licensure Environment
Integrating Increasingly Complex Simulation into a Junior Level II Course in a BSN Program to Provide Students with an Active Learning Strategy to Reinforce Learning

Tina M. Dorau, BSN, RN, CRRN, USA
Barbara Gawron, DNP, RN, CHSE, USA
Karen O'Brien, MSN, RN, CNE, USA

Purpose
The purpose of this presentation is to discuss the integration and implementation of progressively complex simulation scenarios into a junior II level Nursing Care of Adults course in a BSN program.

Target Audience
The target audience of this presentation are Academic Nurse Educators. The project focuses on the process of developing progressively complex simulation scenarios and implementing them into a course in which there were no simulation experiences.

Abstract
Problem: Simulation has been used for years in other fields, whereas nursing has only just begun their quest to utilize high fidelity simulation in the last ten years. Nurse educators have been challenged by the IOM to change the way nurses are taught in order to improve the quality of care provided and patient safety. The literature supports using simulation in nursing education and identifies it as a safe way for students to practice skills and build self-confidence in the management of complex patients without risk of harm to a patient. The use of simulation is slowly being integrated into many nursing programs. Saint Xavier University had not yet integrated simulation into the junior II level Care of Adults nursing course. Therefore, this was an opportunity to offer students high fidelity simulation experiences to reinforce learning.

Approach: Progressively complex simulation scenarios were defined as scenarios that built upon the previous one in both skill performance and patient complexity. The scenarios were developed between springs of 2014 through fall 2014. The first scenarios were piloted in spring of 2014 with a group of senior level students in lieu of clinical time. These scenarios were then modified and integrated into a junior II level Nursing Care of Adults course in the fall of 2014. The project objective was to provide students with an opportunity to participate in simulations throughout their program. The goal was to promote self-satisfaction in learning, skills acquisition and reinforce learning.

Intervention: Three progressively complex simulation experiences were developed and integrated into the junior II level Nursing Care of Adults course in a BSN program. The accelerated BSN students were able to participate in all three simulation scenarios which occurred on three separate days after their exams. The traditional BSN students participated in two of the simulation experiences on one day in lieu of clinical time. The scenarios included pre-sim, simulation, debriefing, and two surveys for evaluation of the experience. The surveys used were obtained from the National League for Nurses and used with their permission. The project utilized a convenience sample of 12 accelerated and 71 traditional BSN students totaling 83.

Finding: Data was collected from observation, debriefing, and surveys which were collected after each simulation. Observation revealed that some students were nervous while others forgot what to do when put into a life-like situation. Debriefing supported these observations. The data gathered from the surveys supported continuing the use of simulation in the junior level course as well as expanding the current project to allow for both accelerated and traditional students to participate in all three simulation experiences. A barrier to implementing the simulation experiences was the amount of time required to circulate 83 students through the simulations. Of the surveys completed correctly, the majority agreed or strongly agreed with most items on both surveys in support of simulation as being a beneficial educational practice that promotes self-confidence and satisfaction in learning. Students expressed they would like more simulations.

Implications and Relevance to Nursing: Feedback from this project was positive. The clinical instructors who were invited to participate in the debriefing sessions found the experiences to be beneficial to the students as well as to them. It allowed the clinical faculty to see how their students were doing clinically. Students do not always get to practice skills or gain the confidence needed during a traditional clinical setting. Simulation offers nurse educators an alternative educational pedagogy to meet the needs of today’s nursing students.
References

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D 06 - Simulation Used in the Pre-Licensure Environment
Implementation and Evaluation of Home Health Simulation to Improve Pre-Licensure Bachelor of Science Nursing Students' Learning: An Action Research Study

Kathryn Kollowa, EdD, MSN, RN, USA

Purpose
This was descriptive triangulation process, to analyze nursing students’ perceptions of learning using home health simulation in a community health course for a BSN nursing program. The purpose of this presentation is to show that home health simulation can enhance student learning and better prepare them as graduate nurse.

Target Audience
The target audience is nurses and nurse educators.

Abstract
This action based research study used a descriptive triangulation process, which included quantitative and qualitative methods for competency skills in regards to nursing students’ perceptions of learning using simulation. The simulation included a home health simulation with a high-fidelity mannequin. The study was done at a private, proprietary 36-month baccalaureate (prelicensure) nursing program in the Denver metropolitan area. The research study was introduced to students in the community health course during the Spring and Summer quarters of 2013. The data collection in this study included measurements from observation questionnaires, survey questionnaires, and focused group debriefings with the focus on QSEN competencies of patient-centered care, safety, teamwork/collaboration, and quality improvement with student reflections. In addition, literature on home health simulations was lacking. This study discovered that the implementation of home health simulation enhanced student learning and better prepared them for the required competencies of a graduate nurse.

References

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**Purpose**
describe baccalaureate nursing student perceptions of simulation that enhance and/or hinder learning and the development of clinical judgment.

**Target Audience**
undergraduate and graduate nursing faculty.

**Abstract**

**Purpose:** The purpose of this study was to explore baccalaureate nursing students’ perceptions of simulation and the development of clinical judgment.

**Methods:** Qualitative description was used to describe the perceptions of thirty four baccalaureate nursing students who participated in seven focus groups.

**Results:** Four descriptive categories and related sub-categories emerged from the data: learning and practicing clinical skills, affecting self-perceptions, learning from others, and bridging the gap between theory and practice. From each of these categories and sub-categories student perceptions identified aspects of simulation that enhanced or hindered learning. Students perceived that they learned the most during simulation when faculty were present and asked questions or talked them through the scenario, a significant amount of learning was also obtained through peers. Feelings of "awkwardness" and dissatisfaction with the learning environment hindered learning for many students. All aspects of simulation contributed to students’ self-efficacy and confidence by allowing students to apply knowledge in context, which contributed to their ability to make decisions in the clinical area. Although students indicated the ability to connect knowledge and make decisions, they could not describe clinical judgment and did not perceive they participated in clinical judgment.

**Conclusion:** Simulation as a learning activity is widely used in nursing education as an adjunct to clinical experience to allow students to make clinical decisions in a safe, non-threatening environment. The use of simulation continues to grow in nursing education as a means to allow students to apply theoretical knowledge from the classroom to the clinical area. Identifying student perceptions of simulation assists nursing faculty to use simulation to the fullest extent to enhance student learning and help students develop clinical judgment. Consistent incorporation of clinical judgment as it relates to the nursing process may help students to identify and develop this important skill. Simulation activities that enhance learning allow students to reinforce the steps of clinical judgment and make to make safe clinical decisions.

**References**

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Purpose
The purpose of this presentation is to identify challenges in transitioning to professional practice, describe the experiential learning initiatives to assist the Baccalaureate undergraduate nursing students in transitioning to professional practice, and to discuss the impact of experiential learning to positive student performance outcomes.

Target Audience
Nurse Educators in academia, Nurse Educators in healthcare settings, nurse administrators, nurse researchers, managers, leaders, professional nurses, clinical partners, and students.

Abstract
Purpose: The purpose of the study is to explore the effects of professional experience/experiential learning in transitioning the Baccalaureate undergraduate students into professional practice.

Methods: Quantitative method using survey questionnaires (Likert scale) was used to collect the data. Two hundred forty-nine Baccalaureate undergraduate students were surveyed pre and post application of experiential learning/professional experience during their specialty courses (Maternal Child, Pediatrics, Critical Care, and Mental Health Courses). A simulation experience evaluation was also utilized after the students’ professional experience.

Results: Results of the two hundred fifty-nine (259) students’ responses from the survey questionnaire (pre and post professional experience), showed improved competencies, enhancement of knowledge, and confidence while in clinical areas. There were significant results that showed students’ improved skills in using critical thinking and application of concepts to real life situations. As a result of the professional experience, the students enhanced their knowledge and experience in course content as a result of their summative evaluation. More students graduating were not only being prepared for NCLEX success but also for future employment marketability. Findings of this project have supported that lifelong learning may be introduced at the senior level of Baccalaureate degree through professional experience and progressive enhancement of competency development were feasible. Thus, fostering of quality of care and safety were maintained.

Conclusion: In conclusion, transitioning to professional practice is challenging but rewarding experience to help prepare the nursing graduates to professional practice. Nursing shortage is imminent but poses a challenge to nursing schools to produce more extraordinary nurses of the future who are equipped with the knowledge, skills, competencies, confidence, and preparation to provide safe and efficient care through immersion to the clinical practice, professional practice, and simulation experience. Students’ socialization to the role of the nurse prepares them for future professional practice. Healthcare institutions hiring the new graduates must provide supportive measures to assist them to acculturate to the healthcare settings and role expectations. Implications to nursing practice, clinical partners, and community are remarkable. Community: Patient safety is promoted. Nurses of the future can help identify life threatening conditions to save more lives. More people in the community will receive excellent nursing care from our extraordinary nurses. Clinical Partners: Our nurses of the future can be the great employee of our clinical partners. More safe and efficient care will be received by their patients. Our extraordinary nurses will be graduating with certifications that will assist them to competently function as a professional nurse. Nursing Education Practice: As the student nurses are more familiar with the environment and critical situations, there will be more competent and confident care that will be provided. Less anxiety from the students will be produced and better patient outcomes. Immersion and socialization to the roles of professional nurses will be a great avenue to prepare the nurses with their role expectations, practice settings, and standards of nursing practice.

References
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D 07 - Impact of Nursing Education on Professional Practice
Nursing Practice: The Importance of Creativity

Dalit Wilhelm, MA, RN, Israel

Purpose
The purpose of this presentation is to challenge nurses to expand their perspectives and "habits of the mind" by incorporating creativity in their everyday practice.

Target Audience
Educators, Nurses in the Field

Abstract
Purpose: Creativity portrays a unique approach that combines skills, thoughts, experiences, and practices to improve existing or routine solutions. Our creativity enables us to cope with difficult and complex situations by generating new ideas and applying non-traditional techniques in ways that were never used previously. Studies have shown that doing artistic work may encourage students to “think outside the box,” that is to be creative. Accordingly, nurse educators have been asking students to create music, poems, drawings and sculptures as a way of stimulating creativity. Does such an approach work? Can we as nurses use creativity in our profession? Nurses often encounter unexpected situations that require taking care of patients with diverse backgrounds, personalities, needs, family situations and health conditions; hence nurses must go beyond routine nursing practice. It is clear nurses need creative thinking to make beneficial decisions and provide competent nursing care. In response, we have developed a course to meet that challenge to: (1) help registered nurses develop their creative competence; and (2) teach them how to apply it to their nursing practice.

Methods: A course was developed for registered nurses (n=120) enrolled in a nurse completion program (to obtain BA in nursing). The semester-long online course included: online lectures that provided a theoretical background on creativity, including cognitive and emotional characteristics that either hinder or promote creativity. In addition to the online lectures, movies, photos, humor and games were used to demonstrate different skills. Among the learning assignment were: (1) the identification of a routine nursing practice that could be improved; (2) the recognition of patterns of routine thinking as applied to that practice; and (3) the incorporation of a new and creative way to improve the performance of that same routine nursing practice. Other assignments included reflecting on their role in a humoristic way; and to identify cognitive and emotional characteristics, such as flexibility, within themselves that blocked creative thought and attitudes. At the end of the course, student groups had the assignment to develop a new and creative technique or product for nursing practice that could be used in their unit/department.

Results: There were many outstanding and innovative examples of creativity incorporated by registered nurses who were enrolled in this course.
- One group of RN students considered the mundane practice of providing respiratory treatments to children. It was tedious and routine and the children were afraid of it. Through their new approach, children sat in the arms of a huge teddy bear (that was safe for children with allergies and asthma) while they received the treatment.
- Another group of RN students working in obstetrics created a puzzle for new mothers. The puzzle contained pictures and information to educate new mothers on their peritoneal care and ways to provide care to their newborns.
- A third group of RN students sought to alleviate tension among their peers. They created a book with caricatures and jokes about the nursing routine and practices on that unit.

Conclusion: RN nurses not only reported enjoying and learning from the course, but described their colleagues’ and patients’ joy from their creative and inspiring contributions. It helped the human spirit and did not demand high costs or expensive technology or resources. Nurses need to embrace their creativity and apply it to their practice. It strengthens nursing practices and approaches. It is authentic and improves our disposition by enabling us to share ourselves and personalities. In a global society, creativity is a resource that we all can use in nursing practice.

References

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D 07 - Impact of Nursing Education on Professional Practice
The Impact of a Dedicated Educational Model (DEU) on Staff Nurses' Perception of the Professional Practice Environment

Celia Wells, RN, USA

Purpose
For learners to understand what clinical instructors require to become an effective mentor. Our study provided education prior to the inception of the Dedicated Educational Unit; which may suggest the need for continuous, deeper educational sessions for those participants if one expects to see changes in the professionalism practice environment.

Target Audience
Academia Clinical Educators Administrators

Abstract
While research exists on the benefits of a Dedicated Educational Unit (DEU) for the Student Nurse (SN), there is a shortage of literature regarding the impact of the DEU on the staff nurses/preceptors who participate in DEU education. Nearly 73,000 RNs are predicted to leave the nursing profession annually related to retirement, childrearing, career changes or returning to school (T.-C. f. Nursing). Barriers contributing to enrolling greater numbers of students in nursing programs include an aging workforce, a shortage of nursing faculty, lack of clinical placement opportunities, and an education gap which fails to meet the needs of the current patient population and adequately prepare nurses for professional practice (I. o. M. C. o. t. R. W. J. F. I. o. t. F. o. Nursing, 2011).

North Shore University Hospital and Adelphi University School of Nursing partnered to launch the DEU in the fall of 2012. University faculty educated staff mentors on the knowledge, skills, and attitudes necessary to perform effectively in their role. Data on professionalism was collected using the Revised Professional Practice Environment Scale (RRPPE) (Erickson, Duffy, Ditomassi, & Jones, 2009).

Purpose: To determine the impact of a DEU on staff nurses’ perception of the professional practice environment in a defined sample of nurses on a neuroscience unit using the Revised Professional Practice Environment Scale (RRPPE). To use the findings of this study to inform future research on staff who act as mentors in a DEU.

Methods: Single method repeated design.

Results: The findings suggested a greater need for professional development and professional strategies for staff mentors inclusive of structured educational programs to ascertain proper preparation, teaching, and assessing of the student nurses clinical development

Conclusion: Further research using phenomenology and other qualitative methods may gain a better understanding of the professional needs of mentors.

References

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D 08 - Working with Families to Improve Clinical Outcomes
Living with Lung Cancer: Receptivity and Preferences for Risk-Reducing Behavior Change among African-American Families

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Purpose
The purpose of this presentation is disseminate research results to enhance the design and implementation of family-focused interventions among this vulnerable and understudied group.

Target Audience
The target audience includes clinical nurses who provide care to patients and survivors with lung cancer, and nurse scientists or researchers who design and test interventions for cancer survivors and their family members.

Abstract
Purpose: Evidence exists that the diagnosis of a serious disease such as cancer provides substantial motivation for some patients to stop smoking and embrace risk-reducing behavior changes. Yet, limited evidence exists about the cancer-related risk behaviors (tobacco use, poor nutrition, lack of exercise, and stress), receptivity, readiness to change, and preferences for change among African American survivors and their family members when one of them is diagnosed with lung cancer. A diagnosis of cancer is often a shared experience among family members and close friends and may serve to motivate individuals toward the adoption of risk-reducing health behaviors. However, very little is known about the timing and characteristics of change in the context of a cancer diagnosis. Such a diagnosis may represent an opportunity for behavioral change on the part of the lung cancer survivor and family members, thereby potentially paving the way for more targeted, well-timed, and effective family-focused health promotion interventions.

The specific aim of this research study is to identify social, cultural, and behavioral factors associated with receptivity, readiness to change, and preferences for cancer risk-reducing behavior change among African American lung cancer survivors and their family members.

Methods: Utilizing a descriptive, exploratory qualitative design three sets of focus groups were used to obtain the data. Each set included a lung cancer survivor-only group, a family member group, and dyad (one survivor + one family member) groups. Focus groups discussions were facilitated by experienced African American moderators using an interview guide with probes. Discussions were audio-recorded and the content was analyzed using an open coding approach. The focus groups were conducted at two community cancer programs in the southern region (South Carolina) of the U. S. Fifty-two participants included 26 survivors with lung cancer and 26 family members. A variety of family members participated (spouses, siblings, daughters, and a son).

Results: Survivors reported that they continued struggling (up to years later) with the symptoms of post-operative pain/soreness, shortness of breath, and fatigue. Many survivors said that they needed education to learn how to help themselves and that they preferred to work with someone like a coach or therapist to help them modify their behaviors to live a healthier lifestyle. Overall, family members reported needing greater communication with the medical team and greater knowledge about caregiving resources. They reported being receptive to changing their lifestyle if it would help the survivors live longer or a better quality of life. A majority of participants acknowledged that faith in God and self-determination to survive were important strengths. Some participants acknowledged that behavior changes may be financially difficult or impossible for them.

Conclusion: The long-term goal of this research is to enhance the design and implementation of family-focused interventions among vulnerable and understudied African American survivors of lung cancer and their family members. Affordable self-management interventions need to be designed to enhance the well-being of lung cancer survivors specifically as it relates to ongoing symptom management and behavior change (tobacco use, poor nutrition, lack of exercise, and stress). Family members need to be included in discussions about the effect
of the illness and treatments so that they can feel more informed and prepared to help manage day-to-day issues.

References

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Purpose
The purpose of this presentation is to a) identify differences in the sensitivity and specificity across molecular and cytological assays and sampling methods, and b) explore how well molecular and cytological assays predict the presence of HPV infection of the oropharynx.

Target Audience
The target audience of this presentation is anyone who is interested in learning about the current state of the science regarding Human Papillomavirus-related oropharyngeal cancer and our efforts towards identifying a screening tool with clinical utility for the purpose of identifying persistent HPV-related infection of the oropharynx.

Abstract
Purpose: In recent years, the oropharyngeal (OP) squamous cell carcinoma (SCC) demographic has changed drastically. While OPSCC once afflicted older men who were heavy smokers and drinkers, the new generation of OPSCC patient tends to be a younger affluent male who is a non-smoker and non-drinker, with more sexual partners, greater oral sex exposure, and an HPV positive tumor. Currently, there are no FDA approved screening tests for the detection of HPV infections specifically targeting the oropharynx. This study aims to a) identify differences in the sensitivity and specificity across molecular and cytological assays and sampling methods, and b) explore how well molecular and cytological assays predict the presence of HPV infection of the oropharynx.

Methods: Using a cross-sectional design, this exploratory pilot study involved 41 individuals with a sore, irritation, lump, and/or thick, red or white patch in their mouth or on their tonsils, who presented to a Midwestern Head & Neck clinic. Informed consent was valid for collection of: 1) data from the Sexual History and Social Behavior Survey, 2) exfoliated cells from the lesion, 3) saliva samples, and 4) tissue (routine biopsy). The analytic methods explored included Hologic Cervista™ HR HPV Test (Third Wave Invader Chemistry-DNA®) and cytology. The two sampling methods explored included the Non-GYN Thin Prep® and Oragene®·DNA Saliva containers. Analytic and sampling methods and biological samples were tested in various combinations and compared to the gold standard (biopsy tissue): 1) histology for clinical diagnosis, 2) DNA analysis for HR HPV status, and 3) p16 immunohistochemistry (IHC) staining (a biomarker of HPV infection) (Please refer to Table 1).

Results: The sensitivities for the Oragene-Saliva-CervistaHR, ThinPrep-Saliva-CervistaHR, ThinPrep-Scraping-CervistaHR, and ThinPrep-Scraping-Cytology were 100%, 50%, 73.68%, and 36.84%, in order, and their respective specificities were 23.81%, 66.67%, 80.95%, and 71.43%. There were no statistically significant differences between their performance when testing oropharyngeal and oral cavity lesions (p > 0.05).

Conclusion: The high sensitivity (100%) and low specificity (23.81) of Oragene-Saliva-CervistaHR shows that it has a tendency to produce a large number of false positive results. Since biopsy diagnosis is both expensive and invasive, a test like the ThinPrep-Scraping-CervistaHR with a more balanced sensitivity (73.68%) and specificity (80.95%) is preferred. Of the four combinations tested, we recommend further investigation of the ThinPrep-Scraping-CervistaHR test. If proven to be effective, this mildly invasive, readily available, and cost effective method can promote early detection and improve prognosis for the new generation of OPSCC patients.

<table>
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<th>TABLE 1. METHODS</th>
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<td>Sexual History &amp; Social Behavior Questionnaire</td>
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| Saliva, Exfoliated Cells and Biopsy Tissue | 1. Gold Standard  
Biopsy tissue  
Histology: Routine Evaluation & Diagnosis  
DNA Analysis for HR HPV Status  
p16 IHC Staining for HPV Detection  
2. Combinations (Biologic Sample, Collection Container, and Assay)  
HPV Positive & Negative Saliva and Exfoliated Cells  
Oragene®-DNA/Saliva Container AND Cytology  
Oragene®-DNA/Saliva Container AND Hologic Cervista™ HR HPV Test (Third Wave Invader Chemistry-DNA®)  
Non-GYN ThinPrep® Liquid Based Container/Saliva AND Cytology  
Non-GYN ThinPrep® Liquid Based Container /Saliva AND Hologic Cervista™ HR HPV Test (Third Wave Invader Chemistry-DNA®) |

References

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Information Needs of Neonatal Intensive Care Parents: A Scoping Review

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Mina D. Singh, PhD, RN, Canada

Purpose
This presentation will highlight the current knowledge in regards to the information needs of parents in the neonatal intensive care unit. The areas in which further research is required and the important of the infant’s and family’s well-being in relation to information needs will also be addressed.

Target Audience
The intended audience of this research is any individual with an interested in this healthcare setting and parent population including nurses, educators, doctors and other healthcare providers.

Abstract
Purpose: The purpose of this scoping review was to identify and describe what is known about the information needs of parents with preterm infants during hospitalization.

Methods: A scoping review of extant literatures published since 1991 was conducted using Cumulative Index to Nursing and Allied Health, Nursing and Allied Health Source, Ovid Medline, Scopus, PubMed, Google Scholar and Google. The key term search strategy was employed using: information needs, parents, parenting, mother, father, neonatal intensive care, preterm, premature, and infant. Data collection included study citation, type, objective, methodology, participants, and identified information needs.

Results: The scoping review produced 13 articles that met the inclusion criteria, of which 2 were review articles; 2 provided general guidelines on how to undertake parent education in the NICU; 5 were qualitative research papers; 3 were quantitative, descriptive studies; and 1 was a mix-methods design. Articles in the scoping review were selected if they described some aspect of information need within the NICU parent population. From these articles only 7 (53%) provided insight into the specific information parents’ needs and many cited the same empirical sources. Nine information needs were identified.

Conclusion: There appears to be a lack of comprehensive and in-depth analysis that focuses specifically on the information needs of parents during their infant’s hospitalization. It is recognized that parental information needs changes over time in relation to the infant’s clinical condition. This gap in knowledge regarding the relevant and specific information needs that parents require hinders the development of evidence-based approaches to meeting the needs of parents and reduction of the provision of inconsistent information. Further empirical investigation is needed to assess parental information needs in relation to determinants including age, gender and cultural background. No studies included in this scoping review used instruments that were specifically designed to assess the full scope of information needs of parents in the NICU. On-going assessment of parent’s information needs is required to facilitate and support them in adjusting to their parenting role, to promote effective decision-making and well-being.

References

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D 09 - Health Promotion in Diverse Female Populations
Southern African-American Women's Perceptions of Coronary Artery Disease after a Myocardial Infarction: A Phenomenological Inquiry

Loretta Jones, PhD, MSN, BSN, RN, FNP, USA

Purpose
To present an overview of a phenomenological study that explored the lived experience of African American women, 50 years and older, who had experienced a myocardial infarction within the past five years.

Target Audience
nurses and women who may be able educate and assist women at risk, or who have experienced a heart attack. This major health disparity continues to escalate internally. This international forum could benefit women worldwide.

Abstract
Purpose: The American Heart Association (AHA) reported that cardiovascular diseases kill nearly 50,000 African-American (AA) women annually. Only 52% of AA women are aware of the signs and symptoms of a heart attack and only 36% of AA women know that heart disease is their greatest health risk. The purpose of this phenomenological study was to explore the lived experience of African American women, 50 years and older, who had experienced a myocardial infarction (MI) within the past five years. This study was consistent with the goal to decrease health disparities of AA women post MI and the Healthy People 2020 goal to improve cardiovascular health through prevention, detection, and treatment of risk.

Methods: The phenomenological method of research was used utilized to conduct the study. The primary data collection source were semi-structured interviews conducted using open-ended questions. The primary research questions addressed the women's knowledge of risk factors, and their perceptions of management, and lifestyle changes relevant to coronary artery disease post-MI. Participants were seven AA recruited from local cardiology offices with histories of myocardial infarction. The phenomenological data analysis involved the processes of coding, categorizing, and developing themes.

Results: The findings revealed six major themes: life before myocardial infarction, contributing risk factors, early warning signs, life after myocardial infarction, cardiac rehabilitation, and family support.

Conclusions: The majority of women reported unrecognized risk factors prior to MI but are now able to recognize and heed early warning signs, and made lifestyle changes post MI to prevent a recurrence. However, none of the women attended cardiac rehabilitation, and only one having been referred for rehabilitation. These findings provided a beginning foundation for the development of interventions that are predictably effective in prevention of MIs in AA women.

References

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Effectiveness of Group-Visits in a Women's Lifestyle Physical Activity Program for African-American Women

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Purpose
The purpose of this presentation is to: 1) describe the components of a group-visit physical activity intervention that emphasizes behavioral skills to adopt and maintain an active lifestyle, and 2) examine the effect of African American women’s attendance at the group-visits (dose) on adherence to physical activity.

Target Audience
The target audience of this presentation includes researchers and clinicians who are interested in alternative models for delivering physical activity change interventions.

Abstract
Purpose: Theoretically-based group physical activity interventions have shown to be the most effective means of increasing physical activity in minority populations. Primary care providers, however, must refer patients to outside community resources where these group interventions have been developed and delivered. The group-visit or centering model, used in some primary care settings to provide health services and group interventions simultaneously, may offer a culturally-relevant, cost-effective alternative for delivering physical activity behavior change. In a large RCT, we examined the effects of a physical activity group-visit intervention with three different telephone support conditions (group-visit alone, group-visit + personal telephone calls, group-visit + automated outgoing telephone calls) on African American women’s adherence to lifestyle physical activity. The purpose of this paper is, for all three study conditions, to: 1) describe the components of a group-visit physical activity intervention based on Social Cognitive Theory that emphasizes behavioral skills to adopt and maintain an active lifestyle, and 2) examine the effect of attendance at the group-visits (dose) on adherence to lifestyle physical activity.

Methods: The 12-month Women's Lifestyle Physical Activity Program was developed in collaboration with: a) African American women who attended one of seven focus groups conducted in their communities; b) African American women who participated in one of two follow-up focus groups after participating in a 12-month community-based physical activity intervention; and c) a community advisory board. The Women’s Lifestyle Program had 6 African American nurse-led group-visits (lasting 2 hours, delivered every 5 weeks for the first six months, once during the last six months each) with two components: a facilitated group discussion and an individualized physical activity prescription. Women wore a pedometer/accelerometer, entered their steps weekly into an automated telephone response system, and based on an algorithm received feedback and a suggested step goal during the group-visit. Training of the interventionists, using a Group Leader Manual, consisted of a two-day program, monthly meetings with research staff, and yearly retraining. Six study sites (3 community hospitals and 3 community health care centers) were randomly assigned to six different sequences of the intervention conditions to counterbalance the effect of the order of administering the conditions. Eligibility criteria were: African American women, aged 40-65, without cardiovascular symptoms, and without disability related to walking.

Results: A total of 288 women (18 group-visit cohorts, 95/96 per condition) enrolled. Fifty-nine percent had hypertension and 15% diabetes. Retention was 94% at six months and 90% at 12 months. Over 80% of the women attended > five group-visits with no difference between study conditions. Satisfaction with group visits was high (M=5.93 on a 7 point scale) with no difference between study conditions. There was a significant relationship between group-visit dose and change in accelerometer steps at 24 weeks (r = .17, p = 0.01).

Conclusion: Overall retention and attendance at the group-visits were high. Attendance at the group-visit boosted change in physical activity. This may be an ideal format for patients with chronic health diseases because primary care providers can care for more than one patient in an appointment and patients can interact with others who share their problems.
References

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D 09 - Health Promotion in Diverse Female Populations
An Evaluation of a Community Health Worker (Promotora)-Led Lifestyle Behavior Intervention for Latino/Hispanic Women: Program Delivery and Adherence

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Purpose
The importance of community health workers (CHWs) is recognized in countries across the world; however, their contributions to health care have recently received increasing attention in the USA. This presentation focuses on evaluation of program delivery of a Lifestyle Behavior Intervention (LSBI) for overweight Latino women by CHWs.

Target Audience
The target audience includes: 1) researchers conducting community-based studies to promote healthy lifestyle behaviors among women at risk for heart disease due to obesity; and 2) nurses working with community health workers, also known as lay health workers or "promotoras" among Latinos.

Abstract
Purpose: The importance of community health workers (CHWs) is recognized across the world; however, their contributions to health care have recently received increasing attention in the U.S. This presentation focuses on evaluation of program delivery of a Lifestyle Behavior Intervention (LSBI) for overweight, Latino women by CHWs.

Methods: A community prevention model was employed in planning and implementing this study. A longitudinal randomized controlled trial was conducted to evaluate the effects of a culturally tailored LSBI with a comparable length control condition (Disaster Preparedness and Home Safety). Both conditions were delivered in Spanish by separate teams of specially trained CHWs, commonly known in other parts of the world as lay health advisors or village workers and called “promotoras” in Latino communities in the U.S. These promotoras were culturally and linguistically similar to the participants in the study, had a high school diploma or equivalent, 4 or more years of employment as a CHW, and either lived in or had extensive work experience in the community where the study was implemented. The bilingual (Spanish-English) promotoras (n=6) assigned to the LSBI received extensive training to foster understanding of the intervention and to promote program fidelity (e.g., correct use of curriculum manual and protocol-defined content). The sample, recruited from community settings in Southern California, was composed of 223 low-income, immigrant Latino women between 35-64 years of age (mean=45 years) who faced risk for cardiovascular disease, diabetes, and other chronic diseases due to being overweight/obese. Participants were mainly of Mexican descent (85%) and had low education and acculturation levels; 111 women were randomly assigned to the LSBI. The LSBI was comprised of eight weekly 2-hour group education classes based upon an adaptation of Su Corazón Su Vida (Your Heart, Your Life) (National Heart, Lung, and Blood Institute, 2008), a curriculum designed for use by promotoras working with Latinas. Following completion of the classes, Individual Teaching and Coaching (ITC) was provided over the course of 4 months, including four home visits and four telephone calls. The ITC was designed to reinforce content presented in classes and to address women's individual needs in adopting and maintaining healthy lifestyle behaviors. Key messages of the LSBI were healthy food choices, portion control, handling emotional eating, and increasing physical activity. Within these areas topics such as preparation of food, cooking, healthy shopping, and reading food labels were addressed. Women were instructed on use of self-monitoring tools that were provided to them (i.e. measuring cups, food diaries, pedometers for displaying steps walked, physical activity logs, an exercise DVD, and a hunger scale to help distinguish hunger from emotional eating. A case management approach was used with women assigned to the care of specific promotoras. Documentation forms were given to promotoras for recording of implementation of ITC activities (study protocols) with participants; e.g., delivery of key messages and discussions related to self-monitoring tools. Outcome variables were evaluated at 6 and 9 months and compared with baseline data to determine effects of the LSBI on lifestyle behaviors (dietary habits and selected clinical measures [weight, lipids, blood pressure, glucose level]). Previously reported findings showed that women in the LSBI improved significantly in dietary habits ($F[2,262]=4.99$, $p=.007$), waist circumference (3 cm decrease, $p=.041$), and physical activity ($t[201]=1.99$, $p=.048$) in comparison to those in the control group (Author, et al., 2015). To further understand these outcomes a process evaluation was conducted.
examining program implementation of the LSBI by the promotoras. i.e., class attendance, quantity of the ITC delivered, and activities conducted during the home visits and telephone calls. The evaluation questionnaire completed by women included a question about satisfaction with the teaching and coaching component of the LSBI. Data were obtained from a computer-based system that recorded entries from class attendance records and specific dates that ITC components were delivered (home visits and telephone calls) for all women in the LSBI (n=111). The detailed analyses of the ITC activities conducted during home visits and telephone calls were based upon chart reviews for a subsample of women (n=66) A specially trained research assistant performed content analysis of the data for each participant. Three documents were provided to promotoras for record keeping: 1) a checklist of activities, 2) an assessment guide; and 3) narrative note forms. Fifty-six charts (84.8%) contained all three documents, whereas the first two forms only were included in 3 (4.5%) charts. One promota used narrative notes only to document activities during home visits with her assigned women (n=7, 10.6%) and did not maintain notes on her telephone calls. Process evaluation data were analyzed with descriptive statistics (means, standard deviations [SD], frequencies, and percents) and Pearson correlation.

**Results:** Women (n=66) in the subsample for the chart reviews were very similar to those in the previously described larger sample of the study. They had a mean age of 44.2 years (SD=7.8), were predominantly born in Mexico (81.8%) and were married or living with a partner (71.2%); the majority had 8th grade or less education (51.6%). Analysis of the computer-generated data showed that of the 111 women receiving the LSBI, 42 (37.8%) attended all eight classes and 91 (82%) attended at least half of the classes. All home visits and telephone calls were received by 86 (77.4%) and 93 (83.8%) women, respectively, per protocols. Review of the 66 charts similarly showed that the large majority of women (n=59, 89.4%) received the 4 home visits. Although most home visits (76%) were implemented in the home as planned, 21.1% were conducted at “other” sites, most often McDonald’s Restaurant and, in some cases, the local church or family members’ homes. Other community settings and parks were also used as meeting places (2.9%). Further review of documentation by promotoras showed that for 53 women (80.3%), key messages related to all six areas of teaching/coaching were covered during home visits, and an additional 10 women (15.2%) received key messages related to five intervention topics. At least four of the six teaching/coaching areas were implemented with all women during the home visits. Similarly at least four of the six self-monitoring tools were discussed during home visits. All six self-monitoring tools were addressed with 53 women (80.3%). The most frequently talked about tools during the course of home visits were the food diaries, pedometers, hunger scales, physical activity logs, and exercise DVDs (100% to 95.4%, respectively). The implementation of planned key messages (study protocols) was more varied for the telephone component of the ITC, ranging from all 5 planned messages (n=50 women, 75.8%) to no message areas (n=10, 15.1%). Shopping for healthy foods, weight loss, and physical activity were most frequently discussed during telephone calls. Positive correlations were found between the number of home visit interventions (key messages) delivered and discussion of self-monitoring tools (r=.26, p=.035) and telephone call interventions (r=.59, p<.001). Six-month evaluation data collected on 58 women in the subsample showed that 14 (24.1%) were satisfied and 41 (70.7%) were very satisfied with the ITC part of the study.

**Conclusion:** The high rate of attendance for classes and participation in the ITC support the effectiveness of the promotora model of care as evidenced by acceptance among the Latino women. Review of the documentation indicates that the large majority of intervention topics/key messages were addressed and use of self-monitoring tools were discussed at some time during the home visits and/or telephone calls, with evidence suggesting that home visits may be more effective than telephone calls for delivery of intended protocols. Correlational findings also indicate that implementation of key messages is more highly related to home visits than telephone calls. The findings on specific activities implemented during the ITC are limited to documentation provided in the charts maintained by promotoras for a subsample of women. The data were not validated by direct observation of activities, and there was variation among promotoras in the scope of details recorded. Further, we are unable to make conclusions about activities that may have been conducted but not described in the records. Our findings lead to recommendations for more extensive training in documentation and regular review of records at staff meetings with promotoras. These strategies may enhance the richness of details in records of specific activities.

**References**

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D 10 - Qualitative Research in Nursing Education
Exploring Perceptions of Staff Registered Nurse Preceptors for Undergraduate, Pre-Licensure Nursing Students

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Purpose
To disseminate research findings from a completed qualitative study designed to explore staff nurse experiences as preceptors to undergraduate, pre-licensure nursing students with emphasis on preparation for, support in, and understanding of what the role entails.

Target Audience
Nurse educators, staff nurses, students, and nurse managers working on units where preceptors for nursing students are used.

Abstract
Purpose: The purpose of this study was to explore staff nurse experiences as preceptors to undergraduate, pre-licensure nursing students. Three areas of emphasis were explored: RN perceptions of preparation for the preceptor role, support in the preceptor role, and understanding the preceptor role.

Methods: A naturalistic inquiry within an interpretive paradigm guided this qualitative exploratory study. Nine licensed registered staff nurses with experience as preceptors in tertiary care settings in Northeast Tennessee, USA attended one of two focus group sessions lasting between 60-90 minutes each. A semi-structured interview guide assisted the researcher in data collection. Transcripts were analyzed using conventional content analysis. Constant comparison, intercoder agreement, member checking, and data triangulation supported reliability and validity.

Results: Categories and sub-categories were derived from each area of emphasis.

Preparation for the role. Preceptors viewed preparation for the role as a formal process consisting of an educational class with a focus on teaching and learning styles, but did not perceive this class as essential for role preparation. Only one category was identified: “Teaching and learning styles: ‘It keeps me grounded’”. Preceptors indicated that understanding teaching and learning styles aided their ability to reflect on their practices and practices of co-workers who were precepting students, and intervene to improve student learning when necessary.

Support in the role. Preceptors described support in the role as a three-prong system, sought and received in variable amounts from RN co-workers, faculty, and nurse managers. Nurse manager support was both the least perceived and least sought or expected. Preceptors reported recruitment of graduating nurses as one of their role functions originating from perceived expectations of their nurse managers. Manager support was categorized as “They picked me” with the sub-categories “Being selected to serve” and “Preparing for student arrival”. Faculty support was perceived as mostly positive and was categorized as “It’s there if we need it” with the subcategories “Invisible presence”, “Lack of time”, and “Feeling validated or invalidated”. Co-worker support was the most perceived and most sought. Co-worker support was categorized as “We are a team” and included the sub-categories “Sharing responsibility for the preceptee” and “Problem-solving”.

Understanding the role. The primary category related to the preceptors’ understanding of the role was “Motivation to serve: ‘It’s how I want to be treated’”. Preceptors’ motivation to precept emanated from a strong empathetic drive.

Additionally, one primary role function and two secondary role functions were identified as categories. Protector was the primary role function characterized by a strong empathetic drive to protect students, patients, their professional identities, and the nature of nursing. There are two sub-categories included in the Protector function: “Protecting the student: ‘Take ‘em under my wing’” and “Protecting the profession: ‘Nobody knows everything’”. As protectors, preceptors assumed responsibility for and nurtured the student’s professional and personal growth. They also engaged in behaviors in and out of preceptorship experiences to ensure high standards of nursing care were met and maintained, including assessment of student motivation and attitude. Preceptors perceived students with overconfident or resistant attitudes as incongruent with their own
professional qualities and as unsafe; they would intervene in an attempt to protect their professional identities and the core values of nursing.

Socializer and Teacher were identified as secondary role functions and are embedded within the Protector role function. Sub-categories in the Socializer function include “Helping the student: ‘Let me’” and “Integrating the student: ‘We didn’t mesh’”. These behaviors aimed to support the student’s professional role development. Sub-categories in the Teacher function include: “Searching for time: ‘We’re tryin’ to do the best we can’”, “Making assessments: ‘You have to evaluate each person’” and “Making adjustments: ‘I’m pushing and pulling’”. Preceptors reported frustration with the lack of time for teaching and described assessment as an iterative process influencing the way they interacted with and adjusted their precepting of students. Adjusting was described as an active process requiring significant energy on the part of the preceptor, with the expectation that the student should also actively engage. Preceptors described the process of teaching as invigorating or overwhelming depending on the response of the student and used the terms “pushing” and “pulling” to describe activities associated with making adjustments to their teaching.

**Conclusion:** Results indicate the role of preceptor, including functions and expectations, is still not fully understood across the boundaries of practice and education. Findings suggest that nurse preceptors may require less preparation in the shape of formal didactic presentation and more support through collaborative efforts.

A new finding is the perceived support from nurse managers in preparing staff for the arrival of students as potential employees. The perceived expectation of recruiting graduating students is also new. This suggests that nurse managers may have a more in-depth connection to preceptorships than previously thought. Role expectations should be clear as role overload, role conflict, and role ambiguity are international preceptor concerns (Omansky, 2010). Integrating findings of role functions into role expectations for preceptors may help further the development of their professional identities. Findings also suggest that there are other benefits to precepting than what has previously been identified in the nursing literature, such as professional development, recognition, or monetary incentives (Carlson, Pilhammar, & Wann-Hansson, 2010a). A new finding is the idea of preceptor as protector of self and professional ethos. This is relatively unexplored in the preceptorship literature.

Implications for further research include the generation of new knowledge around the importance of manager support for preceptors of pre-licensure students, and deeper understanding of the complexity of the preceptor role. Implications for nursing education include focusing on issues regarding students’ professional attitudes. Methods to assess attitudes and development of professional qualities must be clear. Nursing faculty should ensure that affective outcomes are receiving adequate attention. It is imperative that faculty review clinical evaluation tools with preceptors so that all areas of the tool are understood and areas of confusion are clarified prior to the preceptorship experience.

**References**
Purpose
To explore processes to develop/implement the HESI™ Exit Exam (E2). Policy changes are in a constant state of evolution. Negative triggers initiate a need, forcing a change. The status quo remains in place until the next negative trigger, beginning the process anew.

Target Audience
Nursing educators, deans, program coordinators

Abstract
Purpose: This phenomenological study will describe practices used by Associate Degree Nursing (ADN) and Bachelor of Science in Nursing (BSN) programs to create and implement policies and remediation practices regarding the use of the Elsevier HESI™ Exit Examination (E2).

Methods: Purposive and snowball sampling was used to recruit a specific population of educators. Elsevier provided a database of over 600 nursing programs that used the E2 from 9/1/2009 to 8/31/2010 for initial recruitment. Snowball sampling was used to recruit additional participants from ADN and BSN programs. The final sample was comprised of 15 deans, program directors, and faculty from nine different states.

Results: Policies are living documents that evolve and change over time. NCLEX-RN® scores were the primary reason that schools made changes to their exit exam policy. This study found that the E2 is not a graduation criterion at 87% (n=13) of the schools. A benchmark of 850 was set for success at 66% (n=10) of the schools. All of the schools in this study used some form of remediation. Giving value to the E2 Exit Exam was essential to most of the study schools. Both students and faculty were found to be accepting to the changes applied as new polices were written and student E2 Exit Exam success increased.

Conclusion: Policy changes are in a constant state of evolution. A negative trigger initiates a need, forcing a change that stimulates improvements. In most instances faculty are responsible for planning the policy change unless another policy making body hands down a decision regarding what a new policy. Following a policy change, there may be resistance on the part of students and faculty that eventually resolves into acceptance of the new policy. The status quo then remains in place until the next negative trigger occurs, beginning the process all over.

References

Contact
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Purpose
The purpose of this presentation is to both explain the longitudinal research process of this unique study and to provide qualitative research findings associated with what it is like to be a male nursing student.

Target Audience
The target audience of this presentation includes nurse educators, nursing students, qualitative researchers and anyone interested in population studies.

Abstract
Purpose: The purpose of this presentation is to both explain the longitudinal research process of this unique study and to provide qualitative research findings associated with what it is like to be a male nursing student. This research explored what it is like to be a male nursing student. Historically, the profession of nursing has been dominated by females yet most recently males have increasingly enrolled in United States nursing schools. In 2014 9.1% of registered nurses in the U.S are men. Currently at our university, 15-20% of incoming nursing cohorts are male. Research suggests that male students may experience sexism from floor nurses, faculty, and patients and are more likely to drop out of nursing school. This tiered longitudinal qualitative study explored the experience of being a male nursing student through multiple means. IRB approval was granted at each step of this extended research process.

Methods: Initially, admitted nursing students who were male were asked to participate in a research study in which they submitted journal entries describing what it was like to be a nursing student and what it was like to be a male nursing student during each of their 5 semesters in the nursing program. A total of 8 participants were enrolled in this initial longitudinal inquiry. Content from their journals was analyzed to create a list of precise focus group questions which were then directed to different male nursing students. For example: a student journaled that he felt most women in his Pediatric/Obstetric nursing semester had an advantage with this content because they are female. This was his perception, and to better explore this view of gender-based curricular advantage a focus group question targeting gender advantages was crafted and presented to male nursing students not involved in the journaling phase of the research.

Results: Overall focus group data revealed both thematic similarities and differences when compared to the journal entry analysis of what it is like to be a male nursing student. Findings from all data suggested small relatively easy changes to our nursing program (like changing the color of the pink BSN applications) as well as more involved concerns.

Conclusion: This data increases the understanding of this unique population thereby potentially increasing their level of retention and potentially increasing male recruitment into the program ultimately producing a more diversified nursing workforce.

References

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E 04 - Chronic Disease Management through Research
Evaluation of Written Inpatient Heart Failure Education to Support Self-Care at Discharge

Amanda Leigh Frame, DNP, AGACNP-BC, USA

Purpose
The purpose of this project was to evaluate written heart failure inpatient education materials from a hospital and revise to the appropriate literacy level for the target population and to align with the American College of Cardiology/ American Heart Association standards.

Target Audience
The target audience of this presentation are clinical providers to include clinical nurse leaders, registered nurses, nurse educators, nurse practitioners, ancillary staff, and cardiologist caring for heart failure patients in the inpatient or outpatient settings.

Abstract
Background: The leading cause of hospital readmission is adults with heart failure. Readmission rates in less than thirty days are a key indicator of inadequate health care and as a consequence, the Hospital Readmissions Reduction program requires the Center for Medicare Services to reduce reimbursement rates and fine hospitals with excess thirty day readmission rates for patients diagnosed with heart failure. Research supports that patient education provided at the appropriate literacy level related to self-care: to include medication knowledge, access to healthcare and symptom exacerbation recognition, decreases thirty-day readmission rates for adults with heart failure. The current American College of Cardiology /American Heart Association (ACC/AHA) evidence based guidelines for the care of heart failure patients support education related to self-care as outlined above. The recommended literacy level for patient education is a 4th to 5th grade reading level.

Purpose: The purpose of this project was to evaluate written heart failure inpatient education materials from a hospital and revise to the appropriate literacy level for the target population and to align with the ACC/AHA standards. The secondary purpose is to evaluate the current standard of care for inpatient heart failure education and make evidence based practice recommendations.

Project: The project was conducted at a 581 bed not-for-profit community hospital with magnet status in the cardiology department. Written inpatient heart failure education was compared to current literature and ACC/AHA standards for patient education. A manual Fry scale was completed for literacy evaluation of all written heart failure patient education to ensure efficacy. A stop light system for self-care and symptom management was used in the new written education, revised at a fourth grade literacy level. In addition, the revised written instructions were translated to Spanish. A system distribution gap identified that unit specificity impeded efficient nurse led patient education. Collaborative meetings with vested cohorts at the hospital were attended by the DNP student to attain approval during the formulation of new written education. Cost, document length, literacy level, language, and ACC self-care guidelines were used when the Heart Failure Committee, cardiologists, and practice improvement committees debated the editorial recommendations to the new inpatient education as suggested by the DNP student.

English and Spanish versions of the revised written materials, praised by the patient advocate committee for applications to improve lifestyles of patients with heart failure, were distributed to all units. The evidence-based revisions shortened the length of the written document, saving the institution an estimated $8,880 a year. EMR was revised with a text box for nurses to document patient's personalized self-care goals related to the color of their day as stated in the new patient education booklets.

References
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E 04 - Chronic Disease Management through Research
Cross-Cultural Adaptation and Assessment of the Reliability and Validity of the Thai Hill-Bone Compliance to High Blood Pressure Therapy Scale

Sakuntala Anuruang, MNS, BNS, RN, Australia

Purpose
The purpose of this presentation is to describe the cross-cultural adaptation process of the Hill-Bone Compliance to high Blood Pressure Therapy Scale into Thai population as a new cultural background. In addition, this presentation aims to test the psychometrics quality of the cross-cultural adaptation version.

Target Audience
The target audiences of this presentation are researchers, nurses, grad-students.

Abstract
Purpose: Cross-cultural adaptation should be considered before applying psychometric instruments to another country. Hypertension is a highly prevalent condition that contributes to cardiovascular morbidity and mortality among adults globally. Compliance to high blood pressure therapy is an essential part of self-management of hypertension. Valid, reliability, and feasible measures of compliance to hypertension therapy are needed for research and clinical practice. The objectives of this study were to adapt, translate and validate the Thai Hill-Bone Compliance to High Blood Pressure Therapy Scale for use in the Thai population.

Methods: For cross-cultural adaptation of the 14 item Hill-Bone Compliance to High Blood Pressure Therapy Scale, the Beaton guideline for cross-cultural adaptation of self-report measures was used. This guideline consisted of 6 stages of the instrument cross-cultural adaptation process as following 1) initial translation; 2) synthesis of the translation; 3) back translation; 4) expert committee; 5) test of the pre-final version and 6) submission of documentation to the developers or coordination committee for appraisal of the adaptation process. The original version was translated into Thai language to produce a Thai language version. The psychometric properties assessed included face validity; content validity; construct validity and criterion validity (concurrent validity) were used to validate the psychometric quality of the Thai language version. Face validity and content validity were determined with consultation with three content experts. For construct validity and reliability, exploratory factor analysis (EFA) was used to assess the structures of the scale and measures of internal consistency. Mean blood pressure and anthropometric measures were used to determine concurrent validity.

Results: 156 participants with hypertension were recruited from a community-based primary Health care setting to determine the psychometric properties of the Thai version. The mean age of participants was 70 (S.D = 6.34; range 60-88). 107 of 156 (68.6%) participants were female. The mean duration of diagnosed hypertension of 10.27 years (SD = 7.22; range 1-40). For the Thai version, standardized Cronbach’s alpha was 0.64 for all items, 0.61 for the sodium intake subscale, 0.5 for the appointment-keeping subscale and 0.69 for the medication taking subscale. Pearson’s correlation coefficient, reflecting inter-item correlation, values ranged from -0.14 to 0.58. The Thai Hill-Bone Compliance to High Blood Pressure Therapy Scale was able to discriminate blood pressure and waist circumference levels.

Conclusions: In this cross-cultural adaptation study, the Thai Hill-Bone Compliance to High Blood Pressure Therapy Scale demonstrated strong psychometric properties and is a promising instrument to be used in intervention studies in Thailand.

References

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Purpose
The purpose of this presentation is to present the lessons and challenges of research employing CBPR principles to promote mental health among low-income, underserved Latinos in rural areas of North Florida, US.

Target Audience
The target audience is health care professionals and researchers in the fields of mental health and community.

Abstract
Purpose: Community based participatory research (CBPR) is considered a highly effective approach for connecting with hard-to-reach, minority populations. Latino immigrants, who comprise the largest minority population in the United States, are increasingly choosing to settle in non-traditional, rural areas of the country. In these locations, Latino immigrants are exposed to adverse, social determinants that detrimentally affect their mental health by acting as chronic stressors. Despite the risk to mental health, these determinants have been largely understudied by social scientists and community health researchers. Thus, this study aimed to present the lessons and challenges of six studies employing CBPR principles to promote mental health among low-income, underserved Latinos in rural areas of North Florida, US.

Methods: This report gathered data from six qualitative or quantitative studies employing CBPR principles with rural Latino families in north Florida. These studies, which used diverse methodologies and population segments, were titled: 1) Assembling a Community Advisory Board (CAB), 2) Developing a Community Assessment, 3) Involving Faith-Based Organizations (FBOs), 4) Understanding Social Isolation and Family Environments, 5) Identifying Latinos’ Social Networks and 6) Developing a Community Intervention to Promote Well-being. In this presentation, the goals, methods, main findings, and lessons of these six studies will be presented, as well as any barriers to progress that were discovered.

Results: The CBPR research trajectory was initiated by building a partnership with key community leaders, or CAB members, who became active partners in the research team and acted as community insiders and advocates for community needs. The community assessment showed that social isolation, which includes psychosocial, linguistic, and cultural factors, was the most significant social health determinant facing rural Latinos. In addition, findings also detailed the recommendations of Faith-Based Organization leaders (FBOs), who endorsed the development of an expansive social network to enhance community cohesion. Finally, results indicated a need to focus on a wellness paradigm, which is more culturally sensitive than an illness paradigm as well as more readily accepted in this population. Challenges of these studies included: participant recruitment; intermittent funding; varied expectations between academics and community members; a hospital-based, instead of community-oriented, academic culture; substantial commitment for the development of long-term, trusted relationships; language limitations (e.g. only three members of the research team were bilingual); and contrasts between the aims of service-oriented community members and educational components of the research projects.

Conclusion: CAB members are the cornerstone of the CBPR studies, and as a result, they were involved in all steps of the research projects. Students partially collaborate with the CBPR studies by performing hands-on data analysis in the latter stages of the projects. In doing so, they were provided with a valuable learning experience about the health disparities facing Latinos living in rural communities in the U.S. In sum, these studies demonstrated that academics and community members can experience equal partnerships using CBPR principles for research with and for Latinos in rural areas of north Florida, in the US.

References
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Purpose
Using a convergent parallel, mixed methods design, the purpose of this study was to identify home health nurses' knowledge and beliefs toward suffering in persons with late-stage dementia and to investigate whether their knowledge or beliefs may have an effect upon their guidance of families of individuals with late-stage dementia.

Target Audience
The target audience of this presentation is nurses in all specialties.

Abstract
Purpose: The purpose of this mixed-method, convergent parallel design study was to identify home health nurses' knowledge and beliefs toward suffering in persons with late-stage dementia and to investigate whether their knowledge and beliefs may have an effect upon their guidance of families of individuals with late-stage dementia.

Methods: A sample (n = 17) of home health nurses were given a questionnaire to complete as participated in focus group interviews. For the quantitative piece of the study, the questionnaire used was the Knowledge of Artificial Nutrition and Hydration in the Terminally Ill (adapted from a Taiwan nurse). Interpretation of the qualitative and quantitative data was conducted using a convergent parallel design.

Results: The mean age of the participants was 47 +/- 12.07 years and all of the participants were white. 12 out of 17 (71%) of the participants had an associates degree in nursing. 9 of the 17 participants (53%) had greater than 20 years experience as a registered nurse while 10 of them had 10 years or less experience in home health. Internal consistency as measured by Cronbach’s a was 0.70. The mean total score of the Knowledge Test was 31.4 (SD=6.23, range 21-43). Only two questions had an accurate answer rate of 70% or above. Three themes generated from the focus group interviews resulted in The Triad: Suffering in Late Stage Dementia: patient/family comfort, futility, and symbols of suffering. These themes were compared to the quantitative data obtained from the Knowledge Test, which corroborated the qualitative analysis.

Conclusion: This study revealed that HHNs' knowledge is lacking in evidence-based practice information regarding ANH. Results of the mixed-methods design presented their knowledge and beliefs regarding ANH and suffering influences their guidance of patients and families toward initiation of ANH.

References


Contact
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Purpose
The purpose of this presentation is to illustrate how the use of simulation can assist nurse practitioners hone and maintain respiratory assessment skills. This program can be replicated to use for new hire orientation, annual skill competency requirements or for training purposes.

Target Audience
The target audience of this presentation includes nurses, Nurse managers and APN.

Abstract
Purpose: There are an estimated 44,000-98,000 medical errors annually, and approximately 200,000 cardio-pulmonary arrests of these occur in the hospital setting (IOM, 2008). A review of the literature showed that simulation improved skills and confidence among health care providers, which can lead to improved patient outcomes. The purpose of this quality improvement (QI) project was to implement a respiratory simulation education program (R-SEP) for nurse practitioners (NPs) and evaluate improvements in the respiratory assessment skills of practicing nurse practitioners.

Methods: The Clinical Microsystems was the framework used to guide this QI project. Evaluation of participants was conducted using a modified respiratory Objective Structured Clinical Examination (OSCE) checklist. The OSCE checklist is a validated and reliable tool that measures performance and skills during simulation. Inter-rater reliability of the OSCE checklist was achieved prior to implementation with greater than 90% consistency among raters. Practicing nurse practitioners volunteered to participate in this project. The program consisted of two respiratory related clinical scenarios. Participants took part in a simulated experience followed by a debriefing session to review their performance and clinical management. A second scenario was conducted immediately after to incorporate feedback or improvements gathered from first scenario.

Results: Scores of the seven NPs who participated were compared between scenario one (pneumonia) and scenario two (COPD). Six of the seven (71%) improved scores (2.3-25.8%). Results were obtained by comparing mean scores from participants’ first OSCE scores to the second OSCE checklist.

Conclusion: The results of this project add to the body of evidence that simulation programs like the R-SEP can help practicing nurse practitioners maintain skills and necessary competencies.

References

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E 06 - Disease Specific Simulation Education
Content Specific Simulation-Supported Learning and High-Stakes Exams: Longitudinal Outcomes

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Purpose
The purpose of this presentation is to disseminate longitudinal study results of undergraduate nursing students. The effect of a content specific simulation on high-stakes exam scores at three times (pre-test, post-test 1, 2, 3) was assessed among students receiving content specific simulation versus students receiving usual course simulation.

Target Audience
The target audience of this presentation is nurse educators from all levels of expertise interested in the potential effect of targeted simulation on student learning outcomes. Specifically, nurse educators directly involved in simulation who may be stimulated to consider changes in how closely simulation experiences should reflect didactic content.

Abstract
Purpose: The use of human patient simulation in nursing curriculum has intensified over the last several years. As more schools of nursing begin and/or continue to implement the use of human patient simulation objective evaluation tools must be created and utilized to measure learning outcomes. The benefits of human patient simulation have been demonstrated in the nursing students’ ability to improve skill acquisition, knowledge attainment, critical thinking skills, and development of clinical judgment. Although the many benefits of human patient simulation have been thoroughly examined, the relationship between specific human patient simulated clinical experiences and retention of content specific knowledge via success on high-stakes standardized nursing exams has not been examined. The results of this study add to the growing body of research related to human patient simulation as an effective teaching modality for utilization in nursing education related to scores on nursing students’ standardized tests.

The purpose of this longitudinal quantitative study was to (1) examine the trajectory of cardiovascular content related scores obtained on high-stakes standardized nursing exams after exposure to cardiovascular specific simulation-supported learning, and (2) compare the trajectories scores of the experimental group (cardiac specific simulation) with the control group (course related simulation).

Methods: This longitudinal, experimental pre-test/post-test quantitative study compared two groups of baccalaureate nursing student who experienced simulation-supported learning. The research question was: How do students who experience a human patient simulated clinical experience perform on content specific standardized high-stakes exams; specifically how do the scores on the exam differ by group (those who received the cardiovascular specific simulation [experimental] versus those who did not [control])? This was examined by presenting the usual cardiovascular specific information in class and subsequent completion of a cardiovascular content specific standardized exam (pre-test). After completion of the pre-test, students were randomized into two groups: control or experimental. During the selected semester each student completes a human patient simulation experience. Students completed the simulation in teams of two, with the simulation for the experimental group being cardiovascular specific, while the control received the usual course simulation. After all students had completed participation, a second cardiovascular specific standardized exam (post-intervention) was administered. Scores on the cardiovascular specific content of other high-stakes standardized exams taken at course completion and exit from the nursing program were examined for trajectory and compared by groups. The independent variable was the cardiovascular specific simulation. Dependent variables included scores on the (1) pre-test for the cardiovascular specific standardized exam, (2) the post-test 1 for the cardiovascular specific standardized exam after simulation completion, (3) the post-test 2 cardiovascular specific high-stakes standardized exam at course completion, and (4) the post-test 3 cardiovascular specific content on the first attempt on the final semester high-stakes program completion exit exam (required for graduation). Approval of the institutional committee for the protection of human subjects was obtained.

Results: Ninety four students completed all waves of testing. Prior to knowing about group randomization, students in the control group scored significantly higher on the pre-test \( (F, 93) = 21.54, p < .000 \). Students in
the control group achieved a mean score and standard deviation of 977 and 157, respectively; while the experimental group mean and standard deviation were 823 and 157, respectively. This relationship reversed for the first post-test. The experimental group scored significantly higher when compared to the control group ($F(1, 93) = 5.04, p < .027$). The mean and standard deviation of the experimental group was 982 and 171, respectively; while the control group mean and standard deviation were 900 and 184, respectively. No significant differences were found between groups on the second (course completion) and third (program exit) high-stakes post-test exams. This study also examined differences in percent of change between groups over the three post-test exams. There was a statistically significant difference between groups in percent of change from pre-test to first post-test ($F(1, 92) = 38.19, p < .000$). The mean and standard deviation of the experimental group changed from 832 and 157, respectively to 981 and 171, respectively. In the control group the mean and standard deviation changed from 977 and 145, respectively to 899 and 184, respectively. There was also a statistically significant difference between groups in percent of change from pre-test to the high-stakes program exit exam, post-test 3 ($F(1, 92) = 19.16, p < .000$). The mean and standard deviation of the experimental group changed from 832 and 157, respectively to 948 and 105, respectively. In the control group the mean and standard deviation changed from 977 and 145, respectively to 938 and 90, respectively.

**Conclusion:** It is interesting, yet unexplained that the non-intervention group scored significantly higher on the pre-test. This reinforces the positive finding that students who participated in a cardiovascular simulation may have gained more knowledge as demonstrated by the fact that they performed significantly better on the first post-test than those students who do not receive the targeted simulation. Not unexpectedly, this difference in scores does not persist over time, although the experimental group percent of change in mean scores was significantly different from the control group. In fact, the experimental group means score increased from pre-test to post-test 3 (high-stakes program exit exam), while the control group mean score actually decreased from pre-test to high-stakes exit exam. This may indicate a longitudinal effect of the targeted cardiovascular simulation experience, or may be due to unknown and confounding factors.

This longitudinal quantitative study examined the trajectory of cardiovascular content related scores obtained on high-stakes standardized nursing exams after exposure to a simulation learning experience. Initially, students in the experimental group demonstrated increased scores, indicating better internalization of didactic content, but this difference between groups did not last over time. It is important to remember that the control group scored higher at pre-test, yet lower at the high-stakes exit exam (post-test 3); while the experimental group’s trajectory of change was in the opposite direction. More research is needed to discover possible factors that may explain these results.

**References**

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E 07 - Global Issues within Hospital Facilities
Nursing and Medical Staff Perceptions of a Hospital-Based Medical Emergency Response Team

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Purpose
The study purpose was to explore nursing and medical staff perceptions of a mature rapid response system at a large tertiary hospital. The objectives aimed to examine perceptions of barriers to Medical Emergency Response Team (MERT) activation, effectiveness of the MERT in response to clinical deterioration, and effectiveness of teamwork.

Target Audience
The target audience of this presentation is clinicians, managers, educators and researchers with an interest in patient deterioration and rapid response systems, particularly as this research has significance in supporting and promoting optimal clinical outcomes.

Abstract
Purpose: Timely recognition and appropriate response to clinical deterioration has been at the forefront of international safety and quality agendas. Rapid response systems have been widely implemented to improve patient outcomes, yet evidence is inconclusive in confirming the effectiveness of these approaches consistently across a range of settings [1, 2]. Other studies have identified rapid response teams are often underused by staff [3, 4]. The purpose of this study was to explore and compare nursing and medical staff perceptions of a mature rapid response system at a large tertiary hospital using the Australian Commission on Safety and Quality in Health Care benchmarking tool. Specifically, the study objectives were to examine perceptions of barriers to Medical Emergency Response Team (MERT) activation, effectiveness of the MERT in response to clinical deterioration, and effectiveness of teamwork and communication during a MERT call.

Methods: A single site, cross-sectional survey design was used to explore staff perceptions of the MERT. This study was part of a larger program of research exploring nursing patient assessment practices in the acute care setting.

The single-centre study was conducted at a 929-bed quaternary and tertiary referral teaching hospital located in Southeast Queensland, Australia providing services to diverse clinical specialities. The sample included 434 registered nurses (RNs) and 190 medical staff involved in the care of patients at risk of clinical deterioration from a sampling frame of 40 clinical units.

Results: Overall, while both groups rated the MERT positively, RNs perceived the MERT as more effective in managing clinical deterioration (p = .04) and perceived greater MERT teamwork and communication (p = .02) compared to their medical colleagues. Interestingly, 70.3% of RNs and 70.1% of medical staff indicated they would contact the patient’s treating physician before activating the MERT. Both groups similarly rated perceived barriers to MERT activation as relatively low overall. A significant minority of RNs (17.1%) and a smaller proportion of medical staff (7.9%) were reluctant to activate the MERT because they feared criticism if their patient was not found to be critically unwell (p< .01).

Conclusion: Quality improvement and patient safety are imperative clinical targets supported by policy, patient advocacy, and healthcare professional groups. This project is a collaborative partnership between health service managers, clinical managers, clinicians and university and clinical researchers that has formed in response to this significant health service problem. Findings from this study will contribute to our understanding of integral factors related to capacity to rescue of clinical frontline staff, patient safety, and the rate of failure to rescue of patients in acute care wards. Further research is needed to determine which improvement strategies are more
consistently effective and sustainable in recognition and response to clinical deterioration that incorporates perceptions of frontline staff.

References


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E 07 - Global Issues within Hospital Facilities
Prevalence of Inactivity and Its Determinants in Adults Admitted to Hospital for Scheduled Non-Cardiac Surgery

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Purpose
The purpose of this study was to determine the prevalence of physical inactivity in adults ≥ 45 years, admitted for non-cardiac surgery to tertiary care hospitals in Colombia. The study also sought to explore the association between physical inactivity and patient demographics, health status, medical history and type of surgery.

Target Audience
The target audience of this presentation is clinical and academic nurses; or students or clinical researchers.

Abstract
Purpose: The primary objective of this study was to determine the prevalence of and predictive factors for physical inactivity in adult patients admitted to two Colombian hospitals for non-cardiac surgery.

Methods: This cross-sectional study, nested in a cohort study (VISION), recruited 500 able-bodied patients aged 45 years and older admitted to hospital for non-cardiac surgery. Physical inactivity was determined by administering the International Physical Activity Questionnaire-IPAQ. Logistic regression analysis was used to determine the associations between predictive variables, including patient demographics, health status, medical history and type of surgery, and physical inactivity on hospital admission.

Results: From the analysis, 59.8% (n=299) of patients were categorized as inactive. Factors most likely associated with inactivity prior to surgery included age (OR 1.02 95% CI 1.01-1.04, p=0.019), body mass index > 25 (OR 1.05 95% CI 1.002-1.12, p=0.042), assistance with activities of daily living (OR 1.45 95% CI 1.6-11.4, p=0.04), hypertension (OR 1.60 95% CI 1.13-2.37, p=0.009) and treatment with subcutaneous insulin (OR 3.6 95% CI 1.38-9.7, p=0.003).

Conclusion: Assessment of physical activity in non-cardiac surgery patients and associated risk factors is important for effective perioperative care planning and to mitigate the risks of inactivity on post-operative cardiac health.

References

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Purpose
The purpose of this presentation is to report on the hospital-based blood transfusion education of medical-surgical acute care nurses’ in the U.S. Hospitals from across the U.S. were randomly selected with 143 valid responses used to describe nurses’ transfusion practices.

Target Audience
The target audience of this presentation includes hospital nursing staff development, administrators, and transfusion nurse specialists.

Abstract
Purpose: The purpose of this presentation is to report on the state of the science of hospital-based blood transfusion education of nursing staff in medical-surgical acute care hospitals. Hospitals from across the U.S. were randomly selected with 143 valid responses used to describe the education of nurses and patients regarding transfusion practices.

Methods: Three of the seven research questions addressed the comprehensive scope of nurses’, nursing staff, and patient’s blood transfusion education while in an medical surgical acute care. A valid and reliable web-based survey developed by the author, Nurses’ Practices with Blood Transfusions: Medical-Surgical Acute Care, was used to report practices related to medical-surgical nurses of that hospital; only one survey was completed per hospital. A random selection of U.S. hospitals with a nurse executive or leader who was a member of the American Organization of Nurse Executives (N = 2082, n = 807) were contacted by postal letter to participate in the study. The data was collected via the web-based survey administered via PsychData. Following four months of data collection, 148 valid responses were obtained in PsychData yielding a response rate of 18.3%.

Results: The hospital's transfusion policy was the most influential source of information for nurses because it detailed and therefore prescribed nurses' transfusion practices. Surveillance of the patient was challenged due to the lack of current information included in the education programs, delegation of transfusion vital signs to non-licensed staff who were not educated on symptoms of a transfusion reaction, and transportation of a patient with blood infusing to tests and procedures by personnel whose knowledge of transfusions was largely unknown. Fever, chills/rigors, shortness of breath, and itching were taught on an annual basis in almost all of the hospitals however the comprehensive list of 33 symptoms of a transfusion reaction from the Biovigilance Network was only incorporated into the education program of RNs in 22% of the hospitals.

Conclusion: The implications for nursing emanating from this study were the need to collaborate with the transfusion service to update information in the policy and the blood transfusion education programs; include non-licensed staff and other test and procedure staff in compulsory blood transfusion education;

References

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E 08 - Experiences with Palliative Care: End-of-Life Communication and Understanding

Attitude of Prognostic Disclosure to Terminal Cancer Patients: A Systematic Review of the Literature

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Purpose
In this a systematic review study, we can understand the attitude of prognostic disclosure of terminal cancer in medicine professionals, patients and their families, and maybe it is as a reference base for clinical practice, future research plan and care policy making.

Target Audience
To through this empirical results, so that clinical nurses and academic researchers can understand the attitudes from medical professionals, patients and their families to disclosure cancer disease prognosis to terminal cancer patients, and to arouse their attention to this issues.

Abstract
Background: Informed consent is not easy to cancer patients, especially for in the Chinese culture. In developed countries, patient autonomy is important including terminal ill patients. However, it has been found that terminal cancer patients are not been informed prognosis of their disease and it is common in Chinese cultural society. The determinators of whether the truth telling to patietns when they have been diagnosed as cancer are attitudes of health professionals and families of cancer patients. The study reported that more than 90% of the families of cancer patients decide to take "lie" instead of truth telling to their families who have been diagnosed as cancer and more than 80% of families control the treatment decisions (Huang, 2004).

More and more studies show that both patients and health professionals benefit when patients are well informed and play a significant role in deciding how to manage their health conditions. If patients can be full informed their disease conditions and possible outcomes under different choices of treatments and the related clinical care, including benefits, harms, limitations, alternatives, and uncertainties, they get more benefits from their participation in the treatment process.

Purpose: In this a systematic review study, we can understand the attitude of prognostic disclosure of terminal cancer from medicine professionals, patients and their families, advantages, disadvantages and barriers of prognostic disclosure, maybe it is as a reference base for clinical practice, future research and care policy making.

Methods: Literature publish including CINAHL, Cochrane Library, MEDLIN, Pub med, National Digital Library of Theses and Dissertations and CEPS Chinese electronic journals databases were searched in 1998-2012. Using the following search terms include attitude, cancer patient, prognosis disclosure truth disclosure, truth telling, terminal, end of life. Literature exclusion criteria are non-research articles, the subjects less than 18 years old, Pilot study, un-free full text available, repeat and irrelevant references. After selecting conditions preclude compliance with the conditions of the document screening, using standard literature Joanna Briggs Institute Review. A total of 17 relevant articles were identified and included in the current study.

Results:

- **Quality of Research**
The initial search yielded over 92 references, many of which were not specifically relevant to our topic but were more broadly related to cancer and clinical issues related to general communication issues. After the deletion of duplicates, we identified 17 articles that appeared relevant to our aim. Most of the studies conducted in Asian countries, including Japan and China, and the most descriptive cross-sectional study. By the Registered Nurses Association of evidence of clinical guidelines Ontario (RNAO) in 2005 published the rating, 16 quantitative research articles are all Level 3 (good research design non-experimental studies).

- **Attitude of Prognostic Disclosure to terminal Cancer Patients**
The majority studies tend to agree that terminal cancer patients should be informed prognosis (Ali, 2010; Alifrangis et al, 2011; Cherny et al, 2011). 38.7% -78.2% medical professionals think terminal cancer patients should be informed prognosis (Cherny et al, 2011; Fumis et al, 2012; Zeng et al, 2011). 12.2% physicians and 46.2% nurses said they never disclosure prognosis to terminal cancer patients; however, 51% of physicians said they would inform the patient of imminent death (Merav et al, 2009.) 31.3% -88% patients expressed hope that professionals inform their life limited (Alifrangis et al, 2011; Fumis et al, 2012).

- **Patient participation in terminal care decisions**
  Only three studies explore about what attitudes of terminal cancer patients are for their participation in decision-making and results showed that 91.8% patients favor physicians to inform them about their diseases, 65.8% of them would like to participate in the terminal care decision (Cherny et al., 2011). However, there is one study showed that patients did not willing to be informed and to discussed with them about their end of life care (Dahlstrand et al., 2008). 16% patients do not want to discuss their prognosis and terminal care with their family (Alifrangis et al., 2011).

- **Timing and the Environment**
  There are 7 studies explore the timing of disclosure prognosis. 2 studies reported that cancer disease prognosis must be progressive inform (Cherny et al, 2011; Miyata et al, 2005) and 3 studies suggest that the diagnosis informed should be immediately (Jiang et al, 2006; Jiang et al, 2007; Li et al, 2008). There are 4 studies have shown that the best inform place is a quiet space without any interference, followed by the bedside in the hospital (Jiang et al, 2006; Jiang et al, 2007; Li et al, 2008; Otani et al, 2011).

- **Advantages and Disadvantages of prognostic disclosure**
  35.5%-92.7% health professionals expressed advantages of fully informing cancer terminal patients outweigh disadvantages and 55.4%-92.7% health professionals agree that the disclosure prognosis can promote competent decision making of patients and facilitate appropriate healthcare provision. But 32.2% health professionals think if cancer patients know too much information, it will cause difficulties to take care (Cherny et al., 2011; Zeng et al., 2011), 70% health professionals think inappropriate information disclosure about cancer easily leads to medical disputes (Zeng et al., 2011).

30.7% -54% health professionals said they need to have enough time to deal with patients with emotional problems (Cherny et al, 2011; Otani et al, 2011.). 47.5%-78% health professionals said they had not been received at disclosure skills training, 28% -70% health professionals expressed disclosure training needs (Cherny et al, 2011; BN Merav et al, 2009; Nwankwo & Ezeome, 2011).

**Conclusions:** To disclosure bad news of terminal with cancer patients and their families is not easy. It seems to declare death will be coming, that impact on patients and their families is very heavy. This results show that the majority of terminal cancer patients expect to be disclosure prognosis, but most had not been informed. Most of health professionals expressed advantages of fully informing cancer terminal patients outweigh disadvantages and they think the disclosure prognosis it can promote competent decision making of patients and facilitate appropriate healthcare provision. But some health professionals said it is difficult to disclosure prognosis in terminal cancer patients, they need the skill training to disclosure prognosis with terminal cancer patients and this demand requirement to be met.

There is such a high demand for disclosure prognosis with terminal cancer patients, if professionals, especially physicians, do not have the relevant skills, will only increasing distress, unable to play a good role to inform, and plan a skill of disclosure prognosis training program to provide professional is the focus issue for future.

**References**

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E 08 - Experiences with Palliative Care: End-of-Life Communication and Understanding

Pediatric Palliative Care: A 5-Year Retrospective Chart Review Study

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Purpose
The purpose of this presentation is to describe a large cohort of pediatric patients receiving palliative care, examine the relationships between selected patient sociodemographic and clinical characteristics and the outcome of the time elapsed from diagnosis to death, and examine pain scores before and after referral to palliative care.

Target Audience
The target audience of this presentation includes clinicians, educators, and administrators with an interest in pediatric palliative care: Several aspects of palliative care are addressed including descriptive demographic statistics, survival time based on demographic statistics, pain management, and disease-specific referral characteristics.

Abstract
Purpose: The purpose of this presentation is to describe a large cohort of pediatric patients receiving palliative care, examine the relationships between selected patient sociodemographic and clinical characteristics (disease type, age, gender, race, and religion), the outcome of the time elapsed from diagnosis to death, and to compare pain scores before and after referral to palliative care.

Methods: This retrospective chart review study examined patients who were referred to the palliative care team at a southwestern Pennsylvania children's hospital between the ages 2 through 16 years during a five-year period (2009-2013). Inpatient and outpatient data were collected from the electronic medical record through a combination of electronic and hand methods. Hand data collection essentially eliminated missing data from the computer-generated data set. Data were proofed, de-identified, and checked for outliers. Gender, race, religion, and age variables were grouped into categories for analysis. The main outcome was patient survival measured in years based on disease type beginning with referral to palliative care and ending with death, loss to follow up, or the end of the study period. The cohort was examined using Kaplan-Meier estimation and Cox regression modeling to estimate survival curves and build predictive models of survival considering sociodemographic and clinical characteristics of gender, age, race, religion, and disease categories. Daily mean pain scores were calculated. Patients were included in the pain score analysis if they had pain scores for minimum three days pre- and five days post-referral date.

Results: There were 256 children in the cohort with a mean age at referral of 9.5 years (SD=4.5 years), 53.5% male and 61.7% were alive at the end of the study period. Ages at referral were 22.3% preschool (ages 2-4), 23.0% early elementary (ages 5-8), 28.5% late elementary (ages 9-12), and 26.2% adolescent (ages 13-16). Race included 87.5% white, 10.2% black, and 2.3% other (Hispanic, Asian, Middle Eastern, and not specified). Religion was 19.1% Catholic, 23.8% protestant, 23.9% other, and 33.2% stated no religion. The referring diagnosis included 41.8% cancer, 37.9% congenital or genetic conditions, 9% transplant (both solid organ and bone marrow), 5.5% trauma, and 5.5% other. Most children had more than one concurrent diagnostic condition (range 1 to 13 out of 15 possible illness categories, mean 5.34, SD = 2.69). Mean time from diagnosis to referral to palliative care was 4.36 years (SD = 4.99, range 0 to 16.97 years, median 2.3 years) and mean time from diagnosis to death was 3.26 years (SD = 3.53, range 14 days to 15.25 years, median 1.76 years). Using the log-rank test, patient survival experience did not differ significantly based on patient gender, age, race, or religion; however, patient survival experience did vary based on referring diagnosis (Chi square=40.3, df=4, p<.001), specifically cancer. Cox regression models were not significant for gender or race but there were differences for religion (none p < .001 and other p < .001), cancer (p < .001), congenital/genetic conditions (p < .001), and trauma (p = .015). Pain scores were significantly different after referral to palliative care when compared to pain scores before referral to palliative care, t(47) = 1.816, p < .05, one tailed directional test.
Conclusion: Pediatric palliative care is not well described in the literature. This study describes one large cohort of children aged 2 to 16 years receiving palliative care in the United States over a 5-year period. Practitioners tend to think of palliative care exclusively for children with cancer but less than half of the children in this cohort were referred because of a cancer diagnosis while nearly as many children suffered from a congenital or genetic illness such as cystic fibrosis, cerebral palsy, or a cardiac condition. These results demonstrate that this particular palliative care service is effective in admitting children to palliative care relatively early in the disease process and also suggest that palliative care can be maintained for a long period of time. Palliative care promotes positive clinical outcomes including symptom management, discussing goals of care, and communication between families and medical providers. Pain management for pediatric patients can be challenging in countries such as the United States but even more difficult in developing countries. This difficulty is due to a combination of lack of education around the assessment and treatment of pain in children and a severe shortage of available pain medications. Education in palliative care for health care providers has been conducted in a growing number of countries outside of the United States, however the pediatric population receives less attention than older adults. Well-trained palliative care providers can increase quality of life for children with life threatening and life limiting illness worldwide.

References

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E 09 - Health Practices among Different Cultures
The Measurement of Expected Filial Piety among Elderly Arabs Living in Israel

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Purpose
To describe the issues concerning measurement of expected filial piety among Arabs elderly individuals in Israel using an existing scale.

Target Audience
Researchers; students; individual interested in traditional, minority populations; and researchers studying health care services for elderly minorities

Abstract
Purpose: Like many minorities from very traditional family structures, Arab-Israelis elderly are influenced by their expectations of care and assistance from family members, particularly their sons and daughters. These expectations of family members are called, “expected filial Piety.” Very few scales are available to measure this important concept for traditional populations. This study examines the reliability of one of the few existing scales that is available for the measurement of expected filial piety.

Methods: This cross-sectional study enrolled Arab-Israeli elderly, ages 65 and above (n=157). In this study, expected filial piety, using Wang's Expected Filial Piety Scale, was only one of the measurements used in a larger study. This scale had two components, positive and negative expected filial piety. The scale was administered through an interviewer-participant questionnaire. Cronbach alpha and factor analyses were used to determine reliability of the two scale components for this population.

Results: Reliability of both positive and negative scale components was poor for the Arab-Israeli population with Cronbach alphas of 0.592 and 0.505, respectively. Factor analysis revealed the scale contained three components. When three questions were removed, there was high reliability for the positive scale with a Cronbach alpha=0.889. The negative scale items were not found to be reliable.

Conclusion: If beliefs of expected filial piety change in traditional populations, additional services, which were never needed before, may need to be established. Therefore, measurement of expected filial piety in traditional populations is crucial. Existing scales may need to be altered to be reliable to fit different traditional populations. Israeli policymakers will need to examine expected filial piety within Arab-Israeli town to develop an understanding on how to progressively integrate newer health services. Using this scale will help policymakers, researchers and others interested in elderly traditional, minority populations to make these transitions in a smoother way.

References

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Purpose
The purpose of this presentation is to describe and assess the role of the bilingual health systems navigator in improving access and utilization of primary care services among limited-English-proficient Hispanic women and their children.

Target Audience
The target audience of this presentation is nurses, nurse managers, nurse practitioners, and nurse researchers, particularly those involved in provision of culturally and linguistically appropriate primary care to immigrants and patients who do not speak the dominant language of the health care system.

Abstract
Purpose: Timely and appropriate access to primary care is essential to both the maintenance and improvement of population health. In the United States, federally qualified health centers (FQHCs) provide primary care services for underserved communities, which includes Hispanics with limited-English-proficiency. Community health workers, known as promotores de salud in Spanish, are recognized as an essential link between underserved communities and the formal healthcare system. In nursing, the navigator role often refers to individualized assistance provided to patients with a specific health condition or in a specialized setting. Building on and combining aspects of both the community health worker and nurse navigator roles, we designed a Navegante para Salud (Health Navigator) intervention that combined elements of community outreach, community engagement, patient education, and navigational support, with the aim of improving access to and appropriate, timely utilization of community health clinics among Hispanic women and children in rural and urban settings in the state of South Carolina.

Methods: We recruited and selected three bilingual Hispanic women from the local community who participated in an on-site, hands-on training program for 3 months; subsequently they implemented the Navegante intervention over a period of 12 months. Initially we did identify divergent role expectations among both staff and patients, including the expectation that Navegantes serve as on-site language interpreters for clinic encounters, despite having held informational sessions with clinic staff prior to the initiation of the Navegante intervention. Over the course of the intervention, the Navegantes refined and expanded their roles as they gained experience in navigating multiple systems, developed working relationships with clinic staff, and formed relations and networks with other health and social services providers beyond the primary care setting.

Results: To assess the impact of the Navegante intervention on access and utilization of FQHC clinics among Hispanic women and children, at the completion of the 12-month intervention we examined healthcare access and utilization data for the pregnant women and their dependents who had received navigational support; we then compared these data with a similar group Hispanic patients who had been seen at the same FQHC clinics during the previous year.

Conclusion: This model of culturally and linguistically appropriate health systems navigational support that incorporates key aspects of the community health worker and nurse navigator roles is an approach that could be applied with other populations and settings around the globe.

References
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Implementing Best Practices to Reduce Pediatric IV Infiltrations

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Purpose

to share the background, methods, evaluation, and findings of an evidence-based practice change project aimed at decreasing the incidence and severity of IV infiltrations in pediatric patients. Following the session, the learner will be able to discuss the key lessons learned in managing the implementation of change.

Target Audience

Clinical nurses, nurses in staff development roles, nurse leaders, and quality outcomes managers.

Abstract

Over 90% of hospitalized patients require peripheral intravenous (PIV) catheters for the delivery of fluids, nutrition, or medication. PIV catheter site complications such as infiltration account for the greatest risk to most patients receiving IV therapy. Infiltration, the unintentional infusion of non-vesicant fluid or medication in the extravascular space, can lead to range of symptoms from minor discomfort to necrosis and amputation. These complications may result in substantial acute or chronic injury, which may be further exacerbated if the affected individual is a child. Nursing leaders face an increasing concern for healthcare-acquired conditions, including IV infiltration. These complications have been noted to increase hospital length of stay and result in monies lost to litigation settlements. The Iowa Model of Evidence-Based Practice to Promote Quality Care is utilized to guide inquiry into this problem and implement a practice change. Evidence suggests the implementation of a care bundle comprised of staff nurse training and more frequent assessment will reduce the risk for IV site complications. An evidence-based practice change project was implemented on a pediatric, medical-surgical unit in a free-standing children’s hospital. Pre-test/post-test measures revealed a statistically significant increase in participant knowledge following an education sessions on the best practice guidelines in preventing PIV infiltrations. An increase in the frequency of assessment resulted in downward trending in reported PIV infiltration events. Implications for nursing practice include an expanded implementation of policy change throughout the organization with monitoring to evaluate outcomes.

References


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Practice Change for Patients with Nasogastric/Orogastric Enteral Tubes: Safety Improvement Initiative

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Purpose
The purpose of this project was to 1) educate multidisciplinary patient care staff to the risks associated with NG/OG tube insertion; 2) revise practice to align with current best evidence regarding NG/OG tube placement; 3) increase patient safety during NG/OG tube insertion through increased monitoring and ongoing patient assessment.

Target Audience
All patient care providers who place and/or care for pediatric patients requiring an NG/OG tube. This project was particularly focused on the in-patient population.

Abstract
Purpose: The safety of bedside insertion for NG/OG tubes has become of increasing concern, particularly in pediatric patients. Serious safety events involving the misplacement of NG/OG enteral tubes prompted a review of our existing practices by a multidisciplinary team. The focus of the review was to assess existing practice and its alignment with the current literature and best evidence on the topic of NG/OG tube placement. The purpose of this project was to 1) educate multidisciplinary patient care staff to the risks associated with NG/OG tube insertion; 2) revise practice to align with current best evidence regarding NG/OG tube placement; 3) increase patient safety during NG/OG tube insertion through increased monitoring and ongoing patient assessment.

Methods: To accomplish the goals of improved patient safety while aligning practice with current best evidence, a multidisciplinary team consisting of advance practice nurses, the medical patient safety officer, and nursing leadership took on the following tasks: 1) reviewed the current pertinent literature related to NG/OG tube placement verification; 2) benchmarked our institution with other tertiary care pediatric hospitals of similar size and patient populations; 3) incorporated the expert opinions of advanced practice nurses, bedside clinical nurses, and physicians familiar with the literature and with the clinical challenges of NG/OG tube placement; 4) engaged in small group discussions and education sessions with multidisciplinary groups throughout the institution on proposed practice changes; 5) identified a sub-group of patients at increased risk for tube misplacement, with recommendations on verification of NG/OG tube placement in this group; and 6) revised the order panel in the electronic medical record for NG/OG tube insertion to align with the practice changes. The coordinating team developed a stepwise approach to the procedure using a problem-solving algorithm to guide patient assessment during NG/OG tube placement. An electronic learning module was created pertinent to all clinical patient care providers, and standardized documentation was developed for the procedure.

Results: Following a comprehensive examination of current practice throughout our institution and an extensive literature review, changes were made in May 2014 to the procedures and standard of practice for NG/OG tube placement. The changes have been adopted hospital-wide for all in-patient and perioperative areas, inclusive of intensive care units. Quarterly checks are ongoing to determine impact and adherence to the new practice changes.

Conclusion: Education to all patient care providers using current best evidence resulted in changes to the current practice of NG/OG tube placement and movement of the procedure to the domain of multidisciplinary patient care rather than solely nursing care. A multidisciplinary collaborative team with input from many stakeholders for this procedure resulted in changes to the practice and standards for NG/OG tube placement to enhance patient safety during the procedure.

References
E 11 - Impact of Online Instruction in Nursing Education
Implementation of a Unique, Fully Online, Asynchronous LPN to RN BS Program: Successes and Barriers

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Jessica Renee Nelson, DNP, MS, BS, RN, USA

Purpose
The purpose of this presentation is to provide education regarding the implementation of a fully online asynchronous LPN to RN BS program including barriers in this process, as well as successes with program deployment.

Target Audience
Targeted audiences for this presentation include nursing educators and administrators, undergraduate educators seeking a different modality of education delivery, organizations seeking career mobility for LPN populations, and stakeholders interested in distance education design/instruction.

Abstract
Online nursing programs are arguably one of the most cutting edge modalities of emerging education. At this time, there are very few distance education programs in the United States that offer a licensed practical nurse (LPN) the opportunity to advance to the baccalaureate level. With the increased pressures within hospitals to obtain magnet status and the literature indicating that higher education levels of nursing staff result in better patient outcomes, it is more important than ever to offer methods of career advancement for existing LPNs to the registered nurse (RN) to BS echelon.

Employment settings for LPNs have been shifting away from the hospital setting and physician offices while trending towards nursing care facilities, outpatient care centers, and home health (HRSA, 2013) thus marginalizing these nurses and reducing their ability to have upward, professional mobility. This workforce has seen a 15.5 percent increase through the last decade and is now 690,000 (HRSA, 2013) strong with a projected growth of 20% by 2020 (DPE, 2012), thus further fueling the intent to address the educational progression and related needs of this population. Of this workforce, 24 percent reside in rural areas. Approximately 25.2 percent of these LPNs identify as Black/African Americans, 10.6 percent as Hispanic/Latino, and 5.1 percent as Asian (DPE, 2014). Likewise, males account for 8.5% of this workforce (DPE, 2014). The LPN has an average age 43.6 years and earns and average salary of $39,360.64 as a full time employee (HRSA, 2013).

Addressing the call from the Institute of Medicine (2011) for 80% RN BS by 2020, the Sullivan Commission’s (2004) call for a greater minority workforce in healthcare and community needs, the program sought to transition LPNs to RN BS program through an asynchronous, fully online, education pipeline that is currently offered in 37 states. Implementation strategies began with face to face traditional programming which later shifted as program needs expanded geographically. Enrollment in into the LPN to RN BS option has experienced steady growth starting with its first graduate in 2004. Since this time, the program has seen continual increases in enrollment culminating with approximately 45 students per cohort biannually for the past year.

Based on student profile demographics, four T’s have been identified as significant burdens to the LPN in pursuit of a higher education; these include time, travel, tuition, and tradition. Creating time for a rigorous educational process and allowing time away from personal priorities (children, employment) can be an insurmountable obstacle. Travel is also a burden as this factor requires time and also incurs expense. The lower economic level of an LPN creates a significant roadblock to affording tuition for the lengthy process of LPN to RN BS. A final level to these burdens is tradition as this non-traditional, culturally diverse student may possess inherent value systems that may not align to the representative professional value system (Porter-Wenzlaff & Froman, 2008). All of these burdens may not carry equal weight from student to student but, any one of these T’s can be exponentially magnified depending on one’s personal situation. Given these constraints, an extensive, rigorous, education is limited and/or prohibitive. The program recognized the need to manage these burdens and create a process towards the equitable goal of a bachelor’s degree in nursing.

Additional barriers include programmatic constraints. In order to offer our program in other states, the LPN to RN BS seeks approval from the entity overseeing higher education within a respective state. This approval
process can be swift and immediate or long and tedious requiring a lengthy application process. Additionally, some entities request a fee per student. In some instances this can be cost prohibitive. All potential states also require consent from their board of nursing. Requirements, rules, and provisions for approval from the various boards also differs dramatically making the process cumbersome. These factors, which allowed growth of our program, have also inhibited our reach.

Demographic information should be considered when comparing and reviewing outcomes. With the ever increasing need to diversify the baccalaureate prepared RN workforce, this LPN to BS option provides an opportunity to help achieve this goal. HRSA (2013) reports that Caucasians make up approximately 80% of the RN workforce whereas LPNs are approximately 63% Caucasian. The ethnic composition of the LPN to BS program described is more ethnically diverse with 97 (45%) of the 218 currently enrolled students self-reporting ethnicity as non-Caucasian. Thus, this high representation of diversity can be identified as a success of the program.

Graduation rates have also remained relatively steady since the program’s inception. To date, the graduation rate is approximately 71% with 5% of the students being dismissed for academic issues and 24% leaving the program in good standing for a variety of reasons including financial and family obligations.

Lastly, pass rates on the NCLEX-RN exam are seen as a strength of the current program. Pass rates of all graduates have remained relatively close to the national average with an overall pass rate of 86% since inception of the program in 2004.

References

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Purpose
The purpose is to: (1) describe the salient clinical nursing problems identified by practicing MSN students (2) determine if areas of inquiry were congruent to the priority themes of the National Institute of Nursing Research; (3) determine if sufficient scientific literature existed to guide research-based interventions, and (4) identify gaps.

Target Audience
The target audience of this presentation is primarily for Nursing Educators though Nursing administrators or practitioners could also benefit from this presentation.

Abstract
Purpose: This study sought to: (1) describe the salient clinical nursing problems identified by practicing MSN students (2) determine if areas of inquiry were congruent to the priority themes of the National Institute of Nursing Research; (3) determine if sufficient scientific literature existed to guide research-based interventions, and (4) identify gaps.

One of the many challenges with nursing education is to obtain a scientific measure of how nurses search for and implement scientific research and evidence into their professional nursing practice. The basis for this research evaluates student learning activities and assignment outcomes from two core courses in the online Master of Science in Nursing (MSN) Program at Drexel University- a Research Methods and Biostatistics course and an Advanced Ethical Decision Making in Health Care course. Graduate nursing students are licensed professional nurses who often work and study concurrently. In the aforementioned graduate courses, learning activities are designed to integrate their practice-based experiences with new critical thinking and research abilities and skills.

One key essential outcome for MSN core courses is that students learn to explore practice issues and questions that require concrete scientific evidence for application in the clinical practice setting (Botti & Reeve, 2003; Cader, Campbell & Watson, 2009; Rhodes, Schutt, Langham & Bilotta, 2012). MSN graduates must have essential knowledge, skills, and competency in knowing where to search for and implement scientific research and evidence into their professional nursing practice. Moreover, MSN graduates must be able to critically review scientific research and evidence to guide and clarify concepts and best practice translating that evidence into decision-making on a daily basis (Christensen, 2009; Flanagan, Baldwin & Ewert, 2000; Herbig, Bussing & Ewert, 2001; Louise & Smith, 2010; McCaughan, Thompson, Cullum, Sheldon & Thompson, 2002; Scott & McSherry, 2008; Standing, 2007; Williams, 2010).

While faculty design these courses to facilitate enhanced knowledge and skills to apply to nursing practice, faculty have tremendous opportunities to learn from students about current knowledge gaps needed for practice based on their identified research questions and issues identified through strategically designed assignments. Opportunities exist to identify pertinent gaps in the scientific literature in Nursing need to address practice-based problems with research-based interventions. What is unknown is how the gaps identified by practicing nurses align with the National Institute of Nursing Research’s (NINR) strategic plan (2011). These NINR priority areas help to guide scientific nursing inquiry. They include four themes with two additional cross-over themes: 1) Symptom science, 2) Wellness, 3) Self-management, 4) End of life and palliative care, 5) Technology and, 6) Research careers.

Methods: A secondary analysis of final course papers was conducted using primarily qualitative analyses. The sample for this study included 300 geographically diverse online students who completed two online graduate Nursing courses: (1) A Research Methods and Statistics course and, (2) an Ethics course during the 2013-2014 academic year.
To maintain confidentiality of all data from the faculty researchers, an honest broker was used to abstract all data (student papers) from the files stored in Blackboard learn. This included excluding all identifiers located in all of the data files (student papers). Abstracted data were managed and organized by using Survey Monkey. Demographic data were entered directly into Survey Monkey using folders that contained de-identified papers. Data were sent to Survey Monkey which is a data collection repository so that typologies were developed for both the practice-based problems and research-based interventions.

The Krippendorf method (2005) of content analysis was used and then the key categories were further organized based on the National Institute of Nursing Research (NINR) themes. The practice-based problems and research-based interventions were identified under those themes with any gaps in the literature as cited by the MSN students.

**Results:** Using descriptive statistics, demographic data were analyzed using frequency and percentage distributions to describe the sample. Practice-based problems were compared to the NINR themes and placed in a typology. Research-based interventions were identified for each of those NINR themes and also placed in a typology. Gaps in evidence were identified for each of the NINR themes based on student reports of the available literature.

Preliminary results from the Research Methods course described the majority of practice-based problems as falling within the NINR theme of symptom science with gaps in the Nursing literature identified. One example of a specific practice-based problem selected under the symptom science theme included central line infections while the use of bathing protocols was identified as a common research-based intervention. Specific gaps in the literature included a lack of suggested educational interventions for nursing staff to use in order to implement existing protocols in the practice setting. Another example of a practice-based problem selected under the NINR symptom science theme included readmissions of Congestive Heart Patients to the acute care setting with the management of polypharmacy selected as an important research-based intervention to this problem. Gaps in the Nursing literature were identified. In particular, some of those gaps suggested by MSN students were the need for more helpful hints as educational aids for the practicing nurse to implement protocols found in the literature.

Preliminary results described the majority of practice-based problems in the graduate nursing Ethics course as falling within the NINR theme of end-of-life and palliative care with gaps in the Nursing literature for this theme. For example, specific gaps in the literature included a lack of suggested educational interventions for nursing staff to implement existing protocols in the practice setting. Examples of specific practice-based problems selected under the end-of-life and palliative care theme included consequences of the patient not having advanced directives in place when entering the healthcare system and being dependent on a surrogate to make the end-of-life care decisions when the patient was not able to do so for him/herself. Research-based interventions for these practice-based patient problems largely focused on application of ethical principles of patient autonomy and surrogacy and how nurses must rely on the science of managing symptoms of life limiting conditions and planning for end-of-life decisions prior to a critical state in which patients are no longer able to act autonomously on their own behalf. Gaps in the literature indicated nurses do not maximize their capacity as care givers for patients with end-of-life care and palliative care: the science of compassion to the full extent of their nursing education in the clinical practice setting.

**Conclusion:** Further research needs to identify a better method other than student self-reports for capturing gaps in knowledge under practice based problems within the National Institute of Nursing Research priorities. A more objective means of identifying gaps in the literature need to be expanded in future work.

**References**

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Impact of Interprofessional Education on Nursing Student Outcomes in an Online Environment

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Purpose
The purpose of this presentation is to describe the impact of an interprofessional educational environment on learning for nursing students in an online environment.

Target Audience
The target audience for this presentation is nurse educators from any level of nursing program, who are exploring or are interested in implementing an interprofessional faculty teaching model.

Abstract
Purpose: The American Association of Colleges of Nursing has integrated interprofessional collaboration expectations into its Essentials for baccalaureate (2008) master’s (2011) and doctoral education for advanced practice (2006). While there is support for implementation, there is a lack of data and patterns which to follow currently. The purpose of this nursing research study was to investigate the impact of interprofessional collaboration on nursing student outcomes in the online environment. A co-teaching model was implemented in an online environment to provide interprofessionally lead nursing sciences courses to nursing students.

Methods: The convenience sample included 838 nursing students, of which 799 completed both online nursing science courses. The number of students completing the pathophysiology courses in the two sessions prior to the implementation of interdisciplinary collaborative teaching equaled 194 students and in the four sessions following the implementation of an interdisciplinary collaborative teaching methodology, 605 students completed the courses.

Results: The t-test and Chi square test were used to assess the correlation between the student evaluations prior to and following implementation of interprofessional collaboration. Levene’s tests for equality of variances were conducted to assess the internal consistency of the measurement scales and all data. Results indicated that the overall student satisfaction rating with the pathophysiology online course was significant at the p < 0.05 following the implementation of the interprofessional model. Student enrollment prior to and after implementation collaborative teaching was calculated. Prior to implementation of collaborative teaching, the total enrollment in two classes of pathophysiology was 194 and after the institution of collaborative teaching the total student enrollment was 605. This reflects a significant increase of 32%.

Conclusion: Today, the complex healthcare delivery system necessitates a shift from traditional education to an interprofessional collaborative teaching model that generates knowledge from interaction with a variety of educators from a variety of disciplines (Hean, Craddock, & Hammick, 2012). Through utilization of interprofessional education, the student is gaining knowledge specific to their profession while gaining a greater understanding of and respect for other professions. Nursing curricula is needed which fosters both an interprofessional learning of shared knowledge between healthcare disciplines and the discipline-specific learning essential for each professional practice.

References

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F 03 - Addressing Leadership Challenges: From Novice through Expert
Addressing Leadership Challenges

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Teresa Shellenbarger, PhD, RN, CNE, ANEF, USA

Purpose
The purpose of this presentation is to address specific leadership challenges that nurse leaders face in a variety of practice, education, and administrative settings. The presentation will provide specific strategies to address these leadership challenges.

Target Audience
The target audience for this presentation includes nurse leaders, managers, clinicians, and educators employed in leadership positions or nurses wanting to develop leadership skills.

Abstract
The Institute of Medicine (IOM) report *The future of nursing: Leading change, advance health* has recommended the following changes to improve health care quality: 1) fostering professional collaboration of the healthcare team, 2) increasing the percentage of nurses with baccalaureate degree, 3) doubling the number of nurses with doctorates by 2020, and 4) advocating nursing leadership at every level of the profession (IOM, 2010). This call for leadership exists across a variety of health care settings including clinical practice, education, and administration. Nurse leaders struggle with continuous uncertainty, change, and chaos (Grossman & Valiga, 2013) regardless of their practice setting. Many of their daily challenges often surround concepts such as values, integrity, failure, attitude, adversity, and criticism. Nurse leaders need to understand how these principles influence their professional role and decision making process, and make appropriate decisions to foster positive outcomes.

This presentation will discuss common challenges in nursing leadership. Evidence-based principles that can be incorporated into daily activities to promote leadership success will be shared. The presentation will focus on assisting nurse leaders to use reflection and deliberative practice to make the right character, action, and investment choices to be successful in their personal and professional roles.

References

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Tanya R. Friese, DNP, RN, CNL, USA

Purpose
The purpose of this presentation is to disseminate an educational program to provide nurses the knowledge, cultural competency, and skills to deliver the finest, cutting edge, evidence-based care to military veterans and their families.

Target Audience
Professional nurses, nursing faculty, nursing students, physicians, social workers, chaplains and other healthcare-related professionals.

Abstract
The horror of war transcends geography and culture. It is a merciless universal language, spoken and understood by veterans around the world. Military service, whether during war or peace time—fraught with occupational and environmental hazards—can have a negative impact on veterans’ physical and mental health. In the United States, there are approximately 23 million living veterans (U.S. Census Bureau, 2010). Only 25% seek healthcare through the Veteran’s Administration (U.S. Department of Veterans Affairs, 2013). Over 17 million are treated by civilian providers. The military has its own unique culture of language, learned behaviors, and rituals. It is well documented that cultural competence reduces health disparities and increases access to care for diverse populations (Campinha-Bacote, 2011; Like, 2011). Cultural competence has a positive effect on outcomes, enabling providers to serve patients with a deeper understanding of and respect for health beliefs, practices, and cultural needs. Yet, many healthcare providers, as well as nursing and medical students, report they lack knowledge specific to caring for veterans and their families (Brennan, 2010; Institute of Medicine, 2011).

As military culture is distinctive, it is paramount that providers achieve true cultural competency with this important and vulnerable population. “For civilian health care providers, an understanding of military culture, an ability to listen and respond without judgment, and respect for a veteran’s military service are essential to caring for veterans” (Johnson, et al., 2013, ¶ 58). These qualities will also enhance veterans’ willingness to seek and obtain civilian health care.

The Road Home Program: The Center for Veterans and their Families at Rush (RHP) has taken this issue to heart and is piloting a hybrid military cultural competency training program for nursing staff, faculty, and students at Rush University Medical Center (RUMC) in Chicago, Illinois. Launched in early 2014, the RHP provides comprehensive diagnostic, treatment, and referral services at RUMC and through a network of collaborating community agencies. The ultimate goal is to ensure that veterans and their loved ones connect with the care, services, and resources that will ease or overcome the complex and far-reaching effects of their military service experience. The current client base has exceeded initial goals and serves over 100 veterans and their families.

The addition of educational resources for nurses, nursing students and eventually other civilian healthcare providers will serve as a “force multiplier” to positively influence the care of veterans on a local, national, and international basis. Objectives of the course include understanding military culture, the unique healthcare needs of veterans and their families, conditions such as traumatic brain injury, poly-trauma, hazardous exposures, chronic pain, PTSD, military sexual trauma, substance use, suicidality, homelessness, and strategies to advocate for patients as they reintegrate to the civilian world.

The course presently offers a live 1.5 hour session and/or two online modules and provides inter professional continuing education credit. Outcome measures assess knowledge, attitudes (cultural competency), and behaviors of nurses toward veterans and their families over time. The course is unique as it was created and is taught by veterans. Generalist Entry-level Master’s (GEM) nursing students, once trained, are able to participate in teaching. As a result, several GEM students have undertaken Capstone projects focusing on veteran’s issues. These include expanding the basic course to other healthcare professions and civilian first responders; offering additional courses focusing on children of the military; veterans who identify as lesbian, gay, bisexual and transgender; adding a screening tool to the electronic medical record to identify veterans who come to the
medical center for care; assisting providers with identifying and treating health conditions unique to the veteran’s theatre of service; and linking veterans and their families to appropriate services. To date, over 120 nurses and students have been trained.

Nurses around the world, by virtue of their charge, are most likely to have frequent encounters with veterans and their families. It is “mission critical” that they are given the knowledge to promote beliefs and behaviors to provide veterans and their families with the finest, cutting edge care.

References

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Purpose
To describe nursing student interaction and reflective feedback from an academic-practice partnership of student and faculty interactions with Wounded Warriors, family members, healthcare professionals, and researchers. The evidence provided the foundation for development of joint competencies in traumatic brain injury, post-traumatic stress disorder, and poly-trauma.

Target Audience
Nursing educators that are integrating curricular content regarding providing evidence-based nursing care to veterans or wounded warriors. Staff development professionals that are developing care competencies related to caring for veterans/wounded warriors

Abstract
Practicing nurses and nursing students make a dramatic and positive impact on the long-term health of hundreds of thousands of veterans. It is imperative that professional nursing trains and develops nurses to meet the needs of the changing landscape facing our nation as the current conflicts draw down and our nation's Heroes return to their hometown. Health care providers and nursing students throughout this country need to have fundamental understanding about nursing care of the wounded warrior and family, to effectively recognize emotional, physical, and spiritual conditions and develop nursing interventions that positively impact health care outcomes for our veterans. There is a need for the development of competencies constructed to provide care for the wounded warrior. Competency development must use evidence to inform practice and recognize the patient as a full partner in the care process.

Therefore, a collaborative inter-professional academic-practice partnership model comprising two baccalaureate nursing programs in the Southeast and a military medical center was established. The objective of this partnership is to collaboratively develop inter-professional training that provides the best opportunities for nursing students to conceptualize the challenges faced by returning Service Members and Veterans, enrich nursing education to ensure that current and future nurses are educated and trained in the unique clinical challenges, contribute to establishing best practices associated with caring for military service members, veterans, and their families, and disseminate the most up-to-date information as it relates to traumatic brain injury (TBI), post-traumatic stress disorder (PTSD) and amputations.

The student experience includes three phases; pre-“deployment”, deployment, and post-deployment. The pre-deployment phase includes activities and readings that introduce the nursing student to (a) military culture, (b) deployment and the effects on the veteran and family, (c) providing nursing care to veterans with war-related injury to include poly-trauma, amputations, post-traumatic stress disorder, and traumatic brain injuries, (d) explore evidence-based practice regarding war, and (e) prepare to lead changes in community hospitals to care for the veteran and family. Additionally, data is collected as a pre-deployment survey (question locally) to assess student perception of perceived competency in providing care for wounded warriors. The deployment phase (engage regionally) included the 7-day experience where students were on-site at the national military medical center in units spanning all phases of care for the wounded to include acute, chronic, psychological services, and community integration agencies. The post-deployment phase included a post-survey assessing student perception of perceived competency in caring for the wounded warrior, reflective journaling, an educational tool designed for warrior education on self-care, and submittal of qualitative statements used to construct national nursing competencies for students caring for the wounded (apply globally). Competencies are built on Quality and Safety Education in Nursing (QSEN, 2004) core Competencies using the categories of knowledge, skills and attitudes.

References

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**F 04 - Working with Veterans, their Families and their Caregivers**

**Mental Health Standard Operating Procedure: An Educational Program for Veterans Administration Nurses**

*L. Casale, AS/BHS, RN, USA*

**Purpose**

Important variables that contribute to poor mental health in Veterans include: presence of a physical injury and exposure to stressful environments (Bossarte, Claassen, & Knox, 2010). Nurses need to be competent in performing a comprehensive suicide assessment and familiar with the risk factors associated with Veterans (Mazza & Pusker, 2012).

**Target Audience**

The target audience of this presentation is nurses who provide physical and mental health services in the Veterans Administration health system.

**Abstract**

**Purpose:** The suicide rate of veterans under the care of nurses trained with the Mental Health Standard Operating Procedure (MHSOP) education model will be lower than the suicide rate of veterans under the care of nurses not trained with the MHSOP educational paradigm.

**Methods:** Systematic Review

**Results:** The eight studies fell within the inclusion criteria were then submitted to a data extraction and appraisal process based on principles by the University of York NHS Centre for reviews and Dissemination (Greenhalgh, 1997). The process involves a checklist of the following seven steps: author, aim of study, sample size, design, data collection, analysis, and findings (Terry, 2012). Based upon the existing literature and clinical evidence the MHSOP will provide reliable and consistent education to nurses in the mental health arena. The development and structure of each session in the MHSOP was based upon the findings of the literature review.

**Conclusion:** Upon completion of an extensive Systematic Review, the existing literature confirms that the MHSOP educational program is a comprehensive review of mental health nursing educational programs and will impact tremendously the positive nursing care of the mental health patient. The amount of content and topics reviewed is an excellent opportunity for VA nurses to increase their knowledge regarding the nursing care of the mental health patient. The MHSOP educates VA nurses regarding mental health diagnosis which include: post-traumatic stress disorder, depression, substance abuse, and schizophrenia.

**References**


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F 05 - Factors Affecting Nurse Satisfaction and Retention
Safety Climate, Job Satisfaction and Emotional Exhaustion in Paediatric Hospitals: A Cross-Sectional Survey

Daniela Fernanda dos Santos Alves, MS, RN, Brazil
Edinéis de Brito Guirardello, PhD, RN, Brazil

Purpose
To show the results of a recent survey conducted in Brazil on the relations among burnout, job satisfaction and patient safety results.

Target Audience
Researchers, postgraduate students, teachers, nurse managers and registered nurses.

Abstract
Purpose: Various studies demonstrated that emotional exhaustion and job satisfaction influencing the patient safety, but the majority of research did not consider paediatric units. In the paediatric scene, the staff nurse experienced factors additional stressors as the constant suffering of parents due to illness or process death of the child. To evaluate the correlation among safety climate, job satisfaction and emotional exhaustion of nursing staff in paediatric units. We analysed the predictors’ effects of exhaustion emotional and job satisfaction over the safety climate.

Methods: A cross-section design study was carried out in two paediatric hospitals at São Paulo- Brazil. A sample of 297 registered nurses, nursing aides and nursing technicians. For data coleta was used the Safety Attitudes Questionnaire – Short Form and the Maslach Burnout Inventory. The Spearman Coefficient was used to analyse the correlation among the variables and the multiple linear regression model was performed to test the predictive value of the variables emotional exhaustion and job satisfaction on safety climate.

Results: This study showed that one out of four nursing professionals considered a positive safety climate in your work and 50% was satisfied with their job. High-level emotional exhaustion was founded in 25% of nursing staff. There was a significant correlation among emotional exhaustion, job satisfaction and safety climate. It means that the lower the emotional exhaustion and the higher job satisfaction perceived by nursing professionals, more positive was the perception of safety climate. Multiple linear regression model highlighted job satisfaction and emotional exhaustion as a strong predictors of safety climate in paediatric hospitals.

Conclusion: High-level emotional exhaustion and low job satisfaction are present in a quarter of staff nurse and are associated with negative safety climate. The safety climate in paediatric units can improve if we reduce emotional exhaustion levels, and if the investments were to improve the job satisfaction. Efforts for develop strategies for stress relief and improvements in job satisfaction can contribute positively in patient safety results.

References

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The Emergency Nurse’s Perception of Incivility in the Workplace

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Purpose
The purpose of this presentation is to identify incivility experienced by Emergency Department (ED) Nurses. Results revealed that 62.6% (n=80) of the 129 participating ED nurses reported that they had experienced uncivil behavior in the workplace. Twenty-one percent of the nurses left a job as a result of uncivil behavior.

Target Audience
The target audience includes all practicing nurses, nursing in leadership roles, and nurse educators. Although the research focused on emergency room nurses, the information can be translated to all nursing professionals.

Abstract
Purpose: Workplace incivility is defined as low-intensity deviant behavior with ambiguous intent to harm the target, in violation of workplace norms for mutual respect. “Uncivil behaviors are characteristically rude, discourteous, displaying a lack of respect for others” (Anderson & Pearson, 1999, p. 457). Incivility among nurses is a growing problem. Uncivility can cause nurses to experience post-traumatic stress disorder and symptoms such as low self-esteem, anxiety, sleep disturbance, recurrent nightmares, and depression (Mikkelsen & Einarsen, 2002). Research to date has focused on nurses in general with little research examining incivility among nurses who work in Emergency Departments. Therefore, the purpose of this study was to examine the perception of incivility among nurses who work in Emergency Departments.

Methods: Workplace incivility experienced by nurses is a growing problem. Uncivility can cause nurses to experience post-traumatic stress disorder and symptoms such as low self-esteem, anxiety, sleep disturbance, recurrent nightmares, and depression (Mikkelsen & Einarsen, 2002). This descriptive study used the Nursing Incivility Scale (Guidroz, Burnfield-Geimer, Clark, Schwetschenau, & Jex, 2010) to identify incivility experienced by Emergency Department (ED) Nurses from several institutions.

Results: Results revealed that 62.6% (n=80) of the 129 participating ED nurses reported that they had experienced uncivil behavior in the workplace. Twenty-one percent (n=27) of the nurses left a job as a result of uncivil behavior. Over 50% (n=50) indicated that they had reported uncivil behavior to a supervisor with 33.9% (n=22) stating they were not taken seriously. Over half of those surveyed reported that hospital employees raise their voices when frustrated and blame others for their mistakes. The most commonly reported uncivil behavior displayed by nurses was gossiping about others. Physicians and families were identified as the two non-nurse groups most likely to take their frustrations out on nurses in an uncivil manner.

Conclusion: A better understanding of the experience of workplace incivility is the first step in solving the problem of workplace incivility. Examining these perceptions will allow for the creation of interventions aimed at reversing this problem. Effective communication between nurses, physicians, and family members appears to be the second step in reducing uncivil behavior and ultimately improving job satisfaction which in turn will improve health outcomes.

References

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F 05 - Factors Affecting Nurse Satisfaction and Retention
Transformational Leadership and Staff Nurses' Intent to Stay

Nourah Abdalaziz Alsadaan, MSN, BSN, RN, Australia

Purpose
The purpose of this presentation is to explore the relationship between transformational leadership and retention.

Target Audience
The target audience of this presentation is nurse leader.

Abstract
Purpose: To examine the relationship between transformational leadership and staff nurses’ intent to stay

Methods: Published research articles between 2000 and 2014 that examined transformational leadership (behaviours) and staff nurses’ intent to stay were selected from 6 electronic databases, including the EMBASE, ERIC, PSYCHINFO, SCOPUS, MEDLINE (OVID) and Academic Search Complete. In consultation with a health librarian, databases were accessed using key words: transformational leadership, retention, nurs*

Results: The higher nurses rated their manager as having transformational leadership style, the lower was the unit turnover rate. Studies indicated that transformational leadership style was positively associated with staff nurses’ intent to stay at work.

Conclusion: This study supported a positive relationship between transformational leadership and staff nurses intention to stay at their current positions. Nurse managers should be appropriately equipped with the best leadership skills using the transformational model.

References

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Purpose
The purpose of this presentation is to provide the understanding for nurses' perceptions on clinical ladder system.

Target Audience
The target audience of this presentation is nurse managers, nursing leaderships, and nurses who are interested in clinical ladder system for nurses.

Abstract
Purpose: The purpose of this study was to identify the nurses' perceptions of clinical ladder system among different units (operation room, intensive care unit, emergency room) and to explore the effects of empowerment and unit-level professionalism on the nurses’ perceptions of clinical ladder system.

Methods: The sample was 155 nurses conveniently selected from a tertiary care hospital in Seoul, South Korea in 2012. Data were collected using the perception of clinical ladder system scale developed by Park and Lee. Hierarchical linear modeling were performed using HLM 7 software.

Results: Nurses' perception of clinical ladder system significantly differed according to the unit that nurses are belonged (F=6.698, p=0.034). Although gender status (t=1.159, p=0.248) and level of education (t=-0.411, p=0.682) did not significantly predict changes in perceptions of clinical ladder system, total month of working (t=2.834, p=0.005) and empowerment (t=7.282, p<.001) significantly predict changes in perceptions of clinical ladder system. In terms of cross level interaction, there is significant cross level two way interaction between unit-level professionalism and empowerment (t=3.745, p<.001). That means, professionalism significantly predict changes in the relationship between nurses’ empowerment and perceptions of clinical ladder system.

Conclusion: This study identifies that the perceptions of clinical ladder system are different among working units, and working experience and empowerment, unit level professionalism are significant predictors for nurses’ perceptions of clinical ladder system. Based on these results, nursing department and medical institution can develop programs that would increase empowerment and professionalism in order to raise the perceptions of clinical ladder system among nurses. Furthermore, by providing education program to newly graduated nurses rather than long working experience nurses, nursing managers can expect the effective increase of perceptions of clinical ladder system. in turn, will contribute to effective human resource management.

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F 06 - Utilizing Methods of Shared Governance

Improving the Efficiency of Nursing Shared Governance through an Innovative Magnet Aligned Approach

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Purpose
The purpose of this presentation is to provide a roadmap of how to overhaul an existing shared governance structure or create a new structure within an organization that truly builds a culture of shared decision making and communication from the microsystem to the macrosystem level for all clinicians and interprofessionals.

Target Audience
The target audience of this presentation is any clinician, nurse manager, or leader who is interested in how to create an innovative, effective model of shared decision making within their organization.

Abstract
Aim: Effective shared leadership leads to improved nursing satisfaction, patient outcomes, and patient satisfaction (McHugh et al., 2013). After 15 years of experience with Shared Governance, and over 900 members per year, the Shared Governance councils within an academic medical center had high listed participation, but very low engagement, with little to no cross-council communication. This process improvement project used lean methodology to provide the foundation for restructuring an existing shared governance model to align the strategic priorities of an academic medical institution, and the Magnet Program Recognition Model (MPRM) to improve overall efficiency and nursing engagement.

Methods: A stakeholder retreat was conducted. Nine core hospital-wide councils, and numerous subcommittees and unit-based councils were identified: each predominately an information sharing session, with little cross-council communication. The core councils were restructured and reduced to 6 councils: Coordinating, Executive, Research & Innovation, Practice & Education, Quality & Practice, and Magnet Professional Growth & Development. A new unit based council structure was then developed. Membership to councils was redefined, requiring unit-level to organizational-level involvement for each participating nurse. In addition, new workflow changes were developed to track issues, develop action plans, and measure time to resolution.

Results: In one year, 6 new core councils involving 150 RN were developed. Within the first 3 months of the councils starting, charter goals and membership composition was determined. Participation was reduced overall, but balanced with a five-fold increase in engagement time (8 hours per month versus 1.5 hours per month from the previous model), resulting in reduced overall FTEs (8.29 v 4.8). Results on workplace measures of engagement increased for 5 out 5 Magnet measured categories.

Conclusion: Shared Governance was successfully restructured, designing new workflow processes aimed to improve cross-council communication and shared leadership decision making. This change has improved employee participation in shared leadership and led to improvements in measures of nurse engagement. Overhauling shared governance in an academic medical center has benefits beyond a new meeting structure.

References

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Purpose
The purpose of this presentation is to discuss the findings of an evidence-based research project to determine registered nurses’ perceptions of the current state of shared governance in a large multi-healthcare system and how those perceptions influence their engagement in professional practice.

Target Audience
The target audience for this presentation should include registered nurses who work in hospitals and large clinics, nurse managers, nurse administrators, nurse educators, and students who are interested in shared governance in their facilities.

Abstract
**Purpose:** The purpose of this study was to determine if nurses at a large multi-site healthcare system were ready to participate in a shared governance structure. In addition, to examine the relationship between their perceptions of shared governance at the healthcare system and their engagement in their nursing practice. A patient centered approach to healthcare can have a positive impact on patient outcomes and improve overall patient satisfaction. When nurses feel empowered, they are more engaged and have a higher level of job satisfaction. In addition, nurses who feel empowered are more likely to be engaged in their work and patients are provided with higher quality care. According to a hospital-wide survey in 2012, more than half of the nurses were disengaged and voluntary terminations of registered nurses (RNs) were at 32%. According to previous research, shared governance offers opportunities for nurses to participate in decision making based on four principles: partnership, accountability, equity, and ownership. Shared governance has been described as a means to promote empowerment, autonomy, and decision-making among nursing staff. This study is intended to fill the gap by linking nurses’ perceptions of empowerment to engagement in their work.

**Methods:** A total of 260 RNs completed an online survey to measure perceptions of empowerment and engagement. The surveys, The Index of Professional Nursing Governance and the People Insight Survey, along with a short demographic survey provided data needed to address the hypotheses that RNs perceptions of shared governance at the large healthcare system was related to their levels of engagement.

**Results:** Most of the RNs (46.7%) were graduates of ADN programs, with 42% indicating they had completed BSN degrees. The nurses were from all clinical specialties, including medical/surgical, behavioral medicine, surgical services, critical care, etc. Correlations between engagement and five of the six subscales (information, resources, participation, practice, and goals) and the total score measuring perceived shared governance were statistically significant in a positive direction.

**Conclusion:** The findings of this study provided support that registered nurses who perceived shared governance was not being practiced in their healthcare facility were more likely to be disengaged from their work.

**References**

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Purpose
To determine whether the constructs in the Information-Motivation-Behavioral Skills (IMB) Model can account for variability in HIV-related behavior in sexually-active adolescent girls ages 15-19 enrolled in a HIV prevention RCT.

Target Audience
The target audience for this presentation will include nurse scientists who are interested in intervention research and applicability of a theoretical model to constructs within the intervention.

Abstract
Purpose: Globally, more than 90% of all adolescent and adult HIV infections are transmitted heterosexually. In the United States, approximately 25% of all new HIV diagnoses are in adolescents and young adults (ages 13–24) and this is one of the few age groups in which the HIV infection rates have not decreased. Females are disproportionately impacted by sexual risk behaviors and studies comparing males and females identify disparate factors influencing these behaviors. Research indicates that theoretically-driven, gender tailored interventions can be a more effective approach in HIV prevention. The purpose of this study was to identify and test a theoretically-driven HIV prevention intervention tailored for sexually-active, urban adolescent girls, ages 15-19, the Health Improvement Project for Teens (HIPTeens).

Methods: A sample of 738 girls recruited from community settings in a northeastern U.S. city were randomized to either a HIV intervention or a structurally equivalent health promotion program. Girls in both groups attended four weekly two-hour sessions and booster sessions at 3 and 6 months. Assessments and behavioral data were collected using Audio Computer-Assisted Self-Interview Software (ACASI) at baseline, and 3, 6 and 12-months post-intervention; we collected biological data for STI testing as well. Following the intervention, girls who received the sexual risk-reduction intervention demonstrated significant reductions in: (a) total episodes of vaginal sex at all follow-ups, (b) number of unprotected vaginal sex acts, and (c) total number of sex partners, as well as (d) a significant increase in sexual abstinence. Medical record audits for a sub-sample of girls (n=322) documented a 50% reduction in positive pregnancy tests.

Results: The Information-Motivation-Behavioral Skills (IMB) model posits that information and motivation combined with behavioral skills are necessary requisites for behavioral change. We evaluated the utility of the IMB model for guiding interventions to reduce risk in adolescent girls by testing whether HIV-preventive behavior at 6 and 12 months: (a) was a function of an individual’s information about HIV transmission and prevention, motivation to reduce risk, and behavioral skills related to HIV prevention at the 3-month follow-up and (b) and if information and motivation were partially mediated by behavioral skills to influence the initiation and maintenance of HIV preventive behavior.

The IMB model was tested through structural equation modeling utilizing the HIPTeens intervention data. In the model tested, all measurement loadings were highly significant (p < .001). The standardized coefficients and the goodness-of-fit indices ($\chi^2$ (223 df) = 459.95; p = < .001; CFI = .952; RMSEA = .041; 90% CI = .036 - .046) support the relationships among the constructs in the model.

As previously posited, the HIPTeens intervention impacted behavior, unprotected vaginal sex, at 6 and 12 months via the direct effects of behavioral skills. In support of the IMB model, participation in the HIPTeens intervention was shown to directly impact behavioral skills (e.g., condom influence strategies). These short-term behavioral skills at 3 months were related to longer-term behavior changes at 6 months and 12 months post intervention. Condom influence strategies (CISQ) at 3-months were significantly related to the number of vaginal sexual episodes without a condom at 6 months and number of unprotected vaginal sexual episodes at 12 months.

Conclusion: This study provides evidence for the theoretical relationships posited in the IMB model and the test of their relationships within a HIV prevention RCT. Specifically, IMB behavioral skills were identified as key
drivers of longer term behavioral outcomes. Importantly developing a repertoire of behavioral skills for girls in the intervention group (e.g., negotiation, communication, condom use skills, and avoidance of risk behaviors) were key to actual reduction of risk behavior outcomes in this trial. Results from this study underscore the need to provide theoretically-driven interventions tailored specifically for girls and to develop strategies within these interventions specifically targeting a menu of behavioral options to reduce sexual risk.

References

Contact
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Purpose
The purpose of this presentation is to describe evidence-based research processes involved in partnering with potential users in the development of a sexual health video game.

Target Audience
The target audience of this presentation is all professionals interested in engaging the target population in intervention development or in using interactive electronic technologies in promoting health or preventing diseases.

Abstract
Purpose: Gaming interventions are gaining momentum as a viable tool for addressing a number of health promoting behaviors. Gaming interventions are posited to change behavior through three different mechanisms which include providing an immersive state in which players become absorbed in game play while grasping personally relevant experiences from game characters; allowing for a state of high concentration in which the player experiences a balance between skills and challenge; and meeting the players intrinsic motivation needs of diversion or challenge. Recent studies with young adolescents suggest that electronic gaming hold promise of being developmentally appropriate for young adolescent populations. Global organizations working with youth in developing countries are already taking advantage of games for health approaches. However, research on electronic games in sexual health of young adolescents in the United States is quite limited. The purpose of this study was to develop a prototype for an individually tailored electronic sexual health adventure game for young rural adolescents, age 12-16 years.

Methods: In this study, we used a user-centric approach to intervention development which involves identifying user needs, using a rapid iterative prototyping process in which components are reviewed by samples of potential users and their feedback used to develop the next iteration. Building on prior pilot work, this study was completed in three phases. In the first phase, focus groups were conducted with 84 rural adolescents age 12-16, to better understand the sociocontextual influences on sexually risky behaviors and their sexual risk reduction intervention needs. In phase 2, findings from the first phase were used to draft intervention components in the form of a game storyboard and initial components were then programmed into a gaming prototype with the assistance of programming experts. The game also incorporate evidence based components that have been demonstrated to promote behavior change. These included theory driven content that focused on enhancing competence, autonomy, and relatedness. In addition, the game was designed to include tailored goal setting to enhance relevance, behavior specific knowledge enhancement, self-regulatory skills and modeling of behaviors and skills. In Phase 3, the storyboard and programmed components were assessed by additional 45 members of the target population for acceptability and relevance. Findings from the third phase were used to further refine the game.

Results: Major themes from phase 1 were that sexually active adolescents were primary focus on pregnancy prevention not the prevention of sexually transmitted diseases and participants described sex during adolescence as normative. Participants wanted the sexual health game to be player controlled, tailored to player/avatar characteristics to increases buy in and transferability to real life situations and for the game to reflect their daily lives. However, participants did not want the game to be overly educational. In phase three, participants found the game to be relevant and acceptable to the target population. Focus group findings provided overwhelming support for game plans and mechanics. Focus group participants also provided additional input on components that could make the game more enticing to players.

Conclusion: Achieving a balance between funs aspects and essential messages in the design of games for health is a formidable task but this balance is necessary to enhancing likelihood of behavior change following gaming interventions. Using evidence based components of health games allows for the design of games that optimize the likelihood of achieving desired outcomes. Storyboarding allows interventions developers to assess major game components before programming and partnering with the target population from the beginning of intervention development enhances relevance. In addition, working with potential users ensures that the sexual
health game being developed reflects their lives and needs and increase the likelihood of effectiveness. Games also offer the ability to circumvent traditional barriers to access to health promoting interventions faced by adolescents in rural areas.

References

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F 08 - Impacts of Magnet Designation
QSEN and Magnet®: Incorporating System Thinking for Quality Care

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Purpose
To exemplify why QSEN and Magnet status in combination are better indicators of quality care than either of them are alone.

Target Audience
Healthcare providers, academic faculty, and hospital administrators

Abstract
Patient care errors with dire consequences have continued to threaten the health and safety of patients and erode trust among the public in our health care systems. Recent studies have confirmed that the number and the percentage of preventable adverse patient events in United States (US) hospitals has been grossly underestimated (Sitterding, 2011). One attempt to improve the safety and quality in the hospital setting has been the pursuit of Magnet® status. The Magnet® framework for nursing excellence provides insight about essential roles needed to support a culture of patient safety in the hospital setting. It could be argued that Magnet® recognition is a marker of pre-existing quality pursued by hospitals before the recognition was obtained, however, research supports lower odds of mortality and lower odds of failure to rescue in Magnet® facilities (McHugh, et al., 2013). Although the number of Magnet® recognized hospitals have grown (now 8% of hospitals nationally), only a slight improvement in patient safety and quality outcomes have been reported (Brady, 2011).

Despite small gains in quality and safety indicators, nosocomial infections, falls, pressure ulcers, and many other preventable incidents continue to plague our healthcare systems. Safety and quality issues identified in US healthcare system have triggered a mandate to transform nursing education into a new model that prepares graduates for interdisciplinary collaboration and system thinking to promote patient safety (Brady, 2011). Responding to this call, the quality and safety education for nurses (QSEN) initiative was developed to integrate quality and safety competences into nursing education (Brady, 2011). The relationship between nursing excellence and a culture of patient safety is well illustrated through the combining of QSEN with a Magnet® environment. QSEN competencies are patient centered care, teamwork, collaboration, evidence based practice, safety, quality improvement and informatics (Dolansky & Moore, 2013). The Magnet® model includes transformational leadership, structural empowerment, exemplary professional practice, new knowledge, innovations and improvements, and empirical outcomes (ANCC, 2013). Integrating system thinking into the QSEN and Magnet® environment offers promise for developing a culture that fosters patient safety. Dolansky and Moore (2013) suggest that system thinking is vital to heighten awareness of the interdependencies needed to provide safety and quality care. They further indicate that events occur as part of a chain in the system, rather than isolated occurrences. Most systems have deep layers of complexity in which patient care is delivered requiring nurses to recognize patterns and processes that are barriers to patient safety. How nurses view themselves and the quality of their work is informed by the systems in which they provide care. Nursing excellence must include the ability to understand systems and apply system thinking skills to create an environment that ensure patient safety.

References

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F 08 - Impacts of Magnet Designation
Nursing Research Mentorship Program: A Strategy to “Magnet®ize” Nurses and Impact Patient Care

Sofia Macedo, BSN, PG, Saudi Arabia

Purpose
Introduce the audience to the Nursing Research Mentorship Process developed in a tertiary hospital, Riyadh, Saudi Arabia and its impact in staff nurses’ engagement and patient outcomes.

Target Audience
Nurse Researchers responsible for Nursing Research Departments Magnet Project Managers from hospitals seeking for Magnet designation

Abstract
INTRODUCTION: The development of the nursing science is the foundation for the growth of the nursing discipline and profession (Byrne & Keefe 2002). Hence, innovation and creativity are vital for the generation of new nursing knowledge, which is the engine that allows the profession to move forward and to respond to the global advancements in healthcare. Historically, the product of knowledge creation belongs to the academic environments. The development of science is more concentrated in institutes of higher education. However in practice professions, such as nursing, professionals merge knowing with their doing and therefore, programs of scientific inquiry in nursing are established in both university and clinical settings. King Faisal Specialist Hospital and Research Centre (KFSH&RC), Riyadh, a Magnet® designated organization, recognized the value of conducting high-quality research and therefore investments were and are continuously being made to create a nursing research structure and further processes that enhances research quality, which can be applied at the bedside and positively impact patient care.

METHODOLOGY: To build nursing research competence among the nursing community, literature was looked upon and barriers to research perceived by nurses were identified as a result of a focused research study. Consequently, the Nursing Research Division was established in the clinical setting. This structure is a support service to every bedside nurse that seeks to develop a nursing research study and the Nursing Research Mentorship Program is its main core and process. Professional research mentoring has been recognized as a vital strategy to transfer knowledge from the experienced researchers to the novice nurses wishing to pursue a research project. Mentoring has been an effective strategy in many disciplines to develop expertise and leadership within the profession and may be presented through different models. In this session, we will present the model adopted by the Nursing Research Division and how it is applied to ensure the success of every nursing research project.

OUTCOMES: Since the implementation of the Nursing Research Division and the Nursing Research Mentorship Program the number of nursing research studies approved by the Research Advisory Council (RAC, KFSH&RC Internal Review Board) increased from an average of 7 studies to 34 studies. Nursing Journal Clubs were initiated in 80 % of the units and sustained across 60% of the total initiated units, from which ideas for practice improvement and nursing research projects were a realistic outcome.

CONCLUSION: This session will bring the attendees through a three year journey of developing the Nursing Research Mentorship Program and will make available a strategy that is blooming positive outcomes in nurses’ engagement in the creation of new nursing knowledge and its translation into the bedside.

References

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F 08 - Impacts of Magnet Designation
Mentoring Practices that Predict Mentoring Benefits in a Magnet® Hospital

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Purpose
To increase knowledge of nurses, researchers, students and faculty on the findings from a study identifying the relationship between mentoring practices and mentoring benefits among staff nurses.

Target Audience
Nurses, researchers, students and faculty interested in mentoring.

Abstract
Purpose: Although literature uniformly states the goal of mentoring is professional development of the protégé, the specific practices predicting mentoring benefits are not clearly defined. Previous studies examining predictors of mentoring benefits among pediatric staff nurse protégés representing healthcare organizations across 26 states demonstrated that protégé perception of quality was the single best predictor of mentoring benefits. The study aim of this descriptive, correlational, non-experimental study of nurses at a Magnet® recognized, free-standing, pediatric hospital was to determine if mentoring practices predict mentoring benefits.

Methods: A convenience sample of 186 pediatric nurses completed an electronic survey containing demographic items and two valid and reliable instruments, the Mentoring Practices Inventory and Mentoring Benefits Inventory in accordance with the Dillman “Tailored Design Method”.

Results: The research hypothesis that mentoring practices predict mentoring benefits was supported. The correlation between total mentoring practices and total mentoring benefits was 0.89 (p<0.01). Stepwise linear regression analysis revealed an overall R = 0.889 with 79% of the variance in mentoring benefits explained by mentoring practices (p< 0.0001). Mentoring practices were positively and significantly associated with mentoring benefits (unstandardized beta=0.81, p< 0.001). For every unit increase in practices, a 0.81 unit increase in benefits is expected.

Conclusion: As a result of this study, specific practices on how to mentor are now known. This evidence provides concrete, teachable and measurable mentoring practices and resulting mentoring benefits. Outcomes of this study lay the groundwork for creating a mentoring culture in nursing practice that demonstrates a structurally empowering work environment.

References

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The Meaning of Self-Leadership for Nursing Academics in the Context of a Leadership Programme

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Purpose
to share nurse academics’ understanding of the meaning of self-leadership and their underlying internal motivation within the context of an educational setting

Target Audience
target audience includes all nurses, nurse academics and managers involved in educational settings to enhance personal and professional leadership

Abstract
Purpose: A leadership development programme was created in 2012 for ten nursing academics, to empower them in undertaking research projects, writing publications and to develop as leaders in a School of Nursing in the Western Cape. Over a two year period, since introduction of the programme, the participants in the programme made visible progress in taking the lead in academic and research activities in the School. It was however unclear how they experienced and understood the concept of self-leadership as a participant in the programme. The objectives of this study were to explore and describe the experiences of nurse leaders with regard to the meaning of self-leadership during a leadership development programme offered by a lead researcher at a School of Nursing.

Methods: Eight participants served as the study sample purposively selected for a qualitative, exploratory, descriptive, and contextual study. Academics were between the ages of 28 and 57 years, and were lecturers in an undergraduate nursing programme. The data were collected by means of individual narratives over a period of a month. Open coding of data followed.

Results: Two main themes emerged from the data analysis, namely: leadership attributes and responsibilities towards the group. It was concluded that nursing academics were motivated to use their self-influence to direct themselves to achieve optimum performance in the programme. Self-leadership was regarded as an essential component of leadership and an integral aspect of the nursing academic’s role. The leadership development programme had a significant impact on the self-leadership of the group members. The nurse academics were interested in actualizing their responsibilities as individuals, the group itself and to the organisation at large.

Conclusion: The meaning that academics attached to self-leadership was in a broader manner closely related with group leadership according to the leadership framework of Jooste, linked to concepts of shared leadership, reflective leadership and collaborative leadership.

References

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F 09 - Establishing Nurse Leaders
Charge Nurse Leadership Academy: Developing Front Line Leaders

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Purpose
To describe the development, implementation and evaluation of charge nurses leadership academy and implication for education and succession planning.

Target Audience
CNO, Directors, Managers, Educators

Abstract
Institute of Medicine (IOM) recommendations include promoting leadership at the point of care and enhancing competencies at all levels. Charge nurses play a pivotal role in providing leadership, and are vital to the overall improvement of patient outcomes and effective management of the nursing unit. However, the role is wrought with practice inconsistencies across nursing settings, particularly in the areas of healthcare economics/finance, effective communication, conflict management, resource management and self care. Literature review reveals variations in practice due to lack of formalized preparation, training and role clarity. This presentation describes the development, implementation and evaluation of an organizational initiative to develop charge nurses in acute care. The 1-day interactive theory based workshop introduces new charge nurses to essential leadership skills necessary to grow in their professional practice role and the advanced certificate program provides additional resources and development for experienced charge nurses. The program was developed using framework and concepts from Maria O’Rourke’s Model of the Professional Role and Jean Watson’s Caring Science. The presentation delineates the 4 phase program development process, nuts and bolts for developing an internal charge nurse leadership development core curriculum, securing senior leadership support, and identifying organizational experts to facilitate the course.

References

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F 10 - Research Topics in Geriatric Health Promotion
Body Composition, Nutritional Status, and Frailty in Community-Dwelling Older Adults

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Purpose
The purpose of this presentation is to investigate the prevalence of frailty and examine the associations between body composition, nutritional status, and frailty among community-dwelling elders.

Target Audience
The target audience of this presentation is clinical professionals and nursing educators.

Abstract
Purpose: The purpose of this study was to investigate the prevalence of frailty and examine the associations between body composition, nutritional status, and frailty among community-dwelling elders.

Methods: A cross-sectional investigation was undertaken involving 282 community-dwelling elders in Taiwan. Inclusion criteria were: (1) aged 65 and over; (2) able to walk independently; (3) no serious chronic diseases; and (4) no cognitive and communication impairment. The frailty status was identified based on the Fried criteria. Body composition was measured using the Bioelectrical Impedance Analysis (BIA). Nutritional status was examined including body mass index (BMI), mid-arm circumference (MAC), and calf circumference (CC). Demographic data and general health status (number of self-reported chronic diseases and self-perceived health status) were also assessed. Descriptive statistics, one-way ANOVA, χ2 test, and logistic regression were conducted using SPSS 20.0 for windows.

Results: The prevalence of frailty was 8.1%. Age, self-perceived health status, and number of chronic diseases were associated with frailty among community-dwelling elders. There was a significant relationship between body composition and frailty. Both mid-arm circumference and calf circumference were correlated with frailty. However, there was no significant association between BMI and frailty.

Conclusion: The prevalence of frailty is similar to that reported in other populations. Nutritional status was strongly associated with frailty among community-dwelling elders. A longitudinal study should be conducted in the future to provide trends in the transition of frailty status among community-dwelling elders.

References

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F 10 - Research Topics in Geriatric Health Promotion
Validating a Measure of Beliefs in Health Check-Ups among Chinese Old Adults

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Purpose
The purpose of this presentation is to introduce a valid, reliable, and culturally relevant health beliefs measure. Also we will provide evidence for promoting culturally appropriate preventive care among older adults population.

Target Audience
The target audience of this presentation is: 1. Community/public health nurses who provide secondary or tertiary preventive care 2. Nursing researchers who conduct research related to health promotion and disease prevention. 3. Policy makers with a particular focus on aging and long-term care.

Abstract
Purpose: Regular health check-ups are crucial in a secondary or tertiary prevention of diseases such as diabetes, hypertension, and cancer.1–3 These diseases could be detected through health check-ups at an early stage, which would be associated with better health outcomes such as fewer symptoms, delayed development of complications, and improved quality of life.4,5 Health check-ups are especially crucial for older adults because of high prevalence of co-occurring health issues and function decline that happen along with the aging process.6

Health beliefs and attitude towards health would have an impact on the performance of health check-ups.7,8 In particular, the deep-rooted Eastern culture belief plays a crucial role in the formation of health beliefs among Chinese older adults.9 The culture based health belief would contain attitudes like fatalism that could be a more salient barrier to performing regular check-ups than accessibility to healthcare facilities and socioeconomic factors such as income and education.9,10 Previous studies indicated that this cultural interpretation of health could impact Chinese women’s acceptance of cancer screening.11–13 Several studies have examined health check-ups among Chinese older adults; however, little is known about their attitudes and expectations towards regular check-ups that could be major obstacles in health promotion practices.14–16

Instruments that measure health beliefs have been developed and tested in China, most of which, however, measure health beliefs regarding a specific disease.17,18 Only does the Chinese version of the 48-item Nursing Outcome Classification (NOC) include a subscale that captures health beliefs regarding general health issues.19 The reliability and validity of the scale have been tested in hospital settings,19 but this health beliefs scale has not been validated in community settings; and no evidence showed its validity in measuring health beliefs related to health check-ups. Additionally, given that this measure was designed based on the Health Belief Model that has been questioned about its ability to capture cultural and social norms,20 the health beliefs scale may fail to measure the Chinese culture belief that is related to individual’s health belief.

A promising instrument to measure health belief towards health check-ups is the Attitudinal Index (AI).21 AI measures Asian women’s attitudes towards breast cancer screening, with a particular focus on cultural perceptions.21 Based on the Health Belief model as well as qualitative interviews, AI emphasizes 3 principles that allow participants to self-evaluate their cultural interpretation of health beliefs regarding breast cancer screening: barriers, fatalism, and detects on a 8-point Likert scale.21 Previous study reported good psychometric properties in a Chinese female population in Singapore, making it a strong candidate for using in Chinese older adults.21 In this study, we aimed to explore psychometric properties of AI by testing its reliability and validity.

Methods: The data in this present psychometric study were from the 2013 Survey of the Shanghai Elderly Life and Opinion, a study that followed a method of multistage cluster sampling procedure that yielded a total of 35 survey sites. A total of 3,418 individuals aged 50 or older were included.

Minor modification was made (e.g., changing the term “cancer” to “disease”) to better fit the targeted study population. All the items in this modified AI were rated on a 5-point Likert type scale: strongly agree, agree, disagree, strongly disagree, and don’t know.
The frequencies of missing values for the study variables ranged from 0.44% to 0.73%. Also, the proportions of respondents answered “don’t know” were relatively low, ranging from 2.11% to 6.96%. In this study, we treated the response “don’t know” as missing values and conducted Little's MCAR test\textsuperscript{22} to assess the missing pattern. The results revealed that the data were not completely missing at random (Chi-square = 3060.407, \textit{df} = 2154, \textit{p} < .001). Thus, multiple imputation\textsuperscript{23} was performed in this study using variables including demographics, health status, and regular check-ups to accommodate the problem of nonrandom missing data.\textsuperscript{24} Given the large sample size we have, we randomly split the entire dataset into two that each contained half of the sample (\textit{n} = 1709). We conducted exploratory factor analysis using one half of the dataset and validated the results with confirmatory factor analysis using the other half.

We applied principal components to identify the key components that explain common and unique variance in the 16 items of the measure. Promax factor rotation was employed, and factors were extracted if their eigenvalues were greater than 1. The internal consistency of the measure was tested by calculating Cronbach’s alpha. We conducted confirmatory factor analysis to assess the fitness of our factor structural model using a number of different indices. In this study, the model was considered adequate if the \textit{p}-value of chi-square test was greater than .05; the Root Mean Square Error of Approximation (RMSEA) was less than .08, preferably less than .05; Standardized Root Mean Square Residual (SRMR) was less than .05; and Comparative Fit Index (CFI) was greater than .90.

\textbf{Results:} While looking at the descriptive statistics of all 16 items, mean item values on this 4-point Likert scale ranged from 1.60 to 2.35. We did not observe any ceiling or floor effect across all 16 items and the total score, which indicated a relatively normal distribution.

The results from principal components analysis on all 16 items extracted four factors. All factor loadings revealed practical significance, within a range from 0.642 to 0.944. The first factor, labeled as Barrier, contained 3 items, all of which were related to individual’s objective barriers to preforming health check-ups. Fatalism, the second factor, contained 3 statements about individual’s perception that health and illness are predetermined. Unnecessary was the third factor that included 5 items that emphasized on one’s perceived necessity on health check-ups. The last factor was detect, which consisted of 5 items about individual’s awareness of the benefits of obtaining health check-ups. After rotation, the four factors were distinct from each other, and the correlations between the factors were considered low to moderate, with a range from .07 to .45.

Descriptive statistics showed the mean score for barriers was 1.89 (\textit{SD} = 0.66), fatalism was 2.35 (\textit{SD} = 0.86), unnecessary was 1.73 (\textit{SD} = 0.61), and detects was 1.91 (\textit{SD} = 0.53). The overall reliability was 0.835 and all the four subscales revealed good intra-item correlations among items. The Cronbach’s alpha for barriers, fatalism, unnecessary, and detects were 0.856, 0.908, 0.815, and 0.844, respectively.

The results of our confirmatory factor analysis indicated acceptable construct validity. All 16 items showed significantly factor loadings and the 4-dimensional structure of this modified AI was confirmed. In this model, CFI = .913 and SRMR = .048, achieving desired values; and RMSEA was reasonable but less than ideal (RMSEA = .051; 90% confidence interval: .047-.056). However, we failed to achieve a non-significant chi-square value (Chi-square = 516.806, \textit{df} = 96, \textit{p} < .001) in this analysis due to the large sample size (\textit{n} = 1709).

\textbf{Conclusion:} To our knowledge, this is the first study to provide evidence on the validity and reliability of a measure of Chinese health beliefs in health check-ups. The extremely low proportions of missing values indicate its practicability and acceptability for Chinese older adults. Our findings suggest good psychometric properties of this modified AI, which could be implemented in community setting to assess Chinese older adults’ health beliefs in health check-ups.

The modified AI has strengthened the psychometric properties of the original scale by improving the reliability of the subscales. By rearranging items in the subscales and forming a new dimension, all the 4 subscales now show good internal reliability. Additionally, the modified AI indicated a new factor—unnecessary, which tapped mainly on individual’s perception of the necessity of receiving health check-ups. Results of our factor analysis indicated good reliability of this new subscale.

Our confirmatory factor analysis supported the 4-dimensional structure of the modified AI. All 16 items showed significant loadings and 3 out of 4 fit indices provide evidence of good model fit (RMSEA, CFI, and SRMR). The chi-square statistics was less than ideal because of the relatively large sample size. Other indices were less sensitive to sample sizes showed excellent model fit for this measure.
Understanding the factors that influence Chinese older adults’ health check-ups behaviors is critical for nurses to promote preventive care. This requires further studied using measures that are not only reliable and valid but also culturally relevant. AI can be a promising instrument that could provide nurses with insights into the provision of culturally sensitive health check-ups education and also for meeting the growing need for preventive care for Chinese older adults.

Our findings indicate that the modified AI is appropriate for assessing Chinese older adults’ health beliefs in health check-ups. Further studies using the modified AI are needed to assess its criterion validity. It would be important to examine the relationship between health knowledge, health beliefs, and check-ups behaviors.

References
F 11 - Exploring the Student Learning Environment
Mentoring Undergraduate Nursing Students for Evidence-Based Practice to Improve Quality and Safety in Long-Term Care Settings

Elizabeth Roe, PhD, RN, USA
Olivia Halabicky, USA

Purpose
describe a project to mentor undergraduate nursing students and staff in evidence-based practice to improve quality and safety in the long-term care setting.

Target Audience
nurse educators, nurses working in the clinical setting, particularly long-term care

Abstract
This presentation will describe a project to mentor undergraduate nursing students and clinical staff in Evidence-based Practice (EBP) to improve quality and safety in long-term care (LTC). The project has been mutually beneficial to the Nursing Program and clinical settings involved. The goals of this project are: 1. To involve students in evidence-based initiatives in the long-term care 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 hospital staff in the identification of evidence-based questions with subsequent evidence reviews and recommendations. Undergraduate Nursing students were involved in this EBP initiative by doing EBP reviews, making recommendations, and participating in a variety of EBP initiatives in the clinical setting. Six months ago this project extended to the long-term care (LTC) setting where the faculty member and a undergraduate Nursing student have been working with LTC staff. The faculty member and student work with the LTC staff to identify clinical problems, complete an EBP review, make recommendations, and assist with implementation if needed. Both the faculty member and student serve as mentors, 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. The project will include multiple Nursing students and extend to a total of three LTC facilities over the next two years. This project has benefited the Nursing program, Nursing students, and the agencies involved in a variety of ways. The clinical agencies have increased the use of EBP and improved quality and safety. Nursing students have increased their competency in EBP and seen firsthand the importance of EBP in the clinical setting. The Nursing program have benefited by the increase in the collaborative relationships with the agencies and opportunities for students.

References

Contact
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F 11 - Exploring the Student Learning Environment
Relational Coordination: The Perceptions and Experiences of Student Nurses and Nursing Faculty in a Hospital Setting

Clare F. Lamontagne, PhD, MS, BS, RN, USA

Purpose
The purpose of this activity/session is to enable the learner to explain the impact of relational coordination on the learning environment for student nurses and nursing faculty in a hospital setting.

Target Audience
The target audience for this presentation is anyone interested in the impact of Relational Coordination on the learning environment for nursing students and nursing faculty.

Abstract
Purpose: The purpose of this study was to describe and measure student nurses’ and nursing faculty experiences and perceptions of relational coordination during their most recent clinical experience in a hospital setting. The complexity of healthcare settings in the United States necessitates a coordinated approach to patient care in order to meet the divergent needs of its citizens. Healthcare students and professionals need to be prepared to work collaboratively and communicate proficiently and effectively.

The theory of relational coordination states that, in a well-functioning organization, members of the healthcare team engage in frequent, timely, accurate, and problem-solving communication and have high levels of shared knowledge, shared goals, and mutual respect.

Methods: This descriptive, exploratory study, conducted between May 2012 and December 2013, utilized Gittell’s relational coordination instrument to explore the relational coordination experienced by nursing students at several levels in their program in two pre-licensure schools of nursing in Massachusetts, which included a community college offering an associate degree in nursing and a university offering a bachelor of science degree in nursing. Participants were a convenience sample from each of these institutions. Nursing students and faculty in these programs completed the study survey. Data were collected through Survey Monkey. An analysis of variance and thematic review were used for data analysis.

Results: The analysis of variance performed to analyze student nurse reports of relational coordination with other student nurses, unlicensed assistive personnel, staff nurses, and nursing faculty in traditional clinical hospital settings revealed significant results. Post-hoc analyses revealed that student nurses in the traditional clinical setting reported lower relational coordination scores with staff nurses than those in the dedicated educational unit (p = .015).

Conclusion: This study indicates that both nursing faculty and student nurses are experiencing ineffective communication in some clinical environments. Since student nurses in this study reported that increased time and familiarity with staff improved communication and relationships, nurse educators should develop educational models that increase that opportunity.

References

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F 11 - Exploring the Student Learning Environment
An Assemblage of Technologies for Multidisciplinary Online Health Informatics Education

Juliana J. Brixey, PhD, MPH, MSN, RN, USA

Purpose
The purpose of this project was to systematically identify and catalog technology used in the multidisciplinary online health informatics program offered by the School of Biomedical Informatics (SBMI).

Target Audience
The target audience of this presentation is nurse educators, nurse informaticians, as well as nurses interested in the use of social media in education.

Abstract
Purpose: The course management system is often viewed as the mainstay for online education. However, online education requires a more comprehensive assemblage of technologies to facilitate active engagement and learning for the online students. The assemblage of technologies can be formed using a combination of social media and commercial applications. Social media applications have the benefit of enduring connections beyond completion of a course or program of study. Furthermore, most social media applications are free of charge. This is a financial benefit to both students and the university. Additionally, most social media applications have security settings to ensure the privacy of students. Moreover, students can create screen names to remain anonymous further ensuring privacy. Commercial applications such as a course management system have the advantage of technical support and permanence. Other commercial applications in the assemblage can include screen capture software, plagiarism checker, electronic medical records, virtual worlds, web conferencing software, e-portfolio, as well as student verification software. Commercial applications typically necessitate licensing agreements as well as annual renewal fees. In selecting and forming an assemblage of technologies, the primary goal should be to enhance student engagement and learning. The purpose of this project was to systematically identify and catalog technology used in the multidisciplinary online health informatics program offered by the School of Biomedical Informatics (SBMI).

Methods: To systematically identify and inventory the social media and commercial technologies used in a multidisciplinary informatics program.

Results: Commercial software and social media were broadly categorized as commercial course management software, plagiarism checking, student verification, voice over the Internet (VoIP), virtual reality, video capture, audio capture, social bookmarking, instant messaging, web conferencing, concept and idea presentation. Specific software or social media applications were assigned to a category. For example Moodle was assigned to the course management software category. Skype and Oovoo were categorized as VoIP. Concept and idea presentation technologies included Prezi, Freemind, and CMap. Audacity was assigned to the audio capture category. Diigo was categorized as booking.

Conclusion: The continuous advancement of technology requires constant awareness, evaluation, and appropriate incorporation into course curriculum to maximize student engagement. Technology should enhance learning and not burden either students or faculty. Social media applications are selected by the course faculty. Commercial products are selected by the Distance Education, the Office of Academic Affairs along with input from course faculty. Incorporation of social media and commercial products into course curriculum is at the expertise and discretion of course faculty. Students report positive learning experiences in using the application in completing course activities.

References

Contact
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Purpose
The purpose of this presentation is to address the large global health disparities and provide universal coverage at the primary care level through development of robust nursing research at the clinical level in countries and regions with minimal human resources for health and huge disease burden.

Target Audience
The target audience of this presentation are nurses whom are practitioners and educators involved in clinical research.

Abstract
**Purpose:** Worldwide, nurses comprise the largest proportion of health care professionals and are the backbone of health care systems. To address the large global health disparities and provide universal coverage at the primary care level, the development of a robust nursing profession needs to be a critical goal in countries and regions with minimal human resources for health and huge disease burden. The African region bears 25% of the disease burden and only 1% of healthcare workers. Many gains have been made in nursing/midwifery clinical practice, such as nurse-initiated and managed HIV care in Sub-Saharan African countries, and in competency-based nursing education to increase the quantity, quality and relevance of new graduates. Increasing the depth and quality of nursing research is central to validating outcomes of nursing care provided. This requires research expertise to collect and critically analyze data and identify priorities and gaps for improved clinical practice.

**Methods:** In collaboration with Columbia Global Center/Africa, the Forum of University Nursing Deans of South Africa (FUNDISA), the University of Malawi, Kamuzu College of Nursing, and the University of Nairobi School of Nursing Sciences, the Columbia University School of Nursing is helping to build a cross-regional core group of nurse and midwifery researchers in selected Sub-Saharan African countries that will be able to provide mentorship for clinical research. Methods include conducting an environmental scan (including a scoping review and grey literature search), Delphi survey and network analysis.

An initial scoping review of all indexed published research in African countries by nurses and midwives regarding clinical practice was conducted in the fall 2014 to identify current research topics and gaps in African countries. This followed methods established by the Cochrane Public Health review group. Upon completion, it was clear that many important sources of research were not identified through traditional means, so a review of grey literature (for example, un-indexed journals, sources identified by clinical nurse research experts from southeastern African countries, and information found through universities within the region) was done.

Using contacts identified in this environmental scan, as well as through core collaborators, a screening survey was performed to establish “expert” status (connection with a university, publication of clinical nursing research, bachelor’s degree or higher), identify need for mentorship, and provide a foundation for a Delphi survey.

A Delphi survey was then conducted with identified experts in the southern and eastern African countries to establish clinical nursing and midwifery research priorities. Next, the results of the scoping review and grey literature search were combined with the results of the Delphi survey to determine whether or not expert opinion of research priorities correlates with current clinical nursing and midwifery research topics in southern and eastern African countries. Furthermore, a network analysis of participants (to determine which networks exist formally and informally amongst nurses/midwives involved in clinical research) was conducted (January 2015)
before the summit (July 2015) and will be conducted again in January 2016 to determine whether the project influenced the connections of the participants.

**Results:** The collaborative group is developing a database of nurse and midwife leaders involved in regional research, using the results of the screening survey. This will culminate in a regional research summit in July 2015 to reach consensus on gaps in knowledge and priorities for nursing and midwifery clinical research to address essential population health needs. The group will also develop an implementation plan to support nursing and midwifery research with a mentorship strategy. Additionally, a program evaluation will evaluate the success of the project, both in terms of those who participated in the research summit and those who participated in the development of the program.

**Conclusion:** We are engaged in the development of sustained networks of nurse and midwifery researchers in southern and eastern African countries as a central component to strengthen the impact of nurses and midwives on the frontline clinical arena. This will be adapted and replicated with Columbia Global Center/Jordan and nursing researchers in the Eastern Mediterranean region. Strengthening and expanding research under the leadership of nurses and midwives engaged on the ground will improve clinical care and communities’ health at this critical time.

**References**

**Contact**
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Purpose

The purpose of this presentation is two-fold: (1) to stimulate discussion of the unique challenges that occur when conducting research in developing countries and (2) to provide recommendations for researchers who will engage in research in developing countries.

Target Audience

The target audience of this presentation is nurse researchers who are engaging in research in developing countries. The content will also be appropriate for researchers who are working with vulnerable or disadvantaged populations in developed countries as well.

Abstract

Research should be conducted in a manner that is appropriate for the unique community and the culture of the proposed research site. While this may seem straightforward, it creates significant challenges when conducting research in developing countries where cultural viewpoints often vary significantly from those of developed countries. These challenges include: protecting the rights of the most vulnerable and disadvantaged populations while balancing the needs of many (Stapleton, Schröder-Bäck, Laaser, Meershoek, & Popa, 2014), conducting research in a culturally-appropriate manner for the host country while balancing the rules of ethical research established by developed countries (Igoumenidis & Zyga, 2011), and providing an ethical informed consent that is truly appropriate for the culture of study and not merely addressing an institutional review board’s set of rules. According to Igoumenidis and Zyga (2011), “informed consent is the cornerstone of modern ethics, but it tends to lose its true meaning when put in the context of a developing country (p. 247).” Ethical research can only be conducted when the unique circumstances and constraints of the host country are considered and the standards of research are adapted to address these needs.

The Declaration of Helsinki, established in 1964, provides guidance on ethical issues in research; but provides minimal guidance to address specific issues that arise when conducting research in developing countries (Bhutta, 2002). This document tends to be very physician-oriented and suggests a portion of participants be assigned to a control group; therefore, these participants are not always afforded the best treatment. In relationship to informed consent, many challenges arise in diverse cultures (Igoumenidis & Zyga, 2011). All words are not completely translatable in another language. Low education levels often affect the participant’s full understanding of what research entails. Current cultural practices sometimes conflict with treatment and inventions. Patriarchal or matriarchal social structures may require non-research participants to give consent for others to participate. The age of consent varies dependent upon the host country. Information about voluntary withdrawal must be balanced with acknowledgement of their value to the research program and encouragement not to withdraw. Each of these challenges, that are more commonly encountered in developing countries, need pro-active conversation among nurses to promote ethical and culturally congruent research in order to fully protect every research participant.

This presentation supports and expands upon the three phases outlined by Woodsong and Abdool Karim (2005) with additional literature and recent research exemplars of the presenting authors. The authors, whose expertise is working in developing countries, make the following recommendations to conduct an ethical study. First, during a pre-enrollment phase, externally-sponsored research should be reviewed by an independent reviewer from the host country in addition to the sponsoring country (McMillan and Conlon, 2004). Advisory boards and focus groups should be established to represent the concerns of participants prior to enrollment (Woodsong & Abdool Karim, 2005). Community representatives need to be involved in the decision-making process to clarify the types of activities that participants will engage in during the research. It is critically important that researchers make an effort to learn what the community wants and expects from the study prior to the initiation of enrollment procedures. Anticipating common health problems that occur outside the parameters of the research protocol may prevent ethical scenarios associated with failure to provide treatment (Merritt, Taylor, & Mullany, 2010).

Second, during an enrollment phase, informed consent should be provided in a manner that allows for the whole family to be involved when appropriate to the culture (Woodsong & Abdool Karim, 2005). Most developed
countries’ institutional review board policies are focused on the rights of the individual. This focus may conflict with the values of collectivistic cultures (Woodsong & Abdool Karim, 2005). Community-based research occurs in homes and villages where arrival is public and members of the community at-large may view the research participant as getting special privileges (Merritt, Taylor, & Mullany, 2010). It is essential to keep these cultural variations in mind when conducting research.

Finally, during the post-enrollment phase, researchers should continuously check for rumors or misconceptions that are occurring in the community that may affect enrollment (Woodsong & Abdool Karim, 2005). Participants may expect special privileges or incentives that were not anticipated by the researchers. Eventually, the products or knowledge gained from the research should be shared with the local community in addition to higher levels within the host country.

The focus of this presentation aligns with the mission of STTI to advance the scholarship of nursing through research as a global organization with the intent to improve the health of the world’s people. This session is meant to stimulate further discussion and thought about how international research should be conducted in an ethical manner within the cultural context of the host country.

References

Contact
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G 04 - Nursing's Place in the Political Arena
Political Skill and Relevance to Nursing: An Integrative Review

Wanda Montalvo, MSN, MPhil, RN, USA

Purpose
The purpose of this presentation is to inform nurses of the importance of developing political skill to influence and navigate organizational politics to achieve personal or organizational goals.

Target Audience
The target audience of this presentation are nurses in positions of leadership, leading interdisciplinary teams, or interested in developing as an emerging nurse leader.

Abstract
Purpose: An integrative review was utilized to define political skill and to describe the competencies that influence perception of the professional self, its effect on others, and the ability to navigate organizational politics with relevance to nursing.

Methods: The five stage framework by Cooper (1998) and Whitemore (2005) were used to guide this integrative review: problem formulation, literature search, evaluation, analysis and presentation of findings. NVIVO(R), a qualitative analysis software, was utilized to organize and guide analysis of this review. The NVIVO Toolkit was utilized to guide the completion of five stages of analysis: (a) assigning attributes to articles, (b) organizing and node coding based on word searches and word frequencies, (c) analysis using queries, (d) author matrix by thematic nodes and relationships, and (e) constant reflection to move from lower order to higher order themes.

Results: After applying inclusion and exclusion criteria, 38 articles met criteria for this review. Of these, one was instrument development, one was a meta-analysis, two were qualitative, two were quasi-experimental, seven were theoretical and 25 were descriptive. Six were from nursing literature with two being theoretical and four descriptive studies.

Conclusion: Political skill influences leadership and one's ability to navigate organizational politics, performance evaluation, interpersonal skills, networking ability, stress level, and social capital within the modern work environment. Political skill is relevant for nurses interested in understanding how to intentionally influence and navigate organizational politics and professional self-development. Political skill has been extensively studied in organizational psychology but has had limited attention within nursing research. Further research is needed to assess political skill in nursing and contribute knowledge to support the development of emerging nurse leaders.

References

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Melody K. Eaton, PhD, MBA, BSN, RN, CNE, USA

Purpose
1) Delineate a model for effective political advocacy 2) Differentiate successful advocacy strategies for health policy change

Target Audience
Nurse educators and leaders interested in learning how to effectively advocate for health care and the nursing profession.

Abstract
Purpose: Nurses, nursing leaders, and other health care professionals have often underestimated their ability to educate legislators and the public on the value of their respective professions, and the need for policy change. One success story and case study lends guidance to health care and professional advocacy efforts to delineate a model for effective political advocacy and differentiate successful advocacy strategies for health policy change.

Methods: One success story and case study lends guidance to health care and professional advocacy efforts. In 2007, Virginia’s community of nurses rose to a challenge. There was a bottleneck of students waiting for admission to Virginia nursing programs. Nursing leaders knew that recruiting and retaining qualified faculty was a huge challenge. In addition, they felt that furthering nurses’ educational levels would prove the best route to increase the number of qualified nursing faculty. They felt that these initiatives would improve nursing school capacities in Virginia (VNA, 2007). Virginia nurses addressed the shortage by introducing legislation to improve faculty salaries and promote nursing education. They fully defined their problem, formed a unified coalition to develop a solution, and found the political environment favorable for policy change (Longest, 2010).

Results: By the use of effective coalition building Virginia nurses effectively defined the problem, created a solution, and found the ‘window of opportunity’ within the political environment in order to develop and influence policymakers to enact the following health policies:

• Increase nursing faculty salaries in all state schools by 10%.
• Begin a $200,000 scholarship and loan repayment program for graduate nursing students who plan to become nurse educators, with a focus on master's education. (VNA, 2007).

Conclusion: Virginia nurses addressed the nursing faculty shortage by introducing legislation to improve faculty salaries and promote nursing education. They fully defined their problem, formed a unified coalition to develop a solution, and found the political environment favorable for policy change. Their advocacy success story lends guidance and encouragement for advocacy related to health care planning and nursing leadership policy initiatives. Linking their successful road to policy change to the B. B. Longest (2010) public policy-making framework provides a model and roadmap for success.

References

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G 04 - Nursing's Place in the Political Arena
Registered Nurses Breaking into the Political Arena: A Qualitative Study

Carol Boswell, EdD, RN, CNE, ANEF, USA
Sharon Cannon, EdD, RN, ANEF, USA
Joyce Miller, DNP, RN, WHNP-BC, FNP-BC, USA

Purpose
The purpose of this presentation is to present the research process along with the key ideas that provide insight from the interviewees for use by nurses who are considering seeking increased political engagement.

Target Audience
The target audience of this presentation is novice researchers along with individuals interested in seeking board positions. Those individuals who help to prepare nurses for seeking board positions would gain insights for advancing nurses in board positions.

Abstract
Purpose: The necessity for nurses to cultivate confidence for becoming an active member of a board or seeking election to governing boards dictates that skills, attitudes and behaviors are identified. Embracing the expectation for nurses to strengthen their political involvement compels the need to identify the trends, attitudes, recommendations, and role expectations. A study was completed to understand which skills and attitudes are founded within the nursing role which can be further developed to showcase the nurse as an active, engaged member of a governing board.

Methods: This study utilized a qualitative study to allow for persistent comparison of the information. A snowball sampling method was employed to identify 10 nurses who currently serve as an elected board member or have served within the last 5 years. Each interview was recorded.

Results: Each researcher was given a complete set of the transcribed interviews without any identifiers. All of the data from the study was reported in the aggregate only. Narrative pedagogy was used to embrace the written and/or spoken word to explore the aspects and trends associated with this phenomena.

Conclusion: Through the use of inductive and interpretive review of the materials, the researcher identified specific words, phrases, and elements which were organized to allow the refinement of the themes and issues identified. This presentation will present the research process along with the key ideas that provide insight from the interviewees for use by nurses who are considering seeking increased political engagement.

References

Contact
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**Purpose**
The purpose of this presentation is to assess the impact of bedside shift handovers on patient and nurse satisfaction, and costs.

**Target Audience**
The target audience of this presentation is: nurse managers, nurse educators, clinical and administrative nurses and researchers interested in how nurses work.

**Abstract**

**Introduction:** Ineffective communication among care professionals has been demonstrated to be associated with the occurrence of adverse events, including higher readmission rates and costs. The bedside shift handover is a unique way of nurse-to-nurse communication between shift changes. The main aim is to transfer essential patient information to ensure high quality care as well as to enhance patient satisfaction and empowerment.

**Objectives:** The aim of this pilot study was to assess the impact of bedside shift handovers on patient and nurse satisfaction, and costs.

**Methods:** The study was performed at the department of Thoracic, Vascular and Plastic Surgery of Ghent University Hospital, a tertiary care referral centre with 1,062 beds, in Belgium. Bedside shift handovers used the SBAR (Situation Background Assessment Recommendation) method and was organised in two parts. First, all patients were briefly discussed among staff members (i.e. nurses with morning and evening shift). Second, patients were visited by the individual nurses particularly the nurse who was responsible for a specific patient during the morning shift, provided all necessary information about this patient bedside to the nurse responsible during the evening shift. Confidential issues were discussed outside the room; inside the room there’s a handover with the patient and essential visitors. In this way, privacy is ensured.

**Design:** A qualitative design including semi-structured interviews was developed of 31 patients and 26 nurses. The semi-structured interviews included questions which were validated (content and face validity) using the Delphi approach.

**Results:** In total, 31 patients and 26 nurses participated to the survey. Patients mention to feel safer when hearing the kind of information that is shared among nurses being responsible for them. Also nurses mention to feel safer when having seen the patient already at the beginning of their shift, as they feel themselves better and sooner involved in the care process. Participating nurses reported that this type of shift handover is perceived as a more professional way of sharing information. It was estimated that bedside shift handovers could save the hospital ward, (capacity of 31 surgical patients), about 260 hours of nurse working time annually, corresponding to an amount of $7,290. When extrapolating this numbers to the entire hospital this would mean a potential cost saving of about $241,000.

**Conclusion:** Bedside patient handover among nurses led to increased patient and nurse satisfaction, and potential calculated cost savings. The results of this study led to practical changes in the organisation of information transfer between nurses. Further research is, however, needed to evaluate the true impact of bedside patient handover.
References

Contact
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Purpose
The purpose of this presentation is to describe a qualitative study focused on nurse managers’ communication in rural settings.

Target Audience
The target audience of this presentation are nurses, nurse managers, and administrators who practice in rural settings.

Abstract
Background: There is increasing awareness that poor communication is at the root of many chronic problems in healthcare. While poor communication and lack of teamwork of healthcare providers have been demonstrated to be harmful to patients and the healthcare team, nurse managers and administrators are challenged to respond appropriately to these threats to a healthy work environment. Other challenges to the rural setting such as geographic diversity, features of the physical environment, and population density impact how professional staff and nurse managers interact. However, few studies have focused on nurse managers’ view of their impact on communication and, thus, the creation and maintenance of the healthy work environment in rural settings.

Purpose: A qualitative, explorative, and descriptive study using Grounded Theory methods was conducted. The study population comprised 9 nurse managers from rural, regional, and community settings. Participants were recruited through purposive and theoretical sampling. The purpose of this study was to examine how nurse managers in rural settings perceived communication factors that promote a healthy workplace and their role in setting the tone on the unit or program.

Methods: Data collection consisted of demographic information, audiotaped semi-structured interviews, transcripts of those interviews, and researchers’ field notes and memos. Data analysis was performed using the constant comparative method according to the Strauss and Corbin method and was assisted in the use of qualitative data software (ATLAS.ti) to explicate the processes.

Results: Identified commonalities, patterns, and themes across the interviews indicated a more negative tone of communication in the workplace. Various tools of communication either promoted or hindered effective and healthy communication. The uniqueness of practice in the rural setting challenged nurse managers on a daily basis. Nurse managers described their role in setting the tone of communication and factors that helped or hindered the healthy work environment.

Conclusion: This study provides insights for nurse managers in rural settings who are struggling with creation and maintenance of healthy work environments and strategies to promote effective communication. Accommodation of the rural limitations without sacrificing expanded use of technology is crucial for meeting the needs of health care staff and rural health care settings.

References

Contact
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Purpose
review the literature regarding the multiple challenges that contribute to bedside toileting and examine best practices that will reduce fecal exposure, cross-contamination among patients, and employee splash injuries.

Target Audience
everyone who is involved in bedside toileting and bedside toileting decision-making.

Abstract
INTRODUCTION: The purpose of this research is to review the literature regarding the multiple challenges that contribute to ED bedside toileting and examine best practices that will reduce fecal exposure, cross-contamination among patients, and employee splash injuries.

METHODS: We searched the Cumulative Index to Nursing and Allied Health Literature, MEDLINE, and Cochrane database for information about the multiple challenges involved in bedside toileting, using the following search terms: bedside toileting, gastroenteritis, macerator, sluice machine, fecal pathogen exposure, and splash injury. In addition, costs and benefits of reusable versus disposable bedside toileting equipment were compared and contrasted.

DISCUSSION: Emergency Departments (EDs) have a higher exposure rate to fecal pathogens with current methods of bedside toileting. Short incubation periods may not allow the proper lead time needed for patients to access primary care providers. As a result, emergency departments and urgent care centers become a likely point of entry into the health care system. Although most inpatient rooms have built-in bathrooms, most emergency departments and outpatient examination rooms do not. Although many patients are ambulatory, restrictive monitoring equipment is required. For safety reasons, staff must bring toileting equipment to the bedsides of both ambulatory and non-ambulatory patients. Hopper dependence creates longer walking distances and delays. These delays may lead to incontinence events, skin breakdown, more frequent bed changes, and higher linen and labor costs. Reusable bedside toileting equipment is associated with at-risk behaviors. Examples are procrastination and sanitization shortcuts. These behaviors risk cross-contamination of patients especially when urgent situations require equipment to be reused in the interim. ED patients and staff are 5 times more likely to undergo fecal exposure. The 5 phases of ED bedside toileting at which risks occur are as follows: equipment setup, transport of human waste to drainage areas, transfer of waste, pre-cleaning, and equipment disinfection. Therefore it is imperative that ED staff have a full understanding of hazardous materials involved, know safer bedside toileting practices, and have safer equipment available to protect all involved. Upgrading our knowledge, equipment, and practices must become a higher priority for ED leadership.

BIASES/DISCLOSURES: The xxxxxx Emergency Department of the University of xxxxx will be moving toward 100% disposable bedside commode pails in addition to disposable bedpans, currently in use. On the basis of a literature review to understand best-practice ED bedside toileting, the above research was created. As a result of our learning, the University of xxxxx ED staff has designed, patented, and developed a landfill-compliant disposable commode pail that absorbs waste while reducing splashes and spills. Disposable commode pails (bags) are conveniently wall mounted for quick availability, and “at-risk behavior” is reduced. Advantages are all point-of-care. Both setup and waste treatment and disposal start and end at the bedside. The advantages are faster response times, reduction of soiled linens and bed changes, prevention of incontinence and skin breakdown events, and reduced splash injuries or pathogen transmission. Patient satisfaction improves with shorter bedside toileting delays. Employee satisfaction increases with reduced human waste handling. The cost of each unit is comparable to an adult overnight diaper. Bariatric commode pails or bags are in the planning phase, and a “green” disposable commode pail, made from biodegradable corn byproducts, will be made available at a higher cost.

References

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G 06 - Using Technologies to Influence Care
Best Practices in Using Secondary Analysis as a Method

Katharine A. Green, MS, APRN, CNM, MS, USA

Purpose
The purpose of this presentation is to apprise health care researchers of some of the issues and implications in the use of secondary analysis as a research method in an era of readily accessible data. The emergence of multiple data streams and concerns about subject privacy will be discussed.

Target Audience
The target audience of this presentation is health care researchers interested in utilizing the method of secondary analysis for research, and who wish to apply current best practices to their use of the method.

Abstract
Purpose: Health care researchers frequently use secondary data analysis as an efficient and cost-effective method to study large populations or multiple data sets relating to individual subjects. There are many issues related to the use of secondary data analysis, including both benefits and areas that are of more concern. The emergence of multiple data streams and concerns about subject privacy are current issues in use of the method. While data sets may be readily accessible or relatively restricted, health care researchers should be aware of issues and implications before using secondary analysis as a research method in the "internet age".

Methods: A literature review was conducted via three databases on the attributes of secondary data analysis and considerations in use of the method for health care research.

Results: There are issues in the use of secondary analysis as a method specifically pertinent to the increasing use and power of computer data bases and the increasing use of social media that may jeopardize anonymity of subjects. Current methods of informed consent may be inadequate for the “internet age”.

Conclusions: Ready access to social media may increase the risks of subjects being identified when using secondary data analysis. Any informed consent offering anonymity to subjects may need revision, and amalgamation of de-identified data may be necessary to protect subject privacy in health care research.

References

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Purpose
To describe the state of the science regarding clinical decision support systems that incorporate healthcare predictive analytics for nursing sensitive outcomes while exploring methodological challenges in studying the phenomenon.

Target Audience
informaticians, researchers, and practitioners who work with clinical decision support systems.

Abstract
Background: The popularity of “big data” along with an increasing capacity for real-time predictive analytics to augment clinical decision support systems (CDSS) within electronic health records has led to rapid innovations. Hundreds of complex prediction models have been developed for healthcare-focused outcomes over the last few years, and many of these are able to incorporate data from dozens of variables in real-time while providing a probability of a particular event. While these models can be highly accurate, the ability of these systems to influence patient outcomes is relatively unknown. Furthermore, most of the outcomes for which models are developed target the workflow of physicians and other advanced practice providers even though nurses are the largest profession within the healthcare workforce. Even in the broader realm of CDSS, few studies have examined the impact of CDSS on nurses’ decisions and the patient outcomes associated with them.

Objective: A literature review was performed to summarize the state of the science for the impact of predictive analytic-enhanced CDSS on nursing-sensitive patient outcomes.

Method: A scoping literature review explored the impact predictive analytic-enhanced CDSS have on 4 nursing-sensitive patient outcomes (pressure ulcers, failure to rescue [including sepsis and cardiopulmonary arrests of all causes], falls, and infections). These outcomes were chosen due to their high incidence and cost along with their ability to be predicted in real-time with current technology and modeling strategies. Reviews and primary research studies were sought in MEDLINE and the Cumulative Index to Nursing and Allied Health Literature (CINAHL) by including concepts and phrases surrounding CDSS, predictive analytics, nursing, and each outcome. Topical and keyword searches were performed in the Science Citation Index and the Social Sciences Citation Index as well as the Virginia Henderson Global Nursing e-Repository. Studies were included in the critique if they measured the impact of predictive analytics on patient outcomes. Due to the expected paucity of literature, no additional a priori exclusion criteria were defined. One additional study was published during the review process and is also included in the critique.

Results: A total of 306 studies were reviewed following removal of duplicates, and only 4 studies met criteria for inclusion in the critique. The oldest article was published in 2011, highlighting the relatively novel nature of this technology. None of the studies explored falls or nosocomial infections; only one study explored pressure ulcers. Studies exploring failure to rescue used a randomized control trial design at either the individual or unit/ward level while the study exploring pressure ulcers used a pre-/post-intervention design. Although statistically significant results were reported for at least one outcome in 3 of the 4 studies, several methodological limitations were present.

Discussion: While many of the articles retrieved during the search discussed variable selection and predictive model development/validation, only 4 articles examined the impact on patient outcomes. The novelty of predictive analytics and the inherent methodological challenges in studying CDSS impact are likely responsible for this paucity of literature. These challenges included: (a) multilevel nature of the intervention [i.e., determining whether the patient or the nurse is the targeted level of treatment and analysis], (b) treatment fidelity [i.e., assessing whether or not nurses changed their behaviors following new information from the CDSS], and (c) adequacy of clinicians’ subsequent behavior [i.e., uncertainty in the sufficiency of biomedical evidence to recommend a particular intervention for the patient outcome].
Conclusions: Insufficient evidence currently exists to demonstrate efficacy of predictive analytic-enhanced CDSS on nursing-sensitive patient outcomes. In addition to the need for innovative research methods to study this phenomenon, a greater emphasis on examining its potential within nursing is recommended before practice can be influenced.

References

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Purpose
The purpose of this presentation is to disseminate research based information of the dissertation study that developed a model for nursing Filipino older persons. This aims to prescribe guidelines for gerontology nursing practice in the Philippines.

Target Audience
The target audience of this presentation are nursing leaders and educators. The study hopes to disseminate information about nursing leadership to develop an adult day care program for older persons.

Abstract
Purpose: This study aimed to develop a model of a nurse-managed adult day care program for Filipino older persons to guide nurses in creating meaningful, focused, and structured activities for them. Participants include Filipino older persons regularly attending at the Manila Department of Social Welfare District V Drop-In Center for Senior Citizens.

Methods: A mixed methods research design was used. Health needs were determined by profiling, assessment of quality of life with the use of the World Health Organization (WHO)-Quality of Life (QOL) tool in ambulatory community-dwelling Filipino older persons, and followed by a focus group discussion with the older persons in the study. The results were developed into a training module that trained six registered nurses for a pilot program implementation. Evaluation of this pilot implementation was executed through interview with the nurses, focus group discussion with older persons, and the reassessment of their quality of life.

Results: The model for a nurse-managed adult day care program for Filipino older persons was placed in a schematic diagram. The diagram developed represented the expressed relationship between the nurse, older persons, and a meaning-based adult day care program. In managing an adult day care program, the nurse’s task was to perform different roles. The nursing model developed in this study show the nurse, meaning-based adult day care program, and the Filipino older person as evolving within a caring context that explores, respects, and nurtures their interconnectedness.

The results bring forth the reality that Filipino older persons benefit from a structured nurse-managed program activity in adult day care. The findings of the study have created a module, conducted the training of nurses, facilitated a pilot program implementation, and developed a nursing model for use in adult day care.

Conclusion: In conclusion, the study gave evidences to the ability of nurses to manage an adult day care program for older persons. The study recommends the use of meaning-based nursing care and the nursing model developed to prescribe guidelines in the conduct of adult day care programs and services.

References

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Caring for Older Adults by First Year Nursing Students: A Holistic Approach to a Therapeutic Client-Student Relationship

Dora Maria Carbonu, EdD, EdM, MN, BN, RN, Canada
Alison Coman, Canada

Purpose
To generate interest and awareness of first-year nursing students' determination to implement their first nursing practice theory and skills in utilizing a holistic approach to meeting the physical, mental, emotional, social, and spiritual needs of older adults while overcoming barriers to the therapeutic client-student relationship

Target Audience
A multidisciplinary team of nurse educators, administrators, leaders/managers, health care providers (NPs, RNs, LPNs) from diverse health care settings, including home care, elders homes and centers, students of various nursing and allied health programs, and other interest groups

Abstract
Purpose: First Year Nursing Students in the Bachelor of Science in Nursing (BScN) Program at the Nunavut Arctic College are annually challenged to implement their first nursing practice theory and skills by utilizing a holistic approach to meeting the physical, mental, emotional, social, and spiritual needs of a group of older adults under their care.

Method: The students are required to conduct health history and client assessment on an assigned elder and develop a care plan to be met and evaluated, along with their clinical performance and reflective journals. In the 2014 academic year, the students embarked on this journey with eight (8) elders, all of whom were mobile or used mobility devices, independent or semi-dependent, and presented with multiple co-morbid conditions. Some elders were receptive to the students, while others expressed reluctance in having students on the caregiver-team. The students considered measures to build therapeutic bridges of honesty and respect, and to overcome barriers to the client-student relationship.

Results: Through brainstorming and reflective sessions, and in collaboration with instructor and caregiver teams, the students learned to appreciate the exciting and interesting aspects of elder care, the value of learning each elder's story, and the factors that motivated and empowered elders to promote and maintain their own holistic well-being. The students gained mutual respect, friendship and trust of the elders, who helped facilitate learning by embracing the knowledge and skills they brought with them. They assisted the elders to identify their own incentives for participation in health promotion and disease-prevention activities, maintain independence, and the desire to feel good and have fun. Furthermore, students assisted with meal times, escorted the elders for specialist appointments, provided personal care and grooming, walked with them, took them for a ride, prayed with them, and even assisted with caring for the dying. The students “discovered” one female elder as the leading actress in one of the movies watched together, and who had actually been a leading actress in thirteen (13) other movies in her youth. The staff became more positive toward this elder, whose own mood and morale improved immensely and she became more cheerful and sociable, less anxious and less fearful.

Conclusion: Patience, humility, empathy, and respect served as therapeutic determinants to improve, promote, and enhance students’ own attitudes as they confronted the complexity of elder care, developed knowledge and decision-making skills, while supporting maximum function and quality of life for the elders and their families. Honesty, hope and trust were fostered and nurtured throughout the client-student relationship, with an outcome of student commitment to return as future visitors and/or volunteers to the Elders Center.

References

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Perceived Health Status of Elders Treated with Opioids for Persistent Nonmalignant Pain

Leslie E. Simons, DNP, MS, RN, ANP-BC, USA

Purpose
The purpose of this presentation is to explore the relationship between opioid use and perceived health status in older adults aged 65-84 with persistent nonmalignant pain.

Target Audience
The target audience of this presentation is novice to advanced practice health care providers who provide care to elderly patients with persistent nonmalignant pain, and those who share a common interest in research related to elders with persistent pain.

Abstract
Purpose: To explore the relationship between opioid use and perceived health status in older adults aged 65-84 with persistent nonmalignant pain.

Methods: A purposive sample of 31 cognitively intact men and women aged 65-84 years receiving opioid therapy for ≥ 6 months to manage persistent nonmalignant pain. Data collection included a semi-structured interview that included an initial assessment of cognition using the Short Portable Mental Status Questionnaire. All consented participants met the cognitive screening criteria. The remaining interview collected social and demographic data and perceived health status, pain intensity and functionality, measured by the physical and mental component summary scores of the short form (SF-12v2), 11 point Pain Intensity Scale, and Center for Disease Control Healthy Days-Activities Limitations Module. Depression was also measured as a covariate, with the Geriatric Depression Scale.

Results: Mean pain intensity scores of 4.0 ± 2.5 (0-10 scale) indicated moderate pain. Mean Geriatric Depression Scores were 3.7 ± 3.4 indicating no depression. When categorized as depressive symptoms present yes or no, only six participants (19%) had depressive symptoms. Most elders (77%) reported limitations in their activites of daily living. Despite limitations the majority managed their personal care (87%) and routine household activities (71%) independently. Mean mental health component scores (MCS) were 50.4 ± 12.0. Mean physical health component scores (PCS) were 34.2 ± 10.0. Using national norms for mental and physical component scores of 50.0 ± 10.0, the data suggest the elders had average mental health with lower levels of physical well being. PCS scores were negatively related to pain intensity ($r = -0.44; p < 0.01$) while MCS scores did not show a relationship ($r = -0.22; p = .24$). PCS scores were inversely related to number of comorbid conditions ($r = -0.38; p = .24$).

Conclusion: This project suggests that pain control with opioid therapy supports functional status among elders. These findings support national pain treatment guidelines that endorse the use of opioids for the management of persistent nonmalignant pain in the elderly population. Further studies using prospective designs with larger more diverse study populations are needed to confirm these findings.

References

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Jen-Chen Tsai, PhD, RN, Taiwan

Purpose
The purpose of this presentation is to explore the association among inflammatory parameter, insulin resistance, TG/HDL-C ratio and MS in postmenopausal women and identified the most prominent risk indicators in the development of MS among postmenopausal women.

Target Audience
The target audience of this presentation is the nurses, advanced practice nurses, and/or other healthcare professionals.

Abstract
Purpose: The metabolic syndrome (MS) has relatively high prevalence in postmenopausal women. The high incidence of MS in menopausal is corroborated by numerous factors including central obesity, dyslipidemia, decreased glucose tolerance, and increased pro-inflammatory. However, few studies have investigated the most significant risk components of MS especially in postmenopausal women. This study was designed to explore the associations among inflammatory parameter (mainly the interleukin-6, IL-6), insulin resistance, triglyceride/high density lipoprotein cholesterol (TG/HDL-C) ratio and MS in postmenopausal women; and (2) to identify the most prominent risk indicators in the development of MS among postmenopausal women.

Methods: A cross-sectional study was performed and the protocol was approved by the ethics committee of the university-based medical center in Northern Taiwan. Postmenopausal women were recruited if aged between 45 and 70 years and were not taking medications including lipid-lowering agents, non-steroid anti-inflammatory drugs or hormone therapy. All analyses were performed with SPSS version 19 for windows. Hierarchical multiple logistic regressions were used to analyze the effect of related variables including IL-6, insulin resistance, and TG/HDL-C ratio on the MS. A forward hierarchical procedure was applied for the model selection. The bootstrap resampling procedure was used to test the significance of the specific effects of measured variables on the MS.

Results: Eighty-nine women (mean age: 56.70±6.37 years) completed this study. MS was diagnosed in 58 (65%) women according to the criterion defined by the International Diabetes Federation. The MS was significantly positive correlated with age, BMI, insulin resistance, TG/HDL-C ratio and IL-6 levels (r=0.24, 0.24, 0.31, 0.43 and 0.30, all p<0.05, respectively). Results from the hierarchical multiple logistic regression models showed that only TG/HDL-C ratio (after controlling for age covariance) was significantly associated with the MS in postmenopausal women (β=1.15, p<0.01). Results from the bootstrap resampling procedure further revealed that IL-6 levels had a significant indirect effect on MS, with TG/HDL-C ratio carrying the influence of IL-6 on the dependent variable of MS.

Conclusion: Result of this study support the important role of IL-6 and TG/HDL-C ratio in MS among postmenopausal women. We also found the significant mediating effect of TG/HDL-C ratio on IL-6 in the development of MS. The intervention to change the TG/HDL-C ratio would be an important primary and secondary prevention for health promotion in postmenopausal women.

References

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Menopausal Dyspareunia and Probiotics: A Future Approach?

Ellen L. Neu, DNP, MSN, BSN, BS, ARNP, AANP, ACCN, USA

Purpose
Vaginal changes related to menopause manifest as dryness, thinning of the mucosa and loss of elasticity. Following the Women's Health Initiative in 2002, women and their providers face the dilemma of how to treat menopausal vaginal changes. Vaginal probiotics bring new discussion to applications in female sexual health.

Target Audience
The target audience of this presentation is nurses involved in women's health, urology, uro-gynecology and sexual medicine. Researchers who are interested in the multifaceted role of probiotics and health promotion globally will want to attend this presentation.

Abstract
Purpose: A pilot study was conducted for the inquiry of vaginal probiotics for menopausal women with self-reported dyspareunia.

Methods: Initial menopausal survey tool for assessment of urinary incontinence, dyspareunia and general vasomotor complaints allowed for women with self-reported dyspareunia to be further evaluated. Potential candidates where then contacted and offered the opportunity to participate in an open lable study using a vaginal probiotic once per week for 6 weeks. After full disclosure and IRB approved consent was signed, the subjects examined and vaginal ph measurement obtained. The Female Sexual Function Index (FSFI, 2002) was administered. After 6 weeks of intervention, the women returned, repeated the FSFI and were examined with vaginal ph reassesses. A diary of dates and times probiotic was used and sexual intercourse took place was kept during the study and turned in to the PI.

Results: 107 menopausal women were screened, 37 fit the criteria of self-reported dyspareunia. 10 entered the enrollment process, only 7 completed. 2 discontinued the study due to out of state travel and 1 due to partners’ sudden illness. FSFI scores showed improvements in all 6 domains, including a decrease in pain and vaginal dryness.

Conclusion: The initial data suggests larger enrollment and data collection will be necessary. Further research into the vaginal microbiome and its role in vaginal function is needed.

References

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Mindfulness-Based Meditations versus Healthy Living after Traumatic Brain Injury: A Pilot RCT to Treat Post-TBI Depressive Symptoms

Esther Bay, PhD, RN, USA

Purpose
The purpose of this presentation is to present results from a pilot comparison group intervention comparing an 8-week mindfulness-based intervention to a healthy-living after traumatic brain injury group intervention.

Target Audience
The target audience of this presentation are those in trauma care, health promotion work, CAM therapies or those focused on chronic conditions in neurology.

Abstract
Purpose: The purpose of this pilot intervention study was to conduct a preliminary evaluation of our adapted 8-week mindfulness-based group therapy (MBGT) intervention using randomization and a newly developed parallel "healthy living after traumatic brain injury (HLA-TBI)" group intervention in persons with mild-to-moderate TBI. Our primary outcomes were TBI and depressive symptoms, psychological functioning, and chronic stress.

Methods: Data were collected at baseline, and 8 and 12 weeks following the intervention.

Results: Results from paired t-test analysis by group revealed that there were significant mean reductions in depressive symptoms, chronic stress, and TBI symptoms for those in the MBGT compared to HLA. Cohen’s effect sizes were small to medium for these variables.

Conclusions: This pilot provides encouraging results that warrant further study and suggest that interventions emphasizing self-care are acceptable and beneficial for individuals with TBI who have been identified as having chronic difficulties.

References
2. Covassin, T. & Bay, E. Are there gender differences in cognitive function, chronic stress and neurobehavioral symptoms after mild-to-moderate TBI? Journal of Neuroscience Nursing 44(3) 124-133. PMID: 22555349

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Purpose
The purpose of this presentation is to examine the effects of music group therapy would improve negative symptoms of schizophrenia in acute psychiatric ward.

Target Audience
The target audience of this presentation is clinical nurse or nursing teacher.

Abstract
Background: Negative symptoms of schizophrenia refer to the weakening or lack of normal thoughts, emotions or behaviors. Music therapy has been suggested to reduce negative symptoms, but the existing evidence is limited in Taiwan. The purpose of the study was to examine the effects of music group therapy would improve negative symptoms of schizophrenia in acute psychiatric ward.

Methods: We take the scenario and asked an answerable clinical question, then acquired best evidence. Music therapy would improve negative symptoms of schizophrenia in acute psychiatric ward. The evidence was level 3. We applied the result in clinical practice. This study wants to take 100 subjects who admit in acute psychiatric ward, age is over 20 years old, diagnosis is schizophrenia. Subjects could declare and sign name, but exclude confusion, violence and escape condition. All subjects received the original interventions of drug therapy, occupational therapy, group active ... and other care, the experimental group receive eight times music group therapy that are 45 minutes twice a week. The processes of group include listening music, singing, playing musical instruments, declaring feelings, games or performances. All study subjects are evaluated by structured questionnaire interviews BPRS, MMSE, SANS and interpersonal functions scale (IFC) on pretest and posttest. Data are coded and input into a computer, checked for accuracy, and then analyzed using SPSS software. Descriptive statistics and analysis methods in mean, standard deviation and wilcoxon signed ranks test.

Results: The gender of experimental subjects was 49.1% (n=26) in males and 50.9% (n=27) in females. 75.5% experimental subjects was single. 30.2% subjects’ education was high school and 45.3% was college. The results of experimental group: BPRS (p =.000), SANS (p =.000), MMSE (p =.002), and IFC (p =.042).

Discussion: Music therapy would improve the negative symptoms, interpersonal relation and cognitive in the results of experimental subjects. In music group therapy, group leader need to consider the culture and patients’ condition, leading and adjusting group process. No matter the effectiveness of statistic, music therapy is a safe and economy method to use in schizophrenia patients.

References

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Purpose
The purpose of this presentation is to inform practitioners of the evidence-based

Target Audience
The target audience of this presentation are clinicians, academicians,

Abstract
Cannabis has been found to be associated with the formation of schizophrenia and exacerbations of schizophrenia. These detrimental effects have been attributed to Δ9-tetrahydrocannabinol (THC), the cannabinoid responsible for the psychotomimetic effects of cannabis. The other prominent cannabinoid present in cannabis is cannabidiol (CBD), which is not psychotomimetic and instead has antipsychotic properties. Five studies were reviewed to determine if CBD is effective in mitigating the harmful psychological effects of THC, thereby reducing the psychotic-like symptoms associated with cannabis use. The research indicates that CBD is protective against the transient psychotic effects of THC in non-mentally ill populations. If these findings are applied to populations prone to the development of psychotic disorders or with existing psychotic disorders, there is an important role for harm reduction through patient education. Following the review of the five studies, the role of the Advanced Practice Registered Nurse (APRN) as the educator regarding the protective nature of cannabis with a high CBD content is provided.

References

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G 10 - Mentoring Nursing Students
Mentoring Future Nurse Leaders: Collaboration between a Sigma Theta Tau Chapter and a Nursing Student Association

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Claudette Chin, PhD, MSN, BSN, RN, USA

Purpose
The purpose of this presentation is to share information with the participants about a mentoring program that was developed by the Lambda Chi chapter. Integration of mentoring through involvement of the Nursing Student Association is effective in preparing future leaders in a nurturing, and empowering environment.

Target Audience
The target audience of this presentation includes registered nurses, faculty, nurse educators, nursing students, and nursing leaders.

Abstract
Mentoring is increasingly being used in nursing and by nursing organizations with the aim of contributing to personal, professional and leadership development. Shea (1999) describes mentoring as a developmental, caring, sharing, and helping relationship where one person invests time, know-how, and effort in enhancing another person's growth, knowledge and skills. Sigma Theta Tau International (STTI) supports and advocates for mentoring as a key component of professional and leadership development. Mentoring programs not only make a difference in the health and vitality of an organization but benefits all parties involved; mentor, mentee, the organization and the nursing profession as a whole (http://www.nursingsociety.org).

A review of the states of the science with regards to leadership suggests that one method for achieving transformational change in nursing is early, active, and dynamic mentoring. According to Fielden, Davidson, and Sutherland (2009) to be an effective influence in shaping American healthcare delivery systems, policy, and practice in the future it is crucial to prepare all nurses competently for leadership. In light of the empirical evidences on mentoring and leadership the Lambda Chi Chapter embarked on a mentoring program with the Barry University Nursing Student Association (NSA) aimed at developing future nurse leaders who will benefit the organization and the nursing profession.

A mentoring program committee was established, a needs assessment completed and a framework for the mentoring program was designed. The ten Lambda Chi Board members were matched with the NSA executive board members. The pairing in most instances was of like or similar positions on the respective organizations executive boards. Two formal group meetings were held, one in the Fall semester and one in the Spring semester. The first meeting was designed as a “meet-and-greet” session for the mentors and mentees. At this meeting the mentors and mentees established further meetings that were face-to-face, e-mail or telephone communication and a minimum of at least two times a month. A second formal group meeting was held at the end of the Spring semester. In addition, mentees were invited to participate in several Lambda Chi events and programs including the annual research conference.

To determine effectiveness of the mentoring program a seven-item questionnaire was developed and mentees were asked to complete the survey. Ten surveys were distributed and nine were returned. Results of the questionnaire surveys were unanimously positive. Feedback from the mentees suggests that there was evidence of personal growth, increased satisfaction, support, encouragement, connectedness, and professional and leadership development.

Mentoring serves as an important catalyst in the development of future leaders. The Lambda Chi Chapter mentoring program with the Barry University Nursing Students Association is designed to provide a purposeful, powerful, and positive impact on novice leadership development. The integration of mentoring through
collaboration with the NSA fosters optimal learning, caring, communication, and development of leadership skills that consequently advance the quality of the nursing profession.

References

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G 10 - Mentoring Nursing Students
Invited to Repeat the NCLEX-RN? How Faculty Can Help Improve Student Outcomes

Susan T. Sanders, DNP, RN, NEA-BC, USA

Purpose
to assist repeat NCLEX®-RN candidates to be successful on subsequent attempts.

Target Audience
Nursing Faculty & Unsuccessful NCLEX-RN test takers

Abstract
Purpose – to assist repeat NCLEX®-RN candidates to be successful on subsequent attempts.

Methods – Unsuccessful candidates are invited to attend a Success Seminar for Repeat Test Takers. A seminar was developed with the premise that students don’t really know enough about the NCLEX®-RN; what it is testing, how to best prepare, how to attack the actual testing, etc. This seminar is held on line so that students see and hear an expert while also having the opportunity to chat with experts via text.

Results – Students who attended the Success Seminar reported passing rates

<table>
<thead>
<tr>
<th>Year</th>
<th>NCSBN Reported Passing Rate*</th>
<th>Success Seminar Reported Passing Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>55.78%</td>
<td>63.89%</td>
</tr>
<tr>
<td>2012</td>
<td>55.63%</td>
<td>72.79%</td>
</tr>
<tr>
<td>2013</td>
<td>47.42%</td>
<td>60.84%</td>
</tr>
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Implications – The National Council of State Boards of Nursing reported a 47.42% success rate for repeat U.S. educated NCLEX®-RN test takers for 2013. Repeat international test takers accomplished only a 15.12% success rate.

Students who are unsuccessful at passing the NCLEX®-RN often feel lost and alone. They need a mentor but don’t know who will help them since they’ve already graduated from nursing school.

Could guidance/mentoring for the unsuccessful candidates improve their passing rate on the NCLEX®-RN? Could this methodology assist first time test takers as well as repeat test-takers?

Target Audience – Unsuccessful NCLEX®-RN students

NCSBN published NCLEX results, retrieved: https://www.ncsbn.org/1237.htm

Brief Description: The National Council of State Boards of Nursing reported a 47.42% success rate for repeat U.S. educated NCLEX®-RN test takers for 2013. A Success Seminar was developed for repeat test takers based on the premise that unsuccessful candidates don’t really know enough about the NCLEX®-RN; what it is testing, how to best prepare, how to attack the actual testing, etc. The passing results for three cohorts attending the Success Seminar were 63.89%, 72.79%, and 60.84%.

References

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Purpose
The purpose of this presentation is to contribute to the evidence base to support mentoring of nursing students. The more evidenced based strategies used to enhance nursing education, the better the outcomes will be to improve the preparation nurses, who have been impacted by globalization, receive.

Target Audience
The target audience of this presentation is not limited to nurse educators, nursing leaders, or nurse preceptors. All nurses involved in shaping the development of the profession of nursing will benefit from learning the supports nursing students perceive and experience as important on their journey to becoming a registered nurse.

Abstract
Students who are preparing to become registered nurses are more likely to attend community colleges due to the unequal distribution of financial resources to educational systems that have evolved from the impact of globalization. The purpose of this descriptive cross-sectional study was to increase the understanding of mentoring as it relates to the perceived ability to persist among nontraditional students enrolled in associate degree nursing programs at community colleges. This investigation presented a discussion of how student involvement in a mentoring relationship and the domains of mentoring differed by associate degree nursing student characteristics. Additionally, the domains of mentoring and student involvement in a mentoring relationship were explored with the associate degree nursing students’ perceived ability to persist. Study participants were administered an online survey. Descriptive and inferential statistics were performed using SPSS Version 21 statistical software. The data analysis contributed new data regarding student involvement in a mentoring relationship in terms of the number of times a student met with a mentor. Males met with a mentor more frequently per grading period than females. Part-time students and students who were successful in nursing courses met more frequently with a mentor than full-time students and those who failed a nursing course. Second, relationships were found for the student characteristics of gender and the domains of mentoring. Differences were found between males and females on the measures for psychological/emotional support and academic support. Last, a significant relationship between psychological/emotional support and the existence of a role model and the perceived ability to persist was found. Most often, the person whom the study participants identified as their mentor was a family member.

This research study has contributed to advancing the mentoring research in nursing education by narrowing the gap that existed in the literature for nontraditional associate degree students enrolled in community colleges. The 283 associate degree nursing students who participated were enrolled in associate degree nursing programs throughout the state of Michigan. The results of this study may be generalized to other groups of nontraditional students enrolled in associated degree program at community colleges in the United States because the percentages for the student characteristics of race/ethnicity, gender and age for this sample were similar to the percentages for the same student characteristics that were compiled by the National League for Nursing (2012).

Researchers in nursing education have the opportunity to build a consistent definition of mentoring and a conceptual framework for traditional and nontraditional students enrolled in two- and four-year institutions through the continued exploration of mentoring and how mentoring relates to the perceived ability to persist. The more evidence-based strategies used to enhance nursing education, the better the outcome will be to improve the preparation nurses receive to serve the public. Mentoring may be a key strategy to achieve that end, and this research has contributed to the evidence base to support mentoring of nursing students.

References

Contact
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Purpose
The purpose of this presentation is to present research findings focused on evaluating feasibility and usefulness of a promotor-delivered stress and coping module, as part of a larger Multidisciplinary Action Plan of Support (MAPS), to alleviate Mexican American family caregiver distress during family member cancer care.

Target Audience
The target audience of this presentation is academic and clinical nursing professionals committed to addressing health care disparities among underserved populations through research and evidence-based practice.

Abstract
Problem: Mexican Americans (MAs) carry an unequal burden of cancer in the United States and often receive care from a family member at home. MA family cancer caregivers (MAFCGs) experience role-related emotional stress and negative physical consequences related to unmet information needs. How well the MAFCG copes with stress can affect how well the patient copes with the cancer illness. Spanish speaking MAs need representation in cancer research studies to provide an empirical base for developing culturally relevant health care interventions. One factor that limits research with MAs is the lack of Spanish language instructional tools that have been used in a low literacy population. Development of tools for this population remains a priority to evaluate the impact of innovative and culturally sensitive interventions to decrease caregiver stress and is essential to improving clinical outcomes of a family member with cancer.

Purpose: The project purpose was to further develop, translate, and assess feasibility and usefulness of MAFCG learning materials to improve caregiver health. The learning materials, a Multidisciplinary Action Plan of Support (MAPS), support a culturally sensitive theory-based intervention that focuses on caregiver health promotion, minimizes negative caregiving outcomes, and supports caregiver role mastery for improved family member care. An additional focus of the proposed research was to evaluate use of certified Mexican American (MA) community health workers (promotores) in delivering the intervention.

Methodology: The IRB approved project occurred in two phases. These included (1) developing and translating module 2 of the MAPS learning materials and (2) piloting the materials with a sample population of MA women. The MAPS 2 module focuses on supporting the MAFCG to cope with role-related stress. An expert MA researcher served as consultant on the project.

Participants: Bilingual-bicultural undergraduate student research assistants (RA) worked with faculty researchers to develop the MAPS 2 content. The research team prepared MAPS 2 in English and Spanish language. Promotoras de salud (promotores), who are state certified community health workers and work with MAs in their own communities, received orientation to the project and presented the MAPS learning module to four MA Spanish speaking, low literacy participants. The promotores were trained to role-play with sample participants during delivery of developed materials, a process that supported evaluation of usefulness and feasibility of the intervention and potential use with additional culturally diverse populations.

Data collection procedures: The promotores presented the MAPS learning materials (module) to the sample participants in Spanish and in English, in a role-play situation. Researchers developed open-ended interview format questions (qualitative data) and Likert-type scale questionnaires (quantitative data) to collect data from promotores and sample participants to determine feasibility and usefulness of the MAPS component. Additional RAs and two honors students observed the role-play sessions and provided contextual (field) notes that served as additional data to evaluate the intervention.

Data analysis procedures: Qualitative and quantitative data composed the study feasibility and usefulness data. Quantitative data described the average time to train the promotores to deliver the MAPS content and time needed to deliver content to sample participants. Qualitative data described the promotores’ perceived ease of
MAPS delivery to the sample participant and participant’s receptivity to MAPS learning materials and their perceptions of MAPS usefulness in an actual MAFCG’s caregiving environment.

**Results/Findings:** The MAFCGs and promotores supported the Spanish language MAPS module to optimally address learning and coping needs of MAFCGs to promote their health during the challenges of caregiving. The research team gained an enhanced view of culturally sensitive care as defined by MA lay women participants, promotores, and expert bilingual-bicultural consultant to the project. Additionally, discussions among researchers, promotores, and MA participants supported the essentiality of a strong foundation of trust between caregiver and promotora and delivery of the MAPS intervention in a discussion format, rather than in an instructional session format, for quality usefulness of the intervention.

**Conclusions/Implications:** The MAPS module 2 provides an evidence-based guide for assisting MAFCGs to cope with role related stress resulting from the strong MA cultural value of “duty to family.” The study findings serve as a basis for planning a future intervention study with this underserved ethnic minority population and other global populations that share similar values, language, and beliefs of MAs. This study model may also provide an example to other researchers on ways to develop targeted learning materials for caregivers living in non-U.S. and English speaking cultures and improve current health care practices for an underserved global caregiver population.

**References**

**Contact**
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Purpose
The purpose of this presentation is to compare the effects of computerized-tailored health messages and generic health message on knowledge, self-efficacy, and intention to receive cancer screening among Korean American women.

Target Audience
The target audience of this presentation is researchers and clinicians who are interested in working with recent immigrant women to improve their cancer screening behaviors.

Abstract
**Purpose:** Despite recent evidence to support tailoring of health information to promote early detection of cancer, the efficacy of this approach is unclear among individuals with diverse cultural backgrounds. The purpose of this study was to compare the effects of computerized-tailored health messages and generic health message on knowledge, self-efficacy, and intention to receive breast and cervical cancer screening among Korean American immigrant women.

**Methods:** A total of 560 Korean immigrant women aged 21-65 years who had not had a mammogram and/or a Pap test within the past 24 months completed baseline surveys and then were randomly assigned to either the intervention (n=278) or control (n=282) groups. Within 1-2 weeks, computer-generated individually-tailored health information brochures were mailed to the participants in the intervention group. The contents of the health information were tailored to known risk factors for breast and cervical cancer, level of education, and stages of change as identified from baseline surveys. The control group received publicly available generic health information about risk factors for breast and cervical cancer and how to detect them early. After 2 weeks, participants were reassessed for cancer knowledge, self-efficacy, and intention to receive cancer screening.

**Results:** Participants were generally middle-aged (mean age=46±9), married (85%), uninsured (62%), and having been in the United States for 16(±10) years. In addition, 60% to 69% of the study sample indicated intent to receive a cancer screening test at baseline. At follow-up, more than 90% indicated that they had read their health information brochure partially or completely. The intervention group had significant increases in cancer knowledge, so did the control group with no between-group difference. The intervention group had a significantly higher increase in cancer screening-related self-efficacy than the control group but only in relation to breast cancer. Both groups had increases in the number of participants who had intention to screen; no group differences were observed, however.

**Conclusion:** Both tailored and generic health information significantly improved breast and cervical cancer knowledge among non-adherent Korean American immigrant women. Tailored health information was more effective than generic one in improving breast cancer screening related self-efficacy. Though no between-group difference was observed in terms of intent to screen, the result might have been an artifact of the study sample including non-adherent women who were already contemplating to receive a screening test at the time of study enrollment. Future research is warranted to investigate long-term effects of this tailored approach in promoting actual receipt of screening tests.

**References**

**Contact**
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Purpose
The purpose of this presentation is to increase nursing knowledge regarding the use of purposeful hourly rounding as an intervention to positively impact patient call light utilization and staff responsiveness on HCAHP scores.

Target Audience
Bedside nurses, clinical nurse leaders, educators, and nurse managers will be interested in learning about an evidence-based intervention using staff education and monitoring to improving HCAHP scores related to staff responsiveness supporting purposeful hourly rounding.

Abstract
Background Information: Nursing can influence patient satisfaction by how well the nurse delivers the care and the ability to anticipate patient needs proactively. Staff responsiveness and patient satisfaction may be correlated; when patients rate staff high on responsiveness, they are more likely to be satisfied with their care. After reviewing the literature on improved staff responsiveness and patient satisfaction, the recommendation was to implement hourly rounding. Through purposeful rounding, nurses develop relationships with patients, allowing them to assess and provide nursing interventions to patients proactively which may lead to patient satisfaction. For successful implementation of this process, staff education, training, and accountability are required.

Aims: The purpose of this evidence-based project change was to increase staff compliance to purposeful hourly rounding. The goals for this project were to 1) increase staff compliance to the protocol by 30%, 2) decrease patient call light usage by 15%, and 3) increase HCAHPs score that measure staff responsiveness by 15%.

Description of method: Quasi-experimental design was utilized. This project consisted of a series of audits, both pre and post interventions, on staff compliance by utilizing the purposeful hourly rounding protocol and tracking patient call light data, and staff responsiveness. Interventions consisted of staff education about the importance of utilizing the purposeful rounding protocol and dissemination of reminder cards that scripted 5Ps (pain, position, potty, possession, prior to leaving room).

Outcomes/data: Fifty staff were audited. During Phase 1 pre-intervention period, 23% of staff addressed all 5Ps during their patient rounds. Compliance rate for Phase 2 was a 40% increase. Call light usage was measured: prior to the project initiation, during phase 1 period, period between phase 1 and phase 2, and post-intervention phase 2. Prior to audit, the unit received 800-2300 calls during the two week period. The call light usage decreased from 718 in phase 1 and 788 in phase 2 (p= 0.44), a 48% reduction. Hospital staff responsiveness increased from 40.1 % to 65%, a 24.9% increase between pre- and post-implementation.

Recommendations: Because staff audits impacted call light volume, it is important to select unit champions from various shifts to help promote and maintain the process. To establish the purposeful rounding process as a unit expectation, it is essential to continue periodic audits of the purposeful rounding process. Audits should be performed without staff knowledge to prevent Hawthorne effect and obtain reliable data. Replicating this study on another unit for a longer duration may help verify significance of project findings. Future studies should include investigating variables that impact staff resistance to rounding and strategies to change unit culture to consistently meet patient needs.

References

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Crowd Science: Magnet® Hospitals Collaborate to Define Discharge Models of Care

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Purpose
discuss the concept of crowd science, summarize the results of a discharge model of care survey completed by a cohort of Magnet hospitals and describe the value of using of an implementation framework in multisite research.

Target Audience
nurse leaders, researchers, clinical nurses and educators with interest in current discharge models of care in Magnet hospitals and in multisite nursing research strategies.

Abstract

Purpose: The American Nurses Credentialing Center (ANCC) commissioned an innovative pay-to-participate multisite study focused on preventing hospital readmissions. More than thirty Magnet hospitals joined the study with an anticipated 25,000 patients to be recruited. An increasing amount of scientific research is done in an open collaborative method and sometimes referred to “crowd science”. Large scale studies in Magnet Hospitals leverage the power of Magnet Hospitals to engage in research on topics of importance to nursing practice, engage clinical nurses in research about their practice, and create learning opportunities about nursing research in clinical practice settings. The Readiness Evaluation and Discharge Interventions (READI) study is focused on discharge preparation as a primary function of hospital-based nursing. The first phase of the READI study was to assess the standard of care discharge model in participating hospitals.

Methods: Phase one of the READI study included a discharge model of care survey sent to participating Magnet hospitals to explore the model for discharge preparation in use at each site. The purpose of the survey was to: (1) Describe how Magnet hospitals are operationalizing discharge preparation processes and (2) Provide information on discharge practices to build context variables for the READI study. Thirty-two Magnet hospitals participating in the READI study completed a Web-based survey with each hospital reporting on two units (implementation and control). Descriptive analysis was completed with grouping by unit type and hospital size for some sections of the analysis.

Results: General findings include: (1). Each hospital operationalized their discharge model of care differently; (2) Many hospitals are participating in national discharge initiatives and customizing aspects of these models into their unique discharge models of care; (3)Unit-based registered nurse (RN) Case managers are being used extensively for discharge planning; and (4) Clinical RNs are the primary discharge teachers. Specific results describing discharge preparation components (discharge coordination, discharge teaching, discharge planning) will be discussed.

Conclusion: No one approach to discharge preparation or discharge model of care is completely successful in preventing readmissions. The role of the clinical nurse, the primary discharge teacher, is understudied. The READI study focuses on the clinical nurse’s contribution to discharge readiness. Research implementation in multiple hospitals requires intense coordination to maintain intervention fidelity. The READI study uses an adaptation of the Conceptual Model for Considering the Determinants of Diffusion, Dissemination, and Implementation of Innovations in Health Services Delivery and Organizations as an overall framework to guide the study. Key components of the adapted framework will be shared.

References

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Professional Dress vs. Employee Diversity: Patient Perceptions of Visible Tattoos and Facial Piercings

Katreena Merrill, PhD, RN, USA

Purpose
The purpose of this study was to explore the perceptions of patients, family/visitors and nurses of visible tattoos and facial piercings in health care workers.

Target Audience
The target audience for this presentation is staff nurses, nurse researchers, nurse managers and other health care providers.

Abstract
Purpose: Nurses are expected to dress in a professional manner. One aspect of professionalism includes dress and grooming. Many changes have occurred over the last several years in dress and grooming standards for nurses. Nurses no longer wear caps and all white uniforms and there is a trend towards more casual attire. Other issues, such as the presence of visible tattoos and facial piercings for direct care providers have become more prevalent resulting in dilemmas for human resource and nursing managers. Despite this, few studies have investigated patient, family and nurses perceptions of visible tattoos and facial piercings and how these new trends impact the nurse-patient relationship. More research is needed in this area, specifically related to newer trends such as visible tattoos and facial piercings and their impact on patient safety. The purpose of this study was to explore the perceptions of patients, family/visitors and nurses of visible tattoos and facial piercings in health care workers.

Methods: A descriptive survey design using a convenience sample of employees, patients and families/visitors at three hospitals in the western United States serving a large geographical area of rural inhabitants. Institutional review board approval was received and completion of the survey was considered consent. The survey contained a total of 20 quantitative items plus demographics and two qualitative questions. This study examined 10 items about professional attire that were based upon literature review, expert opinion and goals of the hospital. Respondents indicated their agreement on a Likert-type scale (1 = strongly disagree; 5 = strongly agree; 0 = no opinion). The demographic questions included age, education, ethnicity and presence of a tattoo or facial piercings. Two open ended questions asked respondents to ‘describe the characteristics of nurses who are professionally dressed’ and ‘describe the characteristics of nurses whose dress and appearance is unprofessional’.

A hard copy of the survey was distributed to all waiting areas. Family members and visitors present in the waiting area were approached and given a copy of the survey. Blank copies of the survey were also left in the waiting area with the volunteer staff to encourage participation. Completed surveys were collected at the end of the day. Patients were approached in their inpatient room and service areas (radiology, outpatient services, and Emergency room) and given a copy of the survey. Completed surveys were folded and sealed to be picked up a few hours later. A copy of the survey was distributed to all areas of the hospital (inpatient and outpatient) where nursing staff were present. Nurses were instructed to fold and seal completed surveys and they were picked up before the end of the shift. The survey took approximately 10 minutes to complete. It has a Flesh Kincaid reading level of 8.0. Results were anonymous.

Descriptive statistics were conducted. One item, ‘it makes me uncomfortable when my nurse has a visible tattoo’ was not normally distributed. Log10 transformation was completed and no significant change to the results were identified. The open ended questions were analyzed using a thematic analysis by two researchers independently and then compared for rigor. Mean and standard deviation scores are reported by respondent type (patient, family/visitor, nurse) and stratified by presence of tattoo or piercings. Scores are also reported by level of education and ethnicity.

Results: All respondents agreed that the nurses dressed professionally (4.2 out of 5). Most also agreed that they could distinguish nurses from other professions (M = 3.5-3.7) and respondents reported that nursing appearance was important (M = 3.5-3.7). Respondents also indicated that they felt safe when nurses were
dressed professionally (M = 3.3-3.5). Not surprisingly, nurses cared more about the color and style of the uniforms than patients and families.

Respondents were more likely to agree that facial piercings were not acceptable (M= 3.8-4.2) and excessive jewelry should not be worn (M = 2.6-3.8). However, visible tattoos and artificial nails seemed less objectionable (M = 2.7-3.1 and 2.5- 3.0 respectively). The qualitative analysis revealed that in addition to other themes (reported elsewhere) visible tattoos and facial piercings were common descriptors of unprofessional dress. These themes were found in both patient and nurses responses.

Respondents who reported they had piercings and tattoos were more likely to report that facial piercings were acceptable compared to those without piercings and tattoos (2.1 and 1.7) and were more comfortable with nurses who had visible tattoos (3.5 and 2.7 respectively).

Bivariate analysis revealed that patient age was moderately significant positive relationships and tattoos, feeling safe and importance of professional dress (.404, .343 and .433 respectively).

**Conclusion:** Professionalism in nursing has been widely debated. There is a delicate balance between professionalism, tolerance for diversity and patient centered care. With an increasing diversity of the workforce, it is important to understand patients’ perceptions of facial piercings and tattoos. This study identified that patients, families and nurses value professional dress and it makes them feel safe. The study also identified that facial piercings and tattoos were not considered professional for healthcare professions. This finding was more prevalent in older subjects and those who did not have piercings and tattoos. More research on professional dress is needed in more diverse populations.

**References**

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H 04 - Nursing Education and NCLEX
Self-Esteem, Locus of Control and First-Time Pass on the NCLEX-RN for Baccalaureate Nursing Students

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**Purpose**
The purpose of this presentation is to present research finding of data collected over a two year period concerning self-esteem, locus of control and first time pass on NCLEX-RN for baccalaureate nursing students at two Historically Black Colleges and Universities (HBCUs).

**Target Audience**
The target audience of this presentation is nurse leaders, nurse educators, academic coaches, and registered nurses (RNs) in clinical practice. Results of this research may be of benefit to all stakeholders in nursing, leaders in healthcare who are impacted by the shortage of RNs, and RNs in clinical practice who mentor nursing students.

**Abstract**
**Purpose:** The purpose of this quantitative, descriptive, and correlational research design was to investigate the relationship between self-esteem, locus of control, and first-time pass on NCLEX-RN® of nursing students graduating in the classes of 2010-2011 and 2011-2012 enrolled in baccalaureate programs at two HBCUs in the southeastern region of the United States.

**Methods:** The study used a quantitative descriptive correlational design to investigate the relationship between self-esteem, locus of control, and first-time pass on NCLEX-RN® among nursing students graduating in the classes of 2010-2011 and 2011-2012 enrolled in baccalaureate programs at two HBCUs in the southeastern region of the United States. A descriptive correlational design was used to examine the degree and characteristics of relationships among variables rather than to infer cause-and-effect (Creswell, 2008; Polit & Beck, 2008). Experimental design was not appropriate for this study because manipulation of the independent variables of self-esteem and locus of control could not be implemented to determine cause.

Structured self-report surveys were used to investigate the relationship between self-esteem, locus of control, and first-time pass on NCLEX-RN®. Self-report in the form of a questionnaire was used for data collection. A non-experimental quantitative, descriptive, and correlational design was used in this study. Cross-sectional survey and archival data were used to estimate the characteristics of the population and to examine relationships among variables rather than to determine cause. Instruments used in the study included a demographics sheet, Rosenberg’s Self-Esteem Scale for measures of self-esteem and Rotter’s Internal-External Locus of Control Scale for measures of self-control.

**Results:** Estimates of 100% first-time pass on NCLEX-RN® for all participants (N=90) were obtained using Rosenberg’s Self-Esteem Scale (SES) for measure of self-esteem. Overall, all participants (90, 100%) reported high levels of self-esteem using Rosenberg’s Self-Esteem Scale. Self-esteem was the independent variable and first time pass on NCLEX-RN® was the dependent variable. There is not a statistically significant relationship between self-esteem and first-time pass on NCLEX-RN®. Nursing students graduating in the classes of 2010-2011 and 2011-2012 who participated in the study were found to have high levels of self-esteem. Self-esteem level was not an indication of first time passage on NCLEX-RN® in 15 (16.7%) participants. However, 75 (83.3%) of the participants who passed NCLEX-RN® were estimated to pass on first attempt. The Sig. value (.839) for self-esteem was statistically insignificant at p > .05. Inaccurate estimates of first-time pass on NCLEX-RN® for participants (N=15, 16.3%) who failed to pass NCLEX-RN® indicated that level of self-esteem was not a determinant of first-time failure.

There was not a significant correlation between locus of control and first-time pass on NCLEX-RN® (Sig. value .290, p >.05). Research Question 2 failed to reject Null Hypothesis 2. The model using locus of control failed to explain first-time pass NCLEX-RN®. Each participant (N=90) was found to have an internal locus of control indicating that participants believed they controlled or influenced what happened in their lives. Not a single participant was found to have external locus of control indicating the belief that events in life were controlled by chance, luck, or others. Locus of control was not the distinguishing factor among participants (N=90) in the study.
There was not a statistically significant relationship between locus of control and self-esteem. Participants in this study were found to have internal locus of control and high levels of self-esteem. In the classification table for research question one the Sig. value was .839 for self-esteem, however; in research question three the Sig. value was .520 indicating that self-esteem was stronger when combined with locus of control. No statistically significant relationship was found between self-esteem and locus of control combined and first time pass on NCLEX-RN®. Research Question 4 failed to reject Null Hypothesis 4. H4: There was not a statistically significant relationship between self-esteem, locus of control, and first time pass rate on NCLEX-RN®. The model failed to identify the 15 (16.7%) participants who failed to pass the NCLEX-RN® on first attempt. High levels of self-esteem and internal locus of control failed to explain first time success on NCLEX-RN® for senior nursing students graduating in the classes of 2010-2011 and 2011-2012 who participated in the study.

**Conclusion:** The findings of this quantitative, descriptive, and correlational study indicated no statistically significant relationship between self-esteem, locus of control, and first-time passage on NCLEX-RN® among senior nursing students (n=90) graduating in the classes of 2010-2011 and 2011-2012 from baccalaureate programs at two HBCUs in the southeastern region of the United States. However, a significant relationship was found between self-esteem and locus of control. Findings of this study revealed no statistically significant relationship between self-esteem, locus of control separately or combined and first-time passage of the NCLEX-RN®. Self-esteem and locus of control were found to relate to each other but neither could explain first-time pass on NCLEX-RN® among participants. The missing connection for explanation of first-time pass on NCLEX-RN® was not revealed by this study. Replication of the study using random sampling in different baccalaureate nursing programs to include academic and non-academic predictors is recommended.

This quantitative, descriptive, and correlational study investigated the relationships between self-esteem, locus of control, and first-time passage of the NCLEX-RN® among senior nursing students (n=90) graduating in the classes of 2010-2011 and 2011-2012 from baccalaureate programs at two HBCUs in the southeastern region of the United States. Independent variables for the study were self-esteem and locus of control. First-time pass on National Council Licensure Examination for Registered Nurses (NCLEX-RN®) was the dichotomous dependent variable. Findings of this study revealed no statistically significant relationship between self-esteem, locus of control separately or combined and first-time passage of the NCLEX-RN®. Self-esteem and locus of control were found to relate to each other but neither could explain first-time pass on NCLEX-RN® among participants. A discussion of the findings, significance to leaders, conclusions, and recommendations are included in chapter five.

**References**

**Contact**
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Purpose
The purpose of this presentation is to educate nurse educators, nurse administrators, and staff development educators about the at-risk nursing student and subsequent at-risk Graduate Nurse (GN). In addition to assisting the audience to understand the at-risk student and GN, the presentation will introduce possible intervention strategies for this population.

Target Audience
The target audience of this presentation is nurse faculty members, nurse managers and administrators, and nurse staff development educators. All of those listed have a vested interest in nursing students completing nursing programs and in GNs passing the NCLEX-RN®.

Abstract
Purpose: This qualitative study sought to understand the phenomenon of graduate nurses (GN) who have failed the NCLEX-RN® multiple times. With each successive failure, the GNs chances of passing the NCLEX-RN® decrease. The GNs who fail initially and continue to fail, cannot work as Registered Nurses (RN). As the American population ages and the nursing workforce ages, the need for RNs increases. An aging nursing workforce may lead to a RN shortage in the future. Understanding the lived experience of the GNs who have failed the NCLEX-RN® multiple times could assist with supplying RNs to meet the demand.

Methods: A qualitative study which used Hermeneutical phenomenology as influenced by Heidegger (Heidegger, 1927/1962) was conducted to attempt to understand the phenomenon. The method will be referred to as HHP. Phenomenology describes carefully all that is hidden in any act of consciousness. Hermeneutics is analyzing of interview content. HHP analyzes the participants’ stories of their everyday lives as part of the phenomenon being studied. To gain understanding of the phenomenon, nine participants were interviewed and their stories were analyzed using Hermeneutical analysis.

Results: Three significant themes were identified. The themes identified included blaming, being alone and needing support, and questioning. The themes revealed in this study suggest a need for assistance. After failing the NCLEX-RN®, the GNs felt abandoned and alone. They blamed not only themselves but the nursing program and nursing faculty members. They believed that they were not prepared sufficiently to be successful on the NCLEX-RN®. Some of the participants believed that the nursing faculty and nursing program failed to identify and address needs of the at-risk student during the nursing program. The participants questioned what to do after the initial failure and each successive failure. The themes all suggest a need for guidance before and after the failure.

Conclusion: Implications and conclusions discussed included careful implementation and use of standardized testing packages (STP) by nursing programs, the need for pre-graduation identification of at-risk students and assistance, and the need for post-graduation assistance for the GNs who fail the NCLEX-RN®. The GNs who fail the NCLEX-RN® may need assistance to become successful. Only after successfully completing the NCLEX-RN® can these GNs become part of the professional nursing workforce.

References

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H 04 - Nursing Education and NCLEX
Student Preparation for NCLEX

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Mina Singh, PhD, RN, Canada

Purpose
The purpose of the study is to self assess nursing student's readiness to pass NCLEX, by using an educational tool that is designed to help them prepare for their licencing exam. In the course called IP we have implemented 2 strategies for success, and will evaluate these methods.

Target Audience
Faculty teaching any nursing program would be of interest in this study. Although our interventions involved 4th year, and in their last course before graduating, our interventions can still be implemented throughout a curriculum.

Abstract
Purpose: The undergraduate nursing faculty of a large Midwestern university initiated a program of standardized computerized testing for two purposes: to provide students experience with standardized computerized testing prior to taking the National Council Licensure Exam for Registered Nurses (NCLEX-RN) and to increase the students’ NCLEX-RN passing rate.

Methods: This article chronicles the process of implementing a comprehensive testing program developed by the Assessment Technologies Institute

Results: Although the first class of students to have taken the entire testing package has just graduated, midprogram results have demonstrated potential as key indicators for identifying at-risk students. The trends in scores on standardized computerized tests, grades in prerequisite science courses, and grades in medical-surgical courses are used to identify students who are at risk for failure in the program and on the NCLEX-RN.

Conclusion: Faculty advisors meet with these students to develop individual plans of study and to provide additional resources. The testing process is going on smoothly, and faculty members are learning to use the extensive information on students’ test scores to further assist them in passing the NCLEX-RN.

References

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Social Presence and Cultural Competence in the Online Learning Environment (OLE): A Review of Literature

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Purpose
The purpose of this presentation is to examine the relationship, importance of cultural competence and social presence in the Online Learning environment, and explore methods used by scholar-practitioners to promote educational opportunities. While much research has been conducted on these variables, a relationship of all these variables is under-represented in literature.

Target Audience
All Nursing faculty in the online learning environment (OLE)

Abstract
In recent years, growth in new technology has altered the way in which students interact with both teachers and classmates (Kaminski, Switzer, & Gloeckner, 2009). Online learning involves asynchronous and synchronous events such as video or audio teleconferencing and live interactive chat rooms (Filimban, 2009). Despite the high flexibility in online learning, Allen & Seaman (2011) explained that there is a higher dropout rate for online students as compared to traditional classroom setting. It was found that there is lack of teacher-immediacy, teacher presence, and student interaction with teachers which may cause the high attrition rates (Martin et al., 2012).

The objective of this article is to examine the relationship and importance of cultural competence and social presence in the Online Learning Environment (OLE), explore methods used by scholar-practitioners to promote educational opportunities. While much research has been conducted on these variables, a relationship of all these variables is under-represented in literature and research.

The literature review was based on related databases, such as CINAHL, Science Direct, MEDLINE, and EBSCO. This article contributes to the growing body of knowledge on social presence, and provides a review of the relationship between social presence, student's learning and cultural competence. The results from this study could also help educational institutions develop programs to address culturally based issues that may be affecting students overall success in learning.

References


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H 05 - On-Line Nursing Education
Comparison of Face-to-Face and Distance Learning Teaching Modalities in Delivering Therapeutic Crisis Management Skills

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Purpose
The purpose of this presentation is to increase knowledge of the viability of distance education courses for teaching difficult nursing content. This understanding may help guide future development of effective methods to teach therapeutic crisis management techniques.

Target Audience
The target audience of this presentation is nurse educators. With the advent of technology and the move to increased distance education courses in nursing programs, it is important to examine the effectiveness as well as student satisfaction with distance education.

Abstract
Purpose: The purpose of this study was to compare effectiveness and student satisfaction of distance education versus face-to-face interaction in delivering therapeutic crisis management skills content to Associate Degree Nursing (ADN) Students as measured by test scores, overall grade point average (GPA), class grade, and student satisfaction survey results. One group of students was taught via face-to-face interaction in the traditional classroom setting with case studies and group work. The other group of students was taught via distance education with the same instructor presentation followed by the same case studies and distance education group work. This researcher believed that test scores would be higher in the distance education setting because the students would have to take the time to read and respond to discussion board questions. Personal experience led to this hypothesis because students have verbalized in the past that they enjoy a distance education environment where students can set the pace. No difference between the two separate groups or enhanced performance by those who receive instruction through distance education could indicate that distance education is an effective teaching modality for therapeutic crisis management.

Methods: The study was a quasi-experimental, post-hoc causal comparative, two group post-test only design. There were two conditions: face-to-face classroom delivery of course content and distance education with online course content. The study was designed to compare effectiveness of distance education and face-to-face interaction through reviewing test grades, overall GPA, and class grades. Additionally students were asked to rate their satisfaction of the different modalities.

Institutional Review Board approval was received from two agencies involved in the research study. Participation for the study was voluntary. Students’ agreement to participate in the study was obtained through volunteer signatures. Consent was obtained from all volunteers prior to the study through the Student Consent Form. Students who had completed the third semester psychiatric mental-health nursing course were invited to participate in the survey. Students were not asked to complete the survey until they had completed all work associated with the course.

Test score data was collected from test questions related specifically to the therapeutic crisis management content. Test questions were part of a larger exam. Test questions were validated with data analysis including Point Biserial and content validity. Question analysis was gathered from ParScore®, a test analysis computer software program. Content validity was established through the use of questions on previous tests during previous years with data from previous statistical analyses. Overall GPA and class grades were gathered from student records. Surveys of student satisfaction were developed by the researcher, peer reviewed by two faculty members and were piloted with a cohort of 65 students. No formal validity measure (Cronbach alpha) have been reported for prior uses of these measures.

An independent samples t-test was employed to identify therapeutic crisis management test performance differences between students in face-to-face interaction and distance education sections. A t-test was also performed to assess differences in test grades, course grades and GPAs of students who were in their preferred setting and those who were not. Type I errors were controlled for by using SPSS software.
A quantitative analysis regarding satisfaction was performed with a series of questions on a researcher-developed survey. For categorical responses on the questionnaire, such as age, gender, ethnicity, learning styles, and satisfaction counts and percentages are presented. All tests were conducted at a significance level of 0.05. The primary hypothesis was to investigate differences between test scores, overall GPA, and class grade of students who were taught therapeutic crisis management techniques via face-to-face interaction and those who were taught through a distance education format.

**Results:** There were 110 participants who were eligible and agreed to participate in the study. There were 63 participants in the distance education group and 47 participants in the face-to-face interaction group. The majority of participants were 18 to 29 years of age (59.1%, n=65), female (84.5%, n=93), and Caucasian (79.1%, n=87). The age distribution of the remainder of the participants was as follows: 23.6% (n=126) categorized themselves as between the ages of 30 to 39, 17.3% (n=19) categorized themselves as between the ages of 40-59. There were 15.5% (n=17) male participants. The ethnicity of the other participants was 9.1% (n=10) African American, 5.5% (n=6) Hispanic, 2.7% (n=3) Asian, and 3.6% (n=4) classified themselves as Other Ethnicity. The majority of the participants, 42.7%, (n=47) categorized themselves as visual and auditory learners, 32.7% (n=36) categorized themselves as tactile and visual learners, 24.5% (n=27) categorized themselves as other style learners.

The first research hypothesis was to investigate if there were differences between test scores, overall GPA, and class grades of students who were taught therapeutic crisis management techniques via face-to-face interaction and those who were taught through a distance education format. A series of Independent Samples t-tests, with an alpha .05, were performed to assess the mean difference between the section of the course as the dependent variable and test grade, overall GPA, and class grade as the independent variables. Data were characterized for their distributional characteristics using descriptive and graphical methods where they were tested for equal variance and passed. Where the assumptions for the t-test were not met data was transformed to reduce skewness and number of outliers, and improve the normality and linearity of any residuals. Analysis was performed using SPSS.

The mean test grade was 82.1 out of 100, SD=5.88 for the distance education group and 82.8, SD=5.20 for the face-to-face interaction group. No statistically significant difference was noted between test grades (t58=.704; DF=108, p=.483). The overall mean GPA for the distance education group was 3.1 compared to 3.0 for the face-to-face interaction group. This difference also was not statistically significant (t58=.765; DF=108, p=.446). The mean class grade was 82.4, SD=4.23 for the distance education group and 82.8, SD=4.34 for the face-to-face interaction group. This difference in class grades was not statistically significant (t58=.429; DF=108, p=.668).

The second research question was to investigate if there were differences in nursing student satisfaction between distance education and face-to-face interaction when learning therapeutic crisis management techniques. The same methods listed above were used to assess the distributional characteristics for each of the variables of interest. The satisfaction scores were taken from a Likert scale with twenty-eight total points possible. A higher score is indicative of less satisfaction while a lower score is more indicative of higher satisfaction. Total satisfaction scores were grouped into three separate categories; one to nine points indicated satisfaction, ten to nineteen points indicated neutral, and twenty to twenty-eight points indicated not satisfied. Overall satisfaction score means were 9.3, SD=3.63 for the distance education group and 8.6, SD=2.48 for the face-to-face interaction group. This difference was not statistically significant (t58=1.12; DF=108, p=.264). There were no significantly statistical differences (t58=.169; DF=108, p=.87).

Overall, there were 67% of the students who were in the preferred section and 39% who were not in the preferred section. The mean test grade was 82.8, SD=4.38 for the students who were in the preferred section and 82.2, SD=7.16 for the group that was not in the preferred section. No statistically significant difference was noted between test grades (t58=.478; DF=104, p=.634). The overall mean GPA for the group that was in the preferred section was 3.1, SD=.353 compared to 3.0, SD=.414 for the group that was not in the preferred section. This difference was not statistically significant (t58=.646; DF=104, p=.520). The mean class grade was 82.8, SD=3.99 for the group that was in the preferred section and 82.3, SD=4.80 for the group that was not in the preferred section. This difference in class grades was not statistically significant (t58=2.68; DF=104, p=.563).

**Conclusion:** Nursing schools have had to develop ways to handle faculty and space shortages. Distance education must be an option for nursing schools facing today’s difficult challenges. No difference between the face-to-face and distance education group could indicate that distance learning is an effective teaching modality.
when compared to face-to-face interaction. Despite the limitation of the size of the study large differences between groups (large effects size) would have been detected if present.

It is important to note that student preference for a particular teaching modality did not impact the overall test grade. Difference in overall GPA and overall course grade were also not statistically significant. There were also no statistically significant differences of overall satisfaction between students who were and those who were not in their preferred section. This may suggest that providing both face-to-face interaction and distance education sections will not adversely affect student outcomes for the course.

Neither research question was supported by the data from the study. No differences were found between test scores of students who were taught therapeutic crisis management techniques via face-to-face interaction and those who were taught through a distance education format. No differences in the degree of nursing student satisfaction between distance education and face-to-face interaction when learning therapeutic crisis management techniques was found either.

References

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H 05 - On-Line Nursing Education

E-Learning and Evidence-Based Guidelines: An International Trial with the Example of Evidence-Based Guidelines for the Prevention of Healthcare-Associated Infections

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Purpose
The purpose of this presentation is to demonstrate the value of e-learning to promote insights and knowledge of evidence-based guidelines. Results of an international study with the example of evidence-based guidelines for the prevention of healthcare-associated infections will be presented and discussed.

Target Audience
The target audience involves nurses active in education, evidence-based practice, and infection prevention and control.

Abstract

Purpose: Healthcare workers’ knowledge of and adherence to evidence-based guidelines for the prevention of healthcare-associated infection have been reported to be very limited. This may be due to the unattractive, complex and therefore difficult-to-study format in which printed guidelines are issued. Therefore, we developed a user-friendly e-learning course on these guidelines with integrated exercises for self-evaluation to assess whether this more attractive format could help enhance healthcare workers’ knowledge about the guidelines.

Methods: The course was developed in Dutch and subsequently to- and back-translated in English, Portuguese, Spanish and Turkish. Content validity was approved by an international team of infection prevention experts. A sample of 50 potential users agreed upon its face validity and usability by means of the Software Usability Measurement Inventory. The e-learning course was accessible via a study website. A pretest–repeated posttest design was organized through the website. After submission of a pretest to determine baseline guideline knowledge, participants voluntarily studied the e-course. Subsequently, a pretest and two posttests assessed immediate and residual learning effects. The immediate learning effect is the change in test scores as compared to the pretest scores, immediately after studying the e-course; the residual learning effect is the change in test scores as compared to pretest scores, 3 months after studying the course and without course access.

Results: 3587 voluntary healthcare workers from 79 nationalities registered on the study website. Of these, 1011 completed the entire study path. Median study time was 194 minutes. Median scores were 54% (46%-64%) at the pretest; 82% (72%-90%) at posttest 1; and 74% (64%-84%) at posttest 2. As such, the immediate learning effect was 21% (14%–34%; \( P<.001 \)) and the residual effect 18% (8%–28%; \( P<.001 \)). Multivariate linear regression identified a longer study time, a longer work experience and living in a country with high or very high Human Development Index to associate with better immediate learning effects; a higher score on the pretest, female gender, and a higher age category were independently associated with lower effects (\( R^2=0.36 \)). For the residual effect, longer study time, female gender, and longer work experience were identified as predictors of better learning effects; a higher score on the pretest and a higher age category were associated with lower effects (\( R^2=0.29 \)).

Conclusion: Moderate time invested in a well-designed, low-cost e-course significantly enhanced knowledge. Therefore, professional societies should consider translating their evidence-based recommendations in e-learning modules, parallel to printed guidelines.

References
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Purpose
to collaborate with the patient, in order to create an atmosphere of safety and trust that would improve the
overall patient experience and provide for a safe hand- off of information. This project measures the effects of
implementing a standardized bedside shift report on patient experience.

Target Audience
Supervisors, directors and charge nurses of facilities that are looking to improve patient satisfaction scores and
create an environment that promotes safety. Bedside shift report allows for active patient participation and
verification of information and creates an environment that promotes safety and trust.

Abstract
Background: In 2001 the Institute of Medicine report, Crossing the Quality Chasm, included patient
centeredness as one of its six overarching aims for improving the health care system. Patient centered care
can be defined as, “improving health care through the eyes of the patient”, often measured by patient
experience surveys such as the Hospital Consumer Assessment of Healthcare Providers and Systems
(HCAHPS). Improving the patient experience involves changing the current culture of the way nurses practice
and communicate with each other and with their patients. One way to improve these communications is to
commit to bedside shift report. Historically nursing shift to shift reports have occurred at a central nursing
station on a patient care unit. Patient history, plan of care and information vital to the care of the patient are
exchanged during this time. This traditional practice of one way communication from the off-going provider to
the oncoming nurse can be lengthy, incomplete and fraught with interruptions. This hand off occurs with no
patient involvement which can lead to errors, confusion about treatments, diagnosis and medications. Moving
report to the bedside improves transparency between the healthcare team and the patient. The patients are able
to hear exactly what their plan of care entails and are free to add any pertinent information. Achieving this level
of communication does not come without establishing trust between the nursing staff and the patients. Nurses
must demonstrate empathy, respect and compassion in order to establish this type of relationship.

Objective: To measure the effects of implementing a standardized bedside shift report on patient experience.

Methods: Beginning September 2011, all unit nurses attended an educational session to learn about bedside
shift report. Each member received a handout containing evidence based information about bedside shift
reporting. A standardized tool based on the Situation, Background, Assessment, and Recommendation (SBAR)
communication structure was developed to encompass all items expected to be reviewed at change of
shift. The proper way to conduct a bedside handoff with this new tool was reviewed with all staff. Questions and
concerns were addresses prior to implementing the new reporting system. Over the last two weeks of November
2011, the Director of Patient Care shadowed staff to observe reporting process, identify any areas for
improvement and support staff through the change. Weekly meeting were held to discuss issues and concerns
relating to patient confidentiality, physician buy-in, and focusing the handoff around the patient. Bedside shift
report became a mandatory requirement on December 1, 2011.

Results:

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Immediate and dramatic results were seen related to HCAHPS nursing communication scores in all four
domains. The greatest improvement was seen in the nurses explain things in a way you understand which
improved from 64 to 71 or 11%. One important indicator of the effectiveness of bedside reporting is the nurses
treat with courtesy and respect scores which increased 10% from 83 to 91. These indicators validate that nursing staff is building relationships with patients and effectively engaging patients in their care. Some barriers were encountered during the implementation of bedside report specifically relating to patient confidentiality and physician buy-in. Staff had concerns about sharing clinical information at the patients’ bedside and violating HIPAA. Further education was provided to staff members on what pertinent information to share and how the sharing of information is considered incidental disclosure under the HIPAA law. One physician wanted to “opt out” of bedside shift report for their patients. The Director of Patient Care provided further education to the physician on bedside shift report and the positive impact it would have on safety and communication, afterwards they were agreeable to the process change.

**Conclusion:** The implementation of bedside shift report has significantly improved the patient experience on the unit. Patients and their families have reported feeling more involved in their plan of care and have felt they received more information on their condition. Staff satisfaction and perceptions of hand-off communication has also improved with the standardization of the hand-off tool. Concise information on the patients’ condition is reported to assist the oncoming nurse appropriately plan the patients care for their shift. Sustaining bedside report will remain the focus for the staff of the department while the unit transitions from semi-private to private patient care rooms.

**References**

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Facilitating Communication for Suddenly Speechless Patients in the Critical Care Setting

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Purpose
report on the impact of a technology-based communication intervention designed to meet the needs of hospitalized patients with sudden inability to verbalize their needs (sudden speechlessness).

Target Audience
nurses in the intensive care/acute care setting.

Abstract
Purpose: To report on the impact of a technology-based communication intervention on perception of communication (ease), satisfaction with communication method, and frustration levels experienced by hospitalized patients experiencing sudden inability to verbalize needs (sudden speechlessness).

Methods: Quasi-experimental study; usual care and intervention groups at two tertiary care institutions. The technology based intervention incorporated a speech-generating device with three key functions to communicate: direct selection of pre-stored messages with graphic/pictorial representation, handwriting and typing screens. Data were collected daily for a maximum of 10 days including: assessment of confusion, agitation and sedation status, perception of communication difficulty, frustration level, and satisfaction with communication methods.

Results: Lower frustration levels (-0.2.68, SE=0.17; 95% CI -3.02 to -2.34, p=<0.001) and a higher satisfaction level with communication methods (0.59, SE=0.16; 95% CI 0.27 to 0.91; p<0.0001) were reported by patients in the intervention group. The estimated difference between the intervention and the comparison group was not statistically significant (-0.058, SE=0.039; 95% CI -0.136 to 0.020; p=0.14). However, point estimates associated with each of the communication components evaluated were significant, supporting improved ease of communication values for participants in the intervention group in comparison with the usual care group.

Conclusion: Technology based communication interventions tailored to the needs of hospitalized patients have the potential to enhance the communication process during sudden speechlessness events. Future research should focus on evaluating if technology based communication interventions enhance the communication and management of symptoms.

References

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H 08 - Discussions about Women's Social Health Using Mixed Methods to Generate Data with Women Participating in U.S. Microenterprise

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Purpose
The purpose of this presentation is to introduce the audience to social determinants of health within the context of women's health and United States microenterprise. The goal of this research is to promote community health using primary and secondary prevention strategies.

Target Audience
The target audience of this presentation is healthcare providers interested in health disparities, vulnerable populations, policy, and translational research.

Abstract
Purpose: Microenterprise programs provide vulnerable populations, the majority of whom are women, access to educational and financial resources to start small businesses. Many international programs acknowledge the employment-health link and promote health as a form of collateral through primary and secondary prevention interventions. Health promotion is not as prevalent in United States (US) programs and further investigation is required to identify the health needs of women microentrepreneurs. The study was conducted in collaboration with a community development financial organization which provides credit and services to entrepreneurs who do not have access to traditional lending.

Methods: The community organization assisted with the recruitment of women for surveys and hosted three focus groups. REDCap, a web application that allows for the secure building and management of surveys and databases, was used to administer The Center for Epidemiologic Studies Depression Scale (CES-D), the SF-12 health survey, a demographic survey, and a feasibility questionnaire regarding the use of on-line methods to collect data. The purpose of this mixed method pilot study was to: 1) explore how women discuss health and the challenges of working in a U. S. microenterprise, and 2) assess the feasibility of using on-line health instruments to collect data for this population.

Results: Three focus groups (n=9) were conducted to address the first aim of the study. Using content analysis, these focus groups revealed similar findings to those seen in the two previous U. S. microenterprise qualitative studies. Although the freedom, flexibility, and independence of self-employment was rewarding; creating work-life balance, prioritizing self-care, and sustaining a business was challenging. On-line surveys (n=23) were administered to address the second aim of the study. The majority (92%) of women that participated in the on-line surveys completed all questionnaires and indicated that on-line surveys were a good way to share health-related information with researchers. Importantly, 64% of the participants reported that they were likely or very likely to participate in on-line surveys about their health in the future. In addition, 72% indicated that on-line surveys were more meaningful than other 1:1 interviews or focus groups in terms of sharing information with researchers.

Conclusion: Microenterprise continues to gain popularity in the US. In 2012 there were 816 microenterprise programs identified. Women microentrepreneurs have been shown to be good social and economic investors and a strong link to generational health. Designing interventions that promote health using primary and secondary prevention is a good investment and has the potential to decrease health disparities and improve population health. These study findings suggest that on-line surveys (which are less costly) are a feasible method to collect health related information among women with microenterprise businesses.

References

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H 08 - Discussions about Women’s Social Health
Verbal Abuse: The Invisible Wounds Experienced by Military Wives

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Purpose
The purpose of this presentation is to describe experiences of verbal abuse by military spouses, determine if verbal abuse leads to other types of abuse, and discuss a proposed model to explain the experience of verbal abuse for military spouses.

Target Audience
The target audience of this presentation is nurse clinicians, researchers, and educators who support veterans and their families in both civilian and Veteran Administration facilities.

Abstract
Purpose: The specific objectives of this study were to describe the experience of verbal abuse by military spouses, determine if the experiences of verbal abuse were antecedents to other types of abuse, and construct a model to explain the experience of verbal abuse for military spouses.

Methods: A phenomenological research design was used to address verbal abuse as it was experienced by female military spouses. The population was adult women married to spouses presently serving in the United States Armed Forces. These women were currently participating in either individual counseling or a women’s support group at a community mental health counseling center located in the Mid-Atlantic region of the United States. A convenience sample of 21 military spouses 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 transcripts were analyzed using Colaizzi’s phenomenological methodology.

Results: A description of the participants’ background, health status, and abuse history was obtained from the demographic data collection. The findings from the interviews included a description of the verbal abuse experience. None of the participants reported being in any type of abusive relationship prior to their marriage, nor were they abused during the beginning years of their marriage. Six themes, disagreements and arguments, outbursts of anger, intolerance for concerns of others, emotionally disconnected, feeling alone and isolated, and spouse unwillingness to participate in counseling, were identified. The women openly shared their experiences of verbal abuse, and individually met with the researcher to validate the proposed model portraying the experience of verbal abuse for military wives.

Conclusion: For the women in this study, verbal abuse was present in the marital interactions and was identified as a precursor to physical violence. The experience of verbal abuse for these military couples often involves isolation, subordination, economics, secrecy, or humiliation. The wives believed it was their responsibility to mollify their spouses and attempt to minimize the verbal abuse. Additional research is needed to support or modify the model and to determine its psycho-educational use. After further validation, the proposed model may be used to educate health care providers, military spouses and their partners about verbal abuse and how it is a precursor to intimate partner violence and an associated symptom of post-traumatic stress disorder.

References

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Purpose
The purpose of this research was threefold: a) to explore the experiences of near elderly women who are uninsured or underinsured, b) to identify ways women managed health care needs, c) to develop a conceptual understanding of this experience grounded in the participants’ perspectives.

Target Audience
The target audience is nurses, advanced practice nurses who provide direct care to women. A secondary target audience is nurses in health care management positions who may help resolve some of the barriers these uninsured women face.

Abstract
Purpose: The purpose of this research was threefold: a) to explore the experiences of near elderly women who are uninsured or underinsured, b) to identify ways women managed health care needs, c) to develop a conceptual understanding of this experience grounded in the participants’ perspectives.

There is limited research analyzing or exploring the experiences of near elderly women who are uninsured. There is a many studies determining the numbers of uninsured and underinsured but none describing the difficulties these women face on a day-to-day basis. This study offers a new view of how these women manage their health care needs in a challenging socioeconomic environment. Grounded theory is useful in research situations where there are major gaps in current knowledge.

Near elderly women, ages 50-64 years of age are at a higher risk for worsening of chronic diseases than women in younger age groups. The uninsured have limited access to care, and are likely to delay care. Without medical insurance, women are less likely to seek care or to follow up with prescribed tests, treatments and appointments. When they do seek care, they are often sicker than insured peers of a similar age. Access to primary care and consistent face-to-face contact with a regular care provider are associated with better health outcomes and enhanced chronic disease management and health outcomes in general.

Methods: A grounded theory approach was used. Eleven participants responded to advertisements in local newspaper seeking women between 50-64 years old who are uninsured. All were interviewed and the interview digitally recorded. Transcripts were analyzed word for word and coded using the constant comparison method. During the analysis codes, categories and Enduring Resilience is the basic social process employed by near-elderly women who face myriad economic and social challenges.

Results: The lack of financial protection from unexpected health care expenses that increase with age can have devastating effects on health and finances. The participants were a resolute group of women who offered numerous examples of how the loss or the lack of health insurance had impacted their lives and their ability to manage on a day-to-day basis. Several had medical debt ranging from several hundred dollars to more than $90, 000. Study participants described the many barriers to health they encountered and the strategies they used for managing their health. Enduring Resilience is the basic social process employed by near-elderly women who face myriad economic and social challenges. The Basic Social Process, enduring resilience occurs in a non-linear manner and has 2 sub-processes Downward Spiralling and Keeping it all together. The phrase “downward spiral” evokes a picture of a loss of control which concludes in a momentous crash. Following the “crash,” these women found their way back to a state of balance. Keeping it all together refers to the participants’ determination to move forward despite the obstacles. The term describes the ability of these women to modify, adapt to, and/or accept circumstances which could constrain their progress.

Conclusion: Without health insurance, women are less likely to seek care or to follow through with prescribed medications, tests, treatments and appointments. Uninsured women in this age group have a barrier to routine primary care placing them at increased risk for worsening any chronic disease. These women are also likely to skip, discontinue or decrease prescribed medications often destabilizing any chronic disease. In order to provide apropriate care nurses and nurse practitioners must understand the difficulties uninsured women encounter in managing their health care needs. Once the difficulties have been indentified nurses may help mitigate some of the barriers these women must overcome.
References

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Purpose

to describe lessons learned from a community based participatory research study using a computer based audience response system for quantitative data collection.

Target Audience

anyone interested in community engaged research, partnerships with the faith community, and data collection methods.

Abstract

Purpose: When compared to other states in the United States, Arkansas health indicators are consistently worse, principally because it is a predominantly rural state. Unfortunately, racial and ethnic minorities living in the state have even poorer health indicators, with the Delta region demonstrating the most marked disparities. Therefore a community-academic research partnership was developed to address these disparities among African-Americans in the Delta. The faith community was targeted specifically because the church is one of the most trusted institutions in rural African-American communities. As part of this effort health assessment surveys were administered in order to identify the key health issue or concern to address. The community-academic team implemented a study involving collection of quantitative data using a computer-based audience response system (ARS). The recruitment and data collection efforts were led by the community partners, both who are pastors residing in the Delta. Thirty health assessment survey sessions were conducted in churches across two rural communities with a total of 461 participants. In an effort to better understand the data collection process (planning, training, and facilitating) and identify lessons learned, the team participated in a self-reflection exercise.

Methods: An external qualitative research consultant conducted two focus groups—one with the academic team members and one with community team members. Eligibility for both groups included attending at least one health assessment using ARS. The consultant was accompanied by a note-taker to capture non-verbal cues and an overall description of the focus group and group dynamics. Each focus group lasted approximately 90-minutes. The sessions were digitally-recorded and transcribed verbatim. The consultant then reviewed, coded and conducted content analysis using Atlas.ti software.

Results: A total of 9 research team members participated in the focus groups. The self-reflection resulted in eight lessons learned themes. These included the following: Overall views of the ARS-the use of it as a data collection tool and a mechanism to engage the community; ARS envisioned and what transpired; what went well – the positive aspects of ARS including participant engagement during the data collection process; challenges – such as adherence to the protocol and unexpected technical difficulties; Recruitment; ARS Training; Ideas for the future, for example ensuring technical support; and Words of wisdom to colleagues.

Conclusion: The lessons learned can help community-academic research partnerships identify the best circumstances to use a computerized audience response system for data collection and key elements to include in the planning, training, and facilitation process. Overall the ARS was viewed as a successful method, and with some minor changes and consideration of its limitations (e.g. inability to capture continuous data) would be recommended as something to continue using in future CBPR projects.

References

No references were used.

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The purpose of this research is to explore the relationship between race, ethnicity and other demographic variables related to the use of mobile devices to access online health information in the U.S.

Target Audience
The target audience for this presentation is nurses and other health care providers, health educators, health marketers and anyone interested in the dissemination and use of online health information through mobile devices.

Abstract
Purpose: Much previous research has investigated how people access the Internet and online health information. This research has identified the digital divide – minorities and low-income persons are more likely to lack access to the Internet and to online health information. Unfortunately, there has been very little previous research that has investigated how people use mobile devices to access the Internet and online health information. The current research addresses this gap in the literature and investigates the relationship between race-ethnicity and other demographic variables, and the role of mobile devices for access to online health information in the US.

Methods: This current research uses data collected in 2012 by telephone interview of a nationally representative sample of adults in the US (n=3014). The Pew Foundation sponsored the data collection, and provided results in a report. For this research, secondary data analyses were performed on the subset of cell phone owners (n=2,582) with the use of R and its survey package that allows researchers to incorporate the sampling weights to estimate population statistics and standard errors.

Results: Univariate results showed that among cell-phone owners, 1) Non-Hispanic blacks (35.5%), and Hispanics (38.1%) were each significantly more likely than non-Hispanic whites (26.6%) to use mobile devices to access health information online, and 2) Non-Hispanic blacks (25.4%), and Hispanics (26.4%) were each significantly less likely than non-Hispanic whites (41.4%) to access health information online with no use of a mobile device. Hispanics, however, are significantly younger than non-Hispanic whites, and age has a significant negative relationship to mobile device use. Therefore multivariate logistic regression was performed with age, gender, education levels, and family income as covariates to investigate the relationship between race-ethnicity and the likelihood of online access to health information. Results of the multivariate analyses showed that after adjustment for covariates, Hispanics, Non-Hispanic blacks, and other minorities were each significantly more likely than non-Hispanic whites to use mobile devices to access health information online. Also, multivariate results showed that after adjustment for covariates, Hispanics, Non-Hispanic blacks, and other minorities were each significantly less likely than non-Hispanic whites to access health information online without use of a mobile device.

Conclusion: These results suggest that the availability of mobile devices may help reduce the digital divide for access to online health information. Low income and minority populations previously regarded as less likely to access online health information, are more likely than non-Hispanic whites to access online health information through their mobile devices. Also, these results suggest that nurses and other health communicators who wish to disseminate health information online should design their websites and other health information to be very accessible on mobile devices.

References

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The Role of the Emergency Nurse Practitioner: A Transcontinental Comparison

At Nena L. Tucker, DNP, MBA, FNP-C, USA

Purpose
The purpose of this presentation is to look at the need for the emergency care nurse practitioner role, utilization of emergency care nurse practitioner throughout the world, and associated outcomes. It also aims to establish global best practices for emergency care nurse practitioners.

Target Audience
The target audience of this presentation would be those with an interest in emergency care. It would also include those who educate nurse practitioners.

Abstract
Originally designed to care for women and children, the nurse practitioner (NP) role has expanded into a number of specialty areas. One of the fastest growing specialty areas for NPs in the United States (US) is in emergency care (EC). Tremendous growth has been seen in both the academic and clinical sides of the role in the past decade. Clinically speaking, over five million emergency room (ER) patients were treated by nurse practitioners across the US in 2013. From an academic standpoint, EC nurse practitioners programs are popping up across the country and a EC NP board certification was introduced in 2013. But all is not well in the world of EC NPs. This role is a greatly debated topic amongst professional NP organizations. Issues such as scope of practice, academic preparation/primary specialty, appropriate patient population, and policy issues are being argued by a number of stakeholders. The US is not the only country with nurse practitioners as emergency care providers. The lack of primary care providers and expanding emergency department needs are both global issues. Australia, Ireland and the United Kingdom are just a few of the other countries who have adopted the EC NP role. While the health care systems and needs of these countries are very different, there are a number of universal care concepts and standards seen with all emergency care. This session looks at the need for the EC NP role, utilization of EC NPs throughout the world, and associated outcomes. It also aims to establish global best practices for EC NPs.

References

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H 10 - Promoting Clinical Outcomes in the Emergency Department

The Adoption of the Risk of Suicide Questionnaire (RSQ) in the ED: Utilizing the Iowa Model of Evidence-Based Practice

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Purpose
The purpose of this presentation is to increase awareness to the scope of suicide and the need for better suicide risk assessments in acute clinical settings through the implementation of the Risk of Suicide Questionnaire (RSQ).

Target Audience
The target audiences of this presentation are nurses, physicians, social workers, nurse practitioners, ED technicians, and other healthcare practitioners who care for suicidal patients.

Abstract
Suicide is a major health problem that can have lasting harmful effects on individuals, families, and communities. Patient suicide has ranked in the top five most frequently reported sentinel events in health care. The exact number of suicide patients is unknown and is most likely underreported due to lack of consistent screening and the variability of instruments used across institutions nationwide. Screening suicide in the emergency department is very challenging because of the complex nature of the work environment, a wide array of patient manifestations, and multiple patient populations across the lifespan. Several suicide screening instruments are available but may not be feasible to implement in the emergency department.

The Risk of Suicide Questionnaire (RSQ) is a brief, valid and reliable instrument which is well-suited for the emergency department. The instrument is reliable in both pediatric and adult population. The objective of this quality improvement project is to evaluate the adoption and implementation of the Risk of Suicide Questionnaire in a Magnet community hospital using the IOWA model of evidence-based practice as a framework. A Suicide Task Force Team was formed which composed of ED nurses and ED technicians. The team developed the policy. All nurses and Techs were educated on the RSQ instrument. Results support a 93% adoption of staff in the first month of implementation. Results from this project have the potential to improve evaluations of patients at risk for suicide and increase patient safety through implementation of suicide precautions in the emergency department. Implementation of suicide precautions increased from 67% to 95%.

References

Contact
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Purpose
The purpose of this presentation is to highlight the role of the nurse champion in the success of a specific educational program, SBIRT.

Target Audience
The target audience of this presentation is all RNs interested in learning about the critical role of the nurse champion in unit specific education for SBIRT.

Abstract
Purpose: Substance use is a worldwide public-health priority. Annually, 2.5 million die from the harmful use of alcohol (World Health Organization (WHO) 2011 Global Status Report). WHO also reports that at least 15.3 million persons have drug use disorders (WHO, 2014). Risks associated with use of alcohol and other drugs can lead to accidents, violent behavior, and societal/developmental issues. To address substance use risks, an interprofessional (academic-community-health provider) partnership trained Emergency Department Registered Nurses (EDRN) to utilize an evidence-based practice (Screening, Brief Intervention and Referral to Treatment: SBIRT) to screen patients for substance misuse for timely brief interventions enhancing motivation to reduce use or follow-up on assessment referral. To maintain SBIRT momentum by busy EDRNs, Nurse Champions were appointed who, with the ED Nurse Manager, play a critical role in coordinating ongoing SBIRT educational updates and quality outcomes and maintain a consult liaison with EDRN interprofessional trainers.

Methods: During the SBIRT training of EDRNs in four hospitals located in urban, rural, and low-income areas, nurse champions: 1) observed and participated in the evidence-based content, teaching/ practice skills, and discussion sessions; and, 2) consulted with EDRN interprofessional trainers for SBIRT maintenance via ED manual development, online programming, educational posters and consultative return visits.

Results: Overall, staff RNs demonstrated high rates of effectively engaging patients in the SBIRT process, with 91% conducting effective screens, 73% engaging patients in a negotiated interview, and 70% collaborating with patients to determine next steps. The most frequently cited reasons for not engaging in SBIRT was lack of relevancy to the patient population at the screening stage (N=4), difficulty in connecting use to a patient’s presenting health problem at the brief intervention stage (N=3), because they felt a referral was not necessary (N=2), and waiting to collaborate with a behavioral health/ mental health/ social work colleague at the brief interview (N=1) or referral stage (N=2). Personal discomfort was cited as a reason for not engaging in SBIRT by only two individuals.

Conclusion: EDRN SBIRT education promotes patients’ need for intervention to be identified earlier along the continuum of use, abuse, and dependence. However, support for a busy EDRN to maintain developing SBIRT skills is critical to practice maintenance. The Nurse Champion role reinforces learning through encouraging and fostering emergent evidence-based SBIRT practice.

References

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H 11 - Preventing Disease Progression through Research
Psychometric Evaluation of the Diabetes Self-Management Instrument-Short Form (DSMI-20)

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Purpose
This study aims to evaluate the psychometric properties of the Diabetes Self-Management Instrument-short form (DSMI-20).

Target Audience
The target audience of this presentation is health professionals in particular working in clinical.

Abstract
Purpose: To streamline a clinical tool for use with people with diabetes. This study aims to evaluate the psychometric properties of the Diabetes Self-Management Instrument-short form (DSMI-20).

Methods: The short form instrument (i.e., DSMI-20) was revised from our previous instrument (i.e., DSMI-35) through in-depth small group discussions and expert validation, and tested it via pilot tests and item analysis. We verified it by exploratory factor analysis (EFA) and correlation with an empowerment scale. Reliability testing included internal consistency and test–retest reliability that were estimated by Cronbach’s alpha and Pearson correlation coefficients.

Results: EFA identified four factors with loadings ranging from -0.727 to 0.907: communication with HCPs, self-integration, self-monitoring of blood glucose, and problem solving, which accounted for 57.11% of the total variance. Cronbach’s alpha coefficient of the DSMI-20 total scale was 0.925 and of subscales ranged from 0.838 to 0.892. The test–retest correlations for the DSMI-20 total scale were acceptable (r = .790, p = .001). Correlation with the diabetes empowerment scale was r =0.552 (p = .001).

Conclusion: The DSMI-20 is a rapid, viable assessment tool for identifying self-management problems among people with diabetes.

References

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H 11 - Preventing Disease Progression through Research
Exploring the Determinations of Health Literacy and Self-Management in Patients with Chronic Kidney Disease

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Chen-Tzu Chi, MSN, RN, Taiwan

Purpose
The purpose of this presentation is to display the relationship between health literacy and self-management and the determinations and related factors of self-management in the patients suffering chronic kidney disease.

Target Audience
The target audiences are the people who are interested in chronic disease care

Abstract
Purpose: The aim of study was to investigate the relation between health literacy and self-management, and the determinations of self-management of chronic kidney disease (CKD) patients.

Methods: The study applied cross-sectional design. 410 subjects were recruited from nephrology clinic of four different level hospitals in Taiwan. The data were collected by using the structured questionnaires and chart reviews included subjective information and biomedical indicators, respectively.

Results: Results demonstrated that: (1) demographic characteristics, such as gender, age, education, employment status, living type and marital status were significantly with health literacy and its dimensions; (2) receiving chronic kidney disease case management service period is significantly difference in the scores of health literacy and self-management; (3) the degree of social support was significantly and positively association with health literacy and self-management scores; (4) health literacy and self-management are tightly correlated; (5) social support, health literacy, and marital status, are the significant determinants of self-management. Other than that, health literacy plays a mediator role between the marital status and degree of social support with self-management.

Conclusion: People who are elderly, who do not live with their families, and have inadequate social support were the low health-literacy population and the high risk population; therefore, they must be prioritized when administering disease care interventions. For the patients with CKD in the long-term, engaging in self-management behaviors is crucial to enhance the disease management. Patients with limited health literacy level tend to have difficulties in learning skills of CKD management. Thus, developing and designing an adaptive health literacy education program will improve CKD patients’ self-management skills. When construct the patient-centered adaptive health literacy education program, to investigate the elements that can facilitate the CKD patients’ learning to master the self-management skills is the first priority.

References

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Purpose
The purpose of this presentation is to address the gap of knowledge about outcomes of care, resource utilization, and associated costs for patients who receive acupuncture in integrative health settings.

Target Audience
The target audience of this presentation is nurse researchers, nurse executives, nurse students, nurse practitioners, healthcare systems; academic and private, integrative clinics, acupuncturists, all medical providers.

Abstract
Purpose: There is limited information about outcomes of care, resource utilization, and associated costs for patients who receive acupuncture in integrative health settings. The purpose of this study was to address this gap through the following aims: (1) changes in patient pain levels pre/post acupuncture treatments; (2) relationships between receiving acupuncture treatments (number of treatments, length of time, select demographic factors, (age, gender), pain level pre and post acupuncture treatments; (3) relationships between number of treatments, length of time, age, gender, pain level (pre/post acupuncture treatments) and provider visits (pre/post acupuncture treatments); and (4) relationship between acupuncture and provider visit costs within a integrative healthcare system.

Methods: Correlational repeated measure design using retrospective data abstracted from medical records of a purposive sample of adults (n = 80) who received acupuncture treatments for pain at a health system integrative clinic. Descriptive and inferential statistics were used to describe the sample and examine the relationships between the variables.

Results: Statistically significance changes in pain level pre acupuncture M= 6.89 ± 1.87 and post treatment M = 3.84 ± 2.3 F = (8, 71) = 3.75, p < .05. Multivariate regression indicates the overall model (number of treatments, treatment duration, age, gender, pain level pre acupuncture treatments) accounts for 22% of the variance in post pain level; pretreatment pain level significantly contributed to the model β = 4.16, p < .05. For the 34 patients with pre/post provider visit data, statistically significant positive relationships were found between #treatments & duration of acupuncture treatments r = .499, pre and post pain levels, r = .379; an inverse relationship between number of provider visits post treatment and age, r = -.351, p < .05.

Conclusion: Acupuncture treatments can decrease chronic pain and exposure to its availability can enhance patient outcomes. Further research is needed to identify ways to increase collaboration across disciplines to incorporate acupuncture to increase cost effective and quality care.

References

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I 03 - Promoting Health and Cultural Diversity

Contextualization of Health Interventions: Community-Based Health Care in Papua New Guinea

Carol J. Bett, MN, MA, RN, USA

Purpose
The purpose of this study was to determine the influence of cultural health beliefs on the implementation of health promotion practices in rural villages in Papua New Guinea. Components of social capital were studied to determine their effect on community participation in the Community Based Health Care program.

Target Audience
The target audience of this presentation is community health nurses, rural health workers, qualitative and ethnographic researchers, as well as nurses interested community based health programs in developing countries.

Abstract
Purpose: Contextualization of health interventions requires a paradigm shift from the curative, biomedical model to a health promotion focus that emphasizes community empowerment. Successful community health interventions involve engagement of the community as an entity in addressing health disparities. The development of local level resources that lead to improved health indices requires an awareness of both the cultural context and the relational components of social capital that link people within the community. Social capital has been defined as resources that are an inherent part of a social group and the elements of social organization such as trust, networks, and norms of reciprocity that facilitate mutual cooperation. The purpose of this study was to determine the influence of cultural health beliefs on the implementation of health promotion practices in rural villages in Papua New Guinea (PNG). Components of social capital were studied to determine their effect on community participation in the Community Based Health Care program.

Methods: Using a descriptive, ethnographic approach, this study explored the influence of cultural health beliefs and social capital on the adoption of the Community Based Health Care (CBHC) program by rural villages in PNG. The data collection process consisted of participant observation in the field with detailed descriptions of social interactions, transcribed individual and group interviews, and drawing inferences from the data. Between May and June of 2013, twenty three participants were interviewed using open-ended questions related to their perspectives of health, illness, and adoption of health promotion innovations.

Results: The qualitative data obtained from these interviews were analyzed and themes identified that afforded a more comprehensive understanding of participant’s awareness of health, why communities adopt health promotion innovations, and the perceived effectiveness of the CBHC program. Using a thematic analysis process, the following themes were identified: Health was defined as 'being well' or living in good relationships socially, environmentally, and spiritually. Although decisions in the community are made collectively, women continue to be disenfranchized. Traditional health beliefs are being influenced by cultural changes and exposure to health promotion innovations. The community-based health care program was seen as having a positive effect on community empowerment and health status, but many felt that additional economic development was a necessary next step for the project.

Conclusion: Health determinants in developing countries reflect a growing trend of health inequities caused by a variety of infrastructure, public service, and health care resource issues. The development of local level resources that lead to improved health indices requires an awareness of both the cultural context and the relational components of social capital that link people within the community. The configuration of social capital in a group can potentially be operationalized to support the capacity of the community to create health promoting change. This study explored the complexities of social capital, as well as the socio-cultural and contextual influences on the adoption of health innovations in rural communities in PNG. It is hoped that additional knowledge about the influence of cultural health beliefs and social capital on health-related behaviors will contribute to the expansion of effective and sustainable community health programs.

References

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I 03 - Promoting Health and Cultural Diversity
The Place of Evidence in the Context of Turkey Practice Nursing and Its Criticism

Dilek Yildiz, PhD, RN, Turkey

Purpose
The purpose of this presentation presents the level of evidence-based nursing practices in Turkey.

Target Audience
The target audience of this presentation is both clinical nurses and academic nurses.

Abstract
Purpose: This paper presents the level of evidence-based nursing practices in Turkey.

Methods: The foundation for the work includes the authors recently published book, which includes a literature review, research on evidence based nursing in Turkey.

Results: The first baccalaureate nursing education in Turkey was initiated in 1955 and nursing was accepted as a scientific discipline then. From this date on, nurses started to show interest to research. With the opening of doctoral and master programs in nursing in 1972, nurses started to perform occupational research studies and present them in national and international scientific meetings. Nursing research made a very slow progress in the years of 1960-1980. It can be said that studies in those years were usually done by the academicians in nursing schools for the purpose of academic improvement and most of those studies were far away from the real problems faced in the field of practice. In the beginning, studies could not serve the purpose of creating the information that is needed in reality and that is identified as the heart of nursing. A gap was generated between practice (what is nursing?) and theory (what should be nursing?). In our country, attempts of nursing education focus more on nurse managers and educators rather than the researcher. In the 1990s, several attempts were provided in order to relieve the Turkish nursing research studies from individualization and to organize them systematically. For example, in 1992, the “Nursing Research and Education Centre” was established within the American Hospital in Istanbul. In Turkey, evidence-based nursing practices was first mentioned in 2000 in an international conference by Platin with his presentation “Evidence- based nursing practices are not applied in our country, why?”. Most of the nursing practices are based on the traditional perceptions, unsystematic studies and opinions of the authority. In addition, most of the studies done are far away from the real problems occurring in the practice settings and they cannot meet the needs of practice. For evidence based practices, nurse researchers should do researches that are appropriate for practice.

In Turkey, research education usually takes part in the third year of baccalaureate education in the nursing schools. In my university, the research course prepared with the purpose of helping the students to gain Evidence-Based Practice skills is given in their syllabus with an integrated approach being spread to the 4 years of study.

The attention being paid to research in our country is also increasing day by day. In the area of medicine, “Evidence-based medicine association” was established in 2008 by doctors. However; there are not enough and clear data about the place of nursing research results in clinical practice and there is not still any centre that evaluates the articles published about nursing in terms of the level of evidence.

We need to improve the evidence-based practicing approach, do researches that will be practiced in clinics, create the necessary mechanisms in order to evaluate the evidences of the researches and send the results to the nurses.

Conclusion: Research topics should be determined from the experiences and silent information of clinical nurses. To work toward the real problems encountered in the field of application provides easier integration of obtained evidences to the application. Evidence-based practice topics should take more space in postgraduate training programs, this understanding should be gained by nurses. Managers should provide research opportunities to the nurses through institutional arrangements, should review facilitative arrangements for the use of research.

References

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Purpose
The purpose of this presentation is to present a patient fall prevention program as a means for improving patient safety. The research project to validate the assessment program will be discussed.

Target Audience
The target audience of this presentation is clinical frontline healthcare providers along with researcher interested in action research.

Abstract
Purpose: Although the previous Patient Fall Prevention program required adult inpatients be assessed using the Hendrich II Fall Risk Assessment tool on admission and each shift, challenges to identify high risk patients persisted. A revised Patient Fall Prevention program mandated adult inpatients be assessed using three different aspects of fall potential assessment on admission and each shift. Scoring levels were determined within the program.

Methods: A retrospective chart review non-experimental design was implemented to validate the assessment program. A random selection of completed charts was used for the study: pre-program implementation (N= 90) and 6 months Post-program implementation (N=90). Demographical information was collected along with the scores for each of the tools and the High Risk Fall Qualifiers which reflected the nurses’ unique assessment. Only aggregate data is reported.

Results: For the statistical analyses, frequencies were computed. Each tool was analyzed to determine the appropriateness of the tool use. The number of falls documented during the designated period of time was compared.

Conclusion: This presentation will reflect the research process and the results from the study. The statistics reflect nursing judgment as an important component within the assessment process. While the tools are effective, the addition of nursing perception is essential.

References

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I 04 - Promoting Clinical Outcomes through Performance Improvement
Going for Gold: A Bundled Approach to Improve Resuscitation Performance

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Purpose
The purpose of this presentation is to describe the implementation of a bundle approach to improve resuscitation performance for adult and pediatric cardiac arrest patients in an academic medical center.

Target Audience
The target audience for this presentation is registered nurses who provide care to adult and pediatric patients in facilities with a structured resuscitation process.

Abstract
Background: The global burden of cardiovascular disease and cardiac arrest is significant. According to data from the World Health Organization (2014), cardiovascular diseases are the leading cause of deaths worldwide from noncommunicable disease. Data from a systematic review found that the global average incidence of arrest of presumed cardiac cause was 55 adults per 100,000 person-years, with a survival rate of 7 percent (Berdowski, 2010).

Patients experience cardiac arrest during hospitalization. In their 2014 update, the American Heart Association reports that 209,000 patients experience an in-hospital cardiac arrest each year, with a 22.7 percent survival rate for adults; 36.8 percent for children (Go, 2014). The goals of resuscitation are to support/restore effective oxygenation, ventilation, and circulation (American Heart Association, 2011). To achieve that goal, hospital systems frequently utilize a systematic approach encompassing clinical expertise, effective communication, teamwork, and structured documentation.

Description: An opportunity for improvement for performance in resuscitation was identified in an academic medical center in Southeast Texas. The academic medical center participates in the American Heart Association’s Get with The Guidelines®-Resuscitation program (American Heart Association, 2014). Data on all adult and pediatric codes is submitted into a database. Reports available from the database include local data for trending and benchmarked data with other hospitals in the same state and across the nation.

Achievement awards are provided by the American Heart Association to hospitals who achieve at least 85 percent compliance in each of four measures. These targets serve as goals for hospitals to ensure that care is based on best evidence. These 4 measures include time to first chest compressions less than or equal to one minute, device confirmation of correct endotracheal tube placement, time to first shock less than or equal to 2 minutes, and percent pulseless cardiac events monitored or witnessed. Three levels of awards are available; each level is contingent on the length of time maintaining 85 percent compliance. A bronze level award is one calendar quarter; silver is one calendar year; gold is 2 consecutive calendar years.

Institutional data demonstrated that the hospital did not meet the target of greater than or equal to 85 percent compliance in at least one, or more than one measure from 2007 to 2011. A resuscitation committee composed of multidisciplinary stakeholders supported the implementation of a bundled approach to improve resuscitation performance. The bundle consisted of the following: 1.) formal comprehensive review of all non-ICU codes, 2.) mock codes in medical-surgical areas, 3.) revision of paper and electronic documentation, and 4.) formal and informal feedback to team members. A template was developed for the in-depth review of multiple data on patients who experienced an arrest. These reviews were invaluable for resuscitation committee to note trends for improvement efforts. Mock codes were instrumental in familiarizing frontline nurses in the operation of the automated external defibrillator (AED), their priorities from the time of arrest until the code team arrives, and the contents of the code cart. The need for significant revisions in both paper and electronic documentation was identified and facilitated in order to capture essential components of resuscitation. Finally, both formal and informal feedback on individual codes was provided to team members.

Evaluation and Outcomes: Implementation of the bundle approach resulted in sustained improvement, beginning in 2012. This included improved time to first shock by 14.6% (2007-2012), improved time to chest compressions by 7.6% (2007-2012), and improved percent pulseless events monitored or witnessed by 30.8% (2007-2012). These improvements were sustained for two consecutive calendar years (2012 and 2013). In early
2014, the academic medical center was notified by the American Heart Association that they were the recipient of a GOLD level award, having achieved greater than 85 percent compliance in all 4 measures for two consecutive calendar years. Additionally, they were the first in the state to win a GOLD level award. Most importantly, however, patients requiring resuscitation were the recipients of evidence-based guidelines.

**Implications:** Improved outcomes in the performance of resuscitation for cardiac arrest are imperative for population health- local, regional, and global. An improvement plan encompassing multiple strategies may be effective in achieving these outcomes. Nurses working in hospitals, in partnership with multidisciplinary teams, can play an instrumental role in improving resuscitation performance and patient outcomes.

**References**

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Purpose
The purpose of this presentation is to report on the study findings that explored Project Management Offices contribution to organizational capacity for change in context of a major transformation in health care.

Target Audience
The target audience of this presentation is researchers, nurses and managers involved in organizational change in health care.

Abstract
Purpose: The management of change, its implementation as well as the sustainability of the implemented change has been an ongoing challenge for managers (Soparnot, 2011). The capacity to cope with dramatically altering contextual forces has become a key determinant when it comes to organizational survival (D’Aveni, 1994). As stated by Meyer and Stensaker (2006), there is a wide agreement in the current literature that organizations are required to develop their capacity for rapid adaptation, innovation as well as flexibility (Levinthal and March, 1993; Pettigrew and Whittington, 2003; Van den Bosch et al., 1999). It is important to explore change capacity as it contributes to an organization’s ability to successfully implement and sustain change (Scholten, 2012). Soparnot (2011) offered in the first instance, that the change capacity is the ability of the organization to produce solutions that respond to environmental evolution and/or organizational evolution and to implement these change processes successfully within the organization. Careful preparation is required in order to drive change in an organization (Soparnot, 2011). In health care, many organizations are going through major transformations and implementing project management office (PMO) to build organizational capacity to cope with the changes (Biron et al., 2012; Aubry et al., 2014). However, there are significant gaps in our understanding of the contribution of PMOs to organizational capacity for change in context of a major transformation in health care. The overall purpose of the study was to understand the contribution of PMOs to organizational capacity for change in context of a major transformation in health care. This paper reports on the study findings that explored PMOs contributions among PMO members, directors and healthcare team members.

Methods: Given the recent emergence of PMOs in healthcare, the case study methodology constituted an appropriate mode of inquiry that permitted the use of multiple sources of evidence to describe a case (Yin, 2009). A descriptive multiple case study design was used (Yin 2009). The portion of the study reported here involved 72 individual interviews with members of PMOs, senior management direction and health care professionals involved in working with the PMOs within each case. The study was conducted in three university-affiliated teaching hospitals in one Canadian province. The data were collected from February 2013 to February 2014.

Results: Most of the participants identify the PMO’s contribution to organizational capacity for change as providing expertise and support, listening concerns to mobilize, maintaining communication, engaging people and involving leaders. Participants described that PMOs improve their knowledge and skills to lead change and their decision-making process.

Conclusion: The study showed that the PMOs can help develop healthcare providers’ and managers’ change capacities in context of a major transformation in health care. The PMOs, which aimed to support healthcare providers and managers implement and sustain changes, appeared to have been successful in developing change capacities that can migrate throughout the organization.

References

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I 05 - Promoting Health through Cessation and Vaccination
Evaluation of Health Care Worker Vaccination Rates in Utah Outpatient Clinics

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Lacey M. Eden, MS, BS, FNP, USA
Renea Beckstrand, PhD, RN, CCRN, CNE, USA

Purpose
The purpose of this presentation is to disseminate findings of a study regarding vaccination rates of health care workers employed in Utah outpatient clinics.

Target Audience
The target audience of this presentation is nursing faculty, clinical nurses, and administrative nurses.

Abstract
Purpose: The purpose of this study was to explore vaccination rates of health care workers (HCW) employed in the outpatient clinic setting in Utah. It was hypothesized that Utah outpatient clinic settings (namely pediatric clinics, family practice clinics, and oncology clinics) mirrored the established vaccination policies of Utah HCWs employed in the in-patient hospital setting and the recommendations of the Utah Department of Health.

Methods: Institutional Review Board approval was granted for this study prior to data collection. The study included a convenience sample of 178 clinic managers of Utah pediatric, family practice, and oncology outpatient clinics. On the initial contact, clinic managers in the state of Utah were contacted via telephone at which time the study was explained. One month following the initial contact, participating clinic managers were sent a study packet via mail. Each packet included an informed consent document, questionnaire, self-addressed and postage-paid return envelope, and a $1.00 compensation for participation. One month following the distribution of the questionnaires, non-responders were sent a reminder packet that included another copy of the informed consent document, questionnaire, and self-addressed and postage-paid return envelope. The $1.00 incentive was not included on the follow-up mailing. Return of the questionnaire implied the subject's consent. Clinic managers retained the $1.00 incentive regardless of participation in the study. Questionnaire items were selected based on current literature regarding HCW vaccination mandates in the United States and was reviewed by a panel of public health experts. The finalized, two-page questionnaire included five demographic items, five multiple choice items, two yes/no, and three open-ended items. Frequencies, measures of central tendency and dispersion statistics were calculated for all quantitative items. Two independent researchers conducted a content analysis for open-ended items from the open-ended responses.

Results: All data are collected, although what is reported here are preliminary results. A total of 178 participants completed questionnaires. Surprisingly, 50% of the outpatient Utah clinics described their vaccination policy as recommending employee vaccination, although employees were allowed to refuse without any consequence. Employees working in the back office (83%) were most often included in the clinic’s vaccination policy. Of clinics with an active vaccination policy, influenza was included as part of the policies 66% of the time. Hepatitis B was also commonly included in the vaccination policies (63.8%), as well as tetanus and pertussis (59.6%) and varicella (34%). HCWs were allowed to refuse vaccinations for medical and religious reasons, additionally 48.9% of clinics allowed HCWs to refuse vaccinations for philosophical beliefs. When an inadequately vaccinated HCW became ill with a cough, rash, or fever, 36.2% of clinics required him/her to wear a mask. Surprisingly 27.7% of clinics took no action with inadequately vaccinated HCWs when they arrived at work ill. When asked to identify the greatest barrier to implementing and maintaining a clinic vaccination policy, the prevailing theme was a lack of manpower.

Conclusions: The hypothesis was not supported and while the majority of in-patient HCWs in Utah are adequately vaccinated, this is not the case in the outpatient clinic setting even though the two groups of HCWs have similar vaccination guidelines as recommended by the Utah Department of Health and the Centers for Disease Control and Prevention. As influential leaders in the delivery of health care services, nurses have an ethical responsibility to promote vaccination compliance among themselves and in their places of employment. Currently, pharmacists and physicians have the highest vaccination rates, 89.9% and 84.3% respectively. Nurses, on the other hand, generally have lower vaccination rates at 77.8%. The lowest vaccination rates are medical assistants or aides at 49.2%. Therefore, there is room for improvement. Nurses can be instrumental in promoting HCW vaccination policies in all health care settings, especially the outpatient clinic setting.
References

Contact
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**Purpose**
The reason for this presentation is to report on the effectiveness of a brief intervention intended to reduce alcohol consumption in patients with chronic viral hepatitis, and minimize their progression to end stage liver disease. The Nurse Practitioner, Hepatology delivered the intervention in a quaternary hospital outpatient setting.

**Target Audience**
The target audience of this presentation are clinicians managing people with chronic disease, viral hepatitis, nursing leaders, nurse educators, organizational managers, policy makers, and others involved with health service delivery.

**Abstract**
**Purpose**: Viral hepatitis is among the top 10 infectious disease killers and the leading cause of liver cancer and cirrhosis with more than 500 million people living with this disease. A synergy has been found to exist between heavy alcohol consumption and chronic hepatitis virus infection in the aetiology of hepatocellular carcinoma. Heavy alcohol consumption and chronic viral hepatitis are both risk factors significantly associated with liver cirrhosis, accelerated development of fibrosis and subsequent increased mortality risk. It is therefore suggested that these patients should abstain from consuming alcohol. Little quality research has examined the effectiveness of alcohol reduction programs in this cohort. This study informs clinicians, health services and policy makers of the most effective approaches to alcohol reduction for those with chronic viral hepatitis (B and C) to reduce the risks of poorer patient health outcomes, mortality and the health burden. The purpose of this study was to identify if an assessment and brief intervention (BI) using motivational interviewing (MI) and the 5As model, compared to routine care (no formalised intervention) for alcohol reduction was an effective intervention.

**Methods**: A randomized controlled trial was undertaken. Participants were blinded to the randomisation process, and the intervention provided. They were also stratified according to viral type (B and C). Following consent, participants in the intervention group received an alcohol use assessment using the instruments, Alcohol Use Disorders Identification Test_Consumption (AUDIT C) and the Timeline Followback_Alpohol (TLFB_A). They were then randomised into the control or intervention groups. The intervention group received a BI using the 5As model and motivational interviewing from the Nurse Practitioner (Hepatology). The 10 minute intervention was a part of the routine appointment. The 5As model (Assess, Advise, Agree, Assist, Arrange) is a model of behaviour change for application in the primary care setting that can be used for alcohol counselling management and was used in this study. The control group received routine care only. The primary outcome of a 50% reduction of alcohol consumption measured by the Alcohol Timeline Follow back survey over a 30 day period was examined using chi-squared. TLFB_A was also examined to see if there was a mean difference between groups and was logistically transformed to reduce the effect of outliers. Geometric means and 95% confidence intervals were reported. Audit C and TLFB_A were analysed using linear mixed models with an unstructured covariance structure to account for repeated measures.

**Results**: A total of 66 people participated in the study. After four weeks, 57% of those in the intervention group had a 50% or greater reduction in alcohol compared to 41% of those in the control group ($x^2=1.097$, p=0.295). This reduction was maintained by both groups at eight weeks with 53% of the intervention reporting a 50% reduction compared to 43% in the control ($x^2=0.382$, p=0.536). TLFB_A results were also found to significantly reduce over time (p<0.001) participants reported on average consuming 51.2 (38.7, 67.7) standard drinks over the 30 day period. This reduced to 20.7 (12.8, 33.2; p<0.001) standard drinks after four weeks and 14.1 (7.7, 25.4; P<0.001) drinks after eight weeks. The intervention group reported 18.8 (10.9, 32.2) standard drinks and generally reported a lower mean TLFB_A compared to the control group 32.4 (18.7, 55.7; p=0.166).
A clear trend emerged with the intervention group showing a much sharper sustained drop in TLFB_A results over time. This was found to be clinically important, however, not found to be statistically significant (p=0.073). The results of the AUDIT C were found to reduce over time (p=0.001). Mean AUDIT C results were significantly lower at four weeks 5.7 (4.7, 6.7; p=0.003) and eight weeks 5.4 (4.5, 6.3; p=0.001) compared to baseline 6.9 (6.2, 7.6). There was no difference between groups (P=0.776). Although there was no significant interaction between time and group (p=0.179), the intervention group tended to have a slightly higher reduction of alcohol consumption over time.

**Conclusion:** Assessing for alcohol use using the AUDIT C, and providing a brief intervention using motivational interviewing and the 5As model by the Nurse Practitioner Hepatology compared to routine care was a useful intervention to reduce alcohol consumption in people with chronic viral hepatitis. Additionally this study adds to the evidence that brief interventions for people with alcohol use disorders in the primary healthcare setting are clinically effective. This adds to the literature on interventions for the management of people with chronic viral hepatitis and alcohol consumption. This study showed that alcohol consumption in patients from this high risk, chronic disease population who may or may not have an alcohol disorder but may be drinking in ways that are harmful, can benefit from an assessment and brief intervention similar to that provided in general populations.

**References**

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Purpose
The purpose of this presentation is to investigate the use e-cigarettes in cigarette smoking cessation. Current research will be critically appraised and conclusions shared. Discussion includes current trends, regulatory issues, the concept of harm reduction and legal/ethical quandaries inherent in the use of e-cigarettes as a harm reduction strategy.

Target Audience
The audience for this presentation is those individuals with an interest in reducing the harm resulting from tobacco use but have concerns about uncertain risks in alternatives. This includes health care providers, consumers and community leaders. Primary care providers and those in public health may have special interest.

Abstract
Cigarette smoking carries a high risk for many health problems. Indeed, tobacco cigarette smoking has been classified by the World Health Organization as a disease in itself. Nicotine is strongly addictive which makes quitting tobacco smoking difficult. Electronic inhaled nicotine delivery devices, such as e-cigarettes, introduce nicotine vapors into the respiratory system. These devices use liquid nicotine which is extracted from the tobacco plant. In recent years, the prevalence of use has increased dramatically without an adequate understanding of the possible risks to health. Most recently, the use of e-cigarettes has been supported by some as an acceptable and promotable means of cigarette smoking cessation as the nicotine is delivered without the carcinogens present in the tobacco smoke. The supporters maintain the risk to health by e-cigarettes is small to none and that harm reduction, rather than elimination, is a realistic approach to achieving smoking cessation.

The purpose of this presentation is to:
1. Describe the most common electronic nicotine inhalation devices, composition of inhaled vapors, patterns of use and current marketing and sales trends.
2. Explore the scientific underpinnings of harm reduction. Consider legal and ethical quandaries related to harm reduction.
3. Provide an overview of health risks and burden to society of cigarette smoking. Summarize potential risks of e-cigarette use as expressed in current literature.
4. Discuss current and impending laws and regulations including global concerns, such as expressed by the World Health Organization, related to electronic nicotine delivery devices. Express dichotomies in thoughts in relation to harm reduction and regulation of e-cigarettes.
5. Provide a critical appraisal of recent research studies on the use of e-cigarettes as a means of harm reduction for those who smoke cigarettes.
6. Summarize the evidence, providing conclusions and identification of areas of needed research. Provoke discussion among participants.

Note: As the information about the use of e-cigarettes is rapidly unfolding, this presentation will be updated immediately prior to presentation to include the most current information available. This will include risk analysis of using e-cigarettes and applications to smoking cessation.

References

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I 07 - Nursing Educational Trends
Links between Indirect Aggression, Hierarchy Negotiation and Personality in Nurses: Is It Time to Assess and Educate?

Tammy L. Cupit, PhD, RN-BC, USA

Purpose
The purpose of this presentation is to inform nurses about the results of a quantitative research study examining relationships between indirect aggression, hierarchy negotiation and personality in US Registered Nurses. Findings indicate significant links between certain personality traits, certain acts of indirect aggression and specific ways nurses report “getting ahead.”

Target Audience
The target audience of this presentation includes nurse leaders, nurse clinicians, nurse educators and nurse researchers. Findings from the study indicate a need for replication as well as a need for education, assessment and awareness in all realms of nursing practice and across all levels of nursing.

Abstract
Purpose: In 2008, The Joint Commission for the Accreditation of Hospital Organizations (JCAHO) released a sentinel event alert titled Behaviors that Undermine a Culture of Safety. In the alert, behaviors defined as intimidating and disruptive included not only overt behavior but also covert behavior. Citing several studies in the alert, JCAHO remarked that safe, high-quality patient care is linked to the communication styles and team interactions of healthcare personnel. These covert behaviors are encompassed under the category of indirect aggression. As a category of behaviors, indirect aggression is defined as a form in which the instigator manipulates others, or by other means, makes use of the social structure in order to inflict harm. To date, this has been found to be more typical in females’ interactions with other females as noted by studies of adult and adolescent human females. Nursing as a profession is 92% female and integrally important in patient care through both direct interventions as well as healthcare team interactions. Therefore, it represents a profession in which the impact of indirect aggression has great negative potential. The overall purpose of the proposed exploratory, descriptive study was to identify global personality traits related to indirect aggression and specific tactics of hierarchy negotiation among females in one predominantly female social context - nursing. The central hypothesis was that some expressions of female indirect aggression correlate with tactics of hierarchy negotiation and clusters of certain personality traits.

Methods: An exploratory descriptive research approach utilizing an online web-based survey to assess personality, indirect aggression and tactics of hierarchy negotiation across categories of nurses in the United States was employed. Evolutionary Psychology was used as the theoretical framework for the study. Evolutionary Psychology considers the biology of brain function and the resulting behaviors which might be expected as a result of the way the brain has evolved throughout time. The prevalence of these types of behaviors in women and thus in female professions such as nursing could suggest that indirect aggression might have been adaptive in the female evolutionary past. And if so, the tendency to engage in these behaviors could be inherent in brain patterns and functions, making them not only harder to recognize and change, but also more likely to be expressed in a conducive environment. Reliable and valid study instruments were used that are in line with the theory of Evolutionary Psychology. These included the target and aggressor versions of the Indirect Aggression Scales (IAS-T and IAS-A), the Hierarchy Negotiation Questionnaire (HN) and the Neuroticism, Extraversion, Openness Five-Factor Inventory (NEO-FFI).

Results: Significant findings from this study suggest that higher levels of education, age, years as a nurse, and environment are at least moderately correlated with acts of indirect aggression and tactics of hierarchy negotiation. Findings also show significant correlations across categories of nurses in aggressing through guilt induction behaviors using the tactic of deceptive self-promotion. The personality traits agreeableness, openness and conscientiousness are significant predictors for most acts of indirect aggression and tactics of hierarchy negotiation.

Conclusion: Results from the study can be used to discuss, define and identify acts of indirect aggression to aid in nursing education and practice as well as to inform policies and procedures to effectively acknowledge and address occurrences. Environment, as evolutionary psychology suggests, seems to play a role in the expression of varying forms of aggression. Awareness of areas which are high-stress, more hierarchical, and
more competitive and thus more conducive to expression of indirect aggression might help. Results from this study show that Magnet designation might also have a positive impact on reducing environmental contributors. Research is ongoing to determine if an intervention that promotes self-awareness of personality could also aid in reducing these behaviors.

References

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I 07 - Nursing Educational Trends

Effectiveness of Computerized Adaptive Program on Academic Success in a Medical Surgical Nursing Course

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Purpose
The purpose of this study was to determine the effectiveness of utilizing a computerized adaptive testing program as a formative assessment strategy to promote active learning and to improve academic success in a medical surgical nursing course.

Target Audience
The target audience of this presentation are nurse educators and staff development personnel.

Abstract
Purpose: Traditional baccalaureate nursing education has focused on dissemination of information using lecture as a medium. This teaching-learning strategy places students as a passive observer in the classroom experience. Chickering and Gamson (1987) argued that student-faculty interaction, cooperation among students, active learning, prompt feedback, time devoted to academic work, high expectations, and respect for the diverse talents and ways of learning of each student are essential to optimal learning. Achieving these practices in a large classroom environment presents challenges to both the student and faculty. One approach to address several of these practices is the use of formative assessment. Wilson (2014) states that formative assessment is based on the idea that learners should learn to take control of their learning, and that intelligence is a malleable quality.

An extensive literature (see for example Black and Williams, 1998; Koh, 2008) support formative assessment as an approach that promotes motivation and self-esteem and encourages self-regulated learning. Formative assessment is about learning that needs feedback. It cultivates student's capacity to reflect, self-evaluate, and self-correct promoting self-reliance. It allows teachers to access an "untapped reservoir" (Koh, 2008, p.229), helping students to focus on the content at hand rather than on what their final grades will be.

Formative assessment can inform students' perspectives on best practices, quality of their career field, and their own personal identities. A cadre of facts-even interesting facts-is not useful to students; rather it is necessary to build and understand facts within some conceptual scaffold that helps individual students to contextualize facts and put them in perspective as their learning progresses. Linking facts and ideas within a conceptual scaffold enables an individual to identify patterns, reach reasonable conclusions, and adapt their knowledge base according to new information or changing circumstances. (Hagstrom, 2006)

Computerized adaptive testing (CAT) serves as one mechanism for conducting formative assessment. CAT blends computer technology with modern measurement models to increase the effectiveness of the examination procedure. Additionally, it offers immediate feedback to each student, thus integrating learning into the testing process. Computerized adaptive testing requires active participation of the student through reading and responding to the questions. The learner activates through self-regulation through the process of analysis of the stem of the question and review of the response to the choice. Using CAT, provides students a formative assessment to improve learning. Comfort with CAT for nursing students is essential since the National Counsel Licensure Exam (NCLEX) is administered using this technology (NCSBN, 2013).

The purpose of this study was to determine the effectiveness of utilizing a computerized adaptive testing program as a formative assessment strategy to promote active learning and to improve academic success in a medical surgical nursing course. The computerized adaptive testing was a compliment to the teaching strategies currently utilized in the classroom including lecture, muddiest point, case studies, and active discussion. PrepU© by Wolters Kluwer Health was the computerized adaptive testing program that was utilized in this study. This program uses formative assessment in an online quiz format. The adaptive quizzing tool allows the students to study and learn using a mastery approach to topics. The student receives immediate feedback with rationales for the incorrect answers. They are also benchmarked against their peers to place their level of learning in context. While this program initially was created to assist the nursing student in preparation for the NCLEX
examination, content specific areas are available to students. With a focus on scaffolding of information, faculty hope that students grasp prerequisite knowledge prior to moving onto more complex information.

**Methods:** The study was approved by the University IRB. Subsequently, during the fall semester junior year, students enrolled in the medical-surgical nursing I class, were approached the first week of class. The study was explained to the students and the demographic questionnaire and consent forms were distributed. Out of 156 potential participants, 133 students agreed to participate in the study. A research assistant coded the demographic questionnaire of interested students. All students enrolled in medical-surgical nursing I, whether or not they were part of the study, were required to complete a minimum of 50 PrepU© questions per chapter as assigned in order to receive additional points on their exams. Mastery level was calculated by the PrepU© computerized adaptive program. At 8:00 AM the morning of each exam, the students average mastery level for the chapters assigned and the total number of questions completed per chapter were calculated. If a student obtained an average mastery level of 6.0-6.9, he/she had one additional point added to his or her exam grade. If a student obtained an average mastery level of 7.0-8.0, he/she had 2 additional points added to his or her exam grade. The points added to the exam grade were only for the content that was covered in the exam. Students did not receive additional points for the HESI exam. Students received additional points whether or not they participate in the study. Students were not penalized if they chose not to utilize the PrepU program.

The data from individual exam grades, HESI conversion score, total number of questions per exam, and average mastery level per questions completed within each exam period were analyzed using Pearson's correlation. The final grade, total number of questions completed during the semester and the average mastery level for the semester were also analyzed.

**Results:** Preliminary data analysis supported a correlation between the students’ achieved mastery level, the number of questions completed, and the exam grades. Qualitative data on the benefits and challenges of using PrepU© as a formative assessment strategy were elicited and will be presented. Additional data analysis will be forthcoming.

**Conclusion:** The results of this study supports the benefit of formative assessment using computerized adaptive testing. Student success in courses using CAT as a formative assessment strategy improved through the students increased self-management, desire for learning, and self-control. The use of formative assessment as an active learning strategy in nursing has been supported as a method for improving knowledge retention and problem solving which are critical to the success of nursing students. Determining the relationship between formative assessment strategies with computerized adaptive testing and student outcomes may provide evidence as to the importance of this intervention in nursing. Future research may include a national study to determine the benefit of formative assessment using CAT throughout across a four-year nursing curriculum and to determine student success over time.


References

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Purpose
The purpose of this presentation is to show effects of a multidisciplinary intervention to reduce obesity and overweight in school-aged children in Tabasco, Mexico.

Target Audience
The target audience of this presentation is health professionals, nurses, faculties and researchers.

Abstract
Purpose: To assess the effect of a multidisciplinary intervention to reduce rates of overweight and obesity in school-aged children of Tabasco, Mexico.

Methods: A quasi-experimental design was performed with pre-test and post-test measurements. The population was represented by school-aged children with overweight and obesity and their mothers. The sample size was determined by an unrestricted random sampling using a significance level of .05 and a power of .90 and large effect size, the sample was 39 subjects. Data was analyzed using SPSS version 20.0, the data was compared with the pre and post intervention measurement, the effectiveness of the intervention was determined by student's t-test. The level of statistical significance accepted was < .05.

Results: The main findings on weight reduction were: t (38) = 6.15, p <.01; waist circumference: t (38) = 2.80, p <.01; and glucose values: t (38) = -6.60, p <.01; the weight of school-aged children, waist circumference and glucose levels decreased after participating in the educational program intervention on nutrition, health care and physical activity, with significant differences between pre-test and post-test measurements. The intervention was three months with four sessions per week; two educational sessions and two sessions of physical activity.

Behavioral changes were observed for dietary habits after participating in the educational program intervention: on water consumption, the results showed more children consume water with a frequency of 3-4 glasses a day; also more children not consume bottled soda (46.2%), consumption of fried foods also showed a significant change, 46.2% consumed only 2 times per week; mirlinton was one of the least consumed foods by children, after the intervention we observed that decreased number of children who not consume mirlinton (15.4%) and mayonnaise that was one of the most consumed foods was reduced after the intervention the number of children who ate this food almost daily was also reduced 5.1%.

Conclusion: The findings of this study support the conclusion that it is possible to modify the rates of overweight and obesity through a multidisciplinary intervention with educational component on nutritional aspects of health care and physical activity. The benefits gained in weight, waist circumference and blood glucose levels and behavioral changes on food consumption generally can confirm that multidisciplinary intervention was helpful in reducing rates of overweight and obesity school-aged children. These changes if the behavior remains have positive consequences for preventing the development of obesity-related diseases, such as: hypertension, dyslipidemia, coronary heart disease, diabetes mellitus.

References

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**I 08 - Pediatric Obesity: A Growing Trend Worldwide**

**Muevete NAHN Miami Chapter Project: Reducing Obesity in Hispanic Children**

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**Purpose**

To determine if an educational program on nutrition, reading labels, engaging physical activity and exercise can increase Hispanic children’s knowledge of obesity.

**Target Audience**

all staff nurses and nursing students

**Abstract**

**Introduction:** Childhood 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 (Wiley, et al, 2014). Obese children living in Miami-Dade County, Florida (20%) are more likely to develop Diabetes Type 2 and cardiovascular disease (RWJ & NCLS, 2012). From 2012-2014, the National Association of Hispanic Nurses (NAHN) Miami Chapter was a site for the Muevete USA™ Project to reduce USA Hispanic childhood/adolescent obesity. The program funded by the Coca-Cola Foundation (Milan, 2011) was in partnership with the U.S. 1st Lady Michelle Obama Let's Move (www.letsmove.gov) and other weight management programs (Brown et al, 2014).

**Purpose:** To determine if an educational program on nutrition, labels, physical activity and exercise can increase Hispanic children’s knowledge of preventing obesity.

**Methodology:** A descriptive exploratory research design. Hispanic children completed five pre/post tests for a total of 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 (90) participated in Muevete projects at Kendall campus (both years) and VG (2nd year). Students, received 10 community hours for orientation, designing posters and attending the events. Children (4-15), were divided into 12 groups with two students/group; taking food cutouts, making plates with appropriate portions, nutritional requirements and reading labels. A FDA representative taught hand washing techniques.

**Results:** Over 357 children participated 232 at Kendall and 125 children at VG. Children ranged in age 4-16, M age 8.1 at Kendall while ages 4-17, M age 9.4 at VG. Kendall- predominately Hispanics with more Caucasians than Blacks; VG- equal number Blacks and Hispanics with lower number of Caucasians with more males at both sites. Kendall - M for pretest was 9.4 increasing to 10.58 posttest with 13.62% change. VG site. M pretest was 8.33 increasing to 9.45 with 13% change. Higher scores correlated with older children but not ethnicity- pre to posttest.

**Discussion:** Children demonstrated awareness/understanding of Nutrition Facts Labels, identified food handling, daily portions of fruits, vegetables, grains, dairy, protein and drew a plate with food portions (www.choosemyplate.gov). They exercised with a Yoga instructor, learned CDC hand washing techniques; parents received nutrition classes. Most missed question -“How much Sodium is in this entire food product?” per food label. Although Sodium was 440 mg for one serving, the total for 4 servings was 1760mg.

**Conclusion:** Children loved Muevete t-shirts; healthy snacks, exercising, they understood the need to wash their hands and learned to overcome and confront childhood obesity. This program helps to reduce obesity for a
large number of Hispanic as well as non-Hispanics children, decreasing the obesity level and reducing the associated healthcare costs.

References

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TEXT2COPE: Correlates of Healthy Beliefs, Behaviors, and Mobile Messaging in Families with an Overweight or Obese Preschooler

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Purpose

to highlight the interconnected relationships between thoughts, feelings, and healthy lifestyle behaviors and to identify the potential role of mobile messaging support.

Target Audience
clinicians interested in mHealth or pediatric obesity research.

Abstract
Maladaptive thinking or faulty cognitive appraisal by parents of overweight/obese (OW/OB) preschoolers can manifest through obesogenic behaviors. The TEXT2COPE program targeted the critical inputs of parental knowledge, attitude, and beliefs towards healthy lifestyle behaviors synergized with mobile technology. Correlations among the study variables (i.e., the intervention, cognitive beliefs, perceived difficulty, healthy lifestyle behaviors) are presented.

Purpose: To evaluate the relationship among the study variables (i.e., the intervention, cognitive beliefs, perceived difficulty, healthy lifestyle behaviors). Secondary evaluation was conducted to evaluate the association of text messaging among study variables at posttest.

Methods: The pilot study used a one-group pre- and posttest design. Participants were provided with education about healthy nutrition and physical activity and elements of cognitive behavior skills building through clinic visits, manualized content, and tailored and adaptive text messages.

Given the small sample size (n=15), lack of homoscedasticity, and nonparametric distribution of two outcome variables (activity knowledge, healthy lifestyle beliefs), the data better fulfilled the assumptions for Spearman’s rank order correlation, reported as Spearman’s $r$ correlation coefficient ($r_s$).

Results: Collectively at baseline, parental beliefs towards healthy lifestyles significantly correlated with perceived difficulty ($r_s = .598, p<.05$) and behavior ($r_s = .545, p<.05$). This indicated that the stronger the parental belief in their ability to engage in healthy behaviors, the less perceived difficulty.

At posttest, neither the total number of text messages (SMS) sent, nor the total number of tailored SMS sent associated with study variables. However, participant response to static messages (with automatic feedback response generated) was significantly inversely associated with belief scores ($r_s = -.522, p<.05$) and perceived difficulty scores ($r_s = -.677, p<.01$). That is, for those participants who scored better on the belief and perceived difficulty measures, the lower the response rate to static SMS.

Conclusion: Parental healthy lifestyle beliefs were significantly related to their perceived difficulty and behavior skills in engaging in a healthy lifestyle. Nutrition and activity knowledge did not correlate with beliefs, perceived difficulty, or healthy lifestyle behaviors. Text messaging facilitated tailored and adaptive implementation of the program. The study findings support existing literature using a cognitive behavioral skills-building program, while being novel in its approach.

References

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I 09 - Enhancing Cultural Competence in Nursing Students
Enhancing Culturalcompetence in Undergraduate Nursing through Short Term International Immersion: A Content Analysis of Students’ Reflective Journals

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Kelly Vandenberg, PhD, MSN, RN, USA

Purpose
The purpose of this presentation is to explore the impact of international immersion of undergraduate nursing as a means of enhancing cultural competence.

Target Audience
The target audience of this presentation includes educators, academicians, and clinicians. Additionally, student nurses will benefit.

Abstract
Purpose: The purpose of this presentation is to explore the impact of international immersion of undergraduate nursing as a means of enhancing cultural competence. A major component of nursing education is to prepare undergraduate nursing students with opportunities to develop the capacity to deliver compassionate care to diverse populations. Pilot work was done while examining the culturally competent practices which might be incorporated in the curriculum at a small university school of nursing. A group of undergraduate senior nursing students participated in a volunteer experience in Guatemala. The students were invited to join a mission team traveling to work at Casa Angelina Orphanage just outside Antigua. Although the students did not receive course credit and personally paid for their trip, they all agreed to maintain and share individual reflective journals during the full week experience.

Background: Students interacted with locals in Antigua, orphans at Casa Angelina Orphanage, and other church volunteers from their team and additional teams from the United States. The students attended a church service in Antigua with the entire team. Afterwards, they explored the Mayan culture in the streets of Antigua. Some sought the service of a local who was eager to share all the sights with them as well as advise them on the best places to eat and shop.

Each day began traveling about 45 minutes through beautiful mountains to Casa Angelina Orphanage located near Antigua. Each day, the group had the opportunity to interact with the orphans prior to them attending school and then after they returned from school. After waving goodbye as orphans boarded the bus, the morning began with about an hour of worship, singing, and individual orphans sharing their testimonies and life occurrences that resulted in their living at Casa Angelina. The nursing students heard extremely sad stories of a culture of which they were completely unaware. Additionally, students interacted with personnel and local workers during a service-learning project at the Casa Angelina Orphanage in a variety of projects from working in the orphanage clinic, mixing cement, painting, and digging ditches. The students were allowed to choose the projects they wanted to work on at the orphanage. Surprisingly, they did not simply choose to work in the clinic. More assistance was needed with other projects and they eagerly volunteered. Some spent hours moving large brick tiles to be used in building a house at the orphanage. Afterwards, they began mixing cement and assisting the workers in the construction of the walls of the house. Others were involved with cleaning and painting while still others were busy with shovels digging a two foot deep by two foot wide by 90 foot long ditch.

Although this was extremely hard and dirty work, the students never complained throughout the day. They reported in the journals that the reward came at the end of the workday. Every afternoon, they rushed to wash off the dirt, mud, and cement because they had the opportunity to greet the orphans as they returned from school. The students found renewed energy as they ran, laughed, and played with children from age two to eighteen. Few of the students spoke Spanish but reported they had little problems with communicating with the orphans. No words were needed with smiles, hugs, and laughter from all. The young children clung to many of the students not wanting them to leave in the afternoons.

Method: Content analysis of the reflective journals was completed with many themes identified. Within nursing programs, nursing students are expected to gain a sense of cultural competence either from lectures, simulation, or videos. The content analysis revealed the following themes: 1) value of actually seeing cultural
differences in another country; 2) value of nonverbal communication; and 3) value of service learning and selfless giving to the needy.

The most frequently used word throughout the reflective journals is “amazing”. This word was used to describe the beautiful mountains, lakes, and volcanoes; the various mouth-watering Guatemalan dishes that were served daily; and most importantly, all the people they interacted with, the orphans, the workers, the team members, and the administration at the orphanage.

Results: Overwhelmingly, every student reported having a life-changing experience. They were able to identify the presence of the less fortunate and less privileged living in poverty and very unlike their own lives including numerous material comforts. Many have expressed a desire to return for another trip after completing their nursing program. Some have even spoken of pursuing professional opportunities abroad as they begin their nursing careers. Study abroad and service-learning programs allowing this type of experience may certainly enhance preparation of nursing students for culturally competent practice in the future.

In conclusion, an international immersion suggests an opportunity for enhanced cultural competence of nursing students. However, continued investigation including study abroad courses and service-learning opportunities which include integrating cultural safety and competence throughout the undergraduate program are necessary to determine the extent and overall value of the learning experience. Teaching and learning strategies as well as issues focused on curricular design may result in greater student and faculty cultural awareness and appreciation.

 Limitations: This is pilot work completed prior to incorporating a formalized study abroad component at one small university school of nursing. Hence, it is not generalizable and transferability is exceedingly limited.

References

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I 09 - Enhancing Cultural Competence in Nursing Students
Enhancing Cultural Competence and Global Awareness for Baccalaureate Nursing Students: An Interdisciplinary Service Learning Approach to Safe Water in a Developing Country

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Elizabeth A. Richards, PhD, RN, USA

Purpose
The purpose of this presentation is to describe the impact of an interdisciplinary service-learning project in the Dominican Republic on the cultural competence, global awareness, and professional development of baccalaureate nursing students. Development, implementation, and evaluation of the overall project will also be discussed.

Target Audience
The target audience for this presentation includes nurse educators, public health nurses, and those interested in global health.

Abstract
Introduction: In recent years there have been multiple calls to action for nursing students to gain a global health perspective in an effort to increase cultural competence (Riner, 2011). In addition, interdisciplinary educational experiences have been identified as vital for nurses and other health care professionals (Smit & Tremethick, 2013; Institute of Medicine, 2010). One option to enhance cultural competence, global awareness, and teamwork is to use an interdisciplinary service-learning approach to address an identified issue in a global community. Service learning is a structured, reciprocal learning experience in which both the community and students benefit (Amerson, 2010; McKinnon & Fealy, 2011), while interdisciplinary approaches support the ability to bring multiple perspectives and contributions to global health issues. Communities benefit from the knowledge and creativity that faculty and students from institutions of higher learning bring to address issues, while students benefit from exposure to real-life problems and first-hand experiences as a part of a team to partner with communities to address issues. When communities, students, and multiple disciplines unite, new and different sets of eyes and hands collaborate to facilitate problem-solving and develop sustainable solutions.

Background: Nursing students in a baccalaureate program had the opportunity to enhance their global awareness through participation in an interdisciplinary service-learning project in the Dominican Republic. The School of Nursing partnered with the School of Engineering (Civil, Environmental and Ecological), Department of Agricultural Economics, Department of Food Science, and the Department of Biological Sciences to design, implement and evaluate a safe water project in the Dominican Republic. The overarching goal of this project was to develop sustainable, community-scale water treatment systems to be established in various communities in the Dominican Republic and, by extension, to improve the health of residents of those communities. With the help of a Rotary Club in the Dominican Republic and Aqua Clara International, both of whom are serving as partners for this project, the Ana Julia School in Las Canas was chosen as the implementation site for this pilot project. This community is facing critical water issues, and the school serves as a focal point for education and socialization in Las Canas. The two-year project, which included faculty, undergraduate and graduate students from all of the disciplines involved, was set up as a service-learning class which covered content about the culture and community in the Dominican Republic along with the roles and contributions of all of the disciplines participating in the project. Over the two-year span, students and faculty made four trips to the Dominican Republic, successfully applied for and received multiple grants to support the project, participated in a competition for Environmental Protection Agency funding, and developed a strong partnership with the community. Recently, the water system was completed and celebrated via a ribbon cutting ceremony as the first clean water ran through the system. During the week long finalization of the project, students and faculty also provided guidance and support to the community related to health education, safe water practices and hygiene, governance of the water system, and safe operation and maintenance of the system. Additionally, curriculum support was provided to the school along with teacher training to incorporate monthly health education concerning safe water use and healthy hygiene and sanitation practices for the children in the school.

Evaluation and Outcomes: Overall, nine undergraduate nursing students and two nursing faculty have been involved in this service-based learning class along with 12 students and three faculty from the other disciplines. Students evaluated the experience via personal reflection. They reported gaining an appreciation and
understanding of the roles that multiple disciplines and the partnering community play in the development of a sustainable solution to water issues in developing countries. They liked the fact that this was not an “imagine-if” problem, but a real world problem requiring the collective skills of all involved. Along the way students developed leadership skills, grant writing skills, and an understanding of how to provide care within the cultural context of the community they are serving. Additionally, students found that in the true sense of service-learning that they not only educated the community but that the community educated them. The community embraced the university team and the project, including faculty and students in social functions and providing meals on a daily basis in the homes of community members as the team worked to complete the project. Students and faculty became a strong presence in the community served, coming away from the project with an appreciation for the cultural differences in the community served, and an awareness of how these differences can contribute to health issues and impact the development of successful approaches to address the issues. For the students and faculty involved, it was described as truly transformative. One student reported that she “saw aspects of poverty that she had never seen before,” while another reported that it was the “richest experience” of her college years. While this project has been completed, the team will continue to monitor and evaluate the outcomes as they plan the next project in nearby neighboring communities using lessons learned to design and develop the next water system.

Conclusions: Experiences such as these help to develop nurses who are better able to provide effective care to increasingly diverse client populations. The added skills developed in this type of experience situate these students well for their roles in health care settings functioning as a part of an interdisciplinary team, engages them in public health, and supports an understanding of the importance of existing and emerging global health threats. Community partnerships with universities play a significant role in addressing local and global health problems. These partnerships make future generations aware of these issues by integrating partnership activities into their academic studies and student activities. This service-learning experience combines community service with preparation and reflection that is both discipline-specific, interdisciplinary, and linked to course objectives. Students are able to provide community service in response to community-identified needs and concerns and learn about the context in which service is provided, the connection between service and academic coursework, and their roles as global citizens. Since service-learning can be an empowering process, communities can also be strengthened through this collaboration.

References

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I 09 - Enhancing Cultural Competence in Nursing Students
Transformational Processes in Developing Cultural Understanding: Nursing Students’ Experiences in Swaziland

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Purpose
The purpose of this presentation is to communicate the findings of a service-learning, cultural immersion experience of nursing students. Through experiencing cognitive dissonance, language barriers, and personal hardships, students activated coping mechanisms that enabled change and both personal and professional growth and led to greater cultural understanding.

Target Audience
Nurse educators and administrators who are interested in diversity and improving the cultural education, understanding and competency of their nursing students, and nursing programs who are endeavoring to develop overseas study programs.

Abstract
Purpose: The purpose of this study was to explore the experiences of an overseas service-learning health care delivery program in a group of Bachelor of Science in nursing (BSN) students. According to the United States (US) Census Bureau, minorities made up 37% of the US population in 2012. However, only 19% of minority backgrounds were represented in the Registered Nurse (RN) workforce, and only 12.3% of nursing faculty self-identified as an ethnic or racial minority (AACN, 2014). In 2014, a group of nursing students were accompanied by their university professor to Swaziland, Africa for an overseas study experience. The students worked with children and adults in a variety of hospital and community-based settings. After their return, the students were interviewed about their experiences. This paper is a study of their personal and professional growth following this experience.

Methods: Swaziland is a small country in the sub-Saharan region of the continent of Africa approximately 17,000 km² in size with a population of 1,231,000 (World Health Organization [WHO], 2014). The average life expectancy in SZ in 2012 is 52-years for men and 55-years for women (WHO, 2014). The primary reason for this shortened life span is a lack of adequate healthcare. Infectious diseases are the primary cause of death of all age persons in SZ, and SZ has the highest human immunodeficiency virus infection (HIV) rate of any country in the world: 26.5% of adults aged 15-49 years (GHO, 2014) and 39% of pregnant women aged 15-24 years are HIV positive (MOH, 2010).

Six BSN nursing students participated in this study. All were female, unmarried, without children, and in their early 20’s. Three of the students were entering junior year, and three were seniors. All were from the same academic program. The senior students had completed 90-hours each in pediatrics and obstetrics/gynecological nursing. All of the students had completed fundamental nursing skills, health assessments, medical-surgical nursing and pharmacology. The hospital’s Nursing Education Coordinator was provided with a list of skills that the students had mastered as well as the goals and objectives for the program. Nursing students rotated through two days in a hospital labor and delivery, two days in pediatrics and were assigned to varied observational experiences, e.g., the intensive care unit, renal dialysis, the child vaccination clinic and the Baylor University Clinic for Children with HIV infection. Other than hospital work, the nursing students and their instructor also helped to implement five community-based health clinics that provided health assessments and outpatient treatment to over 340 adults and children. Institutional board approval was received by the university. This was approved as an exempt study. All participants agreed to full participation, and consented to both audio-video taping and photography. Students were interviewed individually one month after returning from Africa. Interviews were audio-taped and transcribed. The researcher used a semi-structured interview format that started with six questions, but used probes to encourage elaboration. Data was transcribed from the audio-tapes and the interviews were analyzed line-by-line assigning codes to the salient points in each sentence or phrase. Narrative analysis methods were used in order to identify the four overarching themes of Transition, Perceptions, Internalization and Incorporation. Seven sub-categories were identified.

Results: Students experienced transition stress primarily in the areas of language and communication, and emotional reactions. Perceptions of healthcare in Swaziland as compared to the United States, and nursing care in Swaziland were the source of most of their cultural dissonance. This cultural dissonance was perceived
as: 1) responsibility for the care of the patient; 2) responsibility for education of the patient; 3) the role of the nurse in terms of hands-on care; 4) maintenance of patient safety and infection control; and, 5) importance placed by nurses on empathy and interpersonal communication. Cultural dissonance activated internal processes in students that forced them to utilize transformational coping mechanisms to deal with this stress. Students used four main processes in this study which served to internalize and then incorporate changes in their values, beliefs and attitudes, and to facilitate growth. They used meaning-making through narration (story-telling), and comparing and contrasting of social issues and nursing care/nursing education. As they moved towards incorporation, students demonstrated more reflection and reframing. By the end, students were able to understand reasons why things occurred, even if they still did not fully agree.

**Conclusion:** The purpose of this study was to examine the experiences of six nursing students following a service-learning experience in Swaziland, Africa. Students provided hands-on care in both hospital and community settings. Following the program, the students were interviewed and the interviews were analyzed utilizing narrative methods. The results of this study closely follows other research that has been published on the value of overseas study as a curricular tool in teaching nursing student's cultural understanding. Students went through stressful transitions, adapted to these and utilized internal coping strategies and personal strengths to accomplish a remarkable degree of personal and professional growth in a relatively short period of time. Experiencing mild hardship and culturally dissonance activates coping strategies within students that enable change and promote transformation. This transformative process led to greater cultural understanding and both personal and professional growth.

The challenge for nurse educators is to try and find ways to incorporate the same processes of cultural dissonance that will provoke activation of coping strategies without the financial barriers. This may be possible by assigning students to clinical placements that are outside of their comfort zone but are not as physically distant, e.g. a disaster recovery zone, a rural health clinic, or an urban setting.


References

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I 10 - Nursing Scholarship
Defining Scholarship

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Purpose
The purpose of this poster presentation was to clarify and define what is a scholar and what represents scholarly work in academia? This is the question we all struggle with when preparing for promotion, tenure and merit reviews or even preparing to take the Certified Nurse Educator examination.

Target Audience
The target audience of this presentation is all who struggle when preparing for promotion, tenure and merit reviews or even preparing to take the Certified Nurse Educator examination. Scholarship can help on leveraging academic recognition.

Abstract
The ability to define scholarly work or scholarship is a dilemma nursing educator’s face when preparing for promotion, tenure, merit reviews and preparing for the Certified Nursing Educator Examination. How is scholarly work defined? AACN (2014 para. 5), states “Scholarship in nursing can be defined as those activities that systematically advance the teaching, research, and practice of nursing through rigorous inquiry that 1) is significant to the profession, 2) is creative, 3) can be documented, 4) can be replicated or elaborated, and 5) can be peer-reviewed through various methods.” Our aim is to help define the four pillars of scholarship: Integration, Discovery, Application, and Teaching.

Background: According to Hyman et al. (2000), the current system recognizes and rewards faculty scholarship in basic research and resident teaching. Rank and promotion depends heavily on scholarship activities. Nursing faculty rely on the Boyer Model. Nurse Educators find it difficult to be involved in scholarship for many reasons. A gap exists in the need for scholarship and the actual production of scholarship from nursing educators. Some Nurse Educators have suggested the need for a model or an algorithm to follow in how to traverse the scholarship path.


Conclusion: Educators of the 21st century are expected to be knowledgeable and creative. Many nursing educators promote a culture of involvement and application to the realities of today's society. Educators and scholars should be able to identify their own accomplishments and take credit for their work, by disseminating knowledge. A model or algorithm will simplify the examples of each pillar of scholarship to a more easily identifiable entity.

References

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Purpose
to develop a measure of research competency appropriate at the BSN level and to explore the impact of course design on competency scores.

Target Audience
nurse educators who teach in BSN (or equivalent) programs.

Abstract
Purpose: Evidence-based practice (EBP), research fluency, and EBP competency are not prominent in NCLEX-RN® licensure testing, consequently these important professional skills are frequently under-valued by nursing students and many nursing faculty. Baccalaureate nursing research courses may not provide students with the knowledge and skills needed to meet competencies proposed for practicing nurses. Nursing courses generally measure success by student accomplishment of course outcomes as reflected in final course grades. Pre- and post- course measurement may offer another method of evaluating attainment of nursing research knowledge and EBP competencies at the undergraduate level. The purpose of this study was to develop a measure of research competency appropriate at the BSN level and to explore the impact of course design on competency scores.

Methods: A nursing research competency self-assessment was developed based on current literature and was composed of 44 questions: 16 multiple choice questions, 2 true false questions, and 15 matching statements. The students' scores reflected the percent correct on these questions. Additionally the assessment included 10 competency statements for which the student selected from the following options: “Yes, I am competent”, “I have beginning competency”, or “No, I am not competent.” The first option was scored as correct in the total competency scores. The assessment was reviewed by content experts to evaluate validity; it was determined to have face validity compared to the published BSN competencies for EBP. The competency self-assessment was administered to senior level BSN students enrolled in a nursing research course. Pre- and post-course research competency assessments (n= 393 and 380 respectively) were collected over a three year period representing three cohorts of students. Course delivery types varied by cohort and included both hybrid and face-to-face designs.

Results: A large majority (84%) of students showed improvement in research competencies at the post-course assessment. Content questions related to research design, independent and dependent variables, and human subject protection demonstrated the most improvement. All of the 10 competency statements demonstrated improvement across cohorts. Student evaluations of the 3 course delivery designs were very similar (mean = 3.3, 3.1, 3.0 on a 4 point scale). Differences in course design and the impact on competency scores will be discussed.

Conclusions: Published EBP competencies for baccalaureate prepared nurses may provide a way to consistently evaluate undergraduate nursing research courses and provide a method for comparing course designs and delivery methods. While passing scores in academic courses are historical and acceptable measures of success, comparison with competencies expected in the workforce may provide nursing educators with an additional measure of success and allow graduates to quickly contribute to the advance of EBP within nursing.

References

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I 10 - Nursing Scholarship

Partnership Functioning and Sustainability in Nursing Academic Practice

Partnerships: The Mediating Role of Partnership Synergy

Chris-Tenna Marie Perkins, PhD, MSN, BSN, RN, ANP, CNE, USA

Purpose
The purpose of this presentation is to share the findings of a cross-sectional, descriptive research study that enhances knowledge about the process by which nursing academic practice partnerships (APP) generate partnership synergy and sustainability.

Target Audience
The target audience of this presentation includes both academia and practice. The researcher explores the relationship between Colleges of Nursing and community or acute care partners. These relationships start with the highest level of administration and trickle to all levels of each organization.

Abstract
Purpose: The United States is presently challenged with numerous high profile issues in health care. The nursing profession is composed of the greatest number of healthcare providers in the system and has the opportunity to effect extensive change. Creating and sustaining academic practice partnerships is a method to meet these profound challenges more efficiently; however, nursing partnerships have not been studied. The purpose of this cross-sectional, descriptive research study is to enhance knowledge about the process by which nursing academic practice partnerships (APP) generate partnership synergy and sustainability.

Methods: The research sample included participants that are involved in established nursing APP in the United States. The relationships between partnership functioning, synergy and sustainability are illustrated and the mediation of synergy among partnership functioning and sustainability is examined. Descriptive statistics, correlation analysis, and path analysis were utilized to address the research questions.

Results: The research participants describe themselves, their institutions, and their partnerships similar to what is related in the literature. The short version of the Partnership Self-Assessment Tool (PSAT-S) revealed high Cronbach’s α scores representing good reliability for the tool. All variables revealed statistically significant relationships amongst the variables (p <.05 or p <.01), except the relationship between non-financial resources and sustainability. Partnership synergy was revealed to partially mediate partnership functioning and sustainability; however, efficiency was the only partnership functioning concept that revealed to be a statistically significant negative predictor of partnership synergy.

Conclusion: This study serves as foundational research in the area of academic practice partnerships. The association between the partnership functioning, synergy, and sustainability model and the guiding principles and strategies of academic practice partnerships in relation to the Institute of Medication Future of Nursing recommendations are explicated. The need for further research is explored.

References
I 11 - Promoting Aspects of Pediatric Health
Sociocultural Factors as Explanatory of Depressive Symptom Development in Latino Adolescents

Cara C. Young, PhD, MSN, BA, FNP-C, RN, USA

Purpose
The purpose of this presentation is to describe sociocultural factors associated with the development of depressive symptoms in Latino adolescents.

Target Audience
The target audience of this presentation is nurses who work with Latino adolescents and/or Latino families.

Abstract
Purpose: Latino adolescents consistently report the highest levels of depressive symptoms and disorders when compared to non-Hispanic White, African American and Asian American adolescents (Stein et al., 2010). Suicide, the most devastating outcome of depression, is the third leading cause of death for youth ages 10-24, and Latina adolescents attempt suicide significantly more than their non-Hispanic peers (Centers for Disease Control and Prevention, 2012). Despite these well-documented disparities, relatively little research has evaluated why Hispanic adolescents appear to be at greatest risk for depressive symptoms. Currently in the United States, 1 in 5 youth under the age of 18 is Latino, and population projections indicate by 2050, 40% of the youth population will be Latino (Ortman & Guarneri, 2009). The elevated levels of depressive symptoms in this expanding population represent a growing need for depression prevention and treatment programs that are sensitive to Latino adolescents’ specific cultural and psychosocial needs. The purpose of this study is to examine individual- and contextual-level sociocultural factors associated with the development of depressive symptoms in Latino adolescents in order to identify salient risk factors to target in the construction of culturally relevant prevention and treatment interventions.

Methods: Latino adolescents (12-18 years) were recruited (N=118) from a pediatric health care clinic in a rural community in central Texas for a cross-sectional, descriptive study. After informed consent and adolescent assent were obtained, participants completed a survey in Spanish or English containing a demographic questionnaire and standardized measures assessing theoretically guided variables from Zayas and colleagues’ (2005) conceptual model of Latina adolescent suicide (i.e., acculturation, discrimination, ethnic identity, familism, family conflict and cohesion, and depressive symptoms). Pearson correlations were calculated to assess the bivariate associations between the variables. Hierarchical linear regression methods determined the unique contribution of each of the independent variables to depressive symptoms.

Results: Latino ethnic heritage was reported by 83% (n=96) of participants. Almost half (46%) of the sample reported high levels of depressive symptoms. Elevated depressive symptoms were associated with higher levels of discrimination (r=.347, p<.001) and family conflict (r=.423, p<.001), and lower levels of familism (r=.306, p=.001), ethnic identity (r=-.244, p=.009), and family cohesion (r=-.306, p=.001). Hierarchical linear regression analysis indicated these sociocultural variables explained 40% of the variance in depressive symptoms (R²=.404, p<.001). After controlling for all study variables, discrimination (β = .383, p<.001), familism (β = .261, p=.005), and family conflict (β = .389, p<.001) were unique contributors to depressive symptoms.

Conclusion: The high levels of depressive symptoms reported by this Latino adolescent sample is concerning and confirms prior research documenting high depressive symptom prevalence in this population. The large percentage of variance explained by individual- and contextual-level sociocultural factors underscore the need for culturally tailored depression prevention programs that target Latino adolescents. These results may not be generalizable to Latino adolescents living in other countries, particularly those residing in their county of racial and ethnic origin. Future research with Latino adolescents outside of the United States is needed to disentangle the relationships among sociocultural factors (e.g., acculturation, ethnic identity, and discrimination) and depressive symptoms.

References

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I 11 - Promoting Aspects of Pediatric Health
Efficacy of Oral Health Promotion in Primary Care Practice

Deborah J. Mattheus, PhD, MSN, BSN, CPNP, APRN-Rx, USA

Purpose
The purpose of this presentation is to outline the complexity of early childhood caries and to emphasize the benefits of delivering oral health promotion in primary care practice as an important step to changing parent's oral health beliefs and behaviors resulting in improved oral health outcomes for children and families.

Target Audience
The target audience of this presentation are registered nurses and advance practice clinicians who care for children and families in a variety of settings including primary care offices, WIC offices or school based clinics and have a personal and professional interest in improving oral health outcomes within their community.

Abstract
Poor oral health continues to be a major health concern for children worldwide. Within the United States, dental caries are the most common chronic childhood disease, occurring 5 times more frequently than asthma. Lack of proper oral health assessment and family education early in a child’s life increases their risk for developing dental decay resulting in difficulty eating, speech delays, poor school performance and can also negatively affect proper child development of self-esteem and social interaction. A major limitation to decreasing childhood dental disease includes shortages in pediatric dental services and dental providers who are both willing and able to provide services to uninsured children, as well as providing services to those children with Medicaid insurance. Therefore, improving oral health for children requires a more creative approach.

Children rely on parents and caregivers to protect them and provide for their most basic needs. A parent’s knowledge and beliefs can directly impact the oral health care their children receive at home and their access to professional dental services. Caregivers who are lacking proper oral health knowledge may unknowingly encourage unhealthy oral health behaviors in their children resulting in poor oral health outcomes.

Nurse practitioners (NPs) are well suited to play a critical role in addressing oral health issues and frequently are providing care to those children suffering from poor oral health. Children are seen on average of 10-12 times by a primary care provider for routine well child visits during their first two years of life. These visits are unique opportunities for practitioners to engage families in oral health dialogues with an emphasis on the importance of primary care teeth, proper oral health hygiene and habits, as well as an opportunity for the practitioner to assist families in obtaining traditional dental services for the child by one year of age.

Purpose: The purpose of the mixed method study was to investigate the impact of oral health promotion visits delivered by a pediatric NP in a primary care practice on parental oral health beliefs and behaviors for their children ages 6 to 15 months.

Methods: One hundred parents of children were enrolled with 84 completing the study. The control group (n=40) received standard oral care during their routine well child care visits. The intervention group (n=44) received standard oral care during their well child care visits in addition to two enhanced oral health promotion visits. Both groups completed an early childhood oral health questionnaire during enrollment and again at the completion of the study. Those parents receiving the additional enhanced oral health promotions visit were asked to also respond to four open-ended questions in writing about their experiences during the enhanced oral health promotion visits.

Results: Results of the study revealed positive changes in parent’s perception of the importance of oral care for their children’s primary teeth compared to general healthcare needs (p<.05), parent’s responses to brushing their children’s teeth (p<.0001), the frequency of tooth brushing (p<.0001) and confidence in properly brushing their children’s teeth (p<.05), in both the control and intervention groups. At the completion of the study, when the children were 12 or 15 months old, 97.7% of parents in the intervention and 92.5% of parents in the control group were brushing their children’s primary teeth. There were no significant differences found between the two groups. Additionally, parents in the intervention groups responded positively to their oral health experiences, which included learning about the importance of primary teeth, how to brush their child’s teeth, the correct amount of toothpaste to apply and the benefit of having fluoride varnish applied to their child’s teeth. Incentives
such as a sippy cup, toothbrush and toothpaste provided to the child and family during their visits were also mentioned as a contributor to their positive experience.

**Conclusion:** This study demonstrates how NPs can assist in filling the void that exists in providing basic dental healthcare to high-risk children. The result validated the usefulness of oral health programs included during well visits as a means to produce changes over time in parent’s oral health beliefs and behaviors that are critical to improving oral health outcomes. Integrating oral health promotion is a simple task with numerous benefits for children, families as well as the primary care practice through reimbursement measures for basic oral health services.

Nurse practitioners are trained to provide anticipatory guidance and oral health promotion. With these skills, they are equipped to develop culturally sensitive programs that address the changes needed within families and the community to improve oral health outcomes. Due to the undersupply of dental providers, primary care providers can and should act to implement these programs and document their results. The limited time required to perform standard oral health care, the potential economic benefit to the practice, and satisfaction of impacting children’s oral health are three important reasons to increase the number of programs like this in the U.S. as well as internationally.

**References**

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Purpose
The purpose of the presentation is to describe nurses' perceptions and practices in obtaining consent from children who access health care services and reflect on how these perceptions and current practices prevent and promote children's' access to health care.

Target Audience
The target audience is nurses who provide preventative, promotive, curative and rehabilitative health services to children.

Abstract
Purpose: Children should not be deprived of their right to access health services. The ability to consent promotes access to health services. Consent laws and requirements related to health services vary amongst countries. In the light of children's rights and the number of children who do not live with their biological parents, progressive law reform was implemented in South Africa to promote children's access to health services through lowering the age of consent. Nurses are required to know and apply these legal, ethical and professional requirements when obtaining consent from children. Central to obtaining consent from children is the ability to assess and arrive at a clinical judgment about the child's maturity and mental capacity. Various factors influence a child's mental capacity, one of them being the health care provider's attitude, competency to share information and respect for children's views and perspectives. The purpose of the study is to determine nurses' working in a specific context's perceptions and practices in obtaining consent from children who access health services.

Methods: A qualitative, explorative, descriptive research design was used and the study was contextual. Professional nurses working at a hospital and primary health care clinics in Tshwane, Gauteng Province in South Africa were purposively sampled until data saturation was reached. Data were collected from October 2013 – November 2014. A semi-structured interview schedule was followed and data analyzed using qualitative content analysis. Measures to ensure ethical research and enhance trustworthiness were implemented.

Results: Nurses' current practice and perceptions about obtaining consent from children and assessing their capacity to consent revealed inconsistency in implementation of the consent laws and the methods to assess maturity and mental capacity. The barriers to obtaining consent and assessing maturity and mental capacity related to nurses knowledge and interpretation of the consent laws, personal frame of reference, resource limitations, lack of guidelines and limited multidisciplinary support to assess maturity and mental capacity of children.

Conclusion: The inconsistent practice has bearing on children's access to health care services. Multidisciplinary support, education and guidelines are required for health care providers to effectively implement the consent laws pertaining to children. Through uncovering the current perceptions and practices, action can be taken to empower nurses to act in the best interest of the child.

References

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J 03 - Enhancing Early Childhood Health
A Study on the Effect of the Nurse-Led Multidisciplinary Transitional Care Model on Disparities in Younger Vulnerable Chronic Disease Patients

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Judy E. Griffin, MSN, BSN, ARNP, USA
Laurie L. Abbott, PhD(C), MSN, BSN, AA, RN, USA
Amy L. Ai, PhD, MSW, MA, MS, USA

Purpose
The purpose of this presentation is to measure the effects of the Transitional Care Model on self-management behaviors and health care barriers related to disparities in the younger vulnerable chronic disease population.

Target Audience
The target audience of this presentation are clinical health care providers, academic researchers, and hospital administrators.

Abstract
Purpose: The Transitional Care Model (TCM) incorporates patient-centered interventions through a nurse-led multidisciplinary team to facilitate beneficial health outcomes for vulnerable populations and promote safe and efficient transfers from one health care setting to another. Patient-centered care interventions are based upon one’s needs, preferences, and values influencing clinical health decisions and self-management. The success of patient-centered interventions is heavily linked to active engagement. The intervention begins in the hospital, extends to the patients’ homes, and ends at the first primary care provider visit after hospital discharge. The TCM was originally intended to provide comprehensive care for chronically ill older adults at risk for poor health outcomes and has successfully decreased emergency department (ED) visits, hospital readmissions, and health care costs. Transitional care not only meets the vast medical needs of vulnerable patients, but also addresses social and cultural needs through a patient-centered, multidisciplinary approach. While the TCM is well-established with positive outcomes, we propose this model can be implemented successfully in a local hospital-owned Transition Center (TC) with a focus on providing patient-centered care with an advanced practice nurse (APN)-led multidisciplinary approach for a younger vulnerable chronic disease population. An estimated 50% of 18-64 year olds have one chronic disease (i.e. heart disease, stroke, cancer, diabetes, obesity, and arthritis) with minority groups leading in multiple co-morbid chronic diseases. Disparities such as low socioeconomic factors, minority status, insurance status, and poor lifestyle behaviors contribute to the development of chronic disease making this sub-population group more vulnerable. Therefore, a quantitative pilot design was conducted comparing the effects of the TCM versus usual care in a local Transition Center on self-management behaviors and health care barriers related to disparities.

Methods: A sample of 30 subjects was randomized into intervention and control groups. The subjects were recruited from a local private, not-for-profit, large acute care hospital that coordinated care with the hospital-owned Transition Center. All subjects were eligible for TC services before study participation began. The goal of the TC is to provide comprehensive continuum of care for vulnerable chronic disease patients mainly consisting of younger patients without health insurance coverage. All subjects were treated at the center per usual care. In addition, the intervention group received TCM based patient-centered care delivered by a registered nurse in the hospital, their home, and at the first visit to the Primary Care Provider. The registered nurse (RN) focused on physical and social health personalized needs, self-management skills, patient safety, and health care access barriers. Four instruments were used to measure the patient-centered intervention within the TCM and health care barriers pre and post for both intervention and control groups. The Patient Activation Measure (PAM) assesses self-management through self-reported knowledge, skill, and confidence. The PAM is a valid and reliable instrument with 13 questions scored on a scale. A component of self-management is one’s confidence in undertaking behaviors towards improved health, therefore the Self-Efficacy for Managing Chronic Disease 6-item scale (internal consistency and reliability 0.91) was also used for both groups. In order to implement self-management behaviors, one must first be able to obtain, process, and understand basic health information. The Shortened Test of Functional Health Literacy Assessment Scale (S-TOFHLA) was used for both groups as a baseline assessment for health literacy. Finally, the participants’ healthcare barriers are influential elements of disparities contributing to poor health outcomes. Given the fact that the researchers could not find a validated tool to measure health care barriers for the target population, a survey was created based
on the Health Care Access Barrier Model (HCAB) incorporating 33 scale and dichotomous questions on financial, structural, and other barriers that afflict the non-elderly adult population.

**Results:** A total of 24 participants (12=control, 12=intervention) completed the study. Demographics between the control and intervention groups were middle-aged (mean age 48 vs. 45 respectively), ethnically diverse (58.3% vs. 41.6%), and poor (<$20,000 annual income 91.6% vs. 75%). Both genders were represented as 50% were female in the control group and 66.6% in the intervention group. A portion of both groups had low levels of education (<high school 25% control vs. 33.3% intervention) and 66.6% of the control group was uninsured compared to 75% of the intervention group. Hypertension (25% of both control and intervention groups) and Diabetes Mellitus Type 2 (41.7% control, 50% intervention) were the most reported chronic diseases. Within the intervention group, a mean of 4.30 (SD 1.89) home visits were conducted by the RNs with the length of the intervention lasting a mean of 15.90 (SD 12.64) days. There was a pattern of numerical superiority across the majority of variables. The intervention scored higher than the control group on baseline health literacy (S-TOFHLA) scores (32.3 vs. 31.4) indicating adequate functional health literacy, pre PAM (40.82 vs. 39.45) indicating that they were beginning to take action towards self-management, pre and post self-efficacy (intervention pre/post 46.0, 48.0 vs. 37.1, 44.1 out of a total score of 60) indicating higher confidence towards self-management behaviors, and pre and post healthcare barriers (intervention pre/post 43.4, 46.1 vs. 40.0, 40.7 out of a total score of 99), none were statistically significant. However, the results of the post PAM were significant (CI 95%; p=.002) between intervention and control groups (48.62; SD 2.26 vs. 41.20; SD 5.35) indicating superiority in the intervention group regarding self-management behaviors.

**Conclusion:** Given this is a pilot study implementing the TCM, it is promising to find a significant difference on self-management activation with the intervention group post TCM implementation when compared to the control group undergoing usual care. This finding indicates that self-management behaviors and patient engagement is essential for patient-centered interventions which not only improve the quality of care, but can also improve health outcomes. Based on these findings, the investigators will conduct a qualitative analysis on the case notes written by the RNs during the intervention to provide a clearer understanding of the patient-centered care given and its impact on the participant. A larger study should also be conducted with more participants, a refined intervention, and include additional outcomes on subsequent emergency room use, hospital readmissions, and quality of life.

**References**

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**J 03 - Enhancing Early Childhood Health**

**Influence of Early Language Exposure on Children's Cognitive and Language Development**

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Ashley Darcy Mahoney, PhD, NNP-BC, USA

**Purpose**

To present findings from an integrated literature review about the influence of parental engagement (talking, reading, interacting) in early childhood on children’s cognitive and language development. This work may inform future research investigating parental involvement and early brain development and inform interventions aimed at improving cognitive outcomes among at-risk children.

**Target Audience**

The target audience of this presentation include prenatal, labor and delivery, neonatal, and pediatric nurses, nurse practitioners, and nurse researchers. This presentation will be of great interest to nurse researchers in the field of child development and pediatric health outcomes.

**Abstract**

**Purpose:** Early childhood represents a critical period for brain development, in which foundations for later learning are established. Brain development is shaped through environmental experiences, including language exposure and parental engagement. Research shows that low-income children hear 30 million less words than their more affluent peers by the age of 4, and that this word gap contributes to disparities in their educational outcomes. As interventions aimed at bridging the word gap develop, literature should be evaluated to examine the influence of early language exposure on children’s neurodevelopment.

**Methods:** An integrated review of literature was conducted to evaluate the effect of parental engagement (talking, reading, and interacting) in early childhood (0-3 years) on children’s language or cognitive development. The following search terms were used: (infant OR newborn OR toddler) AND (infant-directed speech OR child-directed speech OR talk OR OR read OR engage OR interact OR conversation) AND (parent OR caregiver) AND (literacy OR language acquisition OR vocabulary OR cognition OR academic OR language development OR neurodevelopmental outcomes). Articles published from 1990-2014 were identified through PubMed, Web of Science, and CINAHL databases. Reference lists of identified articles were manually searched for additional eligible articles not detected by the electronic search. For inclusion, the articles had to meet the following criteria: 1) report the effect of talking, reading, or interacting 2) children had to be 0-36 months old at the first or all assessments 3) evaluate vocabulary, language, or cognitive outcomes 4) be a primary-research article, secondary data analysis, meta-analysis, or systematic review 5) be in a peer-reviewed journal.

**Results:** Of the 1273 articles identified, 109 articles met the search criteria. Studies revealed that the number of words spoken to a child, but not overheard speech, is associated with better scores on vocabulary and cognitive assessments and enhanced language processing. Furthermore, diversity of words, grammatical complexity, number of conversational turns, engagement in joint attention and greater use of imitations, expansions, interpretations, and gestures are related to expressive and receptive language skills and moderate the association between social risks and cognitive outcomes. In addition, children who are read to more frequently have larger vocabularies and maternal responsiveness and father involvement positively influence language and cognitive development. Interestingly, the positive effects of talking, reading, and interacting are more pronounced in children with or at-risk for developmental delays.

**Conclusion:** In conclusion, the quantity and quality of talking, reading, and interacting with a child in the first three years of life predict language and cognitive development. As a result, interventions aimed at increasing the quality and quantity of early language exposure and promoting parental engagement have the potential to leverage dramatic results for children’s developmental outcomes and future educational success.

**References**


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Purpose

The purpose of this presentation is to show some results about preschool children sleep habits and some strategies developed by parents in a way to lead with the children wake up night, after a process of translation and validation of a measurement instrument.

Target Audience

The target audience of this presentation is formed by pediatric nurses, researchers and pediatric teachers, who intend to know and analyze some data about sleep habits during the first childhood, in order to be awareness about this pediatric problem that can disturb the health, development, and wellbeing.

Abstract

Purpose: Nevertheless we can identify more and more sleep problems in childhood, associated with unhealthy habits. According to National Sleep Foundation, in 2004, surveys conducted by the NSF (1999-2004) revealed 69 percent of children experience one or more sleep problems a few nights or more during a week. The preschoolers most often stall about going to bed at bedtime (52%), resist going to bed at bedtime (30%), seem sleepy or overtired during the day (26%), snore (19%) and/or have difficulty waking in the morning (19%) at least a few days or nights a week. The problematic night-waking occur frequently of preschool-aged children and are most often associated with poor parenting behaviors.

As part of broader research and with the awareness that the sleep habits of children are changing, not always in the right direction, and that sleep problems in early childhood are resultant from inefficient routines, we have defined this main objective: Identify the sleep habits of children in pre-school age, including the daily duration of sleep, the practice of co-sleeping, the behaviors of preschool-aged children during night-waking and the strategies adopted by parents to help their child to sleep autonomously, as well as the factors that are associated with them.

Methods: A quantitative, descriptive correlational study was developed in a sample by convenience of 158 parents/mothers of preschool-aged children. We have translated and validated culturally to Portuguese the CNBS and NSS, developed by Coulombe and Reid (2010). As well, we have selected the "Sleep Habits Inventory for Preschool Children developed and validated by Croewell and colleagues at the University of Maine - USA, in 1987, translated and validated for the Portuguese language (Batista & Nunes, 2006). It allows evaluating the changes in sleep habits in children from 2-6 years of age, in the week previous the data collection. It must be completed by parents.

Results: Only half of the children retained a routine time to go to bed and fell asleep in their own bed. The average sleep duration was of 9.62 hours per night. However there are children in this age group who sleep an inadequate number of hours. This finding is important. The practice of "co-sleeping", were common, 65.2% slept alone in own room, while 14.0% usually shared a bed with at least one parent. It was also found that 10.1% slept with brothers; while 9.5% did in own bed in shared room; 7.6% slept with one of his parents;

A little over half of the children (53.2%) called their parents during night-waking at least once a week, expressing comfort requests followed by those of escape, loss of control, activity and fear. The behaviors regularly adopted were "Asking parents to stay close to him" "asks for a hug, a caress on the back, a touch, etc." "Asks to stay in bed of parents" "get out of bed or crib and leave the room."

About 25% screamed by parents from bed or the cradle and/or didn't sleep again without help. There were even more comfort requests followed the escape of the environment requests of sleep and behavior indicative of loss of control.

The strategy most commonly used by parents to help their child to sleep autonomously was keeping bedtime routine, and in opposition to co-sleeping, this was the most associated to the decreasing in inadequate sleeping habits - IHSCP and to requests for escape.
**Conclusion:** While indicating a duration of nocturnal sleep of children of preschool age (= 9.62 hours) similar to that obtained in other studies with children in this age group, we deduce that there is a significant number to sleep much less than what is required. This is problematic, because unhealthy habits will harm these children soon as they enter the school with other requirements.

Given the emergence of these sleep problems through the first childhood, it is a good practice in the infant health consultations to discuss and guide the parents to lead with this activity of life. The acquisition of appropriate sleeping habits should be approached with the same relevance of practice of physical exercise or eat healthily. In addition to the maintenance of the bedtime routine, it should be fostered the development of self-esteem/self-control, the settlement of limits and development of autonomy, instead of punishment strategies, the reinforcement of self-esteem/self-control and reward, that revealed the increase of some of the inappropriate behavior during night-waking.

**References**

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J 04 - Promoting Clinical Outcomes through Quality Improvement
UK Healthcare Systematic Approach to Decrease Hospital Acquired Urinary Tract Infections

Sarah E. Gabbard, MSN, BSN, RN, USA

Purpose
The purpose of this presentation is to present the quality improvement initiative using a standardized systematic approach to decrease hospital acquired urinary tract infections.

Target Audience
The target audience is staff nurses, infection control, nursing leadership, staff development and clinical nurse specialist.

Abstract
Purpose: Hospital acquired infection (HAI) is a critical patient safety concern. These infections are a reflection of hospital care provided to patients. The prevalence of HAI is widespread with catheter acquired urinary tract infections (CAUTIs) accounting for approximately 40% of HAI with the highest rates in intensive care units. At the University of Kentucky we identified that our rates were higher than expected. We recognized that decreasing the number of infections was essential for patient safety. It was determined that a standard systematic approach was needed to identify gaps in care and determine appropriate interventions to lower our rates. The purpose of the performance improvement project was to create a standardized workflow that would provide a vehicle to identify and implement interventions that would lower our CAUTI rates.

Methods: A CAUTI Steering and workgroup was established to develop a quality improvement plan to decrease the CAUTI rates. Five spheres were identified to examine the possible causes for the high rates. The sphere included process, products, research, education-dissemination and evaluation. In each sphere, gaps were identified by comparing evidence based practice and our current practice. Once the gaps were identified the workgroup followed a systematic process of developing nursing guidelines, interventions, implementation plans and follow up. Multiple items have been identified as gaps and successful interventions have occurred. This systematic process has proved to be the pivotal crux to begin decreasing the CAUTI rate.

Results: Developing the five spheres and creating a standardized workflow, our enterprise wide monthly ICU CAUTI rates have had significant decline. In the first quarter of FY 2014 our rates ranged from 5.9 to 9.0. In October 2014 our rate decreased to 2.4.

Conclusion: Identifying specific areas of focus through our five spheres and having a standardized workflow proved to be instrumental in impacting patient safety. This process provided a vehicle to change nursing practice and a reduction in our CAUTI rates.

References

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J 04 - Promoting Clinical Outcomes through Quality Improvement
Appraisal of Nursing Home Performance across the United States

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Yue Zhang, PhD, USA

Purpose
To evaluate the overall performance of a nursing home To identify characteristics of nursing homes that have significant impacts on the nursing home performance

Target Audience
nursing faculty, nursing students, or administrators.

Abstract
Purpose: The purposes of this study are to evaluate the overall performance of nursing homes in the United State and to identify characteristics of nursing homes that have significant impacts on the performance.

Methods: This is a cross-sectional, secondary data analysis study design. Nursing Home Compare (NHC) of Medicare data set was used for this study. Data was collected during 2012-2013. It contains results for over 16,000 nursing homes in the U.S. After initial data cleaning and screening, a total of 9,622 nursing homes with completed data was selected for this study. Data Envelopment Analysis (DEA) and logistic regression techniques were used for data analysis.

Results: Research results showed that only 30 institutions with efficiency score of 1 were rated efficient among 9,622 nursing homes. Results from regression analysis indicated that the number of certified beds in the facility, participating in both Medicare and Medicaid, for-profit nursing home, and belonging to a chain have significant impacts on nursing home performance.

Conclusion: The large majority of nursing homes in the United State are considered inefficient; however, study results developed empirical indicators of efficiency, which provided guidance for advancing the quality of care delivery in nursing home. Also, research results could provide policy makers valuable information to improve nursing home performance.

References

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Promotion of Clinical Outcomes by Institutionalization of Maternal Care Quality Improvement Measures in Tanzania

Gaudiosa Tibaijuka, MSN, RN, CNM, Tanzania

Purpose
To share results of an observational quality of care (QOC) study after the institutionalization of a standards-based management and recognition (SBMR) approach, used in Tanzania to improve quality of maternal newborn health (MNH) services.

Target Audience
Policy makers, health care providers, academicians, donors, birth attendants and other stakeholders who are interested in improving the quality of maternal newborn health services at the global, regional, country, program, district, facility and community levels.

Abstract

Purpose: According to the World Health Organization, Tanzania is one of the eight ‘high burden countries’ in terms of maternal deaths, where were 454 in 2010 (TDHS) and reduced to 410 in 2013 (UN estimate). The maternal death rate remains more than twice as high as the target of 193 per 100,000 live births by 2015. Unlike antenatal care (ANC) coverage of 96% of at least one visit, facility delivery is at 51 % with the other half delivering at home which exposes mothers to direct causes of deaths such as postpartum haemorrhage, eclampsia, infections and obstructed labor as well as asphyxia, prematurity and infections in newborns. Reduction in neonatal mortality is equally slow from 32 to 26 by 2010 (TDHS) while the target is at 19 per 1000 live births by 2015. Low facility utilization for delivery, post-partum and repeated ANC visits is attributed to low quality services.

The USAID-funded MAISHA program supported the Ministry of Health and Social Welfare (MOHSW) in improving the quality of ANC and Basic Emergency Obstetric and Newborn (BEmONC) health services in Tanzania. The program institutionalized quality improvement process known as standards-based management and recognition or SBMR. The SBMR process consists of the systematic, consistent and effective utilization of operational updated national performance standards as the basis for the organization of services of focus, in this case MNH including ANC. It engages stakeholders through advocacy, training and repeated assessments with rewarding compliance through facility recognition.

Methods: ANC and BEmONC performance standards were developed according to scientific evidence translated into national policies and strategies. Stakeholders were engaged for consensus building and selection of sites. Health managers and service providers were trained on the implementation of SBMR.

The first observational quality of care assessment was conducted in 2010 to describe the quality of ANC and BEmONC services in 52 health facilities in 12 regions of Tanzania where about 360 ANC consultations and 490 deliveries were observed. Health records, medication inventories and health worker knowledge were all assessed.

After first assessment, the new performance standards were rolled out to targeted facilities, along with the means of measuring progress. Persistent gaps and successes were noted and provided momentum for change.

Results: A follow QOC assessment was conducted in 2012, with several positive results. Preventative treatment in antenatal care improved at the 12 regional hospitals. Malaria prevention (IPTp) increased from 41% in 2010 to 73% in 2012. Counseling for patients on both IPTp intake and fesolate for prevention of anaemia during ANC consultations improved in terms of providers effectively communicating the reason for the medications and the directions for use.

During labor, mean scores increased by 27% in asking about danger signs at initial assessment, by 10% in providing women friendly care and by 13% for use of partograph. There was increased use of oxytocin and an increase in the provision of active management of the third stage of labor (AMTSL) from 33% in 2010 to 44% in 2012.
Overall performance of essential newborn care practices in 2012 showed significant improvements, including: drying the baby at 95%, assisting breastfeeding within 1 hour after childbirth at 86% and skin to skin at 54%. In total, 44 facilities scored over 70% in focused antenatal care (FANC) and received MOHSW certificates of recognition after external verification. Most notably, maternal deaths decreased from 16 deaths in all facilities in 2010 to 10 deaths in 2012. The decline was negatively associated with the improvement in service delivery.

Overall, the program reached 60 national BEmONC trainers, 921 providers, 251 sites equipped with essential BEmONC commodities, 619 district supervisors trained on supportive supervision skills, and 49 sites which were recognized by the MOHSW for provision of quality BEmONC. All target facilities were reached, and 100% of district councils displayed ownership of the SBMR process by including it in subsequent annual budgets. These improvements have led to improved clinical outcomes.

**Conclusion:** In Tanzania, SBMR has produced important changes in the quality of ANC and BEmONC services in facilities, which fit in with national strategies to reduce maternal and newborn mortality. Sustaining and institutionalizing these changes is part of the ongoing work to improve quality of care for mothers and newborns.

**References**

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Purpose
Research has shown that motivational interviewing is an effective tool in promoting adherence to healthy lifestyle recommendations and strengthens patient self-management skills. The purpose of this presentation is to outline practical strategies to encourage momentum toward health behavior change.

Target Audience
The target audience of this presentation is health care professionals who work with adults in an outpatient setting e.g. primary care, specialty care.

Abstract
Purpose: The Veterans Health Administration has made motivational interviewing training of clinicians a national priority. Research has shown that motivational interviewing is an effective tool in promoting adherence to healthy lifestyle recommendations and strengthens patient self-management skills. The purpose of this presentation is to outline practical strategies to encourage momentum toward health behavior change.

Methods: This retrospective, longitudinal study reviewed Veteran health outcomes (N=1,865) following use of motivational interviewing and use of a collaborative goal setting tool at the Department of Veterans Affairs Medical Center in Salem, Virginia. The association among patient adherence, goal setting, and decision support on body mass index (BMI), glycated hemoglobin (HbA1c), and low-density lipoprotein (LDL) was examined using generalized estimating equations with exponential regression.

Results: Collaborative goal setting, educational class attendance, cholesterol medication adherence, age, and type of health care provider were significant predictors of HbA1c and LDL. Twenty eight percent of the sample had an LDL higher than recommended but high risk status declined from 42.9% to 24.2% during the course of the study. Reduction in HbA1c values for the sample population was statistically significant but not clinically significant; the values remained close to the ADA goal of ≤7.0 during the entire study thus there was not a lot of room for improvement. The study showed that provision of regular verbal and written feedback, use of motivational interviewing and collaboration with patients, and having a consistent health care provider was effective in improving diabetes control and cholesterol status. Body mass index remained essentially unchanged.

Conclusion: Findings included significant sustained reduction in LDL and improvement in diabetic control over the 5 year study period. Motivational interviewing and collaborative goal setting are valuable tools in patient engagement. Veterans are at high risk for cardiovascular disease and this study showed that simple interventions can make an impact on lifestyle behaviors and adherence.

References

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Purpose
The purpose of this presentation is to review current literature related to resilience across the globe. This review will present key considerations for health promotion in various populations and cultures.

Target Audience
The target audience of this presentation is nurses and other health care providers who are involved in health promotion for individuals around the globe.

Abstract
Purpose: To rebound or recoil is the definition of the Latin verb *resilire* from which the term resilience evolved in the early 17th century. According to McAslan (2010), resilience was introduced into scholarly literature in the early 1800s to describe properties of timber. It was not until the early 1970s when the concept was used to describe the environment, ecology and economics (Holling, 1973). Early pioneers in research on resilience in individuals included Norman Garmezy, Emmy Werner, and Sir Michael Rutter. Garmezy (1993) wanted to understand the diverse outcomes of children with schizophrenic parents. Emmy Werner (Werner & Smith, 1982; Werner & Smith, 1992; Werner, 1995) studied a cohort of children born in Kauai in 1955 finding many maturing into successful adults even in the face of adversity. Studies of children on the Isle of Wight as well as orphans in Romania by Sir Michael Rutter (1987; 1993) revealed that children can overcome risks and live a successful positive life. The most interesting aspect of these studies is that each research group worked independently even though their findings were remarkably similar.

The construct of resilience was introduced into the nursing and allied health literature the late 1980s. When searching CINAHL Complete with the search term resilien*, one of the first articles published by nurses was in the Journal of Burn Care & Rehabilitation in 1986. The construct of resilience in the nursing literature was first published in the Journal of Psychosocial Nursing & Mental Health Services in 1989. The early publications were of mixed content that included concept analysis, theory development, and studies in pediatrics, the nursing profession and nursing students. Resilience frameworks and theories have been developed across disciplines with adversity as the common antecedent (Almedom & Glandon, 2007). The framework that lends itself to organizing literature related to culture includes the broad levels of individual, family, and community resilience (Rutter, 1987; Werner & Smith, 1982; Werner & Smith, 1992).

As the construct of resilience was explored in more detail, the question of universal application was raised. Early research across different cultures and populations indicated similarities and differences in how resilience was understood globally. The purpose of this literature review is to examine individual, family and community resilience in different populations and cultures around the globe. This review will present key considerations for health promotion in various populations and cultures.

Methods: The terms resilience, culture, ethnic*, immigrant, indigenous, and health were used to search the CINAHL Complete, MEDLINE, PsychARTICLES, PsychINFO and SocINDEX databases. Limits included peer reviewed publications from 2009 through 2014. The search resulted in 128 articles. Another 36 articles were located by hand searching reference lists for a total of 164 articles. After review of the articles that included the antecedent of adversity as well as discussion of the individual, family and/or community resilience, the final sample for review included 62 publications.

Results: Review of these articles identified adversities including disaster, war, violence, refugee and immigrant status, trauma, cancer, and social change. The populations and cultures included youth, adults and elderly in Middle Eastern, Asian, Scandinavian, North and South American and African countries (Hobfoll et al., 2011; Ishibashi et al., 2010; Kirmayer et al., 2011; Kral et al., 2014; Lou & Ng, 2012; Reyes & Elias, 2011; Tol, Song, & Jordans, 2013). Analysis revealed both common and specific individual, family and community resilience factors across the globe (Allen et al., 2014; Buse, Burker, & Bernacchio, 2013; Ungar, 2011; Ungar, 2013).

Conclusion: Understanding both the common and specific factors related to resilience will enhance the care provided by nurses and other healthcare providers to ensure the provision of culturally appropriate health promotion to those facing adversity.
References

Contact
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Purpose
The purpose of this presentation is to describe hope and wellbeing among adult Belizeans and the implications for health promotion practices.

Target Audience
The target audience for this presentation is health care practitioners.

Abstract
Purpose: The purpose of most medical mission trips is to instill hope among the hopeless and foster physical, emotional and spiritual wellness among the population served. This objective is difficult to achieve during short-term missions. However, instilling hope in those who are hopeless is possible when there are others willing to intervene during the time period between medical mission team visits. By obtaining a better understanding of the subjective wellbeing of the population served, providers can further explore the nature of the satisfaction or dissatisfaction that is informing the subjective wellbeing of the population served. The specific aims of this research study were to describe the level of hope and subjective well among adults seeking care at a health clinic in Belize, Central America.

Methods: This study used a descriptive, correlational design. The sample consisted of 66 adults (males and females). Hope was measured using The Trait Hope Scale and subjective wellbeing was measured with the Satisfaction with Life Scale. Both instruments were completed with the participant waited to see a health care provider. Descriptive statistics were used to determine the levels of hope and subjective wellbeing for the sample.

Results: Overall, the sample reported being slightly below average on the Satisfaction with Life Scale (M=15.95). Participants also reported having high levels of Hope (M=46.27).

Conclusion: Low levels of satisfaction with life may indicate dissatisfaction with one or more areas of life domains. Higher levels of hope can provide motivation to improve areas of dissatisfaction. Health care providers must nurture a positive, hopeful outlook, encourage better connections with family, or friends in order to instill hope and improve the subjective wellbeing of the population served.

References

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J 07 - Promoting Maternal-Child Health
Environmental Exposures Influence on the Antenatal Microbiome and Health of Offspring

Michelle Lynn Wright, PhD, RN, USA
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Purpose
The purpose of this presentation is to explicate factors associated with altered antenatal microbiome compositions and describe how this may impact future health of offspring. Nurses should be aware of environmental factors that alter microbiome compositions and be knowledgeable about the implications for evidence-based practice in this patient population.

Target Audience
The target audiences of this presentation are individuals who provide care for pregnant women and children; and individuals interested in learning more about the microbiome.

Abstract

Background: Environmental exposures relevant to health outcomes occur from preconception through death. Maternal exposures are believed to be especially influential in programming health outcomes in offspring since they occur during a critical developmental period. The interaction between maternal and fetal environments plays a critical role in high risk birth outcomes, fetal development, and later adult onset of disease. There is accumulating evidence that these exposures may alter the antenatal microbiome and subsequent microbiome and health of the offspring.

Objectives: The purpose of this presentation is to summarize and evaluate the current state of knowledge regarding the assessment of the antenatal microbiome on the health of human offspring. A summary of the known factors affecting the human microbiome and studies that assessed relationships between the antenatal microbiome and short- or long-term health outcomes of the offspring will be discussed.

Method: An integrative review was conducted to examine human research studies that focused on the antenatal microbiome and the health of the offspring using the electronic databases PubMed/Medline and CINAHL from 2004 to the present.

Results: In addition to the known individual factors that are associated with establishment of the microbiome, the results of the integrative review suggest that medications including antibiotics, comorbidities including infectious diseases, diet, socioeconomic status and exposure to toxicants should also be measured.

Discussion: The maternal and fetal microbiomes are important mediators of short and long-term health outcomes in offspring. In order to advance understanding of the role of the antenatal microbiome on health and disease risk of the offspring, it will be important to further elucidate the composition of a healthy microbiome and specific mechanisms that contribute to altered health in later life.

Clinical Implications: Although we are far from understanding the precise mechanisms by which these interactions influence health, there is reason to believe that there is a certain degree of plasticity involved in fetal programming that may prove amenable to therapeutic nursing strategies. Implications of microbiome research in the antepartum period include information concerning newborn delivery decision-making, physiology behind the lifelong benefits of breast-feeding exposure in infancy, limiting or altering antibiotic regimens for common infectious diseases, targeted use of specific probiotics to treat and prevent disease, and ultimately individualization of medical regimens for the fetus and newborn based on microbial profiles. A deeper understanding of the influence of the antenatal microbiome on the health of the offspring may provide new insight on the origins of chronic disease as well as inform evidence-based practice and healthcare decision making.

References

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J 07 - Promoting Maternal-Child Health

Improving Maternal Child Health Using mHealth Technology in a Middle-Income Country with Community Health Care Workers

Susan M. Bonnell, PhD, RN, CPNP, USA

Purpose
The purpose of this presentation is to examine & discuss the processes of a pilot study in a middle-income country: development of community collaboration, training & implementation of community HCW & stakeholders, data collection, application development for mobile cell phone, & overview of outcomes regarding maternal and infant mortality.

Target Audience
Researcher involved in international health care with mothers, infants and children, working in low-middle income countries, working with community health care workers and mobile technology.

Abstract
Purpose: For this pilot project our team trained eight community health care workers (CHW) to monitor pregnant third trimester women for complications of pregnancy by evaluating them in their homes. Data collected at each home visit was transmitted through the use of mobile cell phone technology to the monitoring primary care physician to determine the health status of the mother. The pilot was implemented with data collection over a 6 month period. This pilot was implemented in El Cercado, located in the rural and remote “frontier” of the Dominican Republic (DR). Maternal mortality in the DR (150 per 100,000, an increase from 130/100,000 in 2000, and infant mortality (22 per 1,000 in 2010) rank among the highest in the Latin America/Caribbean area (World Health Statistics, 2012) with a 2.5% decrease for maternal mortality, a number representing only half of that needed to achieve the relevant MDG target.

Methods: Descriptive and quantitative analysis based on the Community Based Participatory research framework.

Results: Training community health care workers to provide 3rd trimester prenatal care assessments and communicate collected data using mobile health technology to a primary care provider has the ability to improve maternal and infant mortality in the El Cercado region of the Dominican Republic.

Conclusion: This pilot study involved 3 communities and provided an opportunity to understand the processes involved in implementing the use of community health care workers with mobile cell phone technology in this region. An application to the NIH is in consideration for implementing investigation of the efficacy for 13 communities in this region.

References

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Purpose
To present research investigating student nurses and midwives self-medication practices which highlight issues concerning their well-being.

Target Audience
Health professionals interested in nurses' self-care and the nursing workforce.

Abstract
Purpose: Self-medication is a global phenomenon and a major form of self-care with increasing numbers of people taking greater responsibility for their own health (Jain et al. 2011). Self-medication involves the use of medicinal products to treat self-recognised disorders or symptoms, or the intermittent or continued use of a medication prescribed by a physician for chronic or recurring diseases or symptoms (WHO 2000). In most instances, self-medication is the first step in self-care, since professional care for minor ailments is often unnecessary and contributes to healthcare burden (World Self-Medication Industry 2007). However, problems with self-medication include antimicrobial resistance, adverse reactions and prolonged suffering (Bennadi 2014). The purpose of this paper is to explore the self-medication practices of nursing and midwifery students in Victoria, Australia.

Methods: A cross-sectional study design using a self-administered web survey targeted 713 nursing and midwifery students undertaking a Bachelor of Nursing, Bachelor of Midwifery or a combination of Bachelor of Nursing/Bachelor of Midwifery and Bachelor of Nursing/Bachelor of Emergency Health degree at one campus of Australia's largest university. The survey was adapted from the work of Klemenc-Ketis et al. (2010) to the Australian context. The survey collected brief demographic information before examining the prevalence of self-medication, reasons for self-medication, the types of medications used and the student's views of the safety of self-medication. The survey was piloted prior to the study commencing, and no changes were made as a result of this pilot. Ethics approval was obtained prior to data collection which occurred between February and May 2014. Data was analysed descriptively.

Results: Of a possible 713 students, 120 students completed the survey (response rate 16.8%). The mean age of respondents was 23.9 (+ 7.7) years old and the majority (n=112, 93.3%) were female. Results showed that 91.6% (n=110) of student nurses and midwives self-medicated in the past year, most for pain management using paracetamol or ibuprofen. The average number of medications consumed was 5.54 (+ 2.4) medications per student. Nearly half the students (n=46, 42.2%) reported the consumption of antibiotics that had been prescribed for a previous health problem and nineteen (17.3%) reported taking benzodiazepines. The incidence of back pain amongst the students was high (n=84, 76.4%), along with stress (n=82, 74.5%), fatigue (n=70, 63.6%) and depression (n=41, 37.3%). Students reported the main reason for self-medication was to play an active role in their health and 68.3% (n=82) of students had given advice about medications to other people. The survey has a Cronbach's alpha reliability of 0.817.

Conclusion: Self-medication in student nurses is common, and is the first step in self-care, since professional care for minor ailments is often unnecessary and can contribute to the healthcare burden (World Self Medication Industry 2007, WHO 2000). Reasons for self-medicating are similar to the research of Shaghaghi et al. (2014). However, it was concerning that the majority of students reported back pain, almost half reported taking previously prescribed antibiotics and almost one fifth reported taking benzodiazepines. These key findings require further investigation and are a concern for the health and wellbeing of our future nursing workforce. A fundamental understanding of self-medication practices by student nurses and midwives who are better informed than the general public and upon graduation will have a key role in educating patients about medication-taking is necessary for the safe and quality use of medications.

References

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Do Graduate Nursing Students Have a Change in Perspective Regarding Nursing Care after Taking a Nursing Theory Course?

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Purpose
The purpose of this presentation is to determine if graduate nurses use a nursing theory to undergird and guide their practice. It also aims to identify changes in delivery of nursing care after completing a graduate nursing theory course.

Target Audience
Graduate Students, Nursing Leaders, Nursing Educators

Abstract
Purpose: The aim of the study is to understand graduate nurses’ perception of the utilization of nursing theory in their practice, both before and after taking a graduate class in nursing theory. Registered nurses seeking Master of Science in Nursing (MSN) degrees are required to take a nursing theory course in which they examine the relationship between existing nursing theories and health care delivery. Is there a difference in the provision of nursing care by graduate nurses who use a nursing theory to undergird and guide their practice as opposed to those graduate nurses who do not use a nursing theory in their practice? The demand of graduate level nurses continues to rise. Preparing graduates to continue their journey as critical thinkers, who utilize and develop new knowledge through scholarly inquiry and nursing theory is essential to the rapidly changing healthcare environment we continue to experience.

Methods: A mixed-methods design using quantitative and qualitative data was gathered in pre and post course surveys. A 5-point Likert scale was used for quantitative measurements. Open-ended questions provided the qualitative data. On the first day of NUR 5305-Nursing Theory class, students took the pre-course survey on their perceptions and utilization of nursing theory as a way to guide their practice. Students were asked to select a random number to include on the top of their pre-course survey. They used the same random number for the post-course survey on the last day of class. The post-course survey was compared to the pre-course survey to indicate changes in perspectives.

Results: Prior to taking a graduate level nursing theory course, a large majority of the MSN students surveyed did not use a nursing theory as a foundation to their practice. At the end of the course, the post-course survey indicated a majority of the MSN students had implemented a nursing theory to guide their practice.

Conclusions: The MSN students have had a change in their perspectives regarding nursing care after completion of the nursing theory course. Their practice has been enhanced through the conscious application of nursing theory as a foundation to undergird their delivery of nursing care.

References

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J 08 - Research Affecting Nursing Student Education
Exploring the Impact of Mindfulness Training on Mindfulness and Ethical Decision Making in Pre-Licensure and Post Graduate Nurses

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Purpose
The purpose of this presentation is to discuss the impact of mindfulness training on mindfulness and ethical decision making in nursing.

Target Audience
The target audience of this presentation is nurses in clinical, academic and administrative settings interested in mindfulness training.

Abstract
Purpose: The current healthcare environment is demanding of the attention of nurses. Studies have demonstrated that distracted, partially attentive people tend to engage in more unethical behaviors, which may negatively affect patient outcomes (Riskin, 2009). The complex, fast paced, high-stress, high-demand, technologically laden healthcare environment compromises providers’ ability to be fully present in the moment, especially during patient interactions. This ‘pulling away’ of attention from the present moment creates a setting where the absence of awareness of one’s present experience, also known as mindlessness (Ruedy & Schweitzer, 2011) exists. This state of mind contributes to unethical decision making, since awareness is a critical component of ethical decision making (Ruedy & Schweitzer, 2011). The current healthcare atmosphere is juxtaposed to the expectation that nurses provide focused patient-centered care within the framework of the culture of caring (Fox, et al., 1990) model at the heart of nursing. Building a more mindful nursing work force may assist in returning nurses and their attention to the bedside, thus enabling them to provide more mindful, ethical, patient centered care.

Mindfulness, rooted in Buddhist traditions, cultivates present-moment awareness though its practice (Riskin, 2009). Opposite of mindlessness, its goals include, fostering clearer thinking, encouraging openheartedness, and maintaining awareness of the moment-by-moment experience (Ludwig & Kabat-Zinn, 2008). Mindfulness promotes compliance with applications of the “Golden Rule” also known as the ethic of reciprocity (do unto others as you would have others do unto you). It fosters a sense of interconnection, a deeper understanding of others, and develops a “wedge of awareness” that assists in noticing intentions (Flickstein, 2001; Riskin, 2009). Mindfulness helps one pause prior to acting in a way that would benefit themselves at the detriment of another (Riskin, 2009).

Mindfulness in healthcare is not novel; organized activities teaching mindfulness are already part of physician residency programs and have been incorporated into some medical school curriculums (Epstein, 1999; Ludwig & Kabat-Zinn, 2008). Mindfulness-based stress reduction (MBSR) has been used successfully to assist patients in alleviating suffering associated with physical, psychosomatic, and psychiatric disorders (Grossman, Niemann, Schmidt, & Walach, 2004). Presently, few schools of nursing or hospitals offer mindfulness training to nurses; however studies have demonstrated its effectiveness in improving levels of mindfulness in nursing students (Shields, 2011). It was hypothesized that a similar positive impact on mindfulness would be found, but further exploration of mindfulness training on mindfulness and ethical decision making in pre-licensure and post graduate nurses was sought.

Methods: A time series two group (pre-licensure and post graduate nurses) design was used to explore mindfulness training on mindfulness and ethical decision-making. Following IRB approval, participants were recruited to participate in an 8-week mindfulness training program. A previously developed mindfulness program which was tailored to nursing was used to carry out training. The program was developed in collaboration with a mindfulness expert. The sessions, which were previously recorded expert led live audience sessions, were shown at each training session during the study. Each session was facilitated by trained faculty and consisted of guided practice, mindfulness education, and dialogues around participants’ feelings, thoughts, and sensations during practices. Sessions were held several times during the week in a classroom at the
school. Efforts to accommodate the school and work schedules of the participants were made wherever possible. Sessions lasted 20 to 60 minutes.

During consent participants were informed that they would need to attend the sessions in order and miss no more than two facilitated sessions during the study. Participants who missed the live facilitated sessions were asked to watch the video for the missed sessions that were provided in the study’s online learning platform. The study’s online learning platform was created to facilitate communication with the study participants, to house session videos, to simplify completion of study assessments, and to provide study materials such as articles, weekly training schedules, and guided practice MP3 recordings.

Pre and post training assessments were completed. The Freiburg Mindfulness Inventory (FMI) (Walach, et al. 2006), and the Defining Issues Test of moral judgment version 2 (DIT-2) (Rest, 1975), were administered pre and post training. The FMI, used to measure mindfulness is a 30-item scale designed to measure aspects of mindfulness (Walach, et al. 2006). The DIT-2, used to measure ethical decision making is a vignette based measure of the beginnings of moral understanding which are non-verbal and intuitive (Narvae & Bock, 2010). Basic demographics were also collected pre training. A post training perceptions questionnaire developed by the PIs was also given to the participants following completion of the training. A $75.00 gift card was given as compensation for participation in the study and was given to all participants who completed all required training sessions and also completed the FMI, DIT, pre-demographics, and post perceptions questionnaire.

Results: Forty-five participants enrolled in the study (N= 34 pre-licensure, N= 11 post graduate). 27 participants completed the study (N=20 pre-licensure, 7 post graduate). Two participants’ data were excluded from the FMI analysis because their pre-mindfulness scores were more than two standard deviations away from the mean. Analysis of Variance (ANOVA) and paired t tests were used to carry out the analysis.

Overall, there was a statistically significant improvement in the FMI scores p = .003. The pre-licensure group had a higher baseline FMI (mean = 36.79) as compared to the post graduate group (mean = 30.33, p = .013). Post training FMI scores were not found to be statistically significantly different (p = .354) when comparing the groups. While both groups improved their scores pre to post, the post training FMI score for the post graduate group (mean = 36.71) did not achieve the baseline scores of the pre-licensure group. The pre-licensure group did not show a statistically significant improvement in their FMI scores pre to post training (p = .281), however the post graduate group did (p = .004).

Statistically significant pre–post scores were found in two schemas of the DIT-2 (P [Post conventional] score, p = .039 and N2 [maintaining norms] score, p= .032). The post-conventional schema focuses on organizing a society by appealing to consensus-producing procedures, insisting on due process, and the safeguarding of minimal basic rights. Arguments presented in this schema include those appealing to moral ideals and / or theoretical frameworks. The maintaining norms schema focuses on the existing legal system, maintaining existing roles, and formal organizational structure. Arguments presented in this schema include those that appeal to maintaining social laws and norms (Bebeau and Thoma, 2003; Grometstein & Schilling, 2009).

Unlike the FMI findings, the post graduate group started out with higher baseline scores (P score mean = 46.57, N2 score mean = 37.62) as compared to the pre-licensure group (P score mean = 37.10, N2 score mean = 35.36).

Conclusion: Mindfulness training improves mindfulness in both pre-licensure and post-graduate nurses, however the improvement is more profound in post-graduate nurses. While the improvement in mindfulness pre to post training was not surprising, it was interesting to note the differences found in the level of mindfulness in the post graduate nurse as compared to the pre-licensure group. Perhaps more remarkable is the inability to improve the mindfulness of the post graduate nurse to at least that of the baseline level of the pre-licensure nurse. This finding suggests that there is a factor impacting this group making them less mindful to start out with and continue to have more difficulty with improving their mindfulness. Further investigation of mindfulness in post graduate nurses would need to be carried out to fully explore the impact that graduating and working in the field of nursing has on mindfulness. A more pointed understanding of how working as a nurse impacts mindfulness would allow more focused efforts aimed at improving it.

Mindfulness training likewise improves some aspects of ethical decision-making, especially those appealing to the maintenance of social laws, social norms, moral ideals, and theoretical frameworks. Improvements in mindfulness have been shown to improve stress levels, concentration, empathy, and through this study, ethical
decision making. These findings, coupled with the improvements noted in mindfulness illuminate the need for introducing this type of training for nurses currently working in the field.

These findings are promising and further demonstrate the merits of a mindfulness practice, however aspects of mindfulness training would need to be addressed prior to launching a full scale attempt to incorporate this into a work life or some other quality improvement program. There was fairly large dropout rate among our participants, reasons included having difficulty in finding the time for training and practice with an already full work and / or school schedule. In addition, we had a small n, especially in the post graduate group. Despite having good effect sizes, even with the small n, further exploration of the concept would be prudent. Finally, we recruited from a single school of nursing, therefore our findings may not be generalizable to other organizations.

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References

Contact
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Purpose
The purpose of this presentation is to explain tools to accomplish excellence in the DNP scholarly project process with the intent to guide, rather than mandate, expected timeframes and project formats for dissemination.

Target Audience
The target audience of this presentation is for any DNP nursing faculty seeking useful tools that provide expected timeframes and project format to successfully guide DNP students through the scholarly project process of proposal development, implementation, and dissemination.

Abstract
Purpose: A hallmark of the doctor of nursing practice (DNP) degree is the successful completion of a scholarly or capstone project. The project is intended to demonstrate the synthesis of the student’s knowledge gleaned from required and elective DNP coursework and unique practice experiences with an identified practice problem. An integrative three-course sequence at a university provides DNP students mentored opportunities to develop, propose, implement, evaluate and present projects. During the three-semester sequence, integrative course faculty members observed a need for clear scholarly project process guidelines and options for project formats to increase dissemination.

Methods: In response to the need for DNP scholarly faculty members developed timeline templates to identify time-sensitive progress indicators, including course due dates, project-related dates, and faculty response expectations. Additionally, faculty developed options for project formats (scholarly paper, journal article, poster, slides) to increase opportunities for scholarly publication and podium presentations.

Results: The timeline templates were designed and implemented to facilitate the student in each integrative course. The DNP student has a clear understanding of all of the DNP program requirements outlined in each timeline for completing, presenting, and disseminating the scholarly project. The student is responsible for presenting the timeline to the committee members with proposed completion dates for the scholarly process. Thereby, the student leads the committee mentors with a clear purpose of every step to accomplish excellence in the DNP scholarly project process. Consideration of the dissemination options begins in the planning phase of the scholarly project process. After the proposal presentation, the project committee members and DNP student collaboratively identify the oral and written dissemination modes to ensure an improved opportunity for successful publication of an article or podium presentation about the scholar project.

Conclusion: Faculty response to DNP student needs can guide clinical scholarship to successfully impact practice and make improvements in policy, patient, population, and system outcomes. Options for dissemination increase the opportunities to publish and present the findings from evidence-based practice and research to improve health outcomes.

References

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**Purpose**
The purpose of this presentation is to share the lessons learned and elements of successful collaboration with a single international site over a long period of time. The principles of service learning, communication, collaboration, community engagement, and sustainability of a robust clinical immersion program will be discussed.

**Target Audience**
The target audience of this presentation is educators and health professionals who participate in service and/or educational projects outside their home country, or who collaborate with schools or other organizations that come to their country for educational or service projects.

**Abstract**
For over ten years selected undergraduate nursing students at a southern United States university have participated in a global clinical immersion experience at the same Bahamian site. The program involves a partnership between the Bahamian Ministry of Health, a local non-governmental organization, local primary and secondary schools, faith-based community organizations, and Emory University’s Nell Hodgson Woodruff School of Nursing (NHWSN). The overall goals have been to enhance healthcare in Eleuthera, The Bahamas through building local capacity among professional and non-professional community members and to enhance student learning and professional development through community engagement, application of clinical skills, and self-reflection.

This global immersion experience has sought to provide clinical services to rural and underserved populations in The Bahamas; to enhance the provision of health promotion and disease prevention education within local schools; and to increase the students’ understanding of traditional healing practices and beliefs along with the role of faith in recovery. The Ministry of Health in The Bahamas and local community-based organizations have benefitted through the enhanced training of Bahamian nurses and the increased understanding of the health-related needs of its population through participation in community-based research and program evaluation. The NHWSN nursing students have reported opportunities to enhance their skills in respect to clinical practice, develop appreciation for cultural humility, and participate in the provision of health promotion and disease prevention education in a global setting.

In any educational intervention based in a country outside of the institution’s home country there are layers of contacts and relationships, and sometimes differing goals and objectives for the trip. Creating a service learning experience that is meaningful for all parties involved includes closely listening to the needs and wishes of the host country, understanding the priorities for the local community, and incorporating those into the educational objectives for the trip.

Certain guidelines and philosophical foundations have informed all aspects of these trips. The primary principle framed within the umbrella of community-engaged learning is that of collaboration with entities in the host country, which includes the Ministry of Health, the local island clinics, and key individuals such as the Chief Nursing Officer for the island, and leaders of service and non-profit organizations. It has been essential to the success of the experience for the host country to be an active participant in planning and identifying expected outcomes.

The Conceptual Model for Partnership and Sustainability in Global Health (2010, J. Leffers and E. Mitchell) provides a framework and theoretical basis for the goals, objectives, and activities for the student immersion experiences. Components of the Emory-Bahamas collaboration described in this presentation support this conceptual model, while at the same time the conceptual model provides focus and definition to a decade of involvement.
One of the continuing challenges in this program has been to maintain and sustain a relationship with partners at the site that results in positive benefit for all parties involved. Key elements for sustainability include: ongoing communication between faculty and leaders on the island; collaboration between the university, nursing school, and non-governmental organization to implement and support local healthcare projects; and intentional choice of on-site activities that springboard from previous trips to provide growth and development. In addition, systematic evaluation of processes and outcomes is essential to guide revision and identification of "next steps" in the process of sustainability.

In this presentation, principles that have proven successful for collaboration and sustainability in these educational experiences and the lessons learned from aspects that were less helpful are examined and evaluated.

References

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Outcomes of an Immersion Experience in the Dominican Republic

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Purpose
to relate the immersion experience of ARNP/nursing students and Physicians/medical students caring for patients in some of the most impoverished areas in the country.

Target Audience
Academic setting-nurse administrators, faculty and students Clinical settings- nurse administrators, nurse managers and staff nurses

Abstract
Introduction The Haitian American Nurses Association (HANA) joined forces with the Haitian Professional Coalition (HAPC) and the Bejamín León School of Nursing Miami Dade College (MDC) since 2005 to care for the migrant workers in the Dominican Republic. HANA organized and conducted medical missions in various “Bateyes” (sugarcane plantations) in the Dominican Republic to provide healthcare and supplies to the migrant workers living in impoverished conditions. On March 16-23, 2013, 15 RN-BSN participated in the immersion project, similar to Gonzalez’s (2013) immersive experience. Students collected over 375 book bags filled with school supplies while HANA received donations of medications and clothing. HANA, HAPC and MDC partnered with Universidad Central del Este (UCE) medical school to work collaboratively in the Bateyes. RN-BSN received service-learning hours for the immersion experience (Chen et al, 2012; Stallwood @ Groh, 2013).

Problem These migrant workers have a life of poverty and hardship. They are prone to gastro-intestinal (GERD), hypertension and cardiac problems along with vitamin deficiencies and respiratory illnesses.

Methodology Descriptive, exploratory study

Results: At all the Bateys, women and children stood in lines to undergo a physical assessment exam and receive medication and treatment for their conditions. Fewer men were seen since they were working in the sugarcane fields. Of 1098 patients seen during the one-week mission, 503 charts (50%) were analyzed. Demographics- The largest age group was the 12-21 for 26% and the smallest age group was 77-87+ for 3%; newborn-5 years and 66-76% accounted for 5%; 6-11 for 14%; 22-32 and 33-43 for 17%; 44-54 for 11%; 55-65 for 9%. There were more females (65%) than males (35%) due to their working in the sugar cane fields. There more physicians/medical students (72%) treating the patients compared to the ARNPs (29%) treating the workers and families. The most common diagnosis was GI, especially GERD, epigastric and abdominal pain with poor appetite (44%) with Neuro (27%) headache and seizures; GU (21%) bladder infections and yeast infections and STIs; Muscosketeton (20%) back, knee and shoulder pain; ENT (17%) eye, now and throat problems; Derm (15%) tinea corpis and skin disorders; Resp (13%) asthma and respiratory infections; Cardiac (11%) cardiac problems and hypertension, Hema (5%) blood disorders. Many had multiple diagnosis; several were diagnosed with cholera and PTSD resulting from the 2012 Haiti Earthquake.

Discussion: The conditions at the 2nd batey were deplorable with 10-12 workers (both men and women) living in a very small unit. The women prepared their only meal in the unit where they reside while the men workers were in the fields. The workers slept on iron bunk beds with no mattresses. There was neither electricity nor water. There was no education provided to the children of these sugar cane workers. Conditions have deteriorated in some bateyes to the point that one of the patients wanted to give her baby to one of the RN-BSN students. The mother was having a difficult time caring for the baby and could no longer support all her children. One could only imagine the poor mother’s anguish over wanting to give up her child. In all the Bateyes, RN-BSN students and and UCE medical students provided education to the children on hygiene, safety, growing-up healthy, and teeth brushing, hygiene, disease prevention and health promotion. They taught the adults how to use a condom stressing prevention of HIV/AIDS and STIs. There were many sad cases. In one instance a child with cerebral palsy was not attending school since there were no available wheelchairs. The child laid on the
floor morning and night and even got wet during rain storms due to the substandard housing and leaking roofs. One of the challenges faced by ARNPs/nursing students, physicians/medical students was how much medication to prescribe or give since many medications required follow-up and there was no guarantee of follow-up care or any monitoring. There was only one clinic at the medical school that these families could attend for follow-up care.

**Conclusion** The one-week immersion project provided RN-BSN students with opportunities they would not often see in clinical agencies in the United States. Lives were saved, hearts were touched, tears were shed; lives have changed forever by the overwhelming experience. Once could never imagine living in such conditions, yet, we feel fortunate and blessed to be able to help others in need as we count our blessings. It is difficult to imagine the horrendous conditions that these poverty stricken families endure and try to live their daily lives.

**References**

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J 09 - Service Learning Initiatives
Igniting the Soul through a Global Service-Learning Experience

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Purpose
The purpose of the presentation is to inform the participants of the value of engaging students in activities that connect them to the complexity of the human condition. Service-learning and other activities have the potential to contribute to the soul-making of the student through igniting global human connections.

Target Audience
The target audience of this presentation is undergraduate and graduate nursing faculty.

Abstract
Purpose: How can the pedagogy of engagement in the human condition ignite the soul of a nursing student and foster exploration of issues such as culture, gender, sociopolitical and economic status that underlie quality of life and health disparities? According to Fong (2014) soul-making is the interaction of the intelligence, the human heart and the world. Service-learning activities have the capacity to create soul-making experiences that can foster a global identity for students and create opportunities where the merging of intelligence and distressing human conditions can enable the maturation of the heart and create a transformative impact.

The nursing literature and nursing’s professional organizations abundantly support the inclusion of curricular goals that seek to foster the development of social responsibility within the nursing student. The American Nurses Association Code of Ethics and the International Council of Nurses emphasize that nursing education must inform and engage students in an understanding of the barriers to health and the complex social problems of our time such as poverty, unsafe and inadequate living conditions as part of the ethical and social responsibilities of the nurse (Kelly, Connor, Kun, and Salmon, (2008) & Tyer-Viola, Barry, Hoyt, Fitzpatrick, and Davis, (2011). Belknap (2010) and Mill, Astle, Ogilvie, and Gastaldo (2010) urge nursing educators to develop strategies and experiences that foster an understanding of social justice issues and the development of local and global citizenship. Student experiences with social justice assist them in transferring a sense of social responsibility into their professional careers (Redman & Clark, 2002). Nussbaum (1997) (as cited in Fong, 2014) proposed that higher education should strive to cultivate the humanity of the student through asking them to “critically examine themselves and the society that has formed them”. Also, higher education should support “exposing students to the unfamiliar and variety in the world.” Furthermore, the development of empathy can be engendered through experiences that “rouse a sense of human connections” (Fong, 2014, p. 31-32.)

Methods: Immersion with an underserved population, providing basic health care to residents in the Dominican Republic provided opportunities for soul-making and transformation for nursing students as well as the fostering of a global identity and subsequent “call to action” for social responsibility. Nursing students were invited to participate in a qualitative research student grounded in the phenomenological approach of Paul Colaizzi (1978). The purpose of this “lived- experience” qualitative study was to capture the meaning and significance of this experience for these 24 junior and senior nursing students.

In partnership with Good Samaritan Hospital and Maranatha in the Dominican Republic, Gwynedd Mercy University nursing faculty planned and participated in an immersion experience with nursing students and the residents of the sugar-cane communities (bateyes). The week long trip of 2013 was the sixth trip to this region. Several weeks preparation involved educating students on the history and culture of island of Hispaniola (Haiti and the Dominican Republic). These weekly meetings involved discussion on the challenging life circumstances of the residents and how these living conditions differed from their lives. In preparation for this service-learning experience, students were requested to familiarize themselves with global critical concerns such as the earth, nonviolence, women and children, racism, and immigration.

The students were invited to anonymously record their perceptions based on their interactions with the residents through describing their observations and reflective comments in a double-entry journal. The logistics of using a double-entry journal were explained in a meeting before departure on the trip. Each student was given a copy of the booklet, Nurturing the Global Citizen Within and asked to read and reflect on the messages in the booklet. The objectives of the journaling were shared: 1) to reflect on the lifestyle of a person in the Dominican Republic compared to your own. 2) To engage with the global critical issues and apply these concerns to
observations in the Dominican Republic. 3) To reflect on the Dominican Republic experience and its’ impact on your life as a person, professional nurse and citizen of the world.

In addition, specific question prompts guided students in their reflections. Selected examples of question prompts included the following: What emotions did you experience as you reflect on the day’s observations or encounters? What does the phrase “the luck of birth” mean to you as you reflect upon the day? How can reflection on critical global concerns in the Dominican Republic impact your own life? How does this reflection assist you in expanding your world view? How can you continue to nurture the global citizen within you? How did your service to the residents of the Dominican Republic in the bateyes enhance your commitment to social responsibility related to one or more of the critical concerns? The researchers were cognizant that student reflection has the potential to generate an upsetting emotional response. In this event, a psychiatric nurse was available for counseling.

Results: Data analysis involved extracting significant statements from the anonymous student journal entries and identifying the major themes from the study. Examples of themes that emerged were gratitude, appreciation, advocacy, transformation described as increased cultural sensitivity, personal growth and understanding of global issues as well as a commitment to social justice. Sample significant statements from the student journal entries were the following:

Why am I so privileged and lucky to have been born into a huge loving family and to receive so many privileges throughout my life. But maybe these people are the lucky ones...maybe we are too lucky for our own good...they live such simple lives...even though these people had little to nothing, they all seemed content.....I am angered by the way our American society constantly has an insatiable need for consumption....

I wish more people were able to experience a mission or service trip where they could become more grounded and humbled...I feel grounded in who I am, what I have become and who and what I want to be in life...this service enhanced my commitment to social change

It is important to be reassured of your reason for entering a profession...with regards to social justice, nursing should be advocating for the justice of people such as these....this experience not only humbled me, but it allowed my heart to feel things that it never felt before....I need to educate myself economically, politically, socially, culturally, technologically, environmentally to research the social injustices around the world...... I am trying to be an informed global citizen...I must live in such a way to make the world a more sustainable place...I internalized the value of being a global citizen and it has changed both my aspirations and desires in life....

I need to educate myself economically, politically, socially, culturally, technologically, environmentally to research the social injustices around the world..... I am trying to be an informed global citizen...I must live in such a way to make the world a more sustainable place...I internalized the value of being a global citizen and it has changed both my aspirations and desires in life....

Awareness is a start but I must lead by example...I gained a greater understanding of reducing racism, promoting peace...... I now feel an investment and pride in the global society.... I find myself being more compassionate to others even just in small things...it is our duty to reach out and help those in need... I am determined and willing to do what is needed......this experience has developed as a nurse and a human being....made me more culturally sensitive and caring....I found an enhanced respect and value of all the concerns: nonviolence, racism, earth, women and immigrants. Commitment to have a positive impact and influence positive change to end suffering and help less fortunate.

The limitations of this study involve the small sample size as well as the self-reporting limitations of the participants. In addition, although data analysis clearly revealed the transformative shift in perspective for these students, the researchers question if these changes will endure for these students. Currently, follow up dialogue with students is being explored to assess the long term impact of this service-learning experience.

Conclusion: The research findings suggest that this service-learning experience has contributed to the soul-making and has had a transformative impact for these students as well as fostering the global identity for these students through increasing awareness of the complexity of global challenges. Reflective comments articulate the cognitive dissonance of the students having encountered human beings that struggle for basic survival. Despite the unsettled thought processes that were stimulated, students conveyed that the experience has inspired them to increase their knowledge as a local and global citizen and strive to become more socially responsible.
Moreover, the findings substantiate the rationale for continuing and increasing opportunities for future students to participate in immersion service learning experiences and other soul-making activities.

References

Contact
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J 10 - Enhancing Communication Skills in the Health Care Environment
Working with Parents of Children with Chronic or Long-Term Conditions to Develop and Evaluate an Evidence-Based Interactive Health Communication Application (IHCA)

Veronica M. Swallow, PhD, MMedSci, BSc (Hons) (Nsg), RN, RSCN, United Kingdom

Purpose
The purpose of this presentation is to describe and discuss one aspect of a study that developed with patients and carers an interactive health communication application (IHCA) to support home-based management of chronic or long-term conditions

Target Audience
The target audience of this presentation is academic and clinical nurses and other health care professionals

Abstract

Purpose: The purpose of this presentation is to explore and discuss parents' qualitative accounts of trialling a novel interactive health communication application (IHCA) to support home-based care-giving of children and young people with chronic and long term conditions. Using childhood Chronic Kidney Disease stage 3-5 (CKD) as an exemplar the presentation will report on one aspect of a wider study that developed and evaluated in a small scale, feasibility randomised controlled trial. In previous research parents identified a need for continuously available, on-line, condition-specific material to supplement specialist professional support that may not always be available (for example at night time or at weekends) and to help empower them to confidently and competently manage their child's condition at home. Structured material tailored to parents' needs are highlighted by policy documents and guidelines as key to optimising home-based care, yet childhood CKD-related on-line resource provision to actively support clinical care-giving at home is patchy and focuses on news rather than specific care-giving tasks and has little evidence-base. Therefore, we involved families and professionals in developing and evaluating new on-line material and resources to address parents' identified needs and preferences. The material and resources were compiled into a condition specific IHCA, the online parent information and support (OPIS) application. This presentation will present data from one aspect of the three phased study.

Methods: In phase 3, 20 parents of children with CKD were randomized to the intervention arm of a pilot feasibility randomized controlled trial (RCT). This presentation reports on data that were collected through semi structured interviews after parents had used OPIS for 20 weeks. All participating parents had received password protected access to the IHCA which was located on a university web-environment for the duration of the study. Parents were interviewed individually or jointly according to their preferences. All participants were interviewed after providing written consent. Interviews took place at a time and place that was convenient to participants; some therefore took place in a quiet area in the hospital setting while others took place in the family home. Interviews were guided by topic guides covering such issues as: how was the experience of using OPIS? How did you use OPIS in your family? Were there any difficulties in using OPIS? Interviews were digitally recorded and later transcribed. Data were analyzed and managed using Framework, a systematic and rigorous approach to qualitative data analysis. Independent reviews of data samples were discussed by two of the researchers and with the Project Steering Group until a consensus was achieved on themes and final interpretation. This resulted in a final framework that was then applied to all transcripts by the researcher. Each coded transcript was analyzed and pertinent information was transferred to a Microsoft Excel spread sheet where quotations were labelled for retrieval during reporting. This paper will report on the findings from analysis of interview data.

Results: 20 parents were recruited to the intervention arm and all participated in a qualitative interview at the end of the 20 week trial. Three themes emerged from analysis of parents' interviews. The emergent themes highlight the way parents used OPIS by: 1, Helping the child and parent to understand the clinical problem 2, Reinforcing professionals' explanations and demonstrations of clinical management at home, 3, Helping strengthen trusting relationships with professionals. In this presentation the OPIS will be briefly demonstrated and each of the emergent themes from parents' interviews will be presented and discussed using illustrative quotations to support the findings:

1-Helping the child and parent to understand the clinical problem
Several parents described the way they used the purpose designed, age-appropriate, child friendly resources to help teach their children about CKD. In addition, parents, in particular those with limited health literacy explained that they found the child-friendly resources useful to help their own understanding of the condition and its treatments. Parents described how they learned from the information on OPIS how to fit the child's complex treatment regimens around family life so as to normalise clinical care-giving as much as possible. Parents explained that they did not want their child or family to be defined by the illness. Being able to access OPIS at convenient times (for example after the child had gone to bed or was at school) enabled them to learn what they needed to support their child's clinical management without the child being aware of this in order to make their lives as family orientated and normal as possible. Managing the condition at home helped to normalise it.

2-Reinforcing professionals’ explanations and demonstrations of clinical management at home,
Parents described how they could use OPIS at home after an outpatient appointment when they had received a great deal of information from different professionals, this enabled them to re-visit information and learn about it at their leisure. Parents sometimes said that at the beginning of management, immediately after diagnosis of CKD or after the transition from one level of CKD to another, or from one treatment modality to another (for example from dialysis to kidney transplant) it could be scary thinking of all the care needs their child had but being able replay at home the various demonstration videos available on OPIS from the specialist nurse or play specialist provided reassurance and meant that both parents could learn the skills and knowledge needed at their own pace

3-Help strengthen trusting relationships with professionals.
Parents recounted the way they would search the ‘Who’s who’ section of OPIS to understand as much as possible about the role of different members of the multidisciplinary team helping to manage their child’s CKD. Furthermore, reading the resources or looking at the videos and listening to the parent and child case studies explaining the experience of living with CKD, helped parents to feel confident about discussing their child’s treatments with the team.

These qualitative findings confirm the quantitative results from the RCT which found that intervention group parents showed a greater improvement in perceived competence to manage their child’s condition compared to control group parents. OPIS has the potential to beneficially affect self-reported outcomes, including parents’ perceived competence to manage home-based clinical care for children with CKD. The IHCA is available to be used as part of standard practice in the hospital where it was developed and evaluated. Further refinement of OPIS, based on feedback from parents who trialled it will enable us to adapt it and conduct a full-scale RCT of the effectiveness of OPIS.

Conclusion: By working with families and professionals to develop and evaluate an IHCA containing material that meet parents’ needs we derived detailed insight into parents’ individual care-giving contributions. The research provides health care providers with an evidence-based, on-line exemplar for parental care-giving that will inform service commissioners’ planning and providers’ care delivery for growing numbers of children with CKD. The design and methodology we used are also being adapted for use with other chronic or long-term conditions.

References

Contact
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Purpose
The purpose of this presentation is to disseminate doctoral dissertation findings from a quasi-experimental study investigating the attitudes of nurse educators regarding the importance of interprofessional education with emphasis on communication and collaborative experiences in nursing education that can be applied to the clinical practice settings.

Target Audience
The target audience of this presentation is a broad audience such as nurse educators, frontline nurses, nurse executives, advance practice nurses, and researchers.

Abstract
Purpose: The purpose of this presentation is to disseminate doctoral dissertation findings from a quasi-experimental study investigating the attitudes of nurse educators regarding the importance of interprofessional education with emphasis on communication and collaborative experiences in nursing education that can be applied to the clinical practice settings.

Methods: Research Design
- Quantitative quasi-experimental

Population of Interest
- Nurse educators attending conference
- Sample – nurse educators attending educational presentation

Data Collection
- Surveys were copied on different color paper
- Hand delivered
- Pre-surveys
- Post-surveys
- For a power of 90% at a 0.05 level of significance it was determined that minimum of 39 participants, Meet with N=40.

Embracing the IPEC 4 core competencies as a solution for collaborative care.
1. Domain 1-Values/Ethics for Interprofessional Practice
2. Domain 2-Roles/Responsibilities
3. Domain 3-Interprofessional Communication
4. Domain 4-Teams and Teamwork

Instrumentation
The Readiness for Interprofessional Learning Scale (RIPLS)

4 Subscales
+SS1: Teamwork 7 Co-operation (Items 1 – 9),
+SS2: Negative Professional Identity (Items 10 – 12),
+SS3: Positive Professional Identity (Items 13 – 16),
+SS4: Roles and Responsibilities (Items 17 – 19).

Data Analysis
Descriptive
Paired t-test
The paired t-test allowed a comparison of the means of the two correlated (or paired) groups.
Skewness
Kurtosis
The Shapiro-Wilk test

**Results:**
Research Question 1: To what extent do attitudes of nurse educators toward interprofessional educational experiences change following participation in the conference?

<table>
<thead>
<tr>
<th>SS1: Teamwork</th>
<th>SS2: Negative Professional Identity</th>
<th>SS3: Positive Professional Identity</th>
<th>SS4: Roles and Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-operation</td>
<td>Items 1 – 9</td>
<td>Items 10 – 12</td>
<td>Items 13 – 16</td>
</tr>
<tr>
<td>p = 0.0099</td>
<td>p = 0.8590</td>
<td>p = 0.0045</td>
<td>p = 0.2655</td>
</tr>
<tr>
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<td>was enough</td>
<td>not enough</td>
</tr>
</tbody>
</table>

Research Question 2: To what extent do attitudes of nurse educators toward teaching communication skills within an interprofessional environment change following participation in the conference? —RIPLS question 5: Communication skills should be learned with other health care students.

Analysis indicated there was enough evidence to claim a statistically significant difference ($p = 0.0311$) between the pretest and posttest responses in attitudes of nurse educators toward teaching communication skills within an interprofessional environment, in terms of question 5.

Research Question 3: To what extend do attitudes of nurse educators’ toward teaching teamwork skills within an interprofessional environment change following participation in the conference? —RIPLS question 8: Teamworking skills are essential for all health care students to learn.

There was not enough evidence to claim that there was a statistically significant difference ($p = 0.2532$) between the pretest and posttest responses in attitudes of nurse educators toward teaching skills skills within an interprofessional environment, in terms of Q8.

<table>
<thead>
<tr>
<th>SS1: Teamwork</th>
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<th>SS3: Positive Professional Identity</th>
<th>SS4: Roles and Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-operation</td>
<td>Items 1 – 9</td>
<td>Items 10 – 12</td>
<td>Items 13 – 16</td>
</tr>
<tr>
<td>p = 0.4815</td>
<td>p = 0.7318</td>
<td>p = 0.2091</td>
<td>p = 0.0401</td>
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<tr>
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<td>not enough</td>
<td>not enough</td>
<td>was enough</td>
</tr>
</tbody>
</table>

Research Question 5: Are there significant differences in changes in attitudes related to IPE among nurse educators who are engaged in clinical teaching and nurse educators who are not engaged in clinical teaching?

<table>
<thead>
<tr>
<th>SS1: Teamwork</th>
<th>SS2: Negative Professional Identity</th>
<th>SS3: Positive Professional Identity</th>
<th>SS4: Roles and Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-operation</td>
<td>Items 1 – 9</td>
<td>Items 10 – 12</td>
<td>Items 13 – 16</td>
</tr>
<tr>
<td>p = 0.9241</td>
<td>p = 0.6182</td>
<td>p = 0.3329</td>
<td>p = 0.2728</td>
</tr>
<tr>
<td>not enough</td>
<td>not enough</td>
<td>not enough</td>
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</tbody>
</table>

**Conclusion:**
- Highlights a gap in the literature
- Attitudes of nurse educators regarding communication and teamwork
- Need for faculty education
- There remains nurse educators that have not practiced in an IPE setting nor taught IPE concepts
- Overall positive attitudes
• Positive change in attitudes in communication

Recommendations for the Future:

Research
• Repeat study with larger number of participants
• Include how those implementing IPE overcome barriers
• Longitudinal studies to determine impact on practice

Practice
• Clinical strategies for both faculty teaching and student experiences
• Implementation of IPEC core competences

Education
• IPE faculty development and teaching strategies on multiple levels
• Changes in curriculum

References

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Improving Effective Communication within the Neonatal Interdisciplinary Team: A Project Design

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Mary Terhaar, DNSc, RN, USA

Purpose
The purpose of this presentation is to describe the design of a project aimed at improving effective communication within the neonatal interdisciplinary team.

Target Audience
The target audience of this presentation is geared towards members of the healthcare interprofessional team who care for critically ill patients.

Abstract
Purpose: The purpose of this work is to describe the process for developing a comprehensive approach to improve effective communication within the neonatal interdisciplinary team using evidence-based strategies.

Methods: PubMed, CINAHL, and Embase and manual searching were used to search for strategies for improving effective communication between members of the Neonatal Intensive Care Unit (NICU) interdisciplinary team. Key terms utilized:
- Interdisciplinary communication
- Interprofessional relation
- Communication
- Neonatal Intensive Care Unit OR “NICU”
- Intensive care Unit OR “ICU”

The Johns Hopkins Evidence-Based Practice Model and Guidelines (JHEBP) were used in the evaluation of articles. Two reviewers independently evaluated all full-text articles using the JHEBP Guidelines. A third reviewer evaluated any discrepancies between the two reviewers on the article evaluation. Strategies from this systematic review were then used to create a comprehensive plan to improve interprofessional communication within the neonatal team. Processes for implementing each of these strategies were discussed amongst the NICU leadership team and implemented in the clinical setting.

Results: Key themes emerging from the evidence:
- Poor communication increases risks
- Need to improve communication is imperative
- Perception impacts the understanding of team member’s role & value

Strategies emerging from the evidence:
- Establish leadership collaborative advisory board
- Standardized patient care rounds
- Team needs skills building

These three emerging strategies were incorporated into a plan to improve interprofessional communication in the NICU clinical setting.

Conclusion: Implementing evidence-based strategies to improve communication within the NICU interdisciplinary team can comprehensively address the problem of ineffective communication.

References

Contact
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Purpose
The purpose of this presentation is to share the results of a study focused on the effects of barrier cream on peristomal skin integrity.

Target Audience
The target audience of this presentation are nurses working at any healthcare facility but especially those working with patients with ostomy to improve the nursing care quality and nurse educators for updating their curriculum.

Abstract
Purpose: Study was carried out to determine effect of barrier cream on peristomal skin integrity. Background: Patients with tracheostomia are facing new problems every day. Among care problems and complications one of the big issues patients have to get over is to maintain the peristomal skin integrity.

Methods: Study was conducted as a quasi-experimental study between the dates March-December 2013, in a university hospitals’ inpatient unit in Ankara, TURKEY. Sample consisted of 60 patients (randomly assigned 30 patients for control group and 30 for intervention group), aged between 18-65 years, and admitted to inpatient clinic without tracheostomy complications. Both control and intervention group patients were given peristomal care skin care 3 times a day for 7 consecutive days by researcher. Barrier cream and gauze dressing over the cream was applied as an intervention in the study to maintain the skin integrity and gauze dressing was applied to peristoma in control group to maintain the skin integrity.

Peristomal skin pH, temperature and moisture level were assessed to determine the effectiveness of both application (gauze and barrier cream-gauze) to maintain the skin integrity. Ethical approval was obtained from the Ethical Committee of Hacettepe University. Written permission was obtained from the directors of the hospital and patients. Data were evaluated by analysis of variance for repeated measures, mean and percentage calculations.

Results: Both control and intervention group patients’ peristomal skin integrity were maintained after 7 days of care and their peristomal skin pH, temperature and moisture levels were found in normal ranges. Difference between peristomal skin pH, temperature and moisture level of two groups were found statistically significant.

Conclusion: It can be concluded that both gauze dressing and barrier cream - gauze dressing changes over peristoma preserve the skin integrity. However, results indicate that barrier cream - gauze dressing application is better for balancing the peristomal skin's pH, humidity and temperature level with in normal ranges.

References

Contact
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J 11 - Research from Around the World Impacting on Clinical Outcomes
Literature Review of Modified Early Warning Scoring Tools Including Sepsis Screening Criteria

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Jessica Maples, BSN, RN-BC, USA
Kimberly A. Stunkard, BSN, RN, USA
JoAnn D. Long, PhD, RN, NEA-BC, USA

Purpose
The purpose of this presentation is to describe a comprehensive literature review conducted to examine modified early warning scoring tool usage impact on mortality and failure to rescue events.

Target Audience
The target audience for this presentation is registered nurses involved in clinical research, academia, and acute healthcare facilities.

Abstract
Purpose: The purpose of this comprehensive literature review was to evaluate current published evidence reporting decreased failure to rescue effects from modified early warning scoring (MEWS) system tools in hospitalized adult medical-surgical/telemetry patients from all-cause diagnoses including sepsis. Failure to rescue outcomes defined by researchers were rapid response team (RRT) activation and cardiopulmonary arrest (CPA) outside to an intensive care unit (ICU). Severe sepsis exhibits worldwide clinical significance to practitioners and patients due to high associated mortality rates and costs to treat. Merely recording assessment findings may not be enough to identify patients at-risk for deterioration prior to clinical decline, especially with rapid decline in condition demonstrated by septic patients. Nurses’ thorough and timely clinical assessments, together with a willingness to ask for help in clinical management of deteriorating patients, are essential to survival of hospitalized patients during crucial changes in condition potentially leading to clinical worsening and death. Incomplete recording of vital signs (especially respiratory rate), misinterpretation of data, and a lack of urgency in communicating findings to other healthcare team members amidst the complexity of hospital systems contribute to adverse patient events. Incomplete recording of assessment data, misinterpretation of clinical findings, and delayed communication of discoveries to fellow healthcare workers within complex health delivery systems contribute to unanticipated negative patient events. The research team conducted this comprehensive literature review prior to recommending adaptations to early warning scoring system (EWSS) physiologic screening criteria for institutional use. Researchers examined published findings reporting effect of MEWS tool usage (Intervention) on patient mortality (Outcome) and failure to rescue events (Outcome) in hospitalized (Time) adult medical-surgical/telemetry patients (Population).

Methods: A comprehensive review and evaluation of published peer-reviewed literature was conducted by a team of registered nurses employed by a nonprofit urban 883 bed hospital and private Christian university to establish interrater reliability in ranking of evidence findings. Electronic databases and clinical practice sources searched were The National Library of Medicine database (PubMed), MEDLINE, Cumulative Index to Nursing and Allied Health (CINAHL), the Cochrane Library of systematic reviews, and the Agency for Healthcare Research and Quality (AHRQ). Search strategies combined the keywords “EWSS,” “MEWS”, and each term spelled out. Literature was searched through 2014. Two reference librarians cross verified the search strategy and confirmed inclusion of all applicable studies. All published, peer-reviewed articles (n=544) were initially included and evaluated by the research team leader and one research team member. Inclusion criteria included research using adults (> 18 years of age) admitted to medical-surgical wards, telemetry units, or emergently transferred into the ICU due EWSS/MEWS instrument trigger mechanisms. Additional inclusion criteria included studies validating or examining existing EWSS/MEWS tool physiologic variable impact on mortality, RRT usage, or CPA. Articles not using adult (> 18 years of age), medical-surgical or telemetry monitored patients were excluded. Additionally, articles using patients with a specific disease focus were excluded for a final sample of (n=17) articles and one article using a pediatric population meeting all other criteria other than population of interest were used.

Results: Articles (N=18) were identified for literature review inclusion. Two systematic reviews identified were rated Level I and Level V. Evidence ratings by research team members included 6% Level I, 44% Level IV, 6%
Level V, 33% Level VI, and 11% Level VII. One systematic literature review of 33 descriptive studies was rated level V. Four studies reported a predictive value for mortality and two described mortality reduction from use of MEWS tools. Three studies measured MEWS tool usage impact on emergency calls to RRTs and medical emergency teams (METs) (failure to rescue). Four articles reported impacts on both mortality and RRT utilization (failure to rescue measurements) through MEWS tool usage. MEWS instruments are expansively adopted and implementation suggested for detecting inpatients at-risk for clinical deterioration; however, limited high-level evidence and no clinical trials linked use of EWSS/MEWS tools to robust outcomes measures through this literature review. This comprehensive literature review identified no assessment tool and algorithm combining nursing assessment findings adjusted for systemic inflammatory response syndrome (SIRS) criteria with lab results to aid in identification of both the at-risk and septic patient. A systematic review of peer-reviewed literature reported evaluations of 33 unique aggregate weighted track and trigger systems (AWTTS) physiological scoring tools. The 33 AWTTS tools evaluated by researchers lacked inclusion of all four SIRS criteria used to diagnose sepsis (Smith, Prytherch, Schmidt, & Featherstone, 2008). Notably, seven AWTTS screened for only two of the four SIRS criteria. Only four evaluated AWTTS tools scored oxygen source required for respiratory support instead of oxygen saturation measurements despite oxygen source representing a more accurate picture of respiratory effort worsening (Smith et al., 2008). Additionally, variability in scored physiological MEWS components and the score assigned for each physiologic derangement differed between all 33 examined tools.

**Conclusion:** Examined literature suggested physiological assessment findings can predict patient outcome. Standards for validating MEWS criteria, organizational-specific reliability testing, and multi-site trials are recommended by this review team to establish robust evidence supporting MEWS tool usage. Systematic development and testing of all-cause illness (including sepsis) screening tools using sound research methods imperative. MEWS instruments quantify patient clinical pictures with score weighted clinical decision algorithms to assist nurses’ clinical decision making. Sound research methodology for tool development and testing potentially leads to improved outcomes and decreased incidence of failure to rescue. Clinical outcomes from tool development and testing should be measured, evaluated, and reported to publish MEWS impact on clinical outcomes.

**References**


Contact
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Mitigating Procedural Pain during Venipuncture in the Pediatric Population: A Randomized Factorial Study

Roxanne P. Hauber, PhD, MS, BSN, RN, USA
Jessica S. Bahorski, MSN, BSN, RN, PPCNP-BC, WHNP-BC, USA

Purpose
To present results of a study using 3 different preparatory approaches to minimizing pain in a pediatric population of four different age groups.

Target Audience
Practicing pediatric nurses and nurse researchers who focus on pediatric populations or the pain experience in children.

Abstract
Purpose: The purpose of this study was to determine if there was a difference in the perceived pain associated with a venipuncture procedure in a group of pediatric patients based on the preparatory intervention used during the procedure and, to determine if age, sex, or race were associated with the effectiveness of the preparatory interventions used.

Methods: A quasi-experimental, 3x4 factorial design was used. Participants were recruited from a not for profit, regional hospital in the southeast United States. Participants were recruited from children between the ages of 18 months and 17 years who were admitted to the facility. The order had to be the first needle stick during admission with a parent or guardian present, who spoke English as the primary language. Potential participants were excluded if they had previous experience with any of the preparatory interventions, were sedated, unconscious, hemodynamically unstable, developmentally delayed for their age, or had a known chronic illness. Children were randomized to one of three treatment interventions. There was a purposeful effort to include representative numbers of each age group, sex, and race in each treatment group. Measures of pain included an observational measure completed by the parent/guardian and a self-report measure completed by the two older age groups both prior to and after the procedure.

Results: Of the 285 participants consented to participate, 173 children completed the process including 35 (20.2%) toddlers, 34 (19.7%) preschool and 65 (37.6%) school age children, and 39 (22.5%) adolescents. There were 77 (44.5%) females and 96 (55.5%) males; and 101 (58.4%) Caucasian and 72 (41.6%) Non-Caucasian children. There were no statistically significant differences among treatment groups based on the observational measures of pain or the self-report measures of pain. There was a statistically significant interaction between race and treatment group (p=0.006) based on the observational measure of pain which was also found between race and treatment group (p=.04) based on self-report scores in school age children and adolescents.

Conclusion: Findings support the use of both mechanical vibration and topical anesthetic as effective in children regardless of age group or sex. Further, the interaction between race and treatment contributes to a growing body of knowledge that suggests race/ethnicity is not only an important factor in the pain response in children, but may also be important in the choice of treatments to minimize procedural pain related to venipuncture.

References

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Zachary Hass, MS, USA
Kristopher Morgan, PhD, USA
Bradley Fulton, PhD, USA

Purpose
The purpose of this presentation is to describe the impact of hospital unit safety culture on patient satisfaction, with particular emphasis on patient satisfaction with pain management.

Target Audience
The target audience of the presentation is nurse researchers and nurses who are leaders within hospital environments.

Abstract

Purpose: The purpose of this study was to determine to impact of hospital unit safety culture on patient satisfaction, with particular emphasis on patient satisfaction with pain management. Current CMS value-based purchasing policy emphasizes achieving high levels of patient satisfaction, as measured by the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, with financial incentives for those providers that can achieve top HCAHPS performance. Nurse perception of a strong safety culture within his/her hospital unit may be predictive of high patient satisfaction on that unit. An examination of the relationship between nurse perception of safety culture and patient satisfaction could reveal modifiable organizational factors that have potential to improve the patient experience and hospital HCAHPS performance.

Methods: Data came from a national sample of hospital units that administered both the Agency for Healthcare Research and Quality (AHRQ) staff safety culture survey and the HCAHPS patient satisfaction survey over a 12 month period in 2011. Survey response variables were measured at the unit (N=136) and hospital (N=45) level. Data representing the hospital characteristics and unit type were derived from the Press Ganey hospital data base, which contains hospital reported measures of organizational characteristics such as size, location, and staffing. Multivariate mixed-effects linear models were specified to determine the influence of each safety culture domain on HCAHPS sub-scales of interest. Because our analysis focused specifically on the relationship between nurse perception of safety and patient satisfaction, only nurse responses were included in the AHRQ survey sample, and only responses from inpatient units (Medical, Obstetric, Pediatrics, Critical Care, Rehabilitative, and Medical/Surgical) were included in the HCAHPS sample.

Results: Unit safety culture was significantly and positively related to each examined HCAHPS domain. When entered into the model as separate sub-scales, the domains that comprise the safety culture instrument (teamwork, supervisor, staffing, feedback, responsiveness, learning organization and openness) did not individually demonstrate a significant influence on patient satisfaction with pain management. Average age of patient on the unit was the single significant predictor of satisfaction with pain management, and had a negative influence on perceptions. Patients on units with a higher average age perceived less adequate pain control. The percentage of patients reporting high satisfaction with pain management was highest on obstetrics units (76.6%), and lowest on units providing acute rehabilitative services (64.3%).

Conclusion: Overall findings indicate that modifiable aspects of unit safety culture can influence the likelihood of achieving high HCAHPS top box percentages, which directly impact hospital reimbursement. Our findings highlight the impact of organizational culture and nurse work environment on overall patient satisfaction. Results surrounding the influence of safety culture on the pain management sub-scale indicate that no single domain of safety culture has a significant influence. The negative influence on age may reflect the complexity of caring for older patients, and warrants further examination. A notable strength of this of this study is our reliance on data from two entirely different sources (nurses and patients) that are linked by time period and hospital unit, as well as two well-validated surveys. Efforts to improve safety culture may have a positive impact on satisfaction as well as financial impact long term. Examples of interventions that have potential for positive impact include empowering nurse managers to make changes in staffing to accommodate fluctuation in workload; improving consistency of staff assignments to increase impact on communication, teamwork and the ability to learn from past-mistakes; and efforts to reduce nursing staff turn-over. Additional staff training and awareness may be
needed to improve the satisfaction surrounding pain control for patients being cared for on units with an older average patient age.

References

Contact
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K 03 - Promoting Clinical Outcomes for Those in Pain
Developing and Testing the Effectiveness of the Mesko-Eliades Pain Area Locator Tool to Assess Pain Location In Children

Aris Eliades, PhD, MSN, BSN, RN, CNS, USA
Phyllis J. Mesko, RN, CPN, USA

Purpose
to discuss findings supporting picture communication as a mechanism to assess pain location and review the development, testing and effectiveness of the Mesko-Eliades Pain Area Locator (PAL) a picture communication tool.

Target Audience
Novice to expert nurses who are interested in assessing pain location, developing a program of research and/or developing and testing a clinical tool.

Abstract
Purpose: Before surgery, many patients cite postoperative pain as their utmost concern. Nevertheless, studies indicate almost half of postoperative patients report inadequate pain relief. Children, like adults, experience pain from a variety of causes. Pain management in the pediatric population has, and continues to be a concern since pediatric patients are at special risk of sub-standard pain control. Expanding on findings that picture communication provides a mechanism to assess pain location, this presentation reviews the development and testing of a picture communication tool, the Mesko-Eliades Pain Area Locator (PAL) that has been shown to effectively assess pain location. Parent satisfaction with the use of the PAL among post-anesthesia pediatric patients (ages 3 to 9 years) undergoing a broad range of same-day surgical procedures will be presented.

Methods: Employing a quantitative, comparative design, a convenience sample of post-operative patients undergoing same day surgeries was recruited at a freestanding, Magnet designated pediatric hospital. Post-operative pain location assessment was performed in the PACU by two individuals: 1) a PACU nurse completed standard pain assessment; 2) a non-PACU data collector performed a second pain location assessment with the PAL. Parent Satisfaction was measured through completion of a ten item satisfaction survey.

Results: To determine consistency between the pain assessment by the nurse and data collector (using the PAL to determine pain location), the proportion of agreement, ranging from 0 to 1, was calculated for 41 participants. The mean proportion of agreement was 0.24 (SD = 0.435) which is significantly lower than 1, t = -11.136, p = .000. Parent survey responses exceeded historical data. For the item "Nurses concern for comfort", the response of 100% was higher compared to historical data (m = 93.3%). For the item "Degree pain was controlled", the mean response of 97.3% was higher compared to historical data (m = 93%).

Conclusion: Post-anesthesia pediatric patients undergoing a broad range of same-day surgical procedures effectively used the PAL to identify location of pain. There was an inconsistency between the nurse’s assessment of pain location and the pain location identified by the child using the PAL. Parents were highly satisfied with the PAL. Perianesthesia clinical practice standards are advanced by the findings that patients undergoing a variety of pediatric surgical procedures effectively used the PAL post-operatively to identify location of pain and parent satisfaction with the PAL increased compared to standard pain location assessment. Studies establishing reliability and validity and randomized intervention studies on the use of the PAL are indicated.

References

Contact
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K 04 - Promoting the Maternal Experience, Breastfeeding Within the Hospital
Increasing Initiation and Exclusivity of Breastfeeding in the Hospitalized Postpartum Dyad

Candace L. Rouse, MSN, BSN, RN-C, CNS-BC, USA

Purpose
To increase initiation and exclusivity of breastfeeding in the hospitalized postpartum woman via an educational module to staff RNs. This module consisted of interventions to increase bedside lactation support and build maternal confidence in breastfeeding success (defined as “breastfeeding self-efficacy”).

Target Audience
Staff nurses caring for the hospitalized postpartum breastfeeding woman and her infant.

Abstract
Although research and national standards promote early initiation and exclusive breastfeeding, there continues to be a significant number of women who do not breastfeed and/or supplement with formula. The advantages of breastfeeding for mother and infant are substantial and include protecting babies from allergens to reducing maternal breast and ovarian cancer. Unfortunately, breastfeeding rates of initiation and exclusivity are below the targets set by international, national and state agencies. This project highlights an intervention to increase breastfeeding initiation and exclusive breastfeeding during the birth hospitalization in a coastal mid-Atlantic inner city hospital. The intervention utilized bedside RNs who were educated and trained by the author (the Perinatal Unit Clinical Nurse Specialist) and the unit lactation counselors on bedside lactation support. The educational intervention capitalized on Dennis’s theory of breast-feeding self-efficacy which emphasizes maternal confidence in breastfeeding success. A convenience sample of one month’s delivered mothers pre-intervention compared to one month’s delivered mothers post-intervention formed the data points in this quality improvement project utilizing an evidence based practice change.

References

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K 04 - Promoting the Maternal Experience, Breastfeeding Within the Hospital
Designing a Program Plan for Implementing Skin-to-Skin Contact (SSC) in the Obstetrical Surgical Suite (OB OR)

Jeffrey S. Fouche-Camargo, DNP, MSN, BSN, APRN, WHNP-BC, RNC-OB, C-EFM, USA

Purpose
to share how one hospital developed a program plan to implement skin-to-skin contact following cesarean births.

Target Audience
obstetrical nurses caring for women and newborns in the immediate postpartum period.

Abstract
Breastfeeding is associated with numerous health benefits to newborns. There are multiple evidence-based interventions that improve rates of exclusive breastfeeding. One such intervention is providing skin-to-skin contact between the newborn and mother immediately following birth. One maternity hospital in northeast Georgia implemented this intervention following vaginal births and has decided to expand the intervention to cesarean births performed in their obstetrical surgical suite.

In order to safeguard a successful implementation, a formal program plan was developed to include an education plan, small tests of change, and a rollout plan. An evaluation of the facility’s recent implementation of skin-to-skin contact following vaginal birth was included as a component of the program plan to identify any required operational changes, as well as any impact on staffing, patient satisfaction, and exclusive breastfeeding rates. No significant impact on staffing was realized as a result of implementing SSC following vaginal birth, t(2) = 0.462, p < 0.05. Patient satisfaction was not significantly different after implementation of SSC, t(9) = -0.640, p = 0.75. Differences in exclusive breastfeeding for three months prior to implementing SSC and for ten months after implementation were significant, \( \chi^2(1, N=1232) = 10.53, p = 0.001 \).

Program Plan Development:
Development of the program plan included identification and analysis of solutions to address potential issues with implementing SSC following cesarean births. This pre-implementation plan consisted of 1) force field analysis to identify driving and restraining forces, 2) SWOT analysis, 3) process algorithm and evaluation of data from implanting SSC following vaginal birth. Based on findings from pre-implementation planning, the program plan for implementing Skin-to-Skin Contact (SSC) in the Obstetrical Surgical Suite was developed to include 1) a multidisciplinary education plan, 2) process and outcome quality improvement measures to be monitored, 3) small test of change and the 4) intervention roll out plan.

Implications for Practice: The increase in exclusive breastfeeding is an important outcome measure for facilities because it is now a reportable measure for facilities accredited by the Joint Commission. Increasing exclusive breastfeeding is also a key national objective included in the Healthy People 2020 initiative. The facility expects to see similar increases in the rate of exclusive breastfeeding once SSC is implemented following cesarean births.

References

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K 04 - Promoting the Maternal Experience, Breastfeeding Within the Hospital
Breastfeeding and the Workplace: Maternal Reflections

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Purpose
The purpose of this presentation is to describe the experiences and perspectives of 35 employed mothers two years after return to postpartum employment. Originally the women participated in a larger study of 240 employed, breastfeeding participants who returned to work an average of 10 weeks after birth.

Target Audience
The target audience for this presentation includes international professionals who work with employed mothers: nurses working in community health and maternal child health, nurse practitioners, nurse researchers and nurse educators. Additionally targeted are childbirth educators and those focused on policy development for women’s health and workplace issues.

Abstract
Purpose: There are a significant number of women of childbearing age are in the workplace today. Postpartum return to employment, especially for breastfeeding mothers, is often challenging, particularly for first time mothers. Breastfeeding is an excellent and preferred way to nourish infants even after women return to the workplace. Most mothers in the US return to the workplace approximately 6-12 weeks after giving birth. Return to employment is often the cause for weaning despite the fact that there are numerous known benefits to exclusively breastfeeding. Among breastfeeding women, those who work full-time outside the home have a 19 percent lower rate of breastfeeding beyond six months than women who stay home. Therefore, the purpose of this study was to describe the experiences and perspectives of 35 employed mothers two years after return to postpartum employment. Originally the women participated in a larger study of 240 employed, breastfeeding participants who returned to work an average of 10 weeks after birth.

Methods: The current descriptive study included 35 participants from a larger mixed methods study of 225 employed women aged 21-48 who were breastfeeding and returned to postpartum work at an average of 9 weeks after giving birth. In the larger study, employed women were recruited via email Listserve, internet social media and from day care centers and obstetrical practices. The women were well educated and economically advantaged and were mostly professionals. The women in the larger mixed methods study identified more facilitators than barriers to breastfeeding in the workplace. The women were very committed to breastfeeding after return to work and had high levels of breastfeeding self-efficacy with reported adequate levels of employer and colleague support for breastfeeding. One of the major barriers identified to postpartum return to work was inadequate time for maternity leave. From the original study participants, 75 women indicated an interest in a future follow up study. Those interested women were contacted one year later and were provided with the original study results and those mothers were contacted again one year later by email to see if they were interested in a brief follow-up survey of open-ended questions about their experiences as a working mother two years after return to postpartum employment.

Results: There were 35 women who provided follow-up qualitative data via Survey Monkey describing their experiences of being the mother and working outside the home two years after postpartum return to the workplace. The women ranged in age from 23 to 50 with an average age of 33.2 years. Nearly all were professionals and were currently employed with three fourths of the women working full-time and 23.5% working part-time. The majority of women (94.3%) reported that they were married or partnered and 54.2% were first time mothers with one child. The remainder of the women had more than one child, some having had another child in the last two years. The women also described their type of child care and answered open-ended questions about their experiences of returning to work during the last two years and meeting the demands of parenting. The participants responded to questions that asked about how their employment impacted being a mother, what was most helpful to them as an employee, what was most challenging, what workplace policies they perceived as needed and what advice they would give to other new mothers who plan postpartum return to the workplace. The data were analyzed using descriptive statistics and content analysis to determine themes. Within the themes, frequency of responses were determined for each open-ended question where mothers provided responses describing their experiences and perceptions about return to postpartum employment. Slightly less than half (42.9%) of women changed their work situation to meet the demands of motherhood.
primarily by changing from full-time to part-time employment. Additionally, women felt that time issues (mainly associated with work demands) had a negative effect on their mothering role. In response to what was most helpful to her as a mother, the majority of women found work and spouse support to be the most helpful and a majority of responses indicated that increased stress associated with work-parent balance was the most challenging. When asked what she wished she had known before return to postpartum work, the majority of women indicated that the primary issue was stress especially associated with work-parent role balance and breastfeeding issues. Advice they would give other mothers planning to return to work was primarily related to planning in advance for the new role adjustment/balance and that breastfeeding advocacy/support was needed. Recommendations for workplace policies needed overwhelmingly included the need for work/job flexibility, more time for maternity and child care leave and breastfeeding-friendly workplace policies.

**Conclusion:** The mothers in the current study indicated that effective strategies are needed to prepare employed women to continue breastfeeding after their return to work. The results provide additional evidence for the need for enhanced perinatal support and advanced planning for return to postpartum employment. Prenatal education and interventions designed to prepare mothers for postpartum employment are needed increase breastfeeding duration and self-efficacy. The results of the current study have social, workplace and national workplace policy implications. Breastfeeding women, who work outside the home, have a significantly lower breastfeeding rate beyond six months than women who stay home. Workplace policies are needed that assist working mothers especially with flexibility for lactation needs. Breastfeeding-friendly workplaces should establish dedicated breastfeeding rooms and maintain a comfortable and clean environment. Furthermore, employers should provide work flexibility as well as encouragement and support for working mothers. Women want to continue to breast feed after return to work and health care providers are ideally poised to assist mothers in this transition with well-designed prenatal and postpartum strategies. Many women in the US do not have paid maternity leave and must use vacation time and sick leave for maternity leave. Most postpartum women return to work within weeks after giving birth. Future studies are needed to address specific needs of employed mothers with infants as well as to develop and test interventions including the use of social media and support groups designed to help employed women manage parenting and employment issues.

**References**

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Hospital Fall Prevention Using Interactive Patient Care Technology

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Purpose
To disseminate the findings of a study examining the association between a computer-based, interactive fall prevention pathway and falls in an acute care community hospital.

Target Audience
Clinical and administrative health care providers who currently or are considering the use of interactive patient care technology in engaging patients in their care to achieve clinical outcomes.

Abstract
Purpose: The purpose of this investigation was to examine the engagement of hospitalized patients in a computer-based, interactive patient care fall prevention pathway, comprised of a self-assessment of fall risk questionnaire and a fall prevention video, and hospital fall outcomes. A specific aim was to explore the relationship between the fall prevention pathway engagement characteristics and a fall outcome in an acute care hospital. The Interactive Patient Care Technology conceptual framework was created to guide the investigation.

Methods: The study took place in a non-profit, community hospital located in southern California. The hospital deployed interactive patient care (IPC) technology to improve the patient experience and organizational goals. Interactive patient care technology leveraged the hospital room television and bedside remote device to deliver health related messages and educational content and engage patients in their care. Human subjects' protection was obtained through the study hospital's Institutional Review Board. A matched, 1:4 case-control design using 73 cases and 292 controls was applied to examine the relationship between the fall prevention pathway engagement characteristics and a fall outcome. Subjects who fell comprised the cases and subjects who did not fall were the controls. Retrospective data from patients receiving acute care services over a two-year period and who met inclusion criteria was abstracted from the hospital's three electronic documentation systems including the electronic medical record, IPC computer database, and incident reporting system. Subjects included in the study were adults ≥ 18 years of age; alert and oriented to person, place, time, and situation; English speaking; determined at risk for falling by a registered nurse using the hospital's fall risk assessment instrument; and admitted at least 18 hours. Controls were matched to cases based on patient care unit and gender, then range matched to ±5 on age and hospitalization admission date. Subject demographics, IPC fall prevention pathway engagement characteristics, and fall status comprised the variables collected. Subject and IPC engagement characteristics of the cases and controls were described using frequency distributions. Conditional logistic regression was used to examine the association of subject and IPC engagement characteristics with the outcome of hospital fall. To examine the association of dichotomous variables, the Mantel-Haenszel test was applied.

Results: Range matching on age was performed to within ±5 years with the mean almost identical between the cases (62.5, SD = 16.1) and controls (62.6, SD = 15.8). Cases and controls were mostly white and not married. The average length of stay for cases was 8.1 days (SD = 6.5) and for controls was 6.1 days (SD = 4.7). Self-assessment of fall risk questionnaire: A majority of cases and controls received the maximum programmed amount of IPC prompts (messages) to complete the self-assessment of fall risk questionnaire and responded to one or more of the prompts. The questionnaire was completed by 9 (12%) cases and 37 (13%) controls. The mean age for cases was 64.7 (SD = 10.1) and controls was 58.3 (SD = 16.0). The highest prevalence was in females (cases 56%, controls 54%) and in acute care (cases 78%, controls 62%). A majority of cases and controls completing the questionnaire received one invitation prompt, acknowledged one prompt, and submitted a final response to the first prompt delivered. Fall prevention video: A majority of cases and controls received the maximum programmed amount of prompts to watch the fall prevention video and responded to one or more of the prompts. The video was completed by 12 (16%) cases and 108 (37%) controls. The mean age for cases was 67.7 years (SD 10.7) and for controls was 62.9 years (SD 15.3). A majority of the cases were male (67%, n = 8) whereas controls were female (59%, n = 64). A majority of cases and controls completing the video acknowledged up to three prompts, and submitted a final response with either the first, second, or third prompt delivered. Fall outcome: Conditional logistic regression examined if the fall prevention pathway engagement characteristics were associated with a fall outcome. Subject and IPC engagement characteristics were used in the analysis based on the conceptual framework and univariate and correlational analyses. The overall model
was statistically significant, likelihood ratio $\chi^2 = 28.17$ (4), $p = .001$. Length of stay, number of video prompts, and fall prevention video completion status were significantly associated with a hospital fall. As length of stay increased by one day, the odds of a fall were 11% higher. With each additional video prompt delivered the odds of a fall increased by a factor of 1.58. Cases were .38 times less likely to complete the fall prevention video than to complete it. The association between the self-assessment of fall risk questionnaire completion and video completion was not statistically significant.

**Conclusion:** Interactive patient care technology can augment an organization’s safety efforts. A computer-based, interactive fall prevention pathway promoted patient engagement. Engagement at the empowerment level of the conceptual framework - when the fall prevention video was completed, prevented a fall. Healthcare providers can facilitate IPC technology, patient engagement and fall prevention by assessing and removing barriers to video completion and partnering with patients in executing a safety plan. Limitations of this investigation included the use of secondary data, subject related assumptions, and the inability to generalize due to site, technology, and sample. This investigation contributes new knowledge regarding patient engagement in hospital fall prevention using interactive patient care technology.

**References**

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K 05 - Fall Prevention Research: Perceptions and Outcomes
The Effectiveness of Team Training on Fall Prevention

Elizabeth Spiva, PhD, MSN, BSN, RN, USA
Bethany D. Robertson, DNP, MN, BSN, RN, CNM, USA

Purpose
The purpose of this presentation is to demonstrate the effectiveness of implementing a training curriculum intervention based on TeamSTEPPS to enhance teamwork and communication and reduce falls and injuries in a healthcare system.

Target Audience
The target audience of this presentation is nurse clinicians, nurse educators, advanced practice registered nurses, clinical nurse researchers, academic faculty, and hospital administrators.

Abstract
Purpose: The purpose was to evaluate the effectiveness of a training curriculum based on TeamSTEPPS® on team members’ safety culture, attitude, teamwork perception, and communication as a mediator to reduce falls and injuries.

Methods: A longitudinal, repeated measures design, with intervention and comparison groups was conducted to evaluate the effect of a training curriculum based on TeamSTEPPS® with video vignettes focusing on fall prevention for debriefing and reinforcement on participants’ safety culture, teamwork attitude, teamwork perception, and communication as a mediator to reduce falls and injuries. Questionnaires, behavioral observations, and fall data were collected over 9 months from both groups located at separate hospitals.

Results: The intervention group questionnaire scores improved on all measures except teamwork perception, while observations revealed an improvement in communication compared with the control group. Furthermore, a 60% fall reduction occurred in the intervention group.

Conclusion: Implementation of team training in healthcare organizations may be a promising intervention for enhancing teamwork and communication and reducing falls and related injuries.

References

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K 05 - Fall Prevention Research: Perceptions and Outcomes
Compare the Differences of Nurses' Perceptions of Risk Factors and Effective Preventability for Injurious Falls between Taiwan and USA

Min-Ling Lin, MSN, RN, Taiwan

Purpose
The purpose of this presentation is described and compared the nurses' perceptions of risk factors (RF) and their effective preventability (EP) for injurious falls between Taiwan and USA.

Target Audience
The target audience of this presentation are RNs and managers.

Abstract
Purpose: Fall related injury is one of the most common sources of hospital-acquired injuries worldwide and lots of efforts were made to prevent it. However, nurses’ observations are often missing from fall incident reports. It is necessary to explore the risk factors (RF) for injurious falls and effective preventability (EP) from the nurse’s perspective in different settings and countries. This study described and compared the nurses’ perceptions of RF and their EP for injurious falls between Taiwan and USA.

Methods: This is a cross-sectional survey study. Dr. Tzeng’s questionnaire and its Chinese version with 2 cultural sensitive items were used to collect data in USA and Taiwan, respectively. Same inclusive criteria were used in these two countries and those who met the inclusion criteria were recruited. The study were conducted in one medical center in Taiwan and 5 health system for adult inpatients in USA. Three groups in perception of RF and PE factors were identified and analyzed using the percentage statistics.

Results: Twenty-seven and 28 risk factors were identified as high frequency groups of RF in USA and Taiwan, respectively. Among them, 12 factors (44.4%) were found in Taiwan and USA and most of them were biological factors. Twenty-seven and 28 risk factors were identified as high EP groups in USA and Taiwan, respectively. Among them, 2 factors (7.4%) were found in Taiwan and USA. USA most of them were biological factors (51.85%), but Taiwan more of them were environmental risk factors (35.71%) and biological factors.

Conclusion: This study described the status and the differences of the nurses’ perceptions of RF and their EP for injurious falls between Taiwan and USA. The influences of cultural (ex: care-giver accompany), in-service education of fall (biological or environmental oriented) and health care system (ex: nurse staffing) on the frequency of RF and their EP for injurious falls were discussed and several suggestions were also proposed.

References

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K 07 - Fostering Educational Interventions through Research
Educational Needs and Perceptions of Needs Among United States Rheumatology Nurses: A Mixed Methods Study

Sheree C. Carter, PhD, MSN, BSN, RN, CNS, USA

Purpose
The purpose of this presentation is to encourage peer to peer interactions and international dialog by highlighting a benchmark approach to the educational needs and perceptions of need of the rheumatology nurse working in the United States within the four domains of practice, leadership, education, and research.

Target Audience
The target audience of this presentation is registered and advanced practice nurses caring for individuals having one or more of the rheumatic diseases. Additionally, nurse faculty are encouraged to interchange ideas for improvement and innovations in the current curricula to strengthen education for the recently established specialty of rheumatology nursing.

Abstract
In the last decade, beginning with the advent of newer disease modifying anti-rheumatic drugs (DMARDs) and biologics, rheumatology nurses have assumed increasingly complex roles within this emerging field. International literature provides evidence of this trend through tracking the increase in assumption of roles since the early 1980s. However, there is a dearth of information about these enhanced roles and the level of preparedness required of the nurses from the U.S. perspective. In the U.S., the level of acuity and complexity of delivery of care for rheumatology patients have steadily increased. Simultaneously, the specialty area of rheumatology nursing is expanding in membership, as increasing numbers nurses gravitate to this long term-care patient population. It is important to monitor and make recommendations for the development of and changes to specialized education as nurses will need to serve as competent and safe providers of care. It is thus imperative for the expanded roles, perceptions, and educational needs of the rheumatology nurse in the U.S. to be documented in order to illuminate these roles, challenge existing practice, enhance professional capabilities, and further inform the practice of rheumatology nursing.

The proposed mixed methods study was designed to answer the following quantitative, qualitative, and mixed methods research questions:

Quantitative
1. What are the demographic characteristics of currently practicing rheumatology nurses in the U.S.?
2. How are practice, leadership, education, and research roles enacted by currently practicing rheumatology nurses in the U.S.?
3. What is the perceived educational preparation needed specific to the role of rheumatology nursing as reported by currently practicing rheumatology nurses in the U.S.?

Qualitative
1. What are the perceptions of the roles of the rheumatology nurse in the U.S.?
2. What are the recollections and perceptions regarding educational preparation for current roles and responsibilities by rheumatology nurses in the U.S.?
3. What are the perceived educational needs for future practicing rheumatology nurses as expressed by currently practicing rheumatology nurses in the U.S.?
4. What are the perceptions regarding the development of an advanced practice specialty role for rheumatology nurses as expressed by currently practicing rheumatology nurses in the U.S.?

Mixed Method
1. To what extent do the quantitative and qualitative results converge?

Purpose: The purpose of this mixed methods study was to characterize the demographics and level of academic and clinical preparation of currently practicing rheumatology nurses across the U.S.; ascertain how their roles were implemented in various settings; and, determine their perceptions of their educational and clinical preparation for currently held roles. Data collected served as the basis to support further development of
the specialty role of rheumatology nursing and to identify emerging educational components to adequately prepare nurses for this specialty role.

**Methods:** The selection of the mixed methods research design allowed the researcher to explore the relationships that support the emerging assumed roles in rheumatology nursing identified through descriptive analysis with the qualitative narrative responses. From an integral perspective, each role within the identified domains of practice, leadership, education, and research were examined in this study. The participant’s perceptions regarding preparation for each of the four domains and the emerging educational needs for advanced practice roles was examined in-depth due to the added qualitative questions utilized in this study. The merging of quantitative and qualitative data provided valuable insight that would not have been achieved by either single methodological approach.

This study included the use of two instruments, one for the web-based survey and the other for the telephone interviews. Both were designed for single-use to gather data to answer the research questions. The web-based survey is discussed followed by a description of the telephone interview guide. An investigator-initiated single-use survey instrument was developed for use in this study. This survey is a 'first in the U.S.' data-gathering survey and was not designed to be a repeated-use measurement tool. Items within the survey were based on a literature search for the most common roles and role preparations identified for the rheumatology nurse. This extensive evidence based listing of roles was later defined following review by a panel of expert rheumatology nurses. The survey instrument was administered to a panel of seven rheumatology nurses to obtain validity. A minimally acceptable level, 68% of completion involving questions 1-21 of 31 was the acceptable evaluable survey definition. There were 160 surveys for final analysis. The researcher developed interview guide questions for utilization during the telephone interview phase of the study. The interview guide consists of eight general questions with guiding probes designed to elicit the participants' perceptions of their current roles, educational preparation, educational needs, and future expanded roles for rheumatology nurses practicing in the U.S.

**Results:** This study was designed to provide insight about emerging roles, educational needs, and practice preparation for registered nurses caring for individuals with rheumatologic conditions. The purpose of this mixed methods study was to characterize the demographics and level of academic and clinical preparation of currently practicing rheumatology nurses across the U.S.; ascertain role implementation in various settings; and, to determine perceptions of educational and clinical preparation for currently held roles. A mixed methods convergent parallel design with added emphasis on qualitative data collection was utilized to allow deeper introspection and insight to the nuances of the roles. A convenience sample of 160 rheumatology registered nurses completed a single-use investigator initiated survey. Additionally, there were 12 phone interviews from the volunteer participants of the survey. Quantitative data were analyzed with descriptive statistics.

Qualitative data were explored culminating with the discovery of commonalities and themes. Findings support the international literature for the four domain roles of practice, leadership, education, and research in benchmarking rheumatology nursing roles. The additional sub-roles within each domain role identified from this study require further exploration and research. Results demonstrated within the practice role, personal knowledge and communication skills were key themes to successfully fulfill the sub-roles of educator/counselor and drug treatment monitor. The theme of content leader was evident as the basic sub-role for sharing knowledge with colleagues in the leadership role. In the education role, participants indicated general knowledge of rheumatology as well as insurance knowledge were key themes in order to serve as an education resource and that personal continuing education is requisite of the role. Lastly, in the research role the main sub-role was a combination of expert/ liaison/educator for the primary theme identified by the participants as encouraging research.

**Conclusion:** Future research recommendations include continued exploration of the roles and sub-roles. Further evaluation with competencies and educational requirements within each role is desirable. Additionally, documentation of effectiveness and outcomes of these roles concerning patient care, education, delivery of care, as well as access to care and cost effectiveness is encouraged. The education for the rheumatology nurse does not need to be on-the-job training, left in the hands of the rheumatologists for nurses post-graduation from a nursing program. Rather, innovative, and updated teaching strategies are needed to meet this newly recognized specialty practice of nursing care.

**References**


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K 07 - Fostering Educational Interventions through Research
Fostering the Development of Intuitive Decision-Making in Nursing: An Evidence-Based Model

Leslie Korns Payne, PhD, MSN, BSN, RN, ACNP, FNP, USA

Purpose
to present an evidence-based educational model geared toward the development of intuitive decision-making in nursing. This model was created through the combination of educational, nursing, and decision-making theories.

Target Audience
academicians, clinicians, continuing nurse educators and administrative personal involved with improving decision-making in nursing.

Abstract
Decision-making is a complex process involving interaction between many areas of the brain, and the physiology involved remains poorly understood. However, it is agreed, the making of a sound decision requires the integration of sensory, limbic, and autonomic information and is dependent on memory, pattern recognition, and cognition (Bechara, Damasio & Damasio, 2000; Segalowitz, 2007).

Nursing literature dealing with decision-making demonstrates the need for further empirical study. According to Thompson et al. (2013), the majority of educational interventions geared toward improving decision-making and judgment within nursing did not include decision-making theory as a foundation. Hence, the authors propose the need for innovative approaches to the development of judgment and decision-making skills that incorporate evidence-based theories of judgment and decision-making (Thompson et al., 2013). A study by Ferro et al. (2008) showed new nursing graduates often do not exhibit competency in entry-level clinical judgment in their role as a graduate nurse (Ferro et al., 2008). This has profound implications for continuing nurse educators requiring educators to develop and utilize educational interventions promoting a higher level of clinical decision-making (Thompson & Stapley, 2011).

Nurses make numerous daily decisions impacting our society’s health. The ability of nurses to make sound decisions is the cornerstone of excellent nursing care and the goal of nursing educators. Research has shown errors in decision-making by nurses can result in devastating consequences. Therefore, a systematic approach to understanding the educational basis for improving the decision-making of nurses is required (Thompson et al., 2013; Traynor et al., 2010). Experienced nurses make fewer errors in decision-making when compared with novice nurses, and tend to report differences in their decision-making process. Specifically, when compared with recent graduates, expert nurses report a greater use of intuitive decision-making (Pretz & Folz, 2011; Rew & Barrow 2007).

While many have posited enabling nurses to develop the ability to think critically is the goal of continuing education, research has shown that the ability to make decisions intuitively results in superior decision-making (Benner et al. 2009; Traynor, Boland, & Niels, 2010), and thus, should be the ultimate goal. Yet, the definition of intuition varies, resulting in a lack of clarity and coherence. Due to this ambiguity, there tends to be a belief that intuition is somehow irrational and inferior to purely analytical reasoning (Green, 2012; Pearson 2013). The majority of intuitive decision-making studies are exploratory in nature, lack a sound theoretical base and do not contain seminal research (Rew & Barrow, 2007). While this enables researchers to know about intuitive decision-making, it does not allow the researcher to know intuitive decision-making.

Accordingly, this presentation provides an evidence-based framework for continuing education in nursing focused on the development of intuitive decision-making. It was created through the combination of evidence-based nursing theory (Benner’s Novice to Expert, NTE) with two decision-making theories; Damasio’s Somatic Marker Hypothesis (SMH) and Hammonds Cognitive Continuum Theory (CCT) (Benner, 1984; Damasio, 1996; Hammond, 2006). This innovative and evidence-based framework can be modified resulting in the ability to be applied to all areas of nursing with the intent of fostering the development of intuitive decision-making in nursing.

In accordance with NTE and the SMH, as nurses increase their nursing experience through the accumulation of memory integrated with pattern recognition, they progress through stages and ultimately develop a deep understanding of phenomena. Intuition can be defined as a non-conscious state of knowing and develops after
understanding is firmly established. When a nurse is faced with the need to make a decision, intuition, if developed, enacts a somatic state that aids in the making of an advantageous decision. Intuitive decision-making is a non-conscious event orchestrated by the mind. The mind integrates memory and pattern recognition without cognitive direction. If intuition is not developed, the nurse is required to cognitively appraise the situation through conscious integration of memory and pattern recognition to reach a decision. Based on the combination of the evidence-based theories presented, educators can aid nurses to make better decisions by designing interventions promoting pattern recognition and memory consistent with nursing experience.

Nursing has long recognized intuition specific to nursing is grounded on nursing experience (Benner et al. 2009). The educational framework presented conceptualizes an educational model geared toward the development of intuitive decision-making in nursing. This model was created through the combination of educational, nursing, and decision-making theory, which, according to Thompson et al. (2013) is lacking in nursing decision-making models. This framework allows for adaptation of content, and is thus applicable to all areas of continuing nursing education. Although this framework needs empirical validation, it is evidence-based, theoretically sound, applicable to all areas of nursing, and its implementation could help reduce errors in decision-making by nurses, thus improving patient outcomes.

References

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K 07 - Fostering Educational Interventions through Research
Effectiveness of Educational Interventions on the Research Literacy of Post-Registration Nurses: A Systematic Review

Sonia J. Hines, MAAppSci (Rsch), GradDipEd, BN, RN, Australia

Purpose
The purpose of this presentation is to present the results of a systematic review of the evidence on effective educational interventions for improving nurses’ research literacy.

Target Audience
The target audience of this presentation is nurse education professionals, nurse education policy-makers and others interested in the way nurses are taught about research.

Abstract
Purpose: This systematic review aimed to identify the effectiveness of workplace, tertiary-level educational or other interventions designed to improve or increase post-registration nurses’ understanding of research literature and ability to critically interact with research literature with the aim of promoting the use of research evidence in practice.

Background: Most nurses will never conduct their own research study; however it is an expectation that they will be able to make sense of a research paper or systematic review and be capable of interpreting the results and implementing practice change in order to participate in and deliver the evidence-based nursing care that is a core competency for the profession. Melnyk, Gallagher-Ford, Long, and Fineout-Overholt (2014) list the ability to critically appraise both primary and synthesized evidence, and to evaluate and synthesize new evidence as critical competencies for nurses, none of which are achievable without the ability to read and understand research. To date, despite research skills being included in most university curricula, nurses in recent studies still report that difficulties in reading and understanding research are a significant barrier to research implementation (Breimaier, Halfens, & Lohrmann, 2011; Melnyk et al., 2014; Ubbink, Guyatt, & Vermeulen, 2013). Nurses themselves identify poor experiences with trying to understand and use research as factors that contribute to a reluctance to utilise research (Estabrooks, Rutakumwa, O’Leary, Profetto-McGrath, Milner, Levers et al., 2005). This reluctance often leads nurses to prefer other sources of information, such as colleagues (Estabrooks et al., 2005). Meaningful engagement with evidence-based practice requires that all nurses have the skills to do more than simply ask colleagues when they have a practice problem. It seems likely that methods used in the research education of nurses may be a factor in this issue. Numerous research studies examining educational strategies to address this problem have been conducted however a systematic review using rigorous methods has not previously been done.

Methods: The methods of the review were specified in advance in a previously published protocol (Hines, Ramsbotham, & Coyer, 2014). The standard methods of the Joanna Briggs Institute were employed to conduct the review. A broad search strategy was employed across 14 databases and trial registries, including Medline, CINAHL, Embase, ERIC, Cochrane CENTRAL, Web of Science, clinicaltrials.gov, and others, in an attempt to identify all the relevant research, both published and unpublished. These searches identified 4545 potentially relevant papers, and after sifting of titles and abstracts, 96 papers were selected for retrieval. When the full versions of the papers were examined, 10 of the 96 retrieved papers were found to fully meet the inclusion criteria. These 10 studies were critically appraised by two independent reviewers using the Joanna Briggs Institute Meta-Analysis of Statistics and Review Instrument (JBI-MAStARI) critical appraisal tools and all 10 were found to be of sufficient quality to include. Data was abstracted from each of the included studies using the JBI-MAStARI data extraction tool. Although meta-analyses were planned for in the review protocol, data from the included studies were too heterogeneous (in terms of interventions, scales used to measure outcomes and time-points measured) to meta-analyse.

Inclusion Criteria: Participants of interest were post-registration registered nurses working or studying in any healthcare or educational setting. Studies of midwives, enrolled nurses, licensed vocational nurses and other similar nurse occupations and other healthcare professions were excluded unless the reported data clearly separated registered nurses results from other participants.
The review considered studies that evaluated the effectiveness of any style or structure of educational program, whether based in the workplace or an educational institution, conducted with the aim to improve or increase participants’ understanding of research literature. Study designs eligible for inclusion were randomised controlled trials, quasi-experimental trials, and pre-test/post-test studies (single or multiple groups). No restriction was placed on the publication date of eligible studies. Only studies published in English were eligible for inclusion.

Outcomes of interest were: research knowledge or understanding, as measured by an objective test or assessment; ability to critically appraise research; use of research evidence in practice; and evidence-based practice self-efficacy, preferably as measured by a validated tool.

**Results:** The level of evidence overall was low to moderate. The majority of included studies were single-group pre-test/post-test designs (n=7) (Billingsley, Rice, Bennett, & Thibeau, 2013; Chang, Huang, Chen, Liao, Lin, & Wang, 2013; Ecoff, 2009; Jones, Crookes, & Johnson, 2011; Reviriego, Cidoncha, Asua, Gagnon, Mateos, Garate et al., 2014; Swenson-Britt & Reineck, 2009; Tsugihashi, Kakudate, Yokoyama, Yamamoto, Mishina, Fukumori et al., 2013). One was a post-test only two-group comparison (Woo & Kimmick, 2000), and two were two-group quasi-experimental studies (Liou, Cheng, Tsai, & Chang, 2013; Morris, 1999). Included studies were conducted in Taiwan, Japan, Hong Kong, Australia, United Kingdom and United States. Participants were all registered nurses (n=453). The educational interventions were conducted in universities (n=6) and healthcare facilities (n=4). Most studies were published (n=9) with one unpublished study included (Ecoff, 2009).

Online learning was utilised by several included studies, however it was not found to be universally effective. Of the five studies that investigated virtual, online or e-learning, those that used interactive strategies rather than an online replication of the face-to-face coursework found statistically significant differences or improvements in participants’ research knowledge (p<0.001) (Liou et al., 2013; Reviriego et al., 2014), and critical appraisal skills (p<0.002) (Billingsley et al., 2013). Studies (n=3) where the online coursework was identical to the classroom content (recorded lectures uploaded online) found no difference in participants’ research knowledge (Morris, 1999; Tsugihashi et al., 2013; Woo & Kimmick, 2000).

Interactivity or activity-based learning appears to be an important element throughout the included studies, with virtual journal clubs, group-based interactive programs, face-to-face group learning, and clinical fellowship programs all showing evidence of effectiveness in terms of research knowledge, critical appraisal ability, and/or research self-efficacy measured at the end of the intervention (Billingsley et al., 2013; Chang et al., 2013; Ecoff, 2009; Liou et al., 2013; Swenson-Britt & Reineck, 2009). Interactive group learning also shows some evidence of a persistent effect, with one study reporting a statistically significant improvement in the intervention group one semester after the end of the intervention period (p<0.001) (Liou et al., 2013). The single included study of traditional lecture-style classroom learning found no statistically significant effect in improving critical appraisal skills (Jones et al., 2011).

**Conclusion:** Overall, the level of evidence generated by this review is low to moderate. Of the ten included studies, statistically significant findings of an effect in terms of research knowledge, self-efficacy and/or critical appraisal skills were reported in those that utilised interactive or group-based learning, whether online or face-to-face. Studies of traditional classroom activities translated to online learning did not show any effect in terms of improving research knowledge or critical appraisal ability. Future research should utilise more rigorous study designs that more clearly show the direction of an effect.

**References**


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Purpose
to highlight the outcomes of this successful multi-stakeholder partnership, with specific emphasis on the unique youth engagement and education strategies utilized. It will demonstrate the impact of this work on youth leaders, their peers and their school communities, as it relates to mental health promotion and stigma reduction.

Target Audience
nursing leaders, in various domains of practice (clinical, education, administration, research) who are interested in innovative partnerships that support the inclusion of evidence-based approaches in the implementation of youth engagement strategies in mental health promotion and stigma reduction in a school community setting.

Abstract
Nurses working in public health settings face the challenge of leading effective, collaborative comprehensive approaches to youth mental health promotion amongst key stakeholders in the health, education and youth social service sectors. To assist in meeting this challenge, a professional nursing association in Ontario (Canada) partnered with six public health units, twelve school boards and provincial youth based organizations to develop a peer-based youth mental health initiative.

The Youth Mental Health and Addiction Champion (YMHAC) Project, funded through the Ontario Ministry of Health and Long Term Care, Healthy Community Fund, aims to improve the health and wellbeing of children and youth through a focus on mental health promotion, stigma reduction, and substance misuse prevention. This project is based on evidence that demonstrates youth have the ability to improve the well-being of their peers by enhancing the quality of life in their schools and communities through influencing, supporting and being role models to their peer group. Youth involved in leadership programs support their peers by taking an active role in making their school and/or community a better place – they are dedicated to creating and supporting healthy, safe, inclusive and flourishing communities. Youth engagement principles were used to train selected youth as mental health ambassadors, or Champions. These youth leaders learned strategies to increase awareness about mental health promotion and stigma reduction with a goal of fostering supportive, resilient and inclusive school environments.

The YMHAC project demonstrates that inter-sectoral partnerships between public health, education and social service sectors is key for supporting youth mental health promotion outcomes and programming in schools. The YMHAC project also highlights the leadership role of public health nurses in supporting youth mental health promotion outcomes in school communities. Project evaluation findings demonstrate that public health nurses are ideally situated to engage in mental health promotion due to established partnerships with school boards, and their nursing knowledge and expertise with implementing health promotion strategies.

This presentation will highlight the successes and challenges of this multi-stakeholder partnership and its focus on mental health promotion, with specific emphasis on the unique youth engagement and education strategies utilized to develop and deliver the program. Evaluation results will be shared that demonstrate the impact this initiative has had on the overall well-being of youth and social inclusion in school communities.

References

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Purpose
The purpose of this presentation is to disseminate the findings of study related to the attitudes and behaviors regarding alcohol and other drug abuse among adolescents and associated factors in Mopani district, Limpopo of South Africa.

Target Audience
All researchers, nurses and students

Abstract
Purpose: Purpose of this study was to assess the attitudes and behaviors regarding alcohol and other drug abuse among adolescents and associated factors in Mopani district, Limpopo of South Africa.

Methods: A cross-sectional, explorative, descriptive research design was applied. Random sampling was applied to collect data from different areas of greater Giyani. Study participants were engaged on interviews using questionnaires. A total of 111 questionnaire samples were collected to assess the prevalence of alcohol, drugs and substance abuse. Data was analysed by entering it into Microsoft excel spread sheets, categorized and summarized.

Results: Males were found to be using more alcohol as compared to females. Adolescents whose parents indulge in alcohol were found to abuse alcohol more as compared to adolescents whose parents don’t drink alcohol. Drug use and smoking were less likely available around the area. Having unprotected sex was increased by alcohol use predisposing adolescents to HIV and other STI’s. The majority of the adolescents’ believed something should be done to curb alcohol use by the adolescents in the area

Conclusion: The use of these findings may bring change to the adolescents in this country and hence promote healthy living.

References

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K 08 - Drug Abuse in the Pediatric Population: Mental Health's Effect on Addictions
Correlates among Disruptive Behavior, Mental Health, Substance Use, and Healthy Lifestyle Behaviors in Hispanic High School Adolescents

Colleen McGovern, BSN, BSEd, RN, LSN, USA

Purpose
The purpose of this presentation is to examine the correlates among the variables of disruptive behavior, substance use, and healthy lifestyle behaviors in Hispanic teenagers from the southwestern United States.

Target Audience
The target audience of this presentation is anyone working with Hispanic youth and families in the community, outpatient, or school setting.

Abstract
Purpose: In adolescence, disruptive behavior, which includes defiance towards adults, bullying and fighting, can occur for a multitude of reasons and is associated with unhealthy behaviors (e.g., substance use) and poor academic performance. Although adolescents with co-morbid mental health conditions are at a higher risk of disruptive behavior (Reinke, Eddy, Dishion, & Reid, 2012), the correlates among disruptive behavior, mental health, substance use, and healthy lifestyle behaviors in Hispanic youth are largely unknown. The purpose of this secondary data analysis was to examine the correlates among these variables in Hispanic teenagers from the southwestern United States.

Methods: The data was comprised of baseline measures from 522 urban high school Hispanic teens who participated in a full-scale clinical trial to evaluate the efficacy of the 15-session COPE Healthy Lifestyles TEEN Program which included mental health, social skills, and substance use. Valid and reliable measures included the Beck Youth Inventory with all of its subscales (disruptive behavior, anger, depression, anxiety, self-concept), the Healthy Lifestyles Behavior Scale, and additional substance use questions. Pearson's correlation coefficients were conducted to evaluate relationships among the study variables.

Results: Significant positive correlations were found among disruptive behavior, anger, depression, and anxiety. Disruptive behavior also positively correlated with alcohol and substance use. Significant negative correlations were found among self-concept and disruptive behavior, anger, depression, and anxiety. In addition, significant negative correlations were found between healthy behaviors and disruptive behavior, anger, depression and anxiety.

Conclusion: Disruptive behavior in Hispanic adolescents is strongly positively associated with other mental health conditions, including alcohol and drug use and negatively associated with healthy lifestyle behaviors. Thorough mental health assessments, specifically for anxiety, depression and substance use, and early interventions are warranted for Hispanic youth who exhibit disruptive behavior in schools.

References

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K 09 - Nursing Faculty Experiences and Perceptions
An Exploration of the Pre-Tenure and Tenure Process Experiences of Nursing Faculty

Mina D. Singh, PhD, RN, Canada
F. Beryl Pilkington, PhD, Canada
Linda J. Patrick, PhD, MSc, MA, BScN, RN, Canada

Purpose
The purpose of this presentation is to share the experiences of nursing faculty in pre-tenure and recently tenured academic positions

Target Audience
Nursing academia both tenured and non-tenured

Abstract
Background: Recruiting qualified applicants is a challenging priority in a very competitive market with schools experiencing vacancies that remain unfilled for extended periods of time. The work environment for new faculty hires is often very stressful as they adjust to the many pressures of academia that includes teaching responsibilities, research, publishing and service. The scarcity of qualified applicants for vacant positions has prompted some schools to "grow their own" through the creation of limited-term positions that convert to tenure-track upon completion of a PhD. Limited-terms are often labour intensive with increased teaching responsibilities and unforgiving workload demands of PhD study. Some new hires may attempt to maintain a clinical presence that adds to their stress and energy expenditures.

Purpose: To explore the experiences of nursing faculty in pre-tenure and recently tenured academic positions.

Design: This study used a mixed-methods approach for data collection and data analysis using both quantitative and qualitative techniques.

Methods: In-depth, semi-structured telephone interviews were conducted with 14 faculty volunteers after the completion of an on-line survey. Interviews were taped and transcribed verbatim and authors identified major themes through independent analysis, coding and joint discussion.

Findings: Nursing faculty participants identified factors that hinder and support the journey to tenure in academic settings.

Conclusions: In depth interviews further clarified the expectations of tenure track nursing faculty that were identified in the survey findings of this mixed methods study. A supportive culture within the organization and nursing unit with empowering leadership, mentoring and support were viewed as critical to meeting individual academic goals.

Clinical Relevance: Perceived support within an organizational culture that empowers individual professional growth towards tenure in academic settings may increase retention and promote success of new faculty in an increasingly competitive environment.

References

Contact
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Purpose
The purpose of this presentation is to describe the impact of a diversity-related video on the awareness, knowledge, skills, and confidence of clinical nursing instructors for fostering a teaching environment that promotes respect for diversity.

Target Audience
The target audience includes nurses who serve as preceptors, educators and administrators involved in clinical education.

Abstract
Purpose: Evaluate the impact of a diversity-related video on the awareness, knowledge, skills, and confidence of clinical nursing instructors for fostering a teaching environment that promotes respect for diversity.

Background: Respect for and inclusion of diversity in academic environments and clinical nurse educational settings in particular, is of increasing concern. Following anecdotal accounts of offensive comments made by faculty at our institution, members of the baccalaureate program designed a project to address diversity-related issues with clinical instructors.

Methods: We developed and tested the impact of a diversity-related video with clinical instructors using pre and post-test questionnaires. The video included several students and faculty discussing strategies for creating an environment that promotes and respects diversity. Our goal was to ensure that clinical instructors were aware that diversity was a priority and, most importantly, provide them the tools to put this into practice in their role as clinical educators. A follow up questionnaire was sent to instructors 8-12 weeks after the session.

Results: A total of 20 clinical instructors completed both the pre and post test at orientation. Almost all n=19 (95%) were female with a mean age between 41-50 years of age. The majority were Caucasian (n=15, 75%), 4 (20%) were African American and one person (5%) identified as Native Hawaiian or other Pacific Islander. More than half of the respondents (n=13, 65%) had master’s degrees with nearly equal numbers who were baccalaureate (n=3; 15%) or doctorally trained (n=4; 20%). The majority (n=15; 75%) had 10 years or more of nursing experience. Participants’ teaching experience varied however the mean was between 2-5 years. The majority (n=13; 65%) has most often taught second-degree baccalaureate students.

Following the video, participants reported significant (p<.05) increases in 4 of the 11 areas related to knowledge, skills, and confidence. Specifically, instructors reported greater understanding of the kinds of comments that could be considered offensive, greater skill and confidence to create a learning environment that promotes respect and diversity, and the confidence to speak up with students if they hear offensive comments.

Conclusion: This study serves as a preliminary assessment of the impact of diversity education on the skills, knowledge, and confidence of clinical instructors to create a learning environment that promotes and respects diversity. The findings of this study can be used to inform new strategies for a formalized approach for ensuring that clinical instructors are sensitive to diversity issues. Other schools of nursing who face similar challenges may benefit from adapting this process to address diversity-related issues in their own settings.

References

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The Critical Factors that Influence Faculty Attitudes and Perceptions of Teaching English as Second Language Nursing Students

Traci J. Starkey, PhD, RN, USA

Purpose
The purpose of this presentation is to increase the awareness of nurse faculty of the need to modify nursing curriculum and take into consideration the unique learning needs of English as second language nursing students.

Target Audience
The target audience of this presentation is nursing faculty currently teaching diverse English as second language nursing students.

Abstract
Purpose: The nation’s demographic changes have led to a shortage of racial and ethnic minorities in nursing. Recruitment efforts have resulted in a growing number of diverse English as second language (ESL) nursing students. Unfortunately, these students have had higher rates of attrition and lower levels of academic achievement. If these students continue to experience high attrition rates, cultural diversity in the practice setting could be greatly impacted along with the ability to provide culturally relevant health care. As student diversity increases, communication issues based on cultural and language differences have created major challenges for nurse educators. The purpose of this qualitative study was to explore the critical factors that influence faculty attitudes and perceptions of teaching ESL nursing students.

Methods: The grounded theory method based on the philosophical underpinnings of symbolic interactionism and pragmatism was used to gain a more in-depth understanding of the social processes taking place within nursing education. Strauss and Corbin were used as the guideline in conducting this grounded theory research study. Semi-structured interviews and a focus group were performed to collect data from nurse faculty from various schools of nursing in the Southeast Florida area. Data segments from the interviews were continuously coded, categorized, and analyzed for conceptual relationships. Theoretical sampling and the focus group interview were used to validate the concepts, themes, and categories identified during the individual interviews. Conceptual relationships were developed into a substantive level theory that explained a domain of behavior and the interactive processes occurring between faculty and ESL students.

Results: The core category that developed from the data grounded in the voices of nurse faculty was conscientization. The process of conscientization involves attaining a higher level of intentional consciousness and may include gradual as well as revolutionary changes at multiple levels. The three dominant categories that emerged from the data and supported the core category were overcoming, coming to know, and facilitating. Overcoming referred to the ability to work through or surmount an issue, problem, obstacle, or situation. Coming to know is described as a dynamic process that entails a unique personal experience that is constructed of objective knowledge integrated with subjective perceptions of experience. Facilitating involves the act of deliberately supporting others by using multifaceted strategies with the intent of progressing toward change. The theoretical framework of conscientization provided an in-depth understanding and explanation of the social processes involved in teaching ESL nursing students. Conscientization was the process faculty engaged in when overcoming barriers, coming to know, and facilitating the success of ESL students. The categories contribute to conscientization as engaging in a critical consciousness enhances the categories.

Conclusion: The three dominant categories: overcoming, coming to know, and facilitating revealed the process of conscientization. Conscientization influenced faculty attitudes and perceptions of teaching ESL nursing students. Conscientization was depicted as an increase in the critical consciousness of nurse faculty as they gain a greater awareness of the changing reality of the learning environment. As student diversity increases, the process of conscientization grows as faculty interact with ESL students and attempt to facilitate their success. The findings from this study could be used as a premise for curriculum reform and the development of alternative pedagogies that specifically targets ESL students. With an increase in consciousness among nurse faculty, the success of ESL students and diversity in the practice setting could be enhanced.

References

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K 11 - Teaching Cultural Competence
Increasing Nursing Students Cultural Awareness through Technology

Sandra C. Restaino, DNP, NP-C, USA

Purpose
Using technology as an alternative to a study abroad experience in order to bring a "real life" cultural opportunity to enhance student learning.

Target Audience
Nurse educators, researchers, nursing students.

Abstract
Purpose: The purpose was to do a pilot study to compare students’ cultural competency pre and post classroom experience. Since there are many Latin American cultures in the USA, I felt the need to expose my students to Latin American culture and the Spanish language.

Methods: Students were given a pre and post test cultural knowledge survey. They were also given a pre and post Spanish test using anatomical words and finally a native Spanish speaker was brought into the classroom for students to do a physical exam and health history using on the Spanish language.

Results: Student rated on a scale of 1 to 5 (being the best). Cultural competency increased from 2 to 5, they rated being confident in performing a physical exam using the Spanish language from 1 to 4, and understanding Latin American healthcare policy from 1 to 5

Conclusion: Students found this course very helpful with increasing cultural competency. Using Skype with a faculty member from Mexico proved to be a wonderful experience. Using technology in the classroom can be an effective teaching strategy and worthy alternative to a study abroad experience.

References

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Evaluating Cultural Competency: A Theory-Driven Integrative Process/Outcome Evaluation of an Associate Degree Program

Nancy E. Peer, PhD, RN, CNE, USA

Purpose

to discuss the use of Program Theory-driven Evaluation, a neutral evaluation design, and an embedded non-experimental causal-comparative research study to show a significant difference in level of cultural competency in beginning students and graduating students in a ADN Program using Campinha-Bacote's Cultural Competency Tool.

Target Audience

those nurse educators who are looking for an adaptable evaluative process design, not normally used in nursing, to show alignment between program outcomes and accreditation standards on cultural competency.

Abstract

Purpose: The purpose of this research study was to determine through techniques associated with program theory-driven evaluation science (Donaldson, 2007) whether the program inputs of an associate degree program, located in a culturally diverse urban location, can produce intended program outcomes. These program outcomes are aligned with the definition of cultural competence for nursing students: cultural attitude, cultural knowledge, and cultural skill (AACN, 2008), and have been adopted by the accrediting organization for Associate Degree Nursing Programs (ACEN, 2013). The current research reviewed the extent to which nursing students meet the program’s accreditation requirements of cultural competence. Through this comprehensive assessment of curriculum, curriculum implementation, and program goals, this research has yielded data that can be generalized to other nursing programs governed by the same accreditation standards.

Methods: The method for this research study used a program theory-driven evaluation design, where program inputs were reviewed to determine their role in meeting program outcomes. This evaluative approach looked at cultural competency theory, accreditation standards, program objectives, adult learning theory, program curriculum, and implementation of curriculum. The evaluation identified how cultural competency of students is evaluated by the nursing program, as well as how program objectives associated with cultural competency align with accreditation standards on cultural competency. A causal-comparative non-experimental research design reviewed cultural competency levels of a control group (freshmen nursing students entering the nursing program) and an experimental group (senior nursing students completing the nursing program) to produce data reflecting cultural competency levels of students based on Campinha-Bacote’s Cultural Competency Tool (IAPCC-SV, 2007).

Results: The results of the study showed that using a causal-comparative non-experimental design embedded in the conceptual framework, the results of data analysis from 110 nursing students yielded statistical significance between those students entering the nursing program and those students graduating the nursing program in relation to the cultural concepts of knowledge, skill, and overall level of cultural competence. Thus, based on the results of this research the target college did meet both the program objectives and the accreditation standards of graduating culturally competent nurses. Using program theory-driven evaluation proved to be an effective research design to evaluate the ability of an associate degree program in northeastern United States in meeting program objectives and accreditation standards. Since the ACEN and CCNE accreditation organizations share similar accreditation standards on cultural competence and include similar exemplars of how cultural competency has been introduced into nursing programs, this research design could be replicated with few modifications.

Conclusion: In conclusion, a review of the literature revealed a gap in the evaluation of a whole program, rather than evaluation of a specific cultural project or cultural course embedded in the curriculum of nursing programs. Most research studies that had been conducted were reflective of only baccalaureate curriculums, and did not show statistical significance in the attainment of cultural competence; rather, statistical significance was revealed in one or two of the five cultural constructs which make up cultural competence. Based on data analysis, this research study showed a statistically significant difference in cultural competency between nursing graduates (experimental group) compared to the beginning nursing students (control group). Additionally, this research design showed how the conceptual framework of program theory-driven evaluation can be adapted to
the field of nursing education, and provided the two year nursing program with the validation they needed to confirm that their program objectives were being met with their curriculum and implementation of the curriculum by their faculty.

References

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K 15 - Impacting the Caregivers: End-of-Life Nursing Care
The Lived Experience of Caregivers Providing Home Care for Terminal Cancer Patients: A Phenomenological Study

Fatima Saleh Mohamed, MScN, RN, Bahrain

Purpose
The purpose of this presentation is to present a research that was carried out in Bahrain to explore the lived experience of caregivers providing home care for terminal cancer patients with the objectives of documenting the relatives’ experiences and needs of home caregiving in Bahrain.

Target Audience
The target audience of this presentation is researchers in nursing, end of life care, palliative oncology care. Researchers interested in researching family as the unit of care.

Abstract
Purpose: The aim of the study was to explore the lived experience of caregivers providing home care for terminal cancer patients with the objectives of documenting their experiences of caring for relatives who are terminally ill with cancer and the needs of home caregiving in Bahrain.

Methods: The study adopted qualitative, Heideggerian, hermeneutic phenomenological design, with a purposive sample of eight family caregivers. Data was collected through one to one, in depth semi-structured interviews and analyzed using Interpretative Phenomenological Analysis.

Results: Three main themes emerged; Burdens of Care; Comforts; and Coping. The findings showed that the lived experience of home caregiving includes physical, emotional and financial burdens combined with lack of professional support. The collective experience was infused with intense emotions given the lack of adequate support that often forced caregivers to manage caregiving on their own which eventually led to negative effects in caregivers’ well-being. Nevertheless, caregivers tried to maintain comforts for patients at home. They changed the home arrangement, arranged resources to ease caring and provided spiritual care. Caregivers utilized three coping mechanisms, faith, personal strategies and distribution of the care responsibilities among family members.

Conclusion: Caregivers were not prepared for home care and a recommendation from the study findings is that training should be given on nursing care before patients discharge. In addition, home nursing care and hospice services need to be established to improve the supportive services for caregivers. The findings of the study will hopefully lay the foundation for the development of palliative care services which will ease the burden of care on caregivers in Bahrain.

References

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K 15 - Impacting the Caregivers: End-of-Life Nursing Care
Knowing about and Caring for Persons Receiving Hospice Care: The Lived Experiences of Nurses Working in Hospice Agencies

Rita Ferguson, PhD, MSN, BSN, RN, CHPN, CNE, USA

Purpose
The purpose of this presentation is to describe the experiences of nurses working in hospice agencies. Knowledge of hospice nurses’ experiences can provide increased awareness of the need for end-of-life care as part of the nursing education curriculum. This knowledge can improve nursing education and advance patient-centered care.

Target Audience
The target audience of this presentation is nurse educators. Despite the fact that nursing has provided end-of-life care from the beginning of the profession, most participants in my study verbalized they received very little or no education related to death and dying during their pre-licensure education experience.

Abstract
Purpose: Knowing and caring by hospice nurses has received minimum research. By illuminating hospice nurses’ experiences, end-of-life quality of care may be improved and nursing education enriched. Failure by nurses to utilize all ways of knowing in the provision of nursing care can lead to practice limitation. Caring, a value of nursing implies a relationship of knowing the patient. The purpose of this descriptive phenomenological qualitative study was to explore the lived experiences of nurses working in hospice agencies regarding their knowing about and caring for persons receiving hospice care.

Methods: The phenomenological approach was used to allow the nurse participants to describe their lived experiences of working in hospice agencies. Through documentation of nurses’ lived experiences of knowing about and caring for, their work as hospice nurses became noticeable. After obtaining Institutional Review Board approval, interviews were conducted using semi-structured questions and probe statements and were recorded for verbatim transcription. Field notes and journal entries were made for use during the analysis process. After a second reading, themes and sub-themes were identified.

Results: End-of-life care as nursing practice was confirmed. The needs of nurses practicing end-of-life care became discernable through hearing their experiences. Four themes and sixteen subthemes were identified. Nurse participants verbalized their knowledge improved the caring behaviors demonstrated with the patients and family members. The nurses were able to describe their methods of obtaining knowledge as it related to the biomedical process, the patient’s pattern and response to the illness, and discovery of who the patient was as a person. Other descriptions were identification of the family members and the family role in support of the patient. The acknowledgment of experience and the value it provided to being a better nurse was also explained. The nurse participants were able to verbalize the uniqueness of professional nursing in the hospice agency.

Conclusion: It is important this distinctiveness for nursing be recognized by others in the healthcare community so nursing support is provided through education and workplace policies.

References

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K 15 - Impacting the Caregivers: End-of-Life Nursing Care
Impact of End-of-Life Care Education on Knowledge, Confidence, and Attitudes toward Care of the Dying in Entry-Level Nursing Students

Miho Suzuki, PhD, RN, ANP-BC, AOCNP, Japan
Kobayashi Mia, PhD, MSN, RN, CNM, PHN, Japan

Purpose
The purpose of this presentation is to share the Japanese current state of EOL care education and the learning experience of entry-level nursing students and discuss a better EOL care curriculum globally.

Target Audience
The target audience of the presentation is the faculty members in the academic institutions and clinical instructors and preceptors working with nursing students.

Abstract
Purpose: More than 25% of Japanese population are age of 65 years or older. Given anticipation of many deaths, quality end-of-life (EOL) care by nurses becomes more important than ever. All entry-level nursing programs in Japan have been mandated to include EOL care education since the basic nursing education curriculum was revised in 2009. However, it is unclear how EOL care have been taught and how the EOL education has influenced on students. Therefore, the purpose of this study was to explore how many hours of EOL care education were taught, and investigate the impact of the hours of EOL care education on the student’s knowledge, confidence, and attitudes toward caring for dying people by comparing the freshmen and the seniors in Japanese entry-level nursing programs.

Methods: The subjects of the study were the freshmen and seniors in all nursing programs, including diploma, associate, and baccalaureate programs in Japan (n=746 as of November 2013). First, we sent a letter to the administrators of the programs and asked to provide their syllabus and the consent to participate in the student survey. Second, self-administered questionnaires including the Japanese version of the Frommelt Attitude Toward Care of the Dying (FATCOD), 10 questions to assess EOL care knowledge, and 1 item to ask perceived confidence in caring for the dying, were distributed to the freshmen and seniors in the programs randomly selected from the programs whose administrator provided the syllabus and agreed to participate in the study. Descriptive and multiple regression analyses were performed.

Results: Sixty-five programs returned the syllabus, and of those, 42 programs (n = 19 for baccalaureate, n = 1 for associate, and n = 22 for diploma) agreed to participate in the student survey. According to the proportion of the original subject programs, 30 programs (n = 9 for baccalaureate, n = 1 for associate, and n = 20 for diploma) were randomly selected from the 42 programs for the student survey. A total of 3,638 questionnaires were distributed to the freshmen and seniors (3rd-year students for diploma and associate, and 4th-year students for baccalaureate). Seven hundred twenty-two students returned the completed questionnaire, but 26 were excluded because the year in the program was missing (valid response rate 19.1%; n = 391 for freshmen and n = 305 for seniors). The mean age was 20.5 (SD = 5.1) years for freshmen and 22.7 (SD = 4.9) years for seniors, and 7.9% were male. The attitude toward care of the dying (FATCOD) was significantly more positive in seniors (mean = 116.1, SD = 8.9) than in freshmen (mean = 112.8, SD = 8.9) (p < .001). The number of correct answers to the 10 questions to assess EOL care knowledge was also better in seniors (mean = 6.1, SD = 2.2) than in freshmen (mean = 4.9, SD = 2.1) (p < .001). A third of the total participants had previous experience of attending person’s death, and they had a higher mean FATCOD score than the counterpart (115.8 vs. 113.6, p < .01) and were more likely to be confident in caring for the dying (38.3% vs. 26.0%, p < .05). The students with confidence were less frequent among seniors (27.2%) than among freshmen (32.3%), though the difference was not statistically significant. After controlling for age, experience of hospitalization, and previous experience of attending person’s death, the seniors had better knowledge about EOL care (p < .001) and more positive attitude toward caring for dying people (p < .001) than freshmen. There was no difference in FATCOD or knowledge among types of program. Hours of EOL education indicated in either syllabus or student’s report were not associated with knowledge, confidence, or FATCOD scores. About a half of seniors perceived insufficiency of EOL care education.

Conclusion: The low response rate is a limitation of this study, but the mean of FATCOD scores in this study was comparable to that in the previous Japanese studies of nurses and nursing students. The FATCOD scores
in Japanese studies have found to be lower than that in the US studies. Hours of EOL care education did not have impact on students’ knowledge and attitude toward care for the dying, but students somewhat seemed to have gained knowledge and learned something about care for the dying persons by completing the program. However, better knowledge and positive attitude toward EOL seemed not to help students be confident in caring for the dying person. It is needed that the development of curriculum that can provide students with confidence and feeling of sufficiently educated about EOL care at their graduation.

References

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L 02 - Community-Based Health for Vulnerable Populations
Measuring Health in Coffee Farm Workers in Rural Nicaragua: What Matters?

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Purpose
The purpose of this presentation will be to describe what influences health in coffee farm workers (migrant and non-migrant) in rural Nicaragua. It will review current data (hypertension, blood glucose and BMI) and identify areas for health promotion in this rural population, of which little is currently known.

Target Audience
The target audience of this presentation is those interested in farm workers’ health or people living in rural Nicaragua. Those interested in international partnerships and / or service learning with nursing students will also have an interest in this presentation.

Abstract
Purpose: Nicaragua is a country with nearly 6 million inhabitants and is considered the second poorest country in Latin America. In Nicaragua, rural areas contain 45% of the country’s population, yet 65% of the poor and 80% of the extreme poor live in these areas. The average expenditure for the urban poor is 11% below the poverty line, while the rural poor are 37% below. The Nicaraguan poverty profile also demonstrates major regional disparities, with areas like Jinotega (north central area) being disproportionately affected by extreme poverty (World Bank, 2008). Rural poverty is often more profound than urban poverty, with rural communities facing multiple challenges which may put them more at risk for negative health outcomes. Stressors include inhospitable physical terrains, inadequate infrastructure on many roads, sparse electricity, and often unreliable water sources.

Migrant and non-migrant agricultural farm workers are considered vulnerable populations with limited access to appropriate care (WHO, 2008). Migrant workers, especially, are considered a marginalized population and may face an assortment of health challenges like infectious diseases, chemical and pesticide related illnesses, heat related illnesses, traumatic injuries, poor dietary options, respiratory conditions and mental illness (Hansen & Donohoe, 2003). Health screenings and health promotion were identified as a needed/missing services by the on-site nurse at two rural coffee farms in Nicaragua.

This purpose of this presentation will be to describe health-related factors in coffee farm workers (migrant and non-migrant) in rural Nicaragua. Current data (hypertension, blood glucose and BMI) and areas for health promotion are explored in this rural population, of which little is currently known.

Methods: The study was conducted at 2 neighboring coffee farms in north central Nicaragua. Free health fairs were held during one week in January, 2014. All workers (migrant and non- migrant) were invited to attend. Demographic characteristics, access to health services, self-rated health and specific lifestyle factors were measured using selected items from the Central American Diabetes Initiative (CAMDI) survey. Additional data included blood pressure, blood glucose, height and weights, collected by senior US nursing students completing a public health nursing clinical rotation.

Results: A total of 256 people participated in the fairs/screenings. The participants ages ranged from 18-75, 52% were male and 76% had either no formal schooling or only completed the primary grades. Nearly 76% of the sample had never had their blood sugar tested (FBS ranged from 62-548 mg/dl) and 30% had never had a blood pressure check (SBP range from 90 – 172; DBP range from 52-120). Complete data was available on 212 workers. Correlation and multiple regression analyses were conducted using SPSS v 21 to examine the relationship between self-rated health and various potential predictors. Self-rated health was significantly correlated with sex, age, days missed due to illness, days worked sick, glucose, blood pressure (SBP and DBP), BMI, “lifestyle factors” (smoking, salt intake and education level) and environmental factors (what farm the live on and whether or not they are migrant workers). The multiple regression model with all of these predictors produced $R^2 = .166, F (13, 181) = 2.77, p < .001$. Only age, days worked sick, glucose and systolic BP were significant.

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Conclusion: There is limited information available on the health of rural coffee farm workers in Nicaragua. These data would suggest that as age, days worked sick, and glucose increase, self-ratings of health decrease. Next steps would include investigating what constitutes “sick” in the context of these farm workers. In order to maintain a community based participatory research methodology, exploration would include follow-up interview questions or focus groups to elicit more information regarding standard diets and care for patients who work on coffee farms and live with diabetes. Since most meals are prepared on-site and provided to the workers for free, potential health promotion could center on food modifications at these meals and a broader range of healthy foods for purchase at on-site bodegas. Such changes would require education and negotiation with the farm administrators.

References

Contact
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Purpose
The purpose of the presentation is to encourage other learning institutions to incorporate mentoring activities to engage students in nursing early in their academic careers.

Target Audience
The target audience for this presentation is for nurse educators and nurse leaders as mentoring can apply to both educational and leadership settings.

Abstract
Purpose: Historically nurses have been known to ‘eat their young’. Within the nursing department at a Midwestern university, the faculty has adopted a new approach to relationships with future nursing students. The nursing department has incorporated activities to ‘nurture our young’. At the university nursing faculty are not typically engaged with freshman nursing major students. Because the faculty in the nursing department usually only teach nursing subject classes, they do not have the exposure to the pre-nursing students. The nursing program starts during the junior year of classes. Last year the author expressed a desire to be more involved with the freshman pre-nursing students. The university has offered best practice retention strategies for freshman for several years. These strategies include learning and living communities; student success courses; new student orientation; and focused advising (Hanover Research, 2014).

Methods: In addition to the strategies already implemented by the university, the nursing department wanted to develop a mentoring program for the freshman to help ‘nurture our young’. Mentoring is a development process where a more experienced person guides a less experienced person in a given situation for an expressed purpose or outcome (Marquis & Huston, 2015). Mentoring at the college level helps develop social support, role modeling, and opportunities to develop new skills (DuBois & Silverthorn, 2005). The goal of formal mentoring programs is to provide collegiality, networking, listening, & encouragement to the mentees. Research shows that if college students are retained as freshmen to the sophomore year, persistence to graduation is greater than 80 percent (Hadidi, Lindquist, & Buckwalter, 2013).

The university requires all freshman students enroll in the freshman seminar course (student success course). However, the university does not require all departments to offer a learning and living community (LLC). As the nursing department was pleased with the positive effects of the mentoring program, the faculty also saw the need for the LLC to help ‘nurture our young’. For the academic year of 2014-2015 the nursing department developed the Nightingale Power LLC for freshman nursing major students. The LLC started with recruitment at the student recognition programs and the spring enrollment sessions. Once the LLC was identified the Nightingale Power LLC committee chose peer mentors to help with the activities and bonding. The peer mentors were chosen based on their nursing major and involvement with campus activities. The LLC participates in social activities coordinated by the Nightingale Power committee. These activities include the Nightingale Power orientation, back to school picnic, the homecoming float parade, the state nursing legislative trip, and the mentoring project. In addition to social activities the LLC participates in academic classes together to further develop their study habits and collegiality. The LLC courses in the first semester are taught by the nursing department faculty. The students also live on the same floor in the residential housing. The peer mentors and faculty provide consultation time throughout the semester in the students’ residential building. The lead coordinator of the LLC also serves as the students’ academic advisor. The advisor meets with the freshman three times each semester to provide concise, individualized advising. Positive emotions can develop from relationships with peers in residence halls, faculty instructors in the major, and academic major advisors (Vianden & Barlow, 2014).

A final activity to promote persistence and retention in the nursing program to help ‘nurture our young’ is an assignment in the Leadership practicum course. The final semester senior nursing students are paired with junior nursing students as these students are in their first semester of the nursing program. The senior student meets with the junior student in an informal setting to answer questions about the program in general or specifics related to their junior nursing classes. Then the senior meets the junior for a clinical at the hospital. The senior is the junior’s mentor for the clinical day. They work together to care for the junior’s assigned patient. The senior is present to guide the junior and provide leadership.
Results: The mentoring project piloted in spring 2014 with 11 mentors and 11 mentees. The mentors were volunteers from the senior nursing class. The mentees were volunteers from the freshman pre-nursing students. The students were paired and participated in structured activities to develop their mentoring relationship. The students participated in a total of seven activities together. Throughout the project the students completed surveys to assess their mentoring relationship and the development of their communication and self-confidence. At the completion of the spring 2014 pilot project 82% of the freshman stated they would continue with nursing as their major. The author plans to continue this project yearly hoping to increase participation.

Midway through the academic year the Nightingale Power LLC persistence rate is 86%. Four students have identified that nursing is not for them and have asked for different majors. The Nightingale Power LLC has provided the students an earlier introduction to the nursing department faculty and current nursing students.

Both junior and senior nursing students have expressed satisfaction with the Mentoring assignment.

Conclusion: The author is the coordinator of the mentoring project; lead coordinator of the Nightingale Power LLC; and the lead faculty for the Leadership practicum course. The mentoring project, the Nightingale Power LLC, and the Leadership practicum mentoring assignment are all ways that the nursing department faculty ‘nurture our young’. The nursing department strives to provide an encouraging environment for the nursing students to promote their interest in and commitment to nursing as a profession.

References

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L 03 - Mentoring and Coaching in Nursing: What Effect Does It Have?
Coaching and Relational Coordination Within Nursing Leadership Teams

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Purpose
The purposes of this Robert Wood Johnson Nurse Executive Leadership Project were to determine the level of coaching and relational coordination present among nursing leaders in acute care environments in central Texas and investigate the strengths of the relationships between the nurses' coaching behaviors, relational coordination, and demographic characteristics.

Target Audience
any healthcare leader interested in work environment and workforce development issues. Members of the target audience could be clinical or administrative leaders or academicians teaching healthcare leadership.

Abstract
Purpose: The purposes of this Robert Wood Johnson Nurse Executive Leadership Project were to determine the level of coaching and relational coordination present among nursing leaders in acute care environments in central Texas and investigate the strengths of the relationships between the nurses' coaching behaviors, relational coordination, and demographic characteristics.

Methods: After Institutional Review Board approvals from the University of Texas at Austin and the hospital system, the nurse leaders were sent an email explaining the project. At the end of the email they were provided with an individualized link to the Relational Coordination and Coaching Survey. The survey consisted of the seven components of relational coordination and the 39 item Yoder Coaching Survey as well as nine questions about the demographic characteristics of the participants. Data were analyzed using SPSS v. 20.

Results: Two hundred ninety-four nurses in leadership positions were invited to participate and 149 completed surveys were analyzed for a response rate of 50.6%. Response rates for the individual hospitals ranged from 27% to 73%. The nursing leader respondents were in the following roles: unit supervisor (n = 76), nurse manager (n = 38), director (n = 28), and chief nurse executive (n = 7). Most of the participants were female (n = 126; 86%), Caucasian (n = 116; 79%); had a Bachelor's degree (n = 84; 57%), and were 40-49 years of age. The participants reported they had worked in their current position for 7.6 years and they worked for their current immediate supervisor for 5.5 years; 56% (n = 84) said they interacted with their boss daily. The only demographic characteristic that was correlated with the coaching survey scores was the amount of time they had worked for their current boss ($r = .18; p = .045$).

Participants' coaching survey scores ranged from 85-153 (M = 129; SD = 16). The items that had the highest mean scores were: is approachable (open door policy) (3.76), is committed to continuous improvement (3.76), has integrity (3.73), promotes an environment of excellence, rather than doing the minimum (3.67), and demonstrated trust in you (3.66). The coaching survey items that had the lowest mean scores were: gives you feedback to clarify performance expectations within the first three months of the rating period (1.14), keeps winning and losing in perspective (2.90), gives you public recognition on excellent performance (2.93), enters into an agreement with you about actions needed to solve your performance problems (2.96), and encourages you to take a risk to implement your ideas (2.99). There were statistically significant correlations between coaching and several of the communication RC components however, the correlations were small and of little administrative significance. Some of the relationship components of RC were moderately correlated with the coaching scores ($r = .49 -.55; p<.0001$). Additionally, the coaching survey demonstrated excellent internal consistency when used with nursing leaders ($\alpha = .96$).

The findings from this project were verbally briefed to the senior nursing leaders of the hospital system and they each were provided with 70 page detailed reports regarding the coaching and RC scores among and within their nursing leadership teams. These senior executives saw the value in assessing both coaching and RC within and between their leadership teams. They also quickly recognized opportunities for improvement at all managerial levels among the nursing leaders. They requested the findings be reported to all members of their nursing leadership teams and they are determining what educational and team building activities might be appropriate to address the areas needing improvement.
Conclusion: The nursing leaders who participated in this project had demographic characteristics that are consistent with nursing leaders across the state of Texas and across the nation. Most nurse leaders in the United States are Caucasian females between the ages of 40-55. The data demonstrated that some coaching and RC behaviors were taking place among the leadership teams but there are opportunities for improvements in both areas. The two larger hospitals had better coaching and RC scores; this may have been because the chief nurse executives had recently completed Doctor of Nursing Practice degrees and they supported greater communication and empowerment within their hospitals among all nurses, not just the nursing leaders. It makes sense that the correlations between the coaching scores and the communication aspects of RC were lower than the correlations between the coaching scores and the relationship components of RC. Coaching is, after all, a career development relationship, comprised of components that are indeed relational whereas the communication components of RC are more utilitarian or transactional in nature.

Coaching is an important CDR that is often not clearly understood by nurses and other leaders in healthcare environments. Coaching coupled with RC can help create a work environment where healthcare team members can have better communication and stronger relationships, which serves to potentially improve care quality and safety. This was the first examination of coaching and RC among nursing leadership teams. More research regarding such activities needs to take place to determine if coaching and RC do make a difference in patient outcomes. Educational and RC team building activities need to be explored as interventions to improve not only the care coordination among front-line clinicians such as nurses, physicians, social workers, etc., but also to improve overall organizational effectiveness through better inter-professional career development in healthcare.

References

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Mentoring and Coaching in Nursing: What Effect Does It Have?
Developing Expert Clinicians into Clinical Faculty: A Mentoring-Teaching Experience

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Purpose
To prepare expert nurse clinicians to become educators through participation in a clinical faculty academy and mentorship program. The aim of the study was to explore the transition from the role of nurse clinician to nurse educator and the influence of mentoring in this process.

Target Audience
Nurse Educators, nursing faculty, nurses interested in education

Abstract
Purpose: To prepare expert nurse clinicians to become educators through participation in a clinical faculty academy and mentorship program. The aim of the study was to explore the transition from the role of nurse clinician to nurse educator and the influence of mentoring in this process. Globally, nurse educators have identified the faculty shortage as central to the evolving nursing shortage. Recruitment and retention of highly qualified individuals, from diverse backgrounds, to teach students in clinical settings is challenging. Educating practicing nurse experts about the complexity of the clinical academic environment requires a multifaceted approach. Mentoring opportunities that are laissez-faire provide little structure for the mentee, whereas formalized mentoring experiences with clearly defined goals are far more beneficial to novice educators.

Methods: A mixed-methods design was used. Institutional review board approval was obtained. A diverse group of participants were selected from a competitive pool of applicants to a structured training and mentoring academy. Nurse clinicians participated in the Eastern Shore Faculty Academy and Mentoring Initiative (ES-FAMI), a regional hybrid educational program, incorporating a partnership of three schools of nursing in the region. The ES-FAMI experience included face-to-face meetings, interactive online modules, simulated clinical teaching experiences, and mentoring experiences. Upon completion of the didactic program, academy graduates completed the Academy Experience Evaluation (AEE) tool electronically through a learning management system. The AEE included 13 multiple choice items on a 5-point Likert scale (higher scores indicating greater satisfaction) and four additional open-ended questions. Space was included after each question for comments. Four focus groups were held annually to evaluate the program. Additionally, all participants who had completed the ES-FAMI course were invited to return for a mentorship session and mentorship focus group. A focus group methodology was selected for data collection since it offers interaction among group members who can provide in-depth data, not always elicited through surveys and interviews. Quantitative data were analyzed using descriptive statistics.

In order to enhance and expand the findings of the larger study, and to provide a broader meaning of the experience related to the quantitative study, a Heidegerrian, interpretive, perspective was chosen for qualitative data analysis. With participant permission, mentorship focus group conversations were audio-taped and transcribed. The interpretive analytic method of Dieklemann, Allen, and Tanner (1989) method was used. This interpretive method involved a hermeneutic research team whose goal was to provide written interpretations of the groups’ discussions. The focus group question was limited to one question with two parts, with follow up questions and probes asked throughout the session.

Results: Over a three year period, a total of six academies with 32 participants were held. Twenty-six of the 32 participants completed the AEE for an 81.3% response rate. Thirty (93.8%) of the participants were female. Slightly more than half of the participants were Caucasian (n=18, 56.3%), with 37.6% (n=12) of academy graduates were from diverse, underrepresented groups including male and non-white racial backgrounds. Age ranged from 23 to 56 years with a mean age of 38.79 (SD = 8.48). At the time of academy participation, most participants had no clinical teaching experience. To date, 25 of 32 academy graduates have taught a clinical course for one of the partner schools.

Responses on the AEE revealed an overall positive experience with the ES-FAMI program. Of the multiple choice items, mean scores ranged from 4.40(+.50) to 4.76(+.52). The highest scoring items on the AEE related
to applicability of the modules to clinical faculty role, simulation experience preparing for clinical faculty role, and ability to identify potential problematic student issues. In open-ended responses, participants identified mentoring opportunities as integral to their learning.

In the mentoring focus group, nurse clinicians provided detailed first-person descriptions of their fears concerning student problems, their self-perceived ability to teach in a clinical setting and ability to adequately evaluate nursing students. Emergent themes included: Theme 1: Collaborating with peers. This theme depicted the teamwork that ensued as participants helped each other and eventually developed an informal network of support. Theme 2: Putting it all together. This theme described the mentor/mentee relationship as integral to participant's personal transition in becoming educators. Theme 3: Mentorship as a sounding board, identified participants' own cognitive and emotional search as they thought about their teaching future, and their expectations. Theme 4: Learning is continuous, focused on participants' desire to continue the mentorship process.

Conclusion: The findings of this study have global implications for nursing education. Helping clinicians actualize the faculty role through education and mentoring partnerships not only is a personal gain, but also provides the academic setting with a pool of talented clinical educators. We have found on a local and regional level, a structured mentorship format strengthens the transition from clinician to nursing academia. In teaching today's students, participants found they had to learn new skills, develop new expectations, and adjust previous expectations. The themes identified, demonstrated this push and pull in the mentorship process, but also provided a picture of what happens when mentorship works.

References
None.

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Purpose
The purpose of this presentation is to present the findings from an exploratory, longitudinal study that examined symptom profiles to identify symptom clusters and the factors that influenced symptom clusters over time in patients with stage II pancreatic cancer undergoing surgery alone or in combination with adjuvant therapy.

Target Audience
The target audience of this presentation is academically and clinically oriented nursing professionals that have an interest in pancreatic cancer, symptoms, symptom clusters, and quantitative research methods.

Abstract
Purpose: The aims of this primary nested, longitudinal, exploratory study were to explore self-reported symptom profiles to identify the presence of and changes in symptom clusters (SCs) and factors that influence the severity of the SCs in individuals with stage II pancreatic cancer (PC) before and at three, six, and nine months after surgery alone or in combination with adjuvant chemotherapy or chemoradiation therapy.

Methods: This primary nested, longitudinal, exploratory study was conducted within an ongoing single center, prospective, randomized, double-blind, placebo-controlled clinical trial of ethanol celiac plexis neurolysis versus placebo for pain control (the parent study). One hundred and forty-three patients undergoing surgical resection for stage II PC were identified through the parent study located at a comprehensive cancer center in the northeastern United States. The Theory of Unpleasant Symptoms served as the theoretical framework to guide this study. Study variables included: 17 PC symptoms; 14 physiological factors; 4 psychological factors; and 6 situational factors. Symptom data were measured by the Functional Assessment in Cancer Therapy: Hepatobiliary Cancer Tool. Demographic and clinical data were obtained from a review of parent study folders that included supportive documentation from patients’ electronic health records. Major statistical methods used included exploratory and confirmatory factor analyses and generalized linear modeling.

Results: The prevalence and severity of symptoms varied over time; however, five symptoms (fatigue, trouble sleeping, poor appetite, weight loss, and trouble digesting food) were consistently among the most prevalent and severe symptoms. Sixteen SCs were identified that were not identical over time; although, four core SC sub-groupings were found, which included: a) depression and anxiety; b) trouble digesting food and loss of bowel control; c) change in taste, dry mouth, fatigue, and weight loss; and d) nausea, back pain, and abdominal pain / cramping. Pre-operative factors that influenced the severity of a SCs were also identified. Pain status was associated with the pain-gastrointestinal SC (slope=0.71; 95% CI 0.31, 1.11; p=0.0364) and cancer worry was associated with the mood SC (slope=0.34, 95% CI 0.20, 0.48; p=0.0006).

Conclusion: This was the first study to examine symptoms to identify and follow SCs over time in post-operative patients with stage II PC. Findings provided evidence of the existence of 16 distinct SCs, 4 symptom cluster core sub-groupings, and 2 pre-operative factors that influenced the severity of SCs in PC patients within the first 9 months of surgery. The findings from this study may be used to provide anticipatory guidance and inform prevention, assessment, and management of SCs in PC surgical populations.

References

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L 04 - Promoting Clinical Outcomes in Cancer Patients
Determination of the Opinions and Expectations of Cancer Patients and Families about Home Care

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Purpose
The purpose of this presentation is represent the opinions and expectations of cancer patients and their families about home care.

Target Audience
The target audiences of this presentation are nurses and health care professionals.

Abstract
Purpose: This research was conducted as a descriptive study in order to determine the opinions and expectations of cancer patients and their families about home care.

Methods: This research was conducted in GMMA Medical Oncology and Hematology Department between October 2012 and April 2013. The sample of the study was included total of 200 participants consisting 100 cancer patients and 100 family members of cancer patients who accepted to participate the study. As the data collection tools, form of socio-demographic and medical characteristics of the patient and families, and form of opinions and expectations of the patient and families about home care, which were developed by the researcher, were used. As descriptive statistics, number and percentage (%) for the count specified variables, average±standart deviation (X±SD) for the measurement specified variables, and Chi-Square (χ2) test for the comparison of categorical variables were used.

Results: The majority of patients and families participated in the study did not have enough knowledge about home care and legal arrangements, if there were facilities they wanted to maintain their treatment at home, and wanted to the nurse to give home care. The opinions of the patients and families about home care were mostly similar; primarily they indicated that home care services must be paid by government, home care must be with hospital support, they would be more comfortable at home, and they wanted to get education at home. The primarily expectations of the patients and families about home care were hygiene, arrangement of the home environment, nutrition, ambulation, and taking measures to prevent the risk of infection and accidents.

Conclusion: It is important to determination of knowledge and expectations of cancer patients and the families about home care in the early stages.

References

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L 04 - Promoting Clinical Outcomes in Cancer Patients
The Relationship of Pituitary Hormonal Deficiencies to the Perception of Life Function Impairment in Patients with Pituitary Tumors and Diseases

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Purpose
Raise awareness of the pituitary diseases and factors that affect treatment and outcomes. Demonstrate clinical nursing research in a collaborative clinical environment Identify the relationship between biochemical deficiencies and quality of life in a clinical population.

Target Audience
Clinicians in outpatient primary care settings working with patients with endocrine dysfunction, brain tumors or tumors that affect the pituitary. Clinicians in an inpatient setting working with neurosurgical patients who are experiencing endocrine system changes or undergoing procedures that affect pituitary function.

Abstract
Purpose: Decline in quality of life (QOL) and functional impairments have been reported in patients treated for non-secretory and hypersecretory pituitary tumors and diseases. Most QOL and functional evaluations have been performed post treatment and it remains unclear if the presence of pituitary deficiencies or other pre intervention factors related to the presence of a pituitary tumor impact QOL or if lower QOL may be independent of tumor related factors.

The purpose of this study was to investigate the relationship of biochemical pituitary hormonal deficiencies to the perception of QOL, life function impairment and health status in patients newly diagnosed with pituitary tumors or diseases. Additionally, to assess the impact of other factors such as tumor size, the presence of concomitant medical conditions, age, gender and diagnosis on perceived functional limitations and health status.

Methods: A Prospective study of patients presenting to the OHSU Pituitary Center from 2011-2014 with newly diagnosed pituitary disease and MRI confirmed pituitary tumors. Patients were excluded for diagnosis of a malignancy or acute physical or psychological stressor within 12 months of presentation or new medications or concomitant medical diagnoses within 6 months of presentation. All patients completed a 205 question DOLF Scale (Cronbach alpha .94) assessing their perception of overall health quality and impairment in 32 areas of physical, psychological, cognitive, social and spiritual function. All subjects gave informed consent, received the same instructions regarding the completion of the questionnaire and completed the questionnaire during initial consultation.

All patients underwent standardized testing at intake to evaluate pituitary hormonal function or deficiencies including: thyroid (Thyroid Stimulating Hormone, Free T4), gonadal (Lutenizing hormone, Follicle Stimulating Hormone, total Testosterone (males)), growth hormone (Insulin Growth Factor-1), prolactin and posterior pituitary function (Basic Metabolic Panel). The hyperthalamic-pituitary-adrenal axis (HPA) function was evaluated using dynamic testing after administration of 1mcg cortrosyn IV. Baseline serum Adrenocorticotropic Hormone (ACTH) and cortisol levels were drawn and serum cortisol level was measured again 30 minutes after cortrosyn administration. Cortisol level less than 18ug/dl at 30 minutes post drug administration was considered deficient and indicative of HPA axis dysfunction or adrenal insufficiency (AI). Patients with suspicion of Cushing’s disease were excluded from dynamic HPA axis testing.

This study was approved by the OHSU Institutional Review Board. Analysis was performed using independent T test, ANOVA, bivariate correlational and crosstabs analysis using PSAW 18.

Results: 123 subjects were enrolled; 10 were excluded for incomplete data. Pituitary disease diagnoses included: Non-functional tumors (NF) (49), prolactinomas (PRL) (27), Rathke’s Cleft cyst (RCC) (10), Acromegaly (Growth hormone excess, 8), Cushing’s disease (CD) (10), hypophysitis (2), other tumors (5: craniopharygioma 2, co-secreting 3, meningioma, 2). There was a significant gender difference overall (36 male/77 Female (p=0.01)) and a significant difference in gender distribution by diagnosis (p=0.027). More females that males (23:4) presented with prolactinomas, GH excess (6:2), RC (9:1) and CD (9:2). Mean age at presentation was 44.1 + 16.4 years with a significant difference in ages between diagnoses (p=0.017). Patients
with prolactinomas were younger than all other diagnoses (mean 35 years). The mean number of hormonal deficiencies was not significantly different between diagnostic groups ($p=0.172$).

102 patients reported on the difference between their health status compared to the previous 12 months: 90.3% felt worse and 96.2% felt they a little or much worse than their desired level of health. Mean raw life dysfunction scores correlated with both these perceptions ($r=0.421, p < 0.001$; $r=0.414, p<0.001$ respectively)

Higher perception of dysfunction correlated only with larger tumor size and the presence of concomitant diagnoses (range 1-2). 16 patients reported diagnoses included diabetes mellitus, rheumatoid arthritis, hypertension, low back pain. All concomitant diagnoses were treated and stable at the time of patient assessment.

Subjects with CD reported the highest Life dysfunction (raw score 662) followed by acromegaly (631), RCC (589) and PRL (537). Scores were significantly higher for CD than NFA ($p=0.004$) and PRL ($p=0.015$) and GH excess subjects ($p=0.054$). Scores were not significantly different by gender ($p=0.179$) but subjects with larger tumor size and older age scored significantly higher dysfunction ($p=0.046$ and $p=0.015$ respectively).

No pituitary hormonal deficiencies were found in 44.2% of patients and 37% demonstrated only one deficiency while 18.6% had two or greater deficiencies. The prevalence of adrenal insufficiency and testosterone deficiency in males were significantly different between diagnoses ($p=0.017$, $p=0.036$ respectively). However, there were no differences in mean raw dysfunction scores with respect to hormonal deficiencies between diagnostic groups ($p=0.145$).

**Conclusion:** Low levels and worsening health status over the previous 12 months were perceived by all patients with pituitary disease regardless of diagnosis. The presence of larger tumors, older age and concomitant medical diagnoses correlated with higher overall life dysfunction scores and lower QOL in patients with newly diagnosed disease. No relationship was found between pituitary deficiencies and higher dysfunction scores. However, patients with Cushing’s disease and Acromegaly (GH excess) reported overall higher dysfunction than other pituitary diagnoses. Comparison with age, gender, culture and socioeconomic matched subjects and a larger patient sample is required to determine if the presence of pituitary tumor is an etiologic factor for higher life dysfunction and lower quality of life in patients with pituitary tumors and diseases.

**References**


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Purpose

primary school teachers need to be scientifically educated in identification of common mental health problems in relation to their causes, signs and symptoms, and in the prevention of these illnesses. Early detection and treatment will help the child to lead a quality life and minimize the occurrence of major mental illnesses.

Target Audience

are Nurse administrators, Clinical Nurses and Nurse Educators who need to arrange regular in service education on identifying common mental health problems of children. The structured teaching module developed by the researcher can be used as a reference material to uplift the teachers’ knowledge on mental problems faced by children.

Abstract

INTRODUCTION: The teacher plays a significant role in the promotion of the health of the children. Teachers spend most of the school hours with children and are familiar with them. They can detect the signs and symptoms of common mental health problems at the earliest in the classroom setting. It is estimated that out of 51 lakh children (6-11 years of age), approximately 5 lakh (9.8 %) children suffer from mental health problems in Karnataka. But there is no organized school mental health programme for teachers in Karnataka. There is no record of active participation of teachers in the school mental health programme in Anekal Taluk. However there are opportunistic school health programme, in Taluks. There are no full time school health nurses assigned to these schools.

NEED FOR THE STUDY: Children under 15 years of age constitute 40% of the total population. The world Health Organization had declared that one in five children in the world is challenged. It is a ‘serious obstacle to a child’s development’. In developed countries such as United States, prevalence rate for childhood chronic illness and disabilities has been estimated at 10%. Prevalence rate of 20 to 33% of psychiatric disorder in school children has been reported in an Indian setting. Among them learning disorders constitute 3-7 %, which includes use of listening, speaking, reading, writing, measuring or mathematical abilities .In this context, the importance of a teacher becomes vital in safeguarding and promoting the mental health of children and early identification of deviations from normal.

STATEMENT OF THE PROBLEM: A study to assess the effectiveness of structured educational modules for primary school teachers on the knowledge and skills in identification of common mental health problems in selected schools of Bangalore district.

OBJECTIVES OF THE STUDY:

- To determine the pre-test knowledge and skills of the subjects in identification of common mental health problems of primary school children.
- To administer Structured Educational Modules I and II on knowledge and skills related to identification of common mental health problems of primary school children.
- To assess the post-test knowledge and skills of the subjects in identification of common mental health problems of primary school children.
- To find out the effectiveness of Structured Educational Modules I [ST + SIM] and II [SIM] between the Experimental Groups I and II and compare with Control Group [no intervention] of the subjects in identification of common mental health problems of primary school children.
- To measure the co-relation between knowledge and skills of the subjects in identification of common mental health problems of primary school children.
- To know the association between pre-test and post-test knowledge and skills scores with the socio demographic variables of the subjects in identification of common mental health problems of primary school children.

RESEARCH HYPOTHESES:
$H_1$: There is a significant difference in the mean pre and post-test scores of the subjects exposed to Structured Educational Module I.

$H_2$: There is a significant difference in the mean pre and post-test scores of the subjects exposed to Structured Educational Module II.

$H_3$: There is a significant difference in the mean pre and post-test scores of the control group not exposed to intervention.

$H_4$: There is a significant difference in the mean pre and post-test scores between Group I and Group II who are exposed to Structured Educational Modules I and II with that of Control Group not exposed to Structured Educational Modules I or II on knowledge and skills of the subjects in identification of common mental health problems of primary school children. $H_5$: There is a significant association between pre and post-test knowledge and skills scores with the socio-demographic variables of the subjects in identification of common mental health problems of primary school children.

CONCEPTUAL FRAMEWORK OF THE STUDY: The conceptual framework of the study is based on the context, input, process and product (CIPP) model of Stufflebeam.

REVIEW OF LITERATURE: The literature gathered from extensive review was classified systematically as follows in order to ensure the sequence and continuity.

Section I: Studies related to common mental health problems in Primary school children.

Section II: Studies related to the effect of school mental health programme in the management of common mental health problems in primary school children.

Section III: Studies related to knowledge and skill of teachers in the management of common mental health problems in primary school children.

Section IV: Studies related to the effect of Structured Teaching in the management of common mental health problems in primary school children.

Section V: Studies related to effect of Self Instructional Module in the management of common mental health problems in primary school children.

RESEARCH METHODOLOGY: An evaluative approach and quasi experimental design with three group pre-post-test design was chosen for the study. By using probability, stratified cluster sampling, 360 Primary School teachers from government schools in Anekal Taluk of Bangalore Urban district of Karnataka State was selected to assess the effectiveness of structured teaching modules on identification of common mental health problems in primary school children. Prior permission was obtained from the relevant authorities - Deputy Director of Public Instruction (DDPI), Government of Karnataka and Block Education Officer (BEO) of the Taluk, Government of Karnataka. Tool used for the study was Self-administered Knowledge questionnaire and Rutters Scale. The reliability of knowledge was tested by test-retest method .Data collected were edited, tabulated and analyzed using SPSS 17.0 version interpreted by using descriptive and inferential statistics based on the formulated objectives of the study.

MAJOR FINDINGS OF THE STUDY: Majority of the subjects were females, married, had TCH training, had above 6 years of teaching experience, had nuclear families, followed Hinduism, and earned between Rs.10, 000 to Rs. 15,000 per month. The statistical computations carried out revealed that there was no significant difference between the characteristics of three groups as they were drawn from the same population.

The pre-test mean of knowledge scores of Group I was 20.2(SD 1.7), Group II was 19.84 (SD 1.51) and that of Control Group was 20.23 (SD 1.81). The pre-test knowledge scores across the groups was found to be non-significant.

Dimension wise pre-test knowledge score showed statistical difference in emotional disorder ($F=16.09; p<0.01$), developmental disorder($F=9.6; p<0.01$), eating disorder($F=7.67; p<0.01$), habit disorder($F=2.39; p<0.01$) respectively. However conduct disorder ($F=0.78; p=0.46^{NS}$) and hyperkinetic disorders ($F=1.47; p=0.23^{NS}$) mean score levels showed non-significance.
There were statistical significance in overall Post-test I & Post-test II knowledge scores across the dimensions in Group I and Group II. That there is comparison of means with the corresponding mental health disorders like emotional disorder, Developmental disorder, Eating disorder, Habit disorder, conduct disorder and hyperkinetic disorders, the result indicates that there is increasing trend in the Groups 1 and 2 with respect to all disorders compared to control group.

It was found that years of teaching is the most contributing demographic variable on knowledge scores followed by marital duration.

The results showed that emotional and behavior disorder score were correlated and statistically significant.

References

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L 05 - Promoting Mental Health Globally
Exploration of the Impact of Screening on the Outcomes of Bipolar Disorders: A Mixed Methods Study

Ann Marie Kriebel-Gasparro, DrNP, MSN, BSN, RN, USA

Purpose
The purpose of this presentation is to describe results of a study that explored screening activities of nurse practitioners for bipolar disorders and their focus group interviews. These results can inform nursing practice, education, and policy-makers on the effectiveness of screening on reducing the morbidity and mortality of bipolar disorders.

Target Audience
The target audience of this presentation are nurses of all specialties, especially those who come in contact with patients diagnosed with depressive disorders, nurse practitioners, nursing administrators, nursing educators, nurse-policy makers, and nursing students.

Abstract
Bipolar disorder (BPD) is a chronic mental health illness that impacts all aspects of an individual’s life and ability to function. The World Health Organization ranks BPD as one of the top ten causes of disability in the world with an incidence as high as 5% in the U.S. The 2000 National Depressive and Manic-Depressive Association Survey of individuals with BPD reported that 69% of patients received an initial misdiagnosis, and 33% had a delay in receiving a correct diagnosis of 10 years. It is fatal when untreated in a high proportion of patients and marks BPD as a major unsolved public health problem. BPDs are known to be missed, misdiagnosed or not treated appropriately in a majority of individuals. Research has shown that screening for BPD in patients with known depression can identify BPD early, thereby reducing the long lag time to diagnosis and treatment.

The hypothesis of this study is that the long lag time to diagnosis and treatment of BPD could be reduced if Advanced Practice Registered Nurses (APRNs) screen patients with a diagnosis of depression using validated screening tools. This mixed methods descriptive study is the first to explore APRN’s knowledge of BPD and their perceptions of facilitators and barriers to screening patients with known depression for BPD. Triangulated data from the quantitative and qualitative studies generated a rich description of APRNs knowledge, experiences and perceptions of barriers and facilitators to screening for BPDs in their practice. The results of the quantitative study (N=89) found 83.1% (n=74) of the APRNs saw patients with a diagnosis of depression, and 55.1% (n=49) did not screen for BPDs. The focus group interviews supported the quantitative results; and highlight that nurses need more education on BPDs. Implementing screening practices for all patients with a known diagnosis of depression can have a direct impact on reducing the morbidity and mortality of undiagnosed BPDs. The results of this study can inform APRN practice, education, research and policy. This includes advocating for full practice authority; policy changes at local, state, and national levels to include screening, research to determine the impact of screening, early treatment and referral; innovations to create and promote collaborative programs that connect individuals with BPD to PCPs and psychiatric care (PMH-NPs) and includes real-time screening at home or in PCP office waiting areas.

References

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Purpose
The purpose of this presentation is to share practice experience in using standardized patient in advanced practice nursing education and to discuss best practice from available research and non-research evidence in this topic.

Target Audience
The target audience of this presentation is nurse educators in advanced practice nurse education, advanced practice nurses and nursing students, and anyone who is interested in this topic.

Abstract
Clinical experiences are essential for advanced practice nursing education. Standardized patients, people who train to enact a simulated clinical problem, are widely used in medical education. Increasingly, it becomes a useful learning activity in advanced practice nursing education. This learning activity has been used in many ways, from simple skill practice such as pelvic exam to more complex clinical encounter. Faculty in collaborated with standardized patient coordinator, who trains standardized patient’s acting, formulates objectives and creates a teaching and learning plan several months prior to the actual presentation. Students present with different clinical encounter such as back pain for an episodic visit. Students take history and do physical exam and write up a SOAP note. This simulated experience is used for formative and summative evaluation. Students are evaluated by faculty, self, and standardized patients. Feedback is given immediately by faculty and standardized patient right after the experience. This is especially important for the times when clinical preceptors and patients refuse clinical faculty to observe students’ performance with a patient in clinical setting. It gives the faculty an opportunity to observe a student’s performance.

Our Nursing Practitioner Program has used standardized patients for clinical education for several years. Although it was successful, the lessons learned from this experience and evidence from literature reviews and implications for the future implementations will be discussed.

References

Contact
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Purpose: The purpose of the presentation is to disseminate information regarding the use of cooperative learning groups while nursing students are learning how to insert an intravenous catheter using a haptic IV simulator.

Target Audience: Nurse educators integrating simulators or simulations into nursing curriculum.

Abstract: Inserting an intravenous catheter is the most challenging and complex skill taught in nursing school. Simulators provide opportunity for students to practice and perfect skills in a safe non-threatening environment while making errors without harm or discomfort to a patient. Haptic IV simulators allow students to practice IV procedures repeatedly on complex patients while developing proficiency and critical learning skills. Cooperative learning is a form of active learning and is defined as the instructional use of small groups of students working together in order to complete a task or goal. In this research project nursing students worked together in cooperative groups to complete the task of learning how to insert an IV using the haptic IV simulator.

Methods: A 2 X 3 split plot related measure ANOVA with the between subjects factor of timing of the simulation with two levels (BEFORE or AFTER lab skills day) and the within subjects related factor of ordinal position with 3 levels (1st, 2nd or 3rd individual to attempt the simulation) evaluated the differences on the initial numerical score received on the IV simulator. Students were randomly assigned to the BEFORE or AFTER group and randomized a second time to their within group ordinal position during their simulated activity. After completing an orientation on the simulator, the nursing student entered the IV simulator and completed their initial attempt. Each group of three students worked together to individually complete the task. Within group members were encouraged to give suggestions, feedback and support to their group during their individual simulation.

Results: Results indicated that student’s ordinal position was significant when learning together and accounted for more than 41% of the variances: Ordinal Position F (1.765, 28.245) = 12.071, p < .001, Ɲ² = .416. Bonferoni post hoc pairwise tests indicated that the individual who attempted the simulation second learned as a result of observing the first individual to attempt the simulation. The third individual in the group also learned as a result of observing the first individual to attempt the simulation. However in this research, there was no statistically significant difference for the third individual who attempted the simulation learning as a result of observing the second individual. The timing of the simulation and interaction were not significant in this research.

Conclusion: Individuals learn together by working in small cooperative groups. Cooperative groups provide the opportunity to discuss and work though problems. Group members are accountable and they must actively participate in order for individual and group success. Learning together has implications for all health care providers, faculty and students. Using simulated environments along with learning together is applicable to many areas of healthcare. Simulated environments provide safe experiences for student nurses who are currently losing clinical sites and it could be beneficial for teams of providers while practicing emergency procedures. Using simulated environments could also be useful for providing opportunities for inter-professional collaboration and research. Future research would include replication or working with cooperative groups while using other types of simulators or technology.

References

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L 06 - Using Simulation in the Classroom
The Clinical Education Learning Environment: Student Nurse Perceptions Comparing the Traditional Clinical Environment and the Simulation Environment toward Meeting Clinical Learning Outcomes

Tonya L. Breymier, PhD, RN, CNE, COI, USA

Purpose
The purpose of this presentation is for the attendee to differentiate which clinical learning needs are better met in the traditional and simulated clinical learning environments based on student nurse perceptions.

Target Audience
The target audience of this presentation is nurse educators and staff nurse educators who offer simulation and traditional clinical experiences.

Abstract
Purpose: The purpose of this presentation is for the attendee to differentiate which clinical learning outcomes are better met in the traditional and simulated clinical learning environments based on student nurse perceptions.

Methods: A qualitative approach that investigated the lived experiences of student nurses participating in simulated and traditional clinical environments. Three different focus group interviews were held with 15 undergraduate junior and senior nursing students from one Midwestern school of nursing. Data were analyzed by In Vivo coding and verified by individual phone interviews and transcript validation. Category to theme progression relative to each clinical learning environment emerged.

Results: Students perceived strengths and weaknesses within both learning environments. Each clinical learning environment was perceived to be beneficial toward learning. Additional findings, such as lack of learning or obstacles to learning, were also identified in both clinical environments.

Conclusion: How students perceived the benefits of each clinical environment to meet clinical learning outcomes could provide direction for nurse educators to utilize specific learning environments to meet specific clinical learning outcomes. Future research is needed to investigate the utility of selecting a particular clinical learning environment to meet specific clinical learning outcomes.

Knowledge gaps exist regarding the use of simulation within nursing education and how simulation compares to the traditional clinical environment in meeting the learning outcomes of student nurses. Linking theory to practice in a safe environment has become a challenge for nursing education. With decreased length of stays, decreased access to clinical sites, and faculty shortages, it has become a challenge for the discipline to provide a “hands on” experience for nursing students. This presentation will share the results of a descriptive, focus group inquiry investigating how student nurses perceived their clinical learning needs were met in the traditional clinical learning environment and the simulated clinical learning environment. The clinical learning needs were defined as the BSN program learning outcomes.

This presentation will share results from one Midwestern school of nursing that integrates both clinical learning environments throughout their curriculum. The research elicited four categories with themes in each category that supported or refuted clinical learning needs were met in each clinical learning environment: Linking past and present learning; significant moments; preventative learning; and, lack of opportunity for learning. While support for the simulated clinical learning environment in meeting clinical learning outcomes was identified, the student nurses perceived each clinical learning environment was better suited for meeting particular clinical learning outcomes. Both environments facilitated meeting critical thinking; knowledgeable care coordinator, communication, and competent provider of care. Both learning environments were also noted to inhibit cultural competence, professional role modeling, political awareness, and responsible manager of care. Attendees will leave with a sense of which clinical learning outcomes are best met in the traditional clinical learning environment and simulated clinical learning environment based on student perceptions, which will equip the educator by providing a new design for rebuilding their clinical experiences!

References

Contact
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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.

References

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L 07 - Research Affecting Pre-Licensure Nursing Student Education
Outcomes of a Bystander Intervention Service Learning Project in a Pre-Licensure Nursing Program

Desiree Hensel, PhD, RN, PCNS-BC, CNE, USA
Kim Alexander Decker, PhD, RN, CNS, USA

Purpose
The purpose of this presentation is to describe the creation of a bystander intervention, service learning project in a pre-licensure nursing program and to discuss the outcomes in terms of improved campus well-being and student professional development.

Target Audience
The target audience of this presentation is nurse educators especially those who teach in pre-licensure programs or community settings.

Abstract
Purpose: The purpose of this project was to explore outcomes from the integration of a bystander intervention, service learning project into a pre-licensure nursing program. The bystander effect is a well-known social phenomena where ambiguity and diffusion of responsibility result in the failure of individuals to assist others in need (Bennett, Banyard, & Garnhart, 2014; Darley & Latane, 1968). Alarming trends in preventable injuries and assaults among college students have led some campuses to explore ways to teach bystander intervention as a means to improve safety and well-being (Coker et al., 2011; Gidycz, Orchowski, & Berkowitz, 2011; Reid, Irwin, & Dye, 2013). Specifically, one large public university in the Midwestern United States created a campus-wide, bystander intervention initiative to promote awareness, compassion, and courage among students called “Culture of Care.” The initiative focuses on improving sexual well-being, mental health, alcohol and drug awareness, and respect among students. Consistent with the American Nurses Association’s (ANA, 2014) position that nurses have an ethical responsibility to collaborate with the public to improve the health and safety of communities, we created a service learning project at the same university in a beginning level nursing course to support the Culture of Care initiative. The research questions that guided this study were “How did the nursing students improve the campus’s well-being?” and “How did participation in the bystander intervention service learning project help promote students’ professional development?”

Methods: We obtained IRB approval to conduct this mixed-method study. Over the course of two years, all BSN students enrolled in a required entry level, Healthy Populations clinical course (N=120) participated in a 4-hour training on bystander intervention. Students then received instructions to spend a minimum of 6 hours engaging in activities of their choice that promoted at least one of the four Culture of Care focus areas over the course of the semester. Students recorded their hours in their clinical logs and reflected on their experience through group discussion and in a written journal. We used a case study design to gain a holistic understanding of the intended and unexpected project outcomes. Quantitative data from student’s time logs was mapped to qualitative data from the students’ reflective journals using Dedoose Version 5.0.11 software.

Results: Data showed that the majority of students (77%) devoted at least part of their hours to the drug and alcohol awareness focus area. Students served the university by spending their time acting as sober monitors or designated drivers (324 hours), creating alternative to drinking activities (269 hours), joining groups or attending meetings related to the Culture of Care focus areas (177 hours), participating in community awareness events (77 hours), taking friends to Culture of Care related lectures (75 hours), and working with small groups or individuals (62 hours). Approximately one third of the students (35%) described a specific incidence where they used their training in bystander intervention to assist an individual in need beyond acting as their designated driver. Analysis of student journals revealed that students engaged in caring occasions while gaining skills as leaders, activists, and educators, and participation in this project helped the majority of students appreciate their personal responsibility in community safety.

Conclusion: While this pilot project involved 120 students dedicating a total of over 980 hours to campus well-being, the student logs suggested the impact was much further reaching. Nurses are leaders and advocates who have a moral responsibility to promote the health and safety of all people (ANA, 2014), but traditional methods used in pre-licensure education have not always led to the development of strong leaders (Hensel & Laux, 2014; Hensel, Middleton, & Engs, 2014). Very early in the curriculum, this service learning project gave
novice nurses an opportunity to cultivate professional skills and values, including those related to safety and leadership, while functioning in a fairly independent manner. Future research is needed to determine if learning to act when things are not right in a community setting will transfer to the acute care setting where all team members are expected to intervene about safety concerns.

References

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L 08 - Depression in Women: Research Regarding Mental Health Stressors and Status

Mental Health Status Indicators and Vision Status among Adult Women Respondents to the 2010-2013 National Health Interview Surveys

Nancy C. Sharts-Hopko, PhD, RN, FAAN, USA

Purpose
1. To increase awareness among participants regarding the scope and impact of vision loss as the Baby Boomers age. 2. To explore relationships among vision loss and selected mental health status indicators.

Target Audience
Health professionals who have influence over the incorporation of vision status and relevant health correlates into health promotion strategies targeting adults and older adults.

Abstract
Purpose: Examination of self-reported vision status as it relates to the self-reporting of mental health status indicators (MHSIs) among adult women participants in the 2010-2013 National Health Interview Surveys.  Nursing research has not focused on visual impairment, though recent surveys suggest that there will be a marked increase in low vision and blindness as the Boomer generation ages. The Capability Framework provides a perspective of the well-being of persons with disabilities in terms of their functioning.  It considers the freedoms that people have to enjoy the kind of life they value. Two of ten fundamental capabilities that disability can constrain include body integrity and control over one’s environment.

Methods: A descriptive design entailed intra-sample analysis of an existing data base.  The sample comprised 74,640 women ages 18 to 85+ in the 2010-2013 National Health Interview Survey (NHIS) Adult Samples.  Data were collected by US Census workers during home interviews with telephone follow-up, using a complex probabilistic sampling design.  All states and the District of Columbia are represented; underserved minority groups were purposively over-sampled.  The NHIS is a computer assisted personal interview that takes approximately one hour.  Most items are fixed response questions. The interview schedule can be reviewed on the NHIS website.   Using SPSS 22.0 chi square analyses were performed to assess the relationship between vision loss affecting Activities of Daily Living (ADLs) and selected various MHSIs.

Results: Women reporting no vision comprised 1.6% of the sample, while 16.8% reported low vision even with correction.  Among the sample, 4.3% of women reported that vision loss caused difficulty with ADLs.  Vision status was not directly associated with the occurrence of MHSIs. However, women for whom vision loss caused difficulty with ADLs were significantly more likely to report that they experience emotional problems that caused difficulty with ADLs; and they were more likely to report having seen a mental health professional within the past year than women not reporting difficulty with ADSs associated with vision loss.

Conclusion: The percentage of women self-reporting no vision or low vision is substantial.  Loss of vision that causes difficulty with ADLs is associated with increased reporting of emotional problems that cause difficulty with ADLs. MHSIs are known to be related to numerous health alterations and indicators including life expectancy. Given the anticipated increase in the numbers of people with low vision and blindness as Boomers age, assessment of mental health status among women with vision loss is an area of need, and strategies to improve their mental health status need to be devised and tested.

References

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Purpose
The purpose of this presentation is to test the impact of predominantly breastfeeding on postpartum depression, stress, and inflammation with psychoneuroimmunological perspective.

Target Audience
The target audience of this presentation is nursing educator, researcher, and clinicians who are interested in maternity and women’s health.

Abstract
Purpose: The purpose of this study was to examine patterns of stress response, immune, and depressive symptoms, and explore the relationships among these variables in women predominantly breastfeeding or bottle feeding at 6 month postpartum.

Methods: This is a part of a larger longitudinal study across 6 months postpartum investigating the psychoneuroimmunology of postpartum depression. One hundred nineteen postpartum women who met inclusion/exclusion criteria were followed up from the prenatal period to postpartum 6 months.

Data were collected during seven home visits occurring during the 3rd trimester (weeks 32-36) and on postpartum days 7 and 14, months 1, 2, 3, and 6. Women completed stress and depression surveys and provided blood for pro- (IL-1β, IL-6, IL-8, TNF-a, IFN-γ) and anti-inflammatory (IL-10) cytokines, and collected saliva for diurnal cortisol.

Results: Self-report of predominant breastfeeding during 6 months postpartum ranged from 91.9% at day 7 to 70.6% at 6 months postpartum. There were no associations between the pattern of feeding and depressive symptoms. Biological differences, however, existed between the groups, with levels of salivary cortisol at 8 AM and 8:30 AM at month 6 higher and IL-6 lower in women who primarily breastfed compared to those who primarily bottle fed their infants after controlling for confounding variables.

Conclusion: Breastfeeding was not related to postpartum depression, but differences in stress and inflammatory markers are apparent through 6 months postpartum.

References

Contact
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Purpose
The purpose of this presentation is to discuss the relationships among social stressors (disadvantaged neighborhoods, racial discrimination), psychological stress, inflammation and preterm birth in African American women.

Target Audience
The target audience of this presentation is maternal-child and public health nurses.

Abstract
Purpose: In 2012 in the United States, 11.5% of infants were born prematurely (<37 weeks) and African American women had almost twice the rates of preterm birth compared with non-Hispanic white women. Preterm birth is associated with neonatal mortality and morbidity, childhood illness, and school failures; and it costs $26 billion annually. Attempts to explain preterm birth disparity have focused on social stressors of neighborhood environment and racial discrimination. These social stressors increase psychological stress and are related to preterm birth. Psychological stress and its associated inflammation [e.g., interleukin (IL)-6] are also associated with preterm birth. In contrast, personal resources (e.g., coping, social support) ameliorate stress and have protective effects on preterm birth. Guided by the Stress and Coping model and the Psychoneuroimmunology framework, we examined the relationships among neighborhood environment, racial discrimination, psychological stress, personal resources, inflammation and preterm birth.

Methods: Using a longitudinal descriptive correlational design, we enrolled 114 pregnant African American women. Women completed questionnaires and had blood draw at 16-22 weeks and 26-32 weeks. Birth data were collected from medical records.

Results: Women who reported higher levels of perceived neighborhood stressors and more experiences of racial discrimination also reported higher levels of psychological stress and lower levels of personal resources. Psychological stress was related to higher levels of inflammation (IL-6, IL-8). Compared with women with full term birth, women with preterm birth had higher levels of psychological stress as early as 19 weeks gestation. Finally, psychological stress mediated the effects of neighborhood stressors on preterm birth.

Conclusion: These results suggest that (1) social stressors are related to psychological stress and inflammation; (2) psychological stress is related to inflammation; and (3) women with preterm birth have higher levels of psychological stress. Knowledge of the social context of African American women’s lives can generate new perspectives for future research, new interventions to reduce racial disparities in preterm birth, improve child outcomes and ultimately reduce the emotional burdens to families.

References

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L 09 - Developing Critical Thinking through Curriculum and Technology

Content-Based Curriculum vs. Concept-Based Curriculum: A Retrospective Causal Comparative Study to Identify Impact on the Development of Critical Thinking

Therese J. Ditto, PhD, USA

Purpose
To disseminate research findings that supports the call for transformation in nursing education. This research provides evidence that active learning strategies and concept-based curriculum increased critical thinking in a group of ASN nursing students exposed to concept-based curriculum compared to a group that received content-based curriculum in a classroom setting.

Target Audience
The target audience of this presentation is nurse educators.

Abstract
Purpose: The purpose of this research was to implement and evaluate the development of critical thinking among ASN nursing students with a concept-based vs. content-based curriculum. Evidence exists that both content-based and concept-based curricula serve to accomplish the same passing rates on NCLEX-RN (Giddens & Norton, 2010). Both IOM (2008) and NLN (2010) contend that graduate nurse’s today need to develop critical thinking during nursing school. Nursing education for many years has primarily been content-based. What is not known is the impact that concept-based curriculum has on the development of critical thinking in the classroom.

Methods: Two groups of ASN nursing students in a medical-surgical course were compared, one group of 101 students who had received content-based curriculum and one group of 102 students who received the concept-based curriculum with active learning strategies. Control variables were GPA and Reading Comprehensive scores. Five test items from each unit exam were examples of development of critical thinking and the ATI final exam sub-score of Critical Thinking was analyzed through repeated measures of MANCOVA.

Results: Demographic data revealed mean age of 38, ethnicity predominately Hispanic 54% and Caribbean Islander 24%; females 80%, males 20% and 84% were ESOL. Among the concept-based curriculum participants (Group2), a significant increase in CT from Exam 1 to Exam 2 and in Exam 3, $t (402) = 6.87$. Group 2 also had an increase in CT sub-category score on the ATI final exam: $p < .001$.

Conclusion: Changing from a content-based to a concept-based curriculum would increase the development of critical thinking of nursing students in the classroom. Using active learning strategies in the classroom promotes the development of critical thinking and critical reasoning.

References

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Purpose
The purpose of this presentation is to explore reflective writing from the perspectives of nursing student and educator. These questions will be answered: why is reflective writing critical in nursing education? What are the barriers? What is the nurse educator's role? What model should be used to guide reflections?

Target Audience
The target audience of this presentation is nurse educators in any setting.

Abstract
Experiences from the clinical setting are ideal for building critical thinking skills if reflection is used as a teaching tool. Reflecting on clinical experiences develops critical thinking ability, fosters self-understanding, facilitates coping, and leads to improvement in clinical practice (Craft, 2005; Kennison, 2006). Reflective writing as a pedagogical strategy allows students to integrate their thoughts and experiences with didactic material to more adequately understand both the experiences and the didactic material (McGuire, Lay, & Peters, 2009). Reflective writing is defined as an assignment that is focused on an activity that students have experienced, such as class readings, clinical rotations, or group activities, that highlights what the student learned from the activity (McGuire et al., 2009). Reflection is the purposeful and recursive contemplation of thoughts, feelings, and happenings that pertain to significant practice experiences (Judd, 2013). Reflective journaling helps students progressively develop their critical thinking, self-reflection skills, and cultural humility (Schuessler, Wilder, & Byrd, 2012). This study will explore reflective writing from the perspective of the nursing student and the nurse educator.

Purpose: The following questions will be answered: What are the benefits of reflective writing for the nursing student and the nurse educator? Why is reflective writing critical in nursing education? How can reflective writing develop critical thinking skills of nursing students? Why would nurse educators want to use reflective writing in their nursing courses, both clinical and didactic? What are the barriers to using reflective writing for students and educators? What is the role of the nurse educator in student reflection? What are the essential components of reflective writing assignments? What model best guides reflective writing assignments?

Methods: A literature review was performed exploring reflective writing, and reflective writing assignments were implemented in a previous research study.

Results: A model has been identified to guide reflective writing assignments: Richard Paul's Model of Critical Thinking.

Conclusion: Many benefits of reflective writing have been identified, and reflective writing can develop nursing students' critical thinking skills. Richard Paul's model's concepts can be implemented to guide nursing students' written reflections.

References

Contact
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Purpose
discuss if a podcast focused on critical thinking (CT) is an effective intervention to teach critical thinking skills to senior nursing students and implications for future use of podcasting in nursing education.

Target Audience
nursing educators, students, managers, and staff who want to sharpen their critical thinking skills.

Abstract
Purpose: Research findings from a recent study using podcasts to support nurse preceptors conducted by the Principal Investigator (PI) indicate that faculty and preceptors identify critical thinking as an area in which senior students would benefit from using podcast technology. The aim of this research study was to determine if a podcast focused on critical thinking (CT) is an effective intervention to teach critical thinking skills to senior nursing students. The dose (number of times the podcasts were viewed) to effect change was measured. Demographic variables, specifically non-native English speakers and age group, and their relationship on change in CT were determined.

Methods: A quasi-experimental pretest/posttest with a control group design has been used. The tools used for this study are the California Critical Thinking Skills Test (CCTST) and a demographic questionnaire. Two student groups totaling 24-36 students took the CCTST prior to and at the conclusion of their senior practicum course and completed a demographic questionnaire. The next semester, an additional two student groups took the CCTST prior to and at the conclusion of their senior practicum course except these students had access to a podcast focused on critical thinking skills. Changes in CT and the relationship to demographic factors for each group were measured.

Results: Research data has been obtained and is in process of extensive analysis to support or refute the following aims;

1. Identify the difference in critical thinking ability for students who receive an educational podcast compared to those who receive standardized education.
2. Evaluate the relationship between dose (number of times viewed) and effectiveness for the educational podcast.
3. Identify the demographic factors (native language, age) related to change in critical thinking after viewing an educational podcast.

To test the first hypothesis, Students who receive an educational podcast will have a greater increase for critical thinking ability than students who receive standardized education, data from the CCTST will be analyzed considering the overall score as well as the subscales. Change in pre/post scores from the students who did not receive access to the podcast will be compared to those who did view the podcast.

To test the second hypothesis, An increased dose (number of times viewed) will have a positive relationship on gains in critical thinking ability, only the student participants who had access to the podcasts will be considered. The number of times the podcast was viewed and the mode of viewing (PHF website or YouTube® site) will be reported on the demographic questionnaire. These numbers will be correlated to changes in overall and subscale CCTST scores using regression analysis.

To test the final hypothesis, There will be a relationship between demographic factors and changes in critical thinking ability for students who viewed an educational podcast, only the student participants who had access to the podcasts will be considered. The demographic factors, specifically, native language and age, will be reported on the demographic questionnaire. These numbers will be correlated to changes in overall and subscale CCTST scores using regression analysis.

There are two main stages for conducting the analysis and testing the research hypotheses. The first stage is the three-part preliminary analysis. In the first part of Stage One, descriptive statistics will test the normality of
the data and the underlying assumptions required for parametric data analysis. The second part of Stage One describes the processes for handling missing data. The third part tests the inclusion criteria for the added covariates. The second stage is the primary analysis.

Preliminary analysis. Descriptive statistics will be utilized to investigate the normality of the data. Correlations and multiple linear regression (MLR) will be used to investigate the simple and multiple relationships between the groups on age, native language, number of times viewing the podcast, and critical thinking ability of the students, as well as the assumptions of homogeneity of variances and independence of error that are required during the more sophisticated analytical techniques. Outliers and multicollinearity will be investigated using Cooks Distance, Variable Inflation Factor, and tolerance.

Stage Two of the study will use a between-groups repeated measures ANOVA to test the first research hypothesis. The technique is most appropriate when comparing intervention group to control group differences for pretest and posttest changes over time. The second research hypothesis will be analyzed using multiple linear regression with full and restrictive models to reflect the question of interest. This will allow the research to control for initial starting point in critical thinking and appropriate covariates while testing for dosage effects. The third hypothesis will follow the pattern of analysis described for the previous research hypothesis using regression analysis.

Conclusion: The findings of this research provide guidance to educators throughout the nation regarding an innovative technological method to prepare and support nursing students. Determining an effect size of podcast use to impact critical thinking abilities will guide educators as they prepare educational materials designed to address students who are enmeshed in the use of technology. The research findings also further corroborate the notion of technology as an educational tool primarily for younger students and podcasts as an effective intervention for non-native English speakers, although the sample size proved inadequate for statistical relevance. Previous work by this PI using educational podcasts for ongoing preceptor support conjoined nursing education and nursing practice and created a publicly-available resource that is web-based and cost-free for all interested users. A library of podcasts for student use, as recommended by the participants and the community based education/practice gap committee that oversaw this work, uses emerging technologies that are cost effective and could be useful in a variety of settings. Proven effectiveness of educational podcasts for student learning offer the opportunity to expand this work to additional areas suggested by preceptors; time management, admission of patients, communication skills, and cultural aspects of care (XXXX, see preliminary studies) and areas suggested by students when collecting data for this study. Upon completion of the initial work, this video podcast is now hosted on a publically accessible website to which students access ia computer or mobile web, giving them instant access to all updates and future video podcasts while providing a resource with the potential to reach an unlimited number of nursing students and educators.

A collaborative grant to conduct the study was funded by NLN (through STTI (2013).

References

Contact
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Purpose
Discovery of the facilitators and barriers to recovery from postpartum depression as learned by listening to women describe their experience of recovery.

Target Audience
Those people who have contact with a woman who has started or finished recovery from postpartum depression such as any healthcare professional, family member, or friend.

Abstract
Purpose: This study was conducted to describe and understand the experience of recovery in women who have recovered from PPD. Many women, as many as 15% or more in some studies, experience a perinatal mood disorder of varying severity. Understanding the experiences of women who recover from PPD may shed light on the behaviors, feelings of thoughts associated with the recovery timeframe. This presentation will focus on the facilitators and barriers to recovery from PPD as learned by listening to women describe their experience of recovery.

Methods: Naturalistic inquiry paradigm with qualitative descriptive design.

Interviews of nine participants took place anywhere the participant felt comfortable to freely express herself with the majority taking place in the participant’s home, other settings used were a university, hospital, diner, or over the telephone.

Prior to data collection, IRB approval was obtained. A convenience sample of nine women were recruited, one from a doctor’s office and eight by the snowball method with acquaintances and colleagues. Inclusion criteria were that a participant be over 18 years old, that she had been diagnosed with PPD by her doctor, and felt through self-reflection that she was recovered. The participants were predominantly Caucasian, between the ages of 28 and 54, and married or living with a committed partner. The time in recovery spanned from less than one year to 24 years.

Participants were called prior to the interview to explain the study and determine their suitability. Each participant was interviewed one time, this interview was digitally recorded and transcribed by the researcher. The participant was asked to describe the facilitators and barriers to recovery with minimal comment or input from the researcher to allow for consistency and a range of responses. Analysis to uncover the presence of themes followed the method suggested by Ryan & Bernard (2003). This method focuses on repetitions of topics, analogies, similar shifts in the content of the interviews, similarities or differences in topics, topics avoided, and linguistic connectors of topics.

Results: Facilitators - Two themes emerged from the descriptions expressed by these nine women. First, support from their husbands, family members and friends as expressed in their caring relationships. Second, their own positive attitudes and confidence also helped them endure PPD through to recovery. Help given by their healthcare providers also accounted for easier access to care and guidance for their self-care. These women talked without hesitation and their expressions revealed the intense work involved in recovery. Their baby had to come first in their life which left little time or energy to care for themselves or their family. The helping actions of others were key to their recovery.

Barriers - Three themes were revealed within the descriptions of the participants. First, what hindered their recovery was a lack of support from others, second, a negative attitude toward themselves, and third, limitations in their ability to function. Their inability to function during the experience of postpartum depression was further hampered by the lack of cooperation and caring from people around them. The negative aspects of the care they received from their healthcare providers involved barriers to care and a perceived lack of concern for their welfare. Many conflicting demands from their family and their own needs had to be managed and sometimes they knew they did not cope as well as they would have liked. They have great lessons for other mothers,
families, and all health care providers that inform all of us how to anticipate and recognize the needs of women recovering from PPD.

**Conclusion:** Health care providers have an important role in recovery by supporting the woman and removing barriers to care. Individualizing the care given to meet the needs of each woman is an essential part of care. At times health care providers were seen as barriers by preventing direct communication with the care giver or not initially assessing the severity of the PPD. Informing every woman as well as her family and friends on the characteristics of PPD will emphasize the importance of support and understanding. Improving the understanding of the woman's experience with PPD by her health care provider is essential for each newly delivered mother.

**References**


**Contact**

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L 10 - Postpartum Depression: Screening through Recovery
Associations between Maternal Depressive Symptoms and Diathesis Factors in Families with Young Children Having Developmental Delay or Disability

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Purpose
The purpose of this presentation is to examine associations between maternal depressive symptoms and number of children with developmental delay/disability accounting for maternal diathesis factors (predisposing conditions that may lead to negative maternal/family outcome) and family stress factors.

Target Audience
The target audience of this presentation is nurse researchers, nurses and students who are working in some capacity with families with young children and/or are interested in families experiencing health disparities.

Abstract
Purpose: Physical and mental well-being of mothers best supports healthy growth in children. Maternal depressive symptoms are negatively associated with children’s physical growth, emotional growth, and even their school performance. Although a young child with a developmental delay (DD)/disability needs mother’s close attention and day-to-day support, his/her mother tends to have higher depressive symptoms, which impedes her from providing the best support for her child. Having additional children with DD/disability may be associated with higher maternal depressive symptoms. The purpose of this study is to examine associations between maternal depressive symptoms and number of children with DD/disability accounting for maternal diathesis factors (predisposing conditions that may lead to negative maternal/family outcome) and family stress factors.

Methods: This study is a secondary analysis of the pooled baseline data from three intervention studies conducted by Beeber et al.: The “Wings” Depressive Symptom Intervention for Latina Mothers, Reducing Depressive Symptoms in Low-Income Mothers, EHS Latina Mothers: Reducing Depressive Symptoms and Improving Infant/Toddler Mental Health (n=376). Maternal depressive symptoms were assessed with CES-D (Center for Epidemiologic Studies Depression Scale) 20 items. Multiple regression analyses were conducted to examine associations between maternal depressive symptoms and number of children with DD/disability, categorized as zero vs. one vs. two or more; first, adjusting for family stress factors and then further adjusting for maternal diathesis factors. In addition, a post hoc Tukey-Kramer comparison of the least square means were examined among the number of children with DD/disability.

Results: In the model including family stress factors, we found a significant test for linear trend in the mean for maternal depressive symptoms across the number of children with DD/disability (F[1]=5.14, p=0.024). Lower family conflict (F[1]=18.28 p<0.001) and the presence of child’s medical condition (F[1]=8.85, p=0.0031) were significant correlates of higher mean maternal depressive symptoms.

Maternal depressive symptoms tend to be lowest among households in which there are no children with DD/disability (M=22.73), slightly increase for households with one child with DD/disabilities (M=23.46), and are highest in households with more than two children with DD/disabilities (M=28.61).

In the model adjusting for both family stress factors and maternal diathesis factors, the trend in depressive symptoms across the number of children with DD/disabilities was attenuated. Maternal depressive symptoms trend to be higher for households with two or more children with DD/disabilities compared to households with zero to one child with DD/disabilities.

Conclusion: Mothers who have multiple children with DD/disabilities require extra support for their mental health so that they can best attend to their children’s developmental needs. Other potential intervention targets would be conflict management at the family level, reduction in maternal depressive symptoms as well as mothers’ empowerment and self-support, and managing the children’s medical needs.

References

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Assessing Staff Nurses' Engagement with the Professional Practice Model Four Years after Implementation

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Purpose
The purpose of this study is to determine to what extent the staff nurses that provide direct patient care have internalized the concepts included in the NPPM, and to assess if their patient care demonstrates the concepts, beliefs, behaviors, attributes and performance expectation outlined in the Nursing Professional Practice Model.

Target Audience
Staff nurses, nursing leadership, educators

Abstract
Purpose: A Nursing Professional Practice Model provides a framework that addresses the essential characteristics, values and performance expectations of nurses (Jacobs, 2010; Jost and Rich, 2010). When nurses can articulate the caring concepts, performance behaviors, and delivery practices contained in the practice model, the model guides them to achieve the highest quality patient outcomes. Nursing excellence, as measured by the Magnet Recognition Program requires that nurses be able to communicate their Professional Practice Model and define how it relates directly to their practice.

A Nursing Professional Practice Model (NPPM) was developed and implemented four years ago at a regional medical center in the southeastern United States. Staff nurses were involved in the development and implementation of the NPPM. The model consists of three components: Care Model, Performance Model, and the Delivery Care Model. The Care Model (Amendolair, 2011), based on Swanson’s Care Theory (1999), includes five concepts: being with, doing for, knowing, enabling, and maintaining belief. The Performance Model consists of three statements which explain how Care Model concepts apply to behaviors and actions of the nurse (nursing knowledge, nursing skills, nursing care). The Delivery Care Model describes the organizational context in which nurses’ practice. The purpose of this study is to determine to what extent the staff nurses that provide direct patient care have internalized the concepts included in the NPPM, and to assess if their patient care demonstrates the concepts, beliefs, behaviors, attributes and performance expectation outlined in the Nursing Professional Practice Model.

Models assist nurses to think critically about how to practice nursing and to identify the relationship between nursing actions and patient outcomes. Boykin, Smith, and Aleman (2003) believe that the model creates a work environment for nurses that supports their commitment to nurture and care. This model displays the important values that nurses identify as critical to their practice. Having a model to guide consistent nursing practice improves nurse and patient satisfaction (Berger, 2012) and enhances patient outcomes. A model provides a framework that offers the nurse a clear understanding of the nurses’ role. The concepts and statements displayed in the model help the nurse to accomplish the prescribed behaviors of professional practice and within the context of the organization’s values and beliefs. Validating the existing Nursing Professional Practice Model, which currently defines what nurses believe and what nurses do, is important because defining the role and responsibilities of the nurses it strengthens their practice, provides critical information for strategic planning and supports nurse satisfaction (Basol, Hilleren-Listerud, and Chimielewski, 2015).

Significance: A Professional Practice Model provides a framework that addresses the essential characteristics, values and performance expectations of nurses. When nurses can articulate the caring concepts, performance behaviors, and delivery practices nurses are guided it to achieve the highest quality outcomes. Nursing excellence, as measured by the Magnet Recognition Program requires nurses be able to communicate the Professional Practice Model and define how it related directly to their practice. The purpose of the study is to assess if staff nurses who provide direct patient care demonstrate the concepts, beliefs, behaviors, attributes and performance expectation outlined in the Nursing Professional Practice Model.

Methods: Research Design and Question: A quantitative-descriptive correlational research design will be utilized in this study. There are two research questions:
1. Will Staff Nurses who provide direct patient care, through self-reporting, be able to identify the concepts of the Nursing Professional Practice Model?
2. Will patients, at the time of discharge, be able to identify the concepts of nursing care as identified in the Nursing Professional Model (Care Model component)?

Sample: A convenience sample of all Registered Nurses who provide direct patient care in acute care nursing units will be utilized. Non-registered nurses and nurse managers will be excluded from participation. All patients or immediate family members will be asked to participate in completing the survey at discharge to home. Patients that are discharged to another healthcare facility, and patients with dementia or other mental disorders that do not have a family member present at the time of discharge will be excluded from survey participation. The sample size, based on a power analysis, for nurses is 185 for each instrument (CDI, NWI-R) and for patients is 174. The Institutional Review Board (IRB) of the medical center has approved this research study.

Data Collection Procedures: Data Collection will be accomplished using a self-reporting survey method for both the nurse and patient participants. Two instruments will be used to solicit information concerning staff nurses ability to identify the concepts of the NPPM and one for patients to solicit information about how the patients sees these behaviors being exhibited.

Nurses will be asked to complete the Care Dimension Inventory and the Nursing Work Index surveys. The Care Dimension Inventory (CDI) is a 25-item survey which measures the perception of the underlying structure of caring by nurses. The survey consists of operationalized statements, caring behaviors and actions. The nurses indicate their level of agreement that these behaviors and actions found caring. The 5-point Likert scale lists caring behaviors and selected actions from an intensive review of the literature on nursing care (Watson and Lea, 1997; Watson, Deary, and Lea, 1999). The instrument, based on Leininger Major Caring Taxonomic constructs (Watson, R., and Lea, A., 1997, p. 88), identifies the core concepts of caring nurse-patient relationships, nursing interventions, nursing attitudes, nursing skills, and communication. R. Watson, the author of this instrument has given permission (Personal email communication: r.watson@hull.ac.uk, 17 September, 2014).

The Nursing Work Index –revised (NWI-R) is a tool to measure the organizational context in which nurses deliver care. The instrument developed and revised by Aiken and Patrician (2000) “measures characteristics of professional nursing practice environments” (p.146). This instrument is a 57–item, 4-point, Likert scale that investigates the nurses’ perceptions as to the organizational characteristics that influence the delivery of nursing care. The NWI-R includes four major areas: autonomy, control over the work environment, relationships with physicians, and organizational support. The AnMed Health Professional Practice Model under the Delivery Care component also identifies these work characteristics. The reported reliability of the instrument using Cronbach alpha =.81 to .96. The instruments take about 5 to 10 minutes to complete. This is a Copyright ©1997 Linda H. Aiken, but reproduction of this instrument for noncommercial use does not require permission from the authors (Aiken, 2000).

Patients will be asked to complete the Caring Professional Scale (CPS). The CPS is a 15-item self-reporting survey to measure a patient’s perceptions of the nurses’ caring behaviors and actions. The instrument, based on the Care Theory (Swanson, 1991), is a 15-item self-reporting survey derived from the theoretical concepts of being with, doing for, knowing, enabling, and maintaining belief. The instrument consists of two sub-scales: the compassionate healer and the competent practitioner. Watson (2002) reported construct and content validity of Cronbach’s alpha 0.76 to 0.96 for this instrument The author K. Swanson as given permission to use this instrument (Personal email communication: swansonk@seattleu.edu, 18 September, 2014).

Data collection will be facilitated by members of the medical center’s Nursing Research Council. Council members who volunteer to assist in the data collection will be provided a packet of either the CDI, NWI-R, or CPS instruments. The council members will distribute their assigned packets to the direct care nurses and or patients throughout the organization. A brief description of the purpose of the study and instructions for returning the surveys, will be included with the survey instruments, questions related to basic demographic information will be included with the nursing surveys, but will be separated from the survey to assure anonymity. The patient’s instrument (CPS) will be distributed by the nursing personnel at the time of discharge with information concerning the study. The nurse will collect the instruments once the patient has completed the survey. No patient demographic information will be collected.

Results: The results of this survey will be available by early spring.
Conclusion: If the findings support the current model, no action will be needed. If the data does not support the model, two actions will be implemented. First, the nursing staff will be re-educated on the current model. Secondly, the model will be re-visited to align the model concepts better with current nursing practices.

References

Contact
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Purpose

to present findings about differences in wages earned by internationally educated nurses (IENs) working in the United States and locate the source and significance of those differences and especially, to determine if wage preferences for IENs signals the devaluation of a domestic nursing education.

Target Audience

are nurse leaders responsible for setting wages of nurses in their organization, nursing faculty, and professional leaders interested in achieving wage parity in the profession.

Abstract

Purpose: The purpose of the research was to identify sources of differences in income among internationally educated working in the United States nurses (IENs). The significance of the study is drawn from recent findings that IENs working in the United States earn a greater hourly wage than nurses educated domestically (USRNs). While nursing wage scholars report that IENs earn a more favorable wage, there have been no studies exploring the source of the difference. The study was driven by the desire to understand if all IENs earn comparable wages, and, if not, to discover the source(s) of difference. Therefore, this study adds a unique perspective to the literature on nursing wages

Methods: Ordinary least square regression was used to analyze the wages of IENs working in the U. S. healthcare system. Data from the 2008 National Sample Survey of Registered Nurses (NSSRN) was used to identify IENs working full time in the U. S. (n = 757). Variables selected for use were those typically associated with wage setting in a capitalist market and included human capital, market sector, and individual level variables. Multivariate regression analysis was used to determine relationships between variables and wages. Cohen’s $d$ was used to determine the magnitude and direction of wage differences between groups along with their statistical and practical significance.

Results: Results from the analysis demonstrated that differences between wages are influenced by the interaction of gender and race. Additional results supported evidence that employer preferences for nurses is similar to the preferences found in other female-gendered occupations (specifically teaching). Analysis of the data revealed that white male IENs earned higher wages than all other immigrant groups, followed by nonwhite males and nonwhite females (R² = .143; F(8,748) = 15.60; p = .000). White female IENs earned the least, at 80%, 88%, and 91% of wages earned by white male, nonwhite male, and nonwhite female IENs, respectively ($p < .005$). The relationship between hourly wage and being a white female was negative and statistically significant ($p = .006$) and white females earned 19.6% less per hour than white male IENs. Working in tertiary care contributed 21.60% of wages for white IENs and 10.30% of wages for nonwhite IENs. Inequality in nursing wages was related to an interaction between race and gender for wages of white female IENs but not in wages for nonwhite female IENs.

Wages of IENs were highest for white males with wage preferences demonstrated for nonwhite males, nonwhite females, and white females respectively. White female IENs earned the same wage as the average wage of an RN reported in 2008. Wage differentials among IENs closely approximated differences in wages by race and gender for USRNs with white male IENs earning $8.00 more per hour than white female IENs. Based on market sector, white female IENs earned greater wages than nonwhite female IENs. However, white female IEN wages were negatively related to gender while nonwhite female IEN wage had no relationship with gender. These findings indicated that white female IENs pay a gender penalty while nonwhite female IENs did not. This penalty was enough to offset the gains in market sector made by white female IENs. No other variables were statistically related to IEN wage indicating that human capital variables such as educational level and technical skill and individual variables such as length of time practicing in the U.S. or an interrupted work history played no role in wage setting for this group of IENs.

Mean wages between groups of IENs by country of education did not reach statistical significance using regression analysis. However, mean wages of groups by country of education were both statistically and
practically significant when compared using Cohen’s $d$. Nurses educated in the Philippines earned approximately $2.00 more per hour than other nurses while Canadian nurses earned approximately $2.00 less per hour. These differences were significant both practically and statistically. Mean wages for white male, nonwhite male, and nonwhite female IENs were practically and statistically different than the average wage of all nurses working in the US in 2008 while wages of white female IENs were neither practically nor significantly different. Finally, the difference in wages between white male IENs and all other groups of IENs were both practically and significantly significant; the difference with white female IENs being the greatest at $8.00 per hour with a large effect.

**Conclusion:** Wages for IENs differ in ways similar to those of USRNs and are largely based on an interaction between race and gender. Despite wage protections to ensure gender and racial parity, unexplained differences in wages of nurses continue in the health care system of the United States. Human capital investments had no significant relationship to wages earned by IENs. Length of time working in the United States, interrupted work histories, and country of education likewise had no significant relationship to wages earned by this group of IENs. There are groups of individuals within the IEN population whose earnings are significantly different than others. I hypothesize that these differences may play a role in research findings indicating that IENs out earn USRNs. Therefore, it is unlikely that more favorable wages earned by IENs signal a devaluation of a U.S. nursing education.

**References**

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L 11 - Topics in Nursing Leadership

Nurse Leadership Competency Self-Assessment Study: Identifying Leadership Development Needs for a Healthcare System

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Laurie Ecoff, PhD, MS, BSN, RN, NEA-BC, USA

Purpose
The purpose of this presentation is to share findings of a system-wide study of nurse leaders’ self-assessment of their leadership competencies with a comparison of differences based on education and experience. The presentation includes the educational intervention used to enhance leaders’ competencies in areas where they indicated the greatest need.

Target Audience
The target audience of this presentation is nurse leaders, academic and practice researchers who study topics on nursing leadership, and professors who teach nurse leadership.

Abstract
Purpose: Nurse leaders, regardless of the level of their position, should be competent in: 1) communication and relationship building; 2) knowledge of the healthcare environment; 3) leadership; 4) professionalism; and 5) business skills. Although most leaders are educationally prepared for their roles, many managers and front-line leaders (clinical leads) who interface most with patients, families, physicians and staff are the least prepared for leadership roles. The purpose this study was to measure self-assessed competencies of nurse leaders and use baseline results in designing an educational curriculum to expand knowledge and competence in AONE leadership domains. Two research questions were studied: 1) How do nurses in leadership positions self-rate their competencies in AONE leadership domains; and 2) What are the differences in self-assessed competency levels based on educational background, years of experience in a leadership position, and number of leadership classes taken? Cognitive, skill-based and affective learning theories guided the study. These theories support the use of self-assessment tools to measure and use content knowledge as a foundation for application of knowledge.

Methods: The study was conducted in a multi-hospital system with a sample of nursing leads (charge nurses), managers, and directors. This cross-sectional quantitative survey study used a convenience non-probability sample of nurse leaders working in a large healthcare system. Modified AONE Executive Leadership and Nurse Manager self-assessment instruments were used with a 5 point scale using Benner’s Novice to Expert response set: 1) novice, 2) advanced beginner, 3) competent, 4) proficient, and 5) expert. A Demographic survey was used to describe the sample (18 items). After IRB approval was obtained, the surveys were administered to consenting participants using paper and pencil surveys.

Results: Directors (n = 13) had been a manager (M = 9.6 years) before being a Director (M = 6.8 years), and had taken an average of 14.3 management courses. Most were prepared at the Master’s level (7) and 3 at the doctorate level. The lowest mean scores were noted for the Business Skill (M = 3.85) and Knowledge of the Health Care Environment domains (3.86). The total scale competency level was 3.96 (Proficient). There were no significant differences noted on the mean scores for the AONE competency domains when controlled for years as a manager or director, management courses taken or highest degree earned. Highest levels of competency were noted in Leadership (M =4.23; Proficient) and Professionalism (M = 4.36, Proficient).

Managers (n = 96) had 8.73 years as a manager and had taken management courses (M=9.8). The majority were Baccalaureate prepared (69). The lowest mean scores were noted for Managing the Business (M=2.88), Leading the People (M = 3.69) and Creating the Leader in Yourself (M = 3.66) with an overall competency mean of 3.19 (competent). No significant differences were noted in the mean scores when controlled for years as a manager or number of management courses taken. Significant differences were noted with highest degree earned and several subscales and domains. The Post-survey is currently in analysis.

Conclusions: Results were used to develop a 1-2 day workshop or 2 hour blocks of education focusing on content in Knowing the Health Care Environment, Managing the Business of Healthcare, and Leading Yourself and Others. Nurse managers and Leads reflected the greatest developmental growth with the educational intervention.
References

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L 12 - Understanding Cultural Differences among Vulnerable Populations
The ETEMIC Perspective: A New Way of Understanding Vulnerability of a
Gypsy/Travelling Community

Vanessa Heaslip, PhD, MA, BSc (Hons), DipHe, RN, DN, United Kingdom

Purpose
to share findings of a PhD study titled “Experiences of Vulnerability from a Gypsy/Travelling Perspective: A
phenomenological study”. This study addresses a gap in the literature by exploring the lived (emic) perspective
of vulnerability of Gypsies/Travellers, a group who are often normatively defined as vulnerable (etic).

Target Audience
is anyone who works with, or develops services for individuals who may experience feeling vulnerable. The
presentation shall highlight the importance of hearing people’s voices alongside the professional discourse if we
hope to develop services which are culturally sensitive.

Abstract
Purpose: People can experience feeling vulnerable whenever their health or usual function is compromised and
can increase when they enter unfamiliar surroundings, situations or relationships. One’s experience of
vulnerability can also be heightened through interaction between the individual and the society within which they
live. As such, vulnerability is a dynamic concept that crosses the interface between the self and the social
world. It is therefore a key concept for professional nursing practice; however this complex, elusive phenomenon
is ill defined within the literature.

Within studies of vulnerability it is the existential (lived) experience (emic perspective) that is the most silent in
comparison to normative perspectives (etic perspective). The Gypsy/Travelling community are often normatively
identified by researchers and professionals as a vulnerable group due to increased morbidity and mortality
(Goward et al. 2006; Parry et al. 2007) as well as their marginalised status within society (Van Cleemput 2007;
McCaffery 2009). But this tells little of the experience of feeling vulnerable by the individuals themselves, and
yet without their stories and experiences how can professionals ensure that service developments meet their
needs. This paper shall present a PhD research study conducted in the United Kingdom (UK) which sought to
address this gap in the evidence base by exploring the lived experience of vulnerability of a Gypsy/Travelling
community.

Methods: The study consisted of two phases (a breadth phase followed by a depth phase) inspired by the work
of Todres and Galvin (2005). The breadth phase included narrative interviews, and the depth phase utilised
descriptive phenomenology (Giorgi 2009).

Results: The breadth phase identified facets of vulnerability related to about the individual’s experiences of
feeling vulnerable related to travelling, health and fear of the future, being an outsider and being part of a
cultural group whose identity was under threat. This last facet of vulnerability linked to their experience of being
part of a cultural group with threatened cultural identity and heritage was incredibly evocative. As such, it was
the phenomenon that was explored further in the second phase (depth phase).

Conclusion: The findings of this study on the lived experience of vulnerability (emic) presents a different
perspective on vulnerability than what is already known from the literature (etic). This new knowledge develops
our understanding of the concept of vulnerability itself, which in turn can enhance nurses’ professional skills and
knowledge when working with people who may be experiencing feeling vulnerable. In addition, this oral
presentation will illuminate a light on experiences of vulnerability of Gypsies and Travellers, a largely hidden
group within society and presents their voice to be heard alongside the academic discourse. The paper shall
conclude by presenting a new, novel theory to understand vulnerability, referred to as “Etemic”; a fusion
between the emic and etic. It shall argue that it is only through an appreciation of the Etemic that services can
be developed to effectively address the needs of individuals within the Gypsy/Travelling community.

References
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Purpose
The purpose of this presentation is to describe the use in Oaxaca, Mexico of traditional medicine practices, alone, or in combination with Western style medicine utilized to prevent or treat illness and maintain health.

Target Audience
The target audience of this presentation includes health care workers, educators and researchers who are interested in traditional medicine utilization in a developing country such as in Oaxaca, Mexico.

Abstract
Purpose: To describe the utilization of traditional medicine and/or the integration with Western medicine for prevention and treatment of illness or health conditions in Oaxaca, Mexico.

Methods: This qualitative study used face-to-face interviews with 22 people living in Oaxaca, Mexico. Each interview was conducted by a Spanish speaking nurse educator and audio-taped. Transcripts were translated into English by a fluent Spanish speaking interpreter. Additionally, field notes and demographic characteristics were obtained at each interview. The transcripts and participant characteristics formed the study data. The qualitative transcript data was analyzed using the constant comparative method of joint coding and analysis described by Glaser and Strauss, (1967). Analysis results were completed independently by two researchers, and then verified by a third researcher not involved in the study.

Results: Data analysis revealed that the majority of the participants used both traditional and Western medicine. This group used traditional approaches and remedies to stay healthy and to treat non-acute conditions. These treatments most frequently included the use of herbs and healing practices local to the region. Knowledge of traditional remedies is passed from mother to daughter. However, for acute conditions such as infections and trauma, participants sought out Western style medicine from providers located in regional health departments across the state. Many participants reported having to travel long distances to reach one of the regional health departments. A smaller group of participants reported using only traditional medicine. These individuals were more likely to live in remote areas, and were often traditional healers themselves or were the extended family of a healer. For pregnant women experiencing malpositioning of the fetus, that could not be repositioned by a partera, the lack of Western medicine interventions, such as a "C" section, often resulted in death of the baby and/or mother.

Conclusion: Residents of Oaxaca, Mexico often use traditional medical practices for health maintenance and prevention of illness while others integrate traditional health practices with Western medical practices. Study participants who utilize both traditional and Western style medicine often do not reveal their use of traditional medicine and/or practices to their Western style medical health care providers. The potential interaction of traditional remedies with Western medicines, such as antibiotics, can cause dangerous reactions that may result in increased morbidity and mortality. Interventions and their appropriate evaluations are needed to ensure that providers are aware of other treatments being used.

References

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L 12 - Understanding Cultural Differences among Vulnerable Populations
The Community Health Worker's Perception: A Contribution to Minority Health Research

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Jeanne-Marie Stacciarini, PhD, RN, USA

Purpose

to describe the contributions of community health workers (CHWs) as research collaborators and to understand the CHWs perception about the environments of rural Latino families. These populations were selected due to the lack of current research involving CHWs as research collaborators and living experiences for rural Latino families.

Target Audience

nursing professionals with an interest of research. These individuals may have a role of student, practitioner (RN and ARNP), educator, researcher and/or administration. This audience was selected to inform nursing research, education, practice, and policy about using CHWs on a local, national and global level.

Abstract

Purpose: Latinos are of the largest ethnic minority in the U.S. and are increasingly moving into rural areas. Latinos living in rural communities may encounter cultural, language, economic and social challenges. These challenges may contribute to their overall health of physical, mental, acute and chronic diseases. For these communities, the use of a Community Health Worker (CHW) has been instrumental in alleviating these challenges by promoting community resources, enhancing cultural appropriate interventions and encouraging community participation in research. The literature demonstrates CHWs in the roles of educator, conducting outreach activities, translator, interventionist and case manager. CHWs have the potential of being in expanded roles, by actively participating in the community-based participatory research (CBPR) team. In the U.S. the full potential and utilization of the CHW is currently being recognized, but there are still significant gaps in the literature about the CHWs role as a research collaborator. Specifically, the use and potential benefits of CHWs as research collaborators for health disparities in minority communities. The purpose of this study was to examine the CHW's perception in their role of a research collaborator for rural Latino families' CBPR study.

Methods: This is a secondary data analysis of a larger mixed-method study. CHW’s logs were recorded during research data collection with Latino families (N=52), living in rural Florida, U.S. The log included 12 items with the last being an open ended question, with a free text area. This last question focused to elicit the CHW’s perceptions about additional needs or general information about the family. The free text area of the logs were recorded in Spanish (N= 17) or English (N= 35). The responses on the logs were thematically analyzed by two coders; data were analyzed in the original language. Themes were discussed among the co-coders for agreement. Dimensions of the Ecological Model were used as a framework for a final thematic analysis.

Results: Results showed seven emerging themes; viewed through the Ecological Model at all environmental levels. Specifically, the Individual Level includes three categories: health care concerns, acculturation and sense of hope. The Family Level includes one category: family conflict. The Community Level includes two categories: economic concerns and lack of community resources. The Societal Level includes one category: legal issues. The legal issues theme crossed over all levels of the ecologic model. Other themes of economic concerns and lack of community resources crossed the three levels of the ecologic model. In addition the CHW’s responses provided an excellent source of information regarding the process of and environment for participant observation research methods. This information facilitated the identification of lessons learned and challenges with the utilization of participant observation methods.

Conclusion: Findings of this study add to the previous literature discussing the appropriateness of the different roles of CHWs, specifically as research collaborator with minority underserved hard-to-reach populations. Participant observation methods offer data about people, processes, and cultures. For this study, the CHW’s perception contributes as insight into the family’s additional needs and families reactions to the research. This insight was elicited through the CHW’s interpretation of their observation of the family’s living experiences. This study suggest that the CHW’s role can expand to be active members of a research team, ensuring cultural appropriateness of research data collection methods in minorities’ communities.
References

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**M 03 - Nurses Attitudes and Clinical Decisions Related to Pain Management**

**Medicating Patients for Pain: How Well Do We Meet Their Needs?**

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Brenda Marshall, EdD, MSN, APN, USA*

**Purpose**
The purpose of this presentation is to report on a single study which examined nurses' knowledge and attitudes toward pain and pain management. Pain continues to be a major problem area in the care of patients. Examining nurses' knowledge and attitudes is an appropriate step in addressing the widespread problem.

**Target Audience**
The target audience for this presentation is direct care nurses, advanced practice nurses, nurse administrators, nurse researchers and nurse educators; all of whom are stakeholders in the management of pain.

**Abstract**

**Purpose:** Pain is part of the human experience. The management of pain is a problem of significant magnitude in the United States. It is one of the most common symptoms that bring patients into the healthcare system.

Nurses are on the forefront of this issue with the capacity to assess and respond to patients' needs. Nurses' knowledge and attitudes towards pain can predict the nurses' ability to adequately meet patients' pain reduction needs. In order to address patients' pain and manage it appropriately, nurses need to be confident in their understanding and assessment of pain. It is therefore fitting to investigate nurses' knowledge and attitudes regarding pain, so as to be able to plan for successful interventions. A study was conducted to replicate a 1996 survey comparing outcomes of the attitudes and knowledge regarding pain survey of a convenience sample of medical-surgical nurses in 2013 with nurses from 1996 to determine if attitudes towards pain have changed.

**Methods:** A Cross-sectional, descriptive, comparative design was used. The Nurses' Knowledge and Attitudes Survey Regarding Pain (NKASRP) and a demographic survey were utilized to assess the nurses' knowledge level and attitudes toward pain and pain management. A convenience sample of nurses (n=55) from nine in-patient, medical-surgical units at a large multi-facility health care system volunteered to participate.

**Results:** No significant differences were found between the attitudes on pain from the 1996 and 2013 respondents. The mean score on the NKASRP was 67%. No significant correlations were identified between any demographic variable and nurses’ scores.

**Conclusion:** Despite increased educational preparation since 1996, the mean score on the NKASRP remained well below what is considered average knowledge. Patients continue to be under-medicated or not medicated for their pain. This presentation will present these findings as well as strategies to evaluate pain and meet the needs of our patients in pain.

**References**

**Contact**
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Purpose
The purpose of this presentation is to discuss integrative approaches for pain management, examine the results of a clinical trial that evaluated a non-invasive neuroelectrical stimulation therapy for individuals with chronic pain and describe integrative methods that nurses can use to improve clinical outcomes for patients with chronic pain.

Target Audience
The target audience of this presentation is registered nurses, advanced practice nurses and healthcare professionals who are involved in the care of patients with chronic pain.

Abstract
Purpose: Pain is one of the leading causes that individuals seek healthcare, however, clinical outcomes for patients with pain are not ideal. The purpose of this presentation is to describe integrative approaches for pain management, examine the results of a clinical trial that evaluated a non-invasive neuroelectrical stimulation therapy for patients with chronic pain and discuss the delivery of integrative nursing interventions for pain management.

Methods: A double-blinded randomized sham-controlled trial was conducted to evaluate a non-invasive neurocutaneous electrical stimulation therapy for patients with chronic pain. Subjective pain ratings, pain sensitivity measured by quantitative sensory testing, and mRNA expression profiles of pain sensitivity genes were assessed in participants before and after the intervention. Clinical outcome measures included functional abilities (physical function, exercise, work), symptom self-management and quality of life.

Results: Compared with the sham group, the Calmare group showed a significant decrease in the “worst” pain and interference scores at three weeks follow-up. There were also significant differences in measures of pain sensitivity and differential mRNA expression of 17 pain genes between the Calmare and sham groups suggesting that Calmare can be effective in reducing pain intensity and interference in individuals with persistent low back pain by altering the mechanisms of enhanced pain sensitivity.

Conclusion: Integrative approaches that incorporate multi-modal strategies for pain management can improve clinical outcomes for patients with chronic pain. Nurses can use this research to inform the delivery of integrative interventions for patients suffering with chronic pain.

References

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M 05 - Major Life Changes Affecting the Family Unit

Process of Happiness Promotion in Retired Taiwanese: A Mixed Methods Study

Hui-Hsun Chiang, PhD, RN, Taiwan
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Purpose
The aged population has led to growing attention on mental health. Happiness has been emphasized as an important indicator of physical health. However, the influence of happiness on perceived health was unknown. The aims of this study was to examine the impact of happiness on their health in retired people.

Target Audience
The target audience of this presentation is composed of those clinical nurses who care about aged people and engage in health promotion and family relationships.

Abstract

Purpose: A growing awareness of the rapidly-increasing aged population in the world has led to growing attention on mental health in late life. Happiness has been emphasized as an important indicator of physical health. However, the influence of happiness on perceived health was unknown. The aims of this study was to examine the process of happiness promotion in retired people.

Methods: A mixed methods was applied. The 142 retired participants were recruited from social service center in Taipei, Taiwan from September to November 2011 in quantitative analysis. After 3-month psychosocial intervention, in-depth interview was applied among 5 retired participants who increased happiness scores significantly. A path analysis was applied to examine the relationships among happiness, perceived health, sense of coherence and family relationships and the content analysis was applied to interpret the qualitative results.

Results: The results indicate that the happiness was positively-correlated with perceived health, sense of coherence and family relationships. Happiness has a direct influence on perceived health contributed by family relationships and sense of coherence. The family relationships influence happiness directly and indirectly by furnishing a sense of coherence. The qualitative analysis showed that the process of happiness promotion including 3 steps: motivation of change, retrieve of resources, broaden and build effect; when individuals build higher levels of happiness through positive broadening of their social connections, this results in positive family relationships and a good sense of coherence.

Conclusion: The study found that happiness is promoted by good family relationships and a sense of coherence. Consequently, promotion of positive social connection and positive experience sharing may benefit family relationships and a sense of coherence, providing further higher levels of happiness and good health among retired older adults. In the care of retired older people, nurses need to assess their family relationships and a sense of coherence simultaneously. Nurses are able to facilitate family relationships positively affecting the sense of coherence, providing further higher levels of happiness and good health among retired adults.

References

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M 05 - Major Life Changes Affecting the Family Unit
Framework for Preparing Families and Residents to Direct “Person-Directed” Care in Nursing Homes

Ruth A. Anderson, PhD, MSN, MA, BSN, RN, FAAN, USA
Michael Lepore, PhD, USA
Kristie Porter, MPH, USA
Kirsten Corazzini, PhD, USA

Purpose
We apply the adaptive leadership framework to resident/family engagement in nursing homes, focusing on residents at high risk for disparities. We describe how families/residents can develop skills in identifying residents’ adaptive challenges and co-creating ways of providing care with the care team. Open questions for research will be discussed.

Target Audience
Administrators, clinicians, and researchers interested in learning new roles for nursing home residents and their families in leading person-directed care. Keywords: nursing homes, person-directed care, family engagement

Abstract
Purpose: Galvanized by pervasive quality of care and quality of life concerns (OIG 2014), the nursing home culture-change movement aims to transform nursing homes from institutionalized, medicalized models of care to person-directed, home-like settings (Zimmerman, Shier & Saliba 2014). Person-directed care entails empowering older adults and their families to be active participants in care planning and assessment processes and decisions. Emerging research indicates higher quality outcomes and decreased costs when older adults and their family members actively engage in these processes, especially among residents with dementia or those at the end of life (Oliver et al, 2014; Phillips et al, 2013). However, of the estimated 85% of U.S. nursing homes engaged in some aspect of culture change (Miller, Looze, Shield, Clark, Lepore, et al., 2014), many implement environmental modifications rather than transforming staff relationships with residents and families for improved engagement and participation (Lepore et al., 2015). This selective uptake of culture change may exacerbate healthcare disparities for those older adults already at increased risk of poorer quality care, especially ethnic and racial minorities who are more likely to be long-stay, Medicaid-funded residents in nursing homes with poorer overall quality (Mor et al., 2004). Consequently, approaches are needed to facilitate family and residents’ ability to direct their care in nursing homes. The purpose of this paper is to describe strategies derived from the Adaptive Leadership Framework for Chronic Illness (Anderson, Bailey, Wu, Corazzini, McConnell, Thygeson, Docherty, 2014) for developing residents’ and family members’ skills for engaging in the care planning process, focusing on residents at highest risk for health disparities, including long-stay, Medicaid-funded ethnic/racial minority older adults and their families.

Methods: We used the adaptive leadership framework to propose strategies for residents and family members to gain skills for effective engagement and directing “person-directed” care. The strategies assist families and residents to collaborate in identifying and addressing adaptive challenges that residents face in daily life, and it prepares residents/families to define and guide the adaptive work necessary to improve health and well-being.

Results: This framework explicitly acknowledges the adaptive work that individuals must do for themselves in chronic illness and emphasizes a real need for interventions that increase residents’/families’ ability to tackle difficult problems. Care situations have two types of challenges, technical and adaptive, and likely have some combination of both types of challenges. To describe these types of challenges, we use the example of oral hygiene. Technical challenges are situations in which both the problems and the potential solutions can be clearly defined; this does not mean these problems are easy to resolve, merely that known solutions exist. A common technical challenge is the potential for poorer performance, lower quality, and less thoroughness of toothbrushing that might occur in residents with cognitive decline. This challenge can be addressed using technical work such as assessment and standard oral hygiene instructions using existing best practice guidelines. However, if a resident has cognitive changes, standard instruction is likely not sufficient to improve oral hygiene care and thus, what might otherwise be a technical problem, now will have aspects that are adaptive challenges. Adaptive challenges occur in situations in which problems are more difficult to specify and are easy to deny, require changes in values and beliefs, and require changes in behavior. Common adaptive challenges in oral hygiene might be motivation, low self-efficacy, and forgetfulness. Adaptive challenges require
adaptive work, for example, changing attitudes toward oral health, and/or adapting oral hygiene skills to address problems that arise from cognitive changes.

Nursing home staff might use a technical approach when adaptive work by the resident or family would be optimal for better resident outcomes, in part because providers do not have access to evidence to guide them in assessing adaptive challenges or interventions to facilitate residents’ adaptive work (Thygeson, Morrissey, and Ulstad, 2010). Thus, nursing home staff also will face adaptive challenges and work as they learn to support residents in accomplishing daily care. Adaptive leaders help to distinguish technical and adaptive challenges and foster the ability of others to address their adaptive challenges and do the related adaptive work. Thus in the nursing home context, residents/families’ adaptive leadership roles might focus on helping care staff to identify and address the challenges faced by residents in their daily lives. Exercising adaptive leadership, residents/families encourage care staff to develop adaptive approaches (e.g., cueing and reminding strategies, and behavioral strategies) to improve the residents’ independence in daily care. Exercising adaptive leadership requires collaborative work in which the residents/families will monitor symptoms and associated behavioral responses that might interfere with independence in activities of daily living (e.g., forgetting, concentration to complete task); these are the adaptive challenges. Also as part of collaborative work, the family members will encourage the resident to share information so that the care team (including residents/families) develops a shared understanding of the particular challenges that the resident faces using tested communication intervention approaches. With a common understanding the care team can employ adaptive approaches and work with the resident/family to develop individualized, adaptive approaches (e.g., co-produce the care plan) that the resident uses to accomplish adaptive work of self-care, as an example.

Additional barriers to person-directed care arise for some groups of residents that might contribute to health disparities. For example, in the United States, minority populations are disproportionately impacted by chronic illness (Centers for Disease Control and Prevention, 2011) and thus minority residents disproportionately have cognitive and affective symptoms that accompany chronic illness. These conditions will impact their ability to clearly convey concerns or communicate easily with care staff, potentially reducing their engagement in care planning. Also, providers lack evidenced-based approaches tailored to help residents address challenges due to cognitive/affective changes. Nursing home staff might assume that residents with cognitive/affective changes lack the capacity to participate as partners in care decisions, and might be more likely to “do to” rather than to help such residents to adapt and optimally participate in managing their daily care. Furthermore, families of minorities might have lower education and experience for engaging with clinicians, but with skill development in these areas they are quite capable of identifying their family member’s adaptive challenges and guiding the nursing home care team to address them.

Conclusion: The Adaptive Leadership Framework for Chronic Illness identifies multiple points in the care planning process to engage families and residents, to facilitate differentiation between adaptive and technical challenges, and to co-create new ways of providing care. Further, the framework informs intervention development and testing.

References

Contact
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Purpose
is to describe Role Theory as a way of fully understanding family loss when disability results in job loss; understand the self expressed meaning of work for professional, blue collar workers and those who are self employed, and describe ways to identify hidden family conflicts for patients seeking rehabilitation services.

Target Audience
The target audience for this presentation are nurse educators who work with students in areas of community health and rehabilitation and nurses who provide care in community health, occupational health, as well as rehabilitation professionals.

Abstract
Purpose: This qualitative study relied on narrative from individuals who had lost their job following injury or illness. Their words revealed experiences that demonstrated a shift in meaning of self associated with acquired disability and job loss. Work serves as an image of social worth and establishes a role within the family. Individuals receive information from external sources beginning at a young age that initiates a process that sets in place a range of work life expectations.

Methods: Participants were recruited and agreed to face to face confidential interviews that were conducted. Interviews were transcribed verbatim and analyzed using grounded theory methodology.

Results: Workers who with acquired disabilities expressed a loss of security and role identity individually and within their family role. This loss was seen in workers who are young in their career trajectory and those who had long established work experiences. The family fit of work was expressed as a strong influence on role identity.

Conclusion: Although many workers change jobs and even change job categories during their work life, when workers experience an unplanned job change following an acquired disability, the shift in self identity and self worth is experienced as significant and life changing. This major consequence is often not shared with family, friends, co-workers, or care providers.

References

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M 06 - Issues that Affect Patients' Quality of Life
Quality of Life, Sleep Disorders and Serum Orexin in Persons with Hemodialysis Treatment

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Octavio A. Jimenez-Garza, MS, RN, Mexico
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Purpose
The purpose of these presentation is to expose the relationship between quality of life, sleep disorders and serum orexin in persons with a renal replacement therapy as hemodialysis

Target Audience
Nurses and other health workers interested on health outcomes research in persons with chronic diseases as diabetes and chronic kidney disease.

Abstract
Purpose: The evaluation of the patients’ health-related quality of life (HRQOL) represents the impact of the disease and its subsequent treatment on the perception of their own wellness. The purpose of this study was to examine the relationship between HRQOL, sleep disorders and serum levels of orexin.

Methods: This analytical study included 39 adults in renal replacement therapy (hemodialysis) who signed the informed consent for participation. KDQOLSF -36 questionnaire and sleep habits questionnaire (SHHS) were used. Blood samples were taken for determination of orexin levels and analyzed by enzyme immunoassay technique (EIA). Data was captured and analyzed with the SPSS statistics package version18. Results are reported as means, standard deviations and percentages. The Pearson correlation test was used to analyze associations between the study variables and HRQOL scores.

Results: HRQOL scores were lower in the dimensions of physical role and emotional role of SF-36 KDQOL as resulting in 28.8 and 29 respectively on a scale from 0 to 100 where the higher the score, the better CV perceived. In the subscales that comprise the physical component of HRQOL (PCS) the score was 40.3 and 42.9 in the mental component (MCS). HRQOL related to kidney disease and its treatment was more affected in the burden of disease and employment dimensions (scores of 38.5 and 39.7 respectively). Sleep disorders more frequently reported were: light sleep (36%), restless sleep (28%), snoring (56%), sense of urgency to move the legs (53%), daytime sleepiness (23%) and insomnia (30%). Negative correlations were found between the physical component score of HRQOL and minutes taken to sleep (r=-.423; p =.007), difficulty to stay asleep (r=-.482; p=.002), waking up at night and having difficulty to go back to sleep (r=-.437; p=0.005), feeling sleepy during the day (r=.525; p=.001), stoping breathing during sleep (r=-.578; p=.000). Negative correlations were also found between the mental component score of HRQOL and minutes taken to sleep (r=-.410; p=.008) and between quality of sleep (movement) and serum orexin (r=-.363; p=.023). Positive correlations were found between the physical component of HRQOL and the quality of sleep (0-10) (r=.563; p=.000), quality of sleep (profundidad) (r=.322, p=.046), the mental component of HRQOL and quality of sleep (0-10) (r=.497; p=.001) and minutes to fall asleep with serum orexins (r =.407 p=.010).

Conclusion: Sleep disorders are related with lower scores of perceived HRQOL. Serum orexin levels are related with reported sleep disorders in Mexicans with hemodialysis. No relationship was found between HRQOL and serum orexins. The role of orexins in sleep disorders reported by persons with hemodialysis treatment needs to be investigated in further studies.

References

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Effectiveness of Non-Pharmacological Interventions on Sleep and Health-Related Quality of Life of Patients with Heart Failure

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Purpose
To share results of a feasibility study of an RCT of non-pharmacological interventions on sleep and quality of life of patients with heart failure.

Target Audience
The target audience of this presentation is nurses in clinical practice and researches.

Abstract

Purpose: Investigate the feasibility of an RCT of non-pharmacological interventions on sleep and quality of life of patients with HF and additionally test the effect of sleep hygiene therapy, phototherapy and combination therapy (phototherapy + sleep hygiene) sleep compared with guidance on disease management.

Methods: This was a pilot of a blinded randomized clinical trial in which 32 subjects (women: 59.4%; mean age: 55.4 (SD=10.4) years, NYHA II-III: 90.7%) were randomized to three intervention groups (phototherapy, measures of sleep hygiene and combined therapy) and a control group (guidance on management of the disease and medications) to test the effectiveness of sleep interventions in sleep (Pittsburg Sleep Quality Index) and health-related quality of life (Minnesota Living with Heart Failure Questionnaire) improvement. Participants were assessed at baseline, 4th, 8th, 12th and 24th weeks of follow up. Outcomes were analyzed longitudinally by repeated measures-ANOVA. An intention-to-treat analysis was conducted.

Results: Statistically significant improvement were found in both intervention and control groups in sleep pattern by the 12th week (F: 63.09, p<0.001) and 24th week (F:64.06, p<0.001), and in related-health quality of life by the 12th week (F: 13.81, p<0.001) and 24th week (F:15.02, p<0.001). No statistically significant difference was found in sleep and health-related quality of life improvement between groups.

Conclusion: Measures of sleep hygiene and phototherapy, isolated or combined with each other, and education about the management of the symptoms of the disease have a similar positive effect on sleep and quality of life of patients with HF. Studies with larger samples are needed.

References

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M 06 - Issues that Affect Patients' Quality of Life
Depression and Quality of Life Outcomes of Adolescents Post Bariatric Surgery: A Systematic Review

Joyce K. Graves, PhD, DNSc, MSN, BSN, RN, PHN, USA

Purpose
This study summarizes the reported changes in depression and quality of life among adolescents post bariatric surgery. Also appraised were the choice of tools to measure depression and quality of life, length of follow-up, plus age and gender trends in bariatric surgery.

Target Audience
This review will benefit health care professionals, preferably a multidisciplinary bariatric team, committed to long term follow-up care. This should include psychosocial data collection and implementation of or contribution to a global database registry to track the psychological effects of bariatric surgery on adolescents.

Abstract
Purpose: This systematic review summarizes the reported changes in depression and quality of life among adolescents post bariatric surgery. Also appraised were the choice of tools to measure depression and quality of life, length of follow-up, plus age and gender trends in bariatric surgery among adolescents.

Methods: Electronic searches in Medline, Cochrane, CINAHL and Web of Science were searched until November, 2014 for trials assessing depression and quality of life in adolescents after bariatric surgery. Grey literature and dissertations were not included.

Results: Ten studies, comprising of 347 subjects with an age range of 11 - 20 years, met the inclusion criteria. Studies were conducted in Austria, Sweden, Australia and the United States. Beck's Depression Inventory (BDI - II) was used 5 times and the BD-I once. Utilized were 12 Quality of Life inventories, with 2 different questionnaires used occasionally in the same study. Adolescents from the majority of published studies post bariatric surgery showed a positive reduction in depression and improvements in quality of life regardless of the amount of weight lost or type of surgery performed. However, studies varied greatly in the instruments selected, with some being validated for adults but not adolescents. The follow-up time varied greatly, with six studies measuring changes only within the first year, making it difficult to demonstrate whether the positive psychological benefits persisted, especially if weight regain occurred. Cohorts were small and a 2:1 female/male ratio. The average age of the patients was 15.5 years although samples as old as 19 – 20 years were included as adolescents.

Conclusion: Standardization of age parameters for adolescent measurement tools is necessary for accurate comparisons. Mixed method studies utilizing quantifiable instruments specific for adolescents are optimal to measure psychosocial health both before and after bariatric surgery, along with qualitative questionnaires for in-depth data. Larger, longer, multicenter follow-up studies are necessary to help determine which variables predict success with bariatric surgery and could alert health professionals to those needing extra psychological support post-surgery.

References

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M 07 - EBP that Furthers Nursing Education
Ladder to Success for EBP

Kathaleen C. Bloom, PhD, CNM, USA

Purpose
The purpose of this presentation is to describe a progression of the incorporation of evidence-based practice concepts and skills in nursing education from baccalaureate through doctoral competencies.

Target Audience
The target audience of this presentation is nurse educators interested in incorporating evidence-based practice fully into their nursing curricula.

Abstract
Evidence-based practice (EBP), crucial to all healthcare disciplines today, is an essential element in any nursing curriculum. It is critical that the foundation be laid early in the undergraduate nursing curriculum and threaded throughout all levels of nursing education. The University of North Florida has created a ladder for success in EBP that begins with BSN competencies and continues for graduate nursing students to the masters and DNP competencies.

At the baccalaureate level, students progress through a series of three nursing science courses in which principles of EBP are introduced. These principles are then threaded throughout all of their other nursing courses both in the classroom and in the clinical area. The master’s level builds on this foundation, with a research methods course that focuses on understanding of research design. Integral to this course is the identification of important clinical questions for advanced practice nursing and the discovery, critical appraisal, and synthesis of the evidence related to that question. EBP is the basis for all clinical courses. At the DNP level, students examine more critically all components of EBP clinical decision-making, including understanding and critiquing the evidence, as well as incorporation of the knowledge and expertise of the clinician and the wishes and desires of the patient and family in making those decisions. In a two-course sequence, students explore a clinical question and develop an evidence-based practice change protocol. This protocol is implemented and evaluated as their DNP Capstone Project.

The UNF School of Nursing has been using this model of progressive development of knowledge and skills in evidence-based practice since 2008. Graduates of UNF’s various nursing programs are now actively participating on nursing research councils at their places of employment. To date, there have been more than 30 evidence-based practice related publications and presentations by undergraduate, masters, and DNP students who completed their degrees at UNF.

Careful leveling of EBP concepts beginning at the baccalaureate level and progressing through the DNP lays a firm foundation for full integration of EBP in all levels of nursing practice.

References

Contact
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Purpose
The purpose of this study is to examine the benefits of a dedicated education unit model in meeting the needs for a quality clinical experiences. A review of the literature is discussed, including implementation strategies and the benefits of a dedicated education unit to both nursing schools and healthcare facilities.

Target Audience
The target audience is everyone involved in clinical education of nursing students - healthcare administrators, preceptors, nursing faculty, hospitals, and nurses.

Abstract
M 09 - Research Correlated to Clinical Outcomes
Does Investing in Nurse Staffing Provide Dividends?

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Purpose
This paper will discuss the evidence in regard to the cost effectiveness of increasing nursing hours or changing the skill mix to improve patient outcomes. It will highlight the evidence to date to guide nurse leaders in staffing decisions and make recommendations on future research directions.

Target Audience
The target audience of this presentation is nurse leaders responsible for hospital staffing/health service management and nurse academics with research interests in nurse staffing, patient outcomes and cost effectiveness.

Abstract
Purpose: Over a decade of research has established that better nurse skill mix and staffing levels are linked to positive patient outcomes in hospital settings. Hospital executives are more likely to support a richer skill mix or increased nurse staffing levels if these decisions can be shown to be cost effective.

This paper will discuss the evidence in regard to the cost effectiveness of increasing nursing hours or skill mix to improve patient outcomes. It will highlight the evidence to date to guide nurse leaders in staffing decisions and make recommendations on future research directions.

Methods: To determine if the evidence in regard to increasing nursing hours or providing a richer skill mix was cost effective, a systematic review on economic evaluations of nurse staffing and patient outcomes was conducted. The Cochrane Collaboration systematic review method incorporating economic evidence was used. The CINAHL, MEDLINE, SPORTDiscus, and PsychINFO databases were searched in 2013 (with no date limits) for published and unpublished studies in English. Papers with full economic evaluations were included where the costs of increasing nursing hours or changing the skill mix were reported along with patient outcomes.

Results: The systematic review identified five cost effectiveness and four cost benefit analyses. No cost minimisation or cost utility studies were identified in the review. As the studies used a variety of methods to conceptualise and measure costs and patient outcomes, comparison of results were difficult.

Due to the small number of studies identified in the search, the mixed results and the variability in the methods used the reviewers were unable to determine conclusively whether or not increases in nurse staffing levels or a richer skill mix is a cost effective intervention for improving patient outcomes. In contrast to the large body of literature that links nurse staffing and skill mix to high quality patient care there are only a small number of studies that have investigated the cost of changing staffing levels and skill mix. The evidence does not enable the identification of a nurse staffing level or a particular skill mix that gives better patient outcomes in the most cost effective way.

Conclusion: The evidence to date suggests that increasing nurse staffing and/or improving the skill mix has a beneficial effect on patient outcomes and from the societal perspective may be cost effective. However, increased staffing at a hospital level comes at a cost and payers are left to determine if this cost is acceptable. On the other hand, there is some evidence that changing the skill mix may be more cost effective than increasing nursing hours although this requires further investigation. Further high quality studies are required using a well-defined reference base case to provide sufficient evidence to support nurse staffing decision making by nurse leaders.

References
Purpose
The purpose of this presentation is to provide systematic review of Tai chi applied randomized clinical studies and to report the analysis of the effects of Tai chi on balance in older adults.

Target Audience
The target audience of this presentation is nurse scholars and researchers who are interested in tai chi related research and meta analysis.

Abstract
Purpose: The aim of this study was to systematically review and analyze the effects of Tai Chi on balance in older adults.

Methods: The literature was searched for randomized clinical trials on the effects of Tai Chi on balance, as evaluated by direct, static, dynamic, and mixed measures. The effect sizes (ESs) on balance were calculated, using the standardized mean difference (d) and 95% CI.

Results: Thirty-four studies were included. The overall ES of Tai Chi on static balance was medium at 3 months (ES=0.73) and small (ES=0.33) at 6 months for those with a low risk of falling. For those with a high risk of falling, the ES of Tai Chi on static balance was small (ES=0.47) at 3 months, but not significant at 6 months. When compared with no-exercise group, the ES of Tai Chi on static balance was medium (ES=0.66) at 3 months, but smaller (ES=0.37) at 6 months. The ES of Tai Chi (ES=0.31) was only significant at 6 months when compared with other exercise.

Conclusion: The findings of this meta-analysis suggest that those with a low risk of falling should practice Tai Chi for 3 months to improve their balance. The effects of Tai Chi on balance in those with a high risk of falling were small but significant at 3 months, supporting the safety and effectiveness of Tai Chi. It is also important to select reliable and sensitive measures for balance to examine the effects of Tai Chi especially.

References

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M 10 - Enhancing Experiences through Technology and Simulation
Utilization of Technology to Improve Geriatric Care in the Emergency Department

Johnanna L. Hernandez, PhD, MSN, RN, APRN, FNP-BC, USA

Purpose
The purpose of this presentation is to examine use of iPads to enhance knowledge of polypharmacy and improve quality of geriatric care in the emergency department. iPads on rolling iPad medical carts preloaded with geriatric care apps were utilized. Challenges and successes in use of the iPads were encountered.

Target Audience
The target audience for this presentation is health care providers who engage in care of the older adult, defined as age 65 years or older, in primary or acute care settings.

Abstract
The use of technology in the emergency department (ED) to improve quality of care of older adult patients in the emergency department (ED) is the focus of this presentation. A comprehensive systematic literature review was completed focusing on polypharmacy issues in the elderly and Beer’s list medications. The literature review was used to inform educational sessions and development of educational materials in two urban emergency departments. Particular focus was given to Beer’s list medications related to ED presentation, Beer’s list medications leading to hospital admission, and Beer’s list medications most commonly given while in the ED. Initial surveys were provided to ED nurses, physicians, nurse practitioners, and physician assistants to gain information related to the type of educational methods and devices would be employed. Emails, iPads preloaded with geriatric care apps attached to rolling iPad medical carts, oral presentation, Beer’s Criteria pocket cards, and posters focusing on Beer’s Criteria medications related to ED presentation were utilized. After three months of use, pre- and post-test information indicated increased knowledge of the Beer’s criteria and Beer’s criteria medications in the ED associated with a positive change in practice. Follow-up evaluation revealed which tools were the most useful in improving bedside care of the older adult in the ED. Not all methods of delivery were considered useful in the fast-paced ED environment for education during patient care, but Face-Time applications were used to improve patient communication.

References

Contact
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M 10 - Enhancing Experiences through Technology and Simulation
Hearing Voices: Evaluation of a Six Second Simulation

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Purpose
The purpose of this presentations is to present the results of a study evaluating a six-second simulation called Hearing Voices. This low fidelity, deep learning experience was effective in increasing both knowledge and nursing empathy for the psychotic patient experiencing auditory hallucinations.

Target Audience
The target audience of this presentation is nursing educators and nurse managers who need to increase the knowledge and empathy of their staff, faculty and students, towards patients with psychosis.

Abstract
Purpose: To examine the impact and efficacy of a 6-second simulation on raising empathy and decreasing stigma around schizophrenia in diverse nursing populations.

Methods: Utilizing an experimental descriptive design, third year nursing students volunteered to engage in the six second simulation and write a one page, self-reflection on the experience. Data was collected over six semesters, from 2010-2013. Three independent evaluators, using the Atlas ti-7 qualitative measurement software, identified five themes using 10 randomly selected self-reflections. These self-reflections were used to establish inter-rater reliability.

Results: Eighty-two randomly selected, anonymous self-reflections were identified for evaluation from the original 200 submitted narratives. Results from that study demonstrated that student’s experienced an increased level of empathy for the schizophrenic patient, a deeper understanding of the stress and anxiety a schizophrenic patient experiences and a professional determination to engage in therapeutic communication techniques to support the clients road to recovery.

Conclusion: The low fidelity, six-second simulation of hearing voices was effective in increasing empathy for persons experiencing auditory hallucinations and increasing knowledge and insight about psychosis. Participants considered this an important and valuable experience that increased their commitment to therapeutic communication techniques.

References

Contact
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Purpose
The purpose of this presentation is to report the testing of the Debriefing for Meaningful Learning Evaluative Rubric with simulation faculty who were trained to debrief as part of the NCSBN National Simulation Study.

Target Audience
The target audience of this presentation is nurse educators teaching in simulation, clinical, and didactic courses who seek to improve facilitating reflective thinking through a structured debriefing model.

Abstract
Purpose: Teaching is a complex process impacted by many contextual factors. The evaluation of teaching ability has largely remained linked to student achievement of learning outcomes rather than to the observed effectiveness of the teacher. There is a paucity of research investigating teaching effectiveness or the ability of a teacher to implement evidence-based strategies. While measurement of any aspect of the teaching process is challenging, one approach is to evaluate observable teaching behaviors. Debriefing is a common, time-limited strategy during which investigators can evaluate teaching. The literature reflects efforts to evaluate debriefing focus solely on the presence/absence of elements of debriefing, yet, absent from these elements of evaluation is the debriefer’s ability to implement an evidence-based debriefing method. Debriefing for Meaningful Learning© (DML) is a debriefing method that has been found to promote thinking like a nurse through reflective learning. Despite wide-spread adoption of DML by nurse educators, little is known about how well it is being implemented. To assess the effectiveness of DML implementation, an evaluative rubric (DMLER) was developed.

Methods: The aim of this pilot study is to test if a formative evaluative rubric anchored in the framework of DML measures a debriefer’s ability to implement the process and elements of DML. Through observation of recorded simulation debriefing sessions, DML expert raters will behaviorally score four debriefing sessions of three faculty who have been formally trained in the DML method, and have used DML in simulation debriefing for a minimum of two years. Data will be statistically analyzed to evaluate interrater reliability, item discrimination, and validity of the rubric.

Results: The findings of this study yield reliable data for the evaluation of nurse educator simulation debriefings with prelicensure nursing students.

Conclusion: Future testing of the DMLER would be required prior to use in clinical, lab, and didactic settings. Future research to correlate teaching ability, as measured with the DMLER, with changes in clinical reasoning of prelicensure nursing students will inform nurse educators in advancing teaching strategies, teaching ability, and facilitating the development of clinical reasoning in prelicensure nursing students. Future testing of the DMLER to be used as an adjunct in equipping teachers to use the DML method.

References

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Using Research to Promote Clinical Outcomes
The Research Active Clinical Nurse: Against all Odds

Sandra L. Siedlecki, PhD, MSN, BSN, RN, CNS, USA

Purpose
The purpose of this presentation is to discuss the findings of a qualitative study that explored clinical nurses’ decisions to conduct a clinical nursing research study.

Target Audience
The target audience of this presentation is clinical nurses, including advance practice nurses, nurse leaders, and nurse educators.

Abstract
Purpose: Evidence-based nursing practice is dependent upon the clinical nurses’ ability to both use existing knowledge and generate new knowledge specific to the issues clinical nurses confront on a daily basis. Clinical nurses are in the best position to identify clinical patterns and problems in need of solutions (Siedlecki 2008). Yet, historically, doctoral prepared nurse researchers, employed in an academic environment, have conducted most nursing research. An academic environment fosters an expectation of scholarly inquiry and dissemination, supported through university resources. Although limitations in academia, due to conflicts with teaching obligations, can hamper the development of research (Conn 2013), these obstacles are minor compared to what clinical nurses must overcome to conduct research in a practice setting, since primary responsibilities are direct patient care, clinical education of staff, and administrative oversight. In addition, nurses practicing at the bedside or in ancillary roles rarely have doctoral education; and are likely to have limited exposure to research through previous education programs. Yet, in spite of potential and actual limitations and barriers to the conduct of research in a clinical setting, some clinical nurses are research active (Tanner & Hale 2002).

The purpose of this presentation is to share the findings from a qualitative study that helps to explain the conditions and characteristics unique to those clinical nurses (N = 26) who are actively generating knowledge that will transform nursing practice and have a positive impact on patient outcomes.

Methods: The purpose of this study was to develop a theoretical understanding of the conduct of research by clinical nurses. The specific aim was to explore beliefs, values, and perceptions of nurses who conduct research, and to identify strategies employed by these nurses to overcome barriers to the conduct of nursing research. Since the purpose of this study was to develop a theoretical understanding of the conduct of research by clinical nurses, a grounded theory approach was used. Clinical nurse principal investigators identified from a nursing research database were contacted and asked to participate in this study. Once written informed consent was obtained, the informant was asked to complete a short questionnaire providing demographics and research experience information; the researcher then conducted a semi-structured interview lasting 20 to 30 minutes, which was tape recorded and later transcribed verbatim. The final sample for this study consisted of 26 clinical nurses who had experience as a principal investigator on a completed nursing research study.

Results: The informants were primarily female (n = 26) and ranged in age from 27 to 61 (M = 50; SD = 7.7); more than half had an MSN (n = 17; 65%); and most were either clinical nurse specialists (n = 11; 42%) or nurse managers (n = 9; 35%). The sample consisted of nurses who had been a principal investigator on a single study (n = 6; 23.1%), as well as those who had completed several research studies (n = 20; 76.9%). Characteristic patterns noted by the researcher during each of the interviews were associated with varying levels of enthusiasm, curiosity, and excitement about research. Constant comparative analysis resulted in identification of concepts (themes) and relationships that led to development of a theoretical framework about the conduct of research by clinical nurses. The data examined during this grounded theory study generated a complex multidimensional model.

Using a grounded theory approach we found that several conditions are needed to facilitate research by clinical nurses. These include a triggering event, and absence of usable evidence, curiosity, and research awareness, access to a research mentor, and a nursing research supportive organizational culture. Any single condition alone is insufficient to promote research activity by clinical nurses; thus organization trying to encourage the generation and translation of knowledge into practice should consider ways to address each of these conditions.
Conclusion: Implications from this study provide a beginning understanding of the research active nurse and conditions that support and facilitate their decisions to conduct research: sometimes, against all odds. The study findings also point to the need to rethink the way we use and introduce students to nursing research in the academic setting; and from an organizational perspective it supports the need to provide access to research mentors in order to develop a research-active nursing department.

References

Contact
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Purpose
The purpose of this research was to evaluate dimensions of hospital nurse fatigue using a statistical method to identify at risk profiles.

Target Audience
The target audience of this presentation are hospital registered nurses, health care administrators, employers, policy makers, quality managers and researchers.

Abstract
**Purpose**: The purpose of this study was to evaluate a strategy to profile fatigue dimensions for hospital nurses. The American Nurses Association (2014) updated a position statement to address nurse fatigue to promote safety and health in September 2014. The statement emphasizes the joint or shared roles and responsibilities of registered nurse and their employers to reduce risks from nurse fatigue. A presidential task force from the American College of Occupational and Environmental Medicine (2012) on fatigue risk management recognized the significant impact of fatigue for employees in the 24/7 work environments. Many fatigue instruments have been used to test nurse fatigue, each measuring unique concepts and dimensions of fatigue. This research proposes to advance the investigation of hospital nurse fatigue using the framework of a hospital nurse fatigue theory (Drake, Luna, Georges & Barker-Steege, 2012) and evaluate fatigue dimensions sensitive to hospital nurses. The health, safety, and productivity of hospital nurses are at significant risk and can benefit from methods that clarify fatigue risk profiles and design targeted interventions.

**Methods**: A secondary analysis of a hospital nurse fatigue survey was conducted using a cohort of patient-care (not manager or director) nurses. The initial study received Institutional Review Board approval and was a 100-item online survey. The hospital nurse fatigue survey was emailed to approximately 1000 hospital nurses. Of the 420 responders, 340 nurses completed 90% the survey items and 245 identified as patient-care nurse cohort. Latent profile analysis (LPA) was used to identify fatigue profiles for the patient-care nurse cohort based on five instruments that measure different concepts of fatigue: the Chalder Physical Fatigue Scale, Chalder Mental Fatigue Scale, Occupational Fatigue Exhaustion Recovery (OFER) Chronic Fatigue scale, OFER Acute Fatigue scale, and OFER Intershift Recovery scale. The investigators used the Mplus version 7.1 to conduct LPA and a range of information criteria such as AIC (Akaike’s information criterion), BIC (Bayesian information criterion), and CAIC (consistent AIC) to determine the best fit for the number of model profiles. Competing models (k profiles vs. k-1 profiles) were also evaluated using the Lo-Mendell-Rubin likelihood ratio test and the Vuong-Lo-Mendell-Rubin likelihood ratio test. ANOVA was performed comparing fatigue with professional, adaptive and bio-political variables to characterize differences between the profile groups.

**Results**: A model with three latent profiles emerged as the best fit. The three profiles were categorized as: high fatigue/low recovery (23% of sample), moderate fatigue and recovery (30%), and low fatigue/high recovery (47%). Nurses in the high/fatigue low recovery group were significantly less likely to participate in meditation or exercise, have lower levels of job satisfaction and rate their hospital safety practice scores lower. Low fatigue/high recovery nurses were more likely to have less sleepiness, be older, worked as a nurse more years and rated their professional competency higher.

**Conclusion**: The model with three latent profiles was a significant improvement upon a two-profile model. It is possible that more experienced hospital nurses may underrate their levels of fatigue, however it is likely they have developed strategies to improve recovery and have lower rates of fatigue. Strategies to improve work recovery and lower fatigue can be re-evaluated with informed awareness by nurses and employers. Hospital nurse fatigue is multidimensional and can be grouped into risk profiles to inform nurse fatigue policy, provide and test relevant interventions and promote improvements in related clinical outcomes.

**References**

Contact
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Purpose
The purpose of this presentation is to report on human rights education in a postgraduate nursing programme at the University of Cape Town; to report on the graduates' response to the course with respect to the perceived usefulness, knowledge gained and applicability to their practice.

Target Audience
The target audience of this presentation is nurse educators and nurses in practice who have to deal with ethical and human rights challenges in their day to day practice

Abstract
Purpose: Health professionals constitute an essential element to ensuring fulfillment of the right to health, however, human rights education without context and application has limited potential to create an environment in which the patient’s human rights can be respected, promoted and protected.

Human rights education contributes to protecting the dignity of all human beings and to building societies where human rights are valued and respected (World Programme for Human Rights Education Training, 2012). In South Africa such training was identified in the Truth and Reconciliation Commission report as an essential component of health professional curricula. In a multicultural society with the legacy of apartheid still very evident, health professionals need an understanding of the linkages between human rights and health, be able identify the human rights violations in their health care settings and be equipped with the necessary knowledge, skills and attitudes which will enable them to take appropriate action.

In response to the need for nurses to be competent and confident take a rights based approach to care, a module in health and human rights is a core component of the curriculum for the postgraduate Diploma in Nursing at the University of Cape Town. This module aims to equip postgraduate nursing students with the necessary skills, attitudes and knowledge to promote human rights and facilitate change in their clinical practice.

This paper will report on an evaluation of the human rights training and nurses' response to this over a period of ten years since 2005.

Methods: A survey using a self administered questionnaire, followed by interviews conducted with purposively sampled participants who consented to describe the challenges and barriers of putting human rights principles into practice, and have been instrumental in effecting positive changes. Ethical approval for the study was obtained from the institutional ethics committee. Participants’ rights were respected at all times.

Results: (preliminary): A number of barriers and challenges were identified which include structural, practice and lack of support for change. Final results will be presented.

Conclusion: Despite training nurses do need support to effect positive change in practice. Knowledge alone does not equip nurses to change practice unless there is sufficient buy-in from the institution. Recommendations for education and practice will be presented.

References

Contact
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Purpose
The purpose of this study was to develop and test an instrument measuring facilitators and barriers to nurses’ activation of rapid response teams.

Target Audience
Nurse researchers who are involved in the investigation of clinical nursing, or the study of rapid response teams. Staff development nurses

Abstract
Purpose: The purpose of this study was to develop and test an instrument that identifies specific facilitators and barriers to rapid response team (RRT) activation; this will ultimately provide a foundation for interventional studies designed to promote RRT utilization.

RRTs, comprised of critical care experts, respond to the bedside of deteriorating patients in order to prevent cardiopulmonary arrest (IHI, 2009; VHA, 2007). Poor patient outcomes and increased costs may be associated with underutilization of RRTs (Morse, Warshawsky, Moore, & Pecora, 2007; Stolldorf, 2008; Winters et al., 2007). Little is known about facilitators and barriers to nurse activation of RRTs. Data from a previous qualitative study indicated facilitators and barriers are related to nursing unit culture, RRT member characteristics, and continuing RRT education (Astroth, Woith, Stapleton, Degitz, & Jenkins, 2013).

Social judgment theory, as illustrated by the Lens Model of Cognition (Hammond, Hursch, & Todd, 1964), will serve as the conceptual framework for the study. According to the Lens Model, people make decisions based on cues, the significance they attach to those cues, input from colleagues, and available resources, such as time to process information (Hammond et al., 1964; Thompson, Foster, Cole, & Dowding, 2005). In the study, cues correspond to patients’ clinical signs and symptoms of impending CPA and the significance nurses attach to them. Input from colleagues corresponds to nursing unit culture and RRT member characteristics. Available resources correspond to RRT member characteristics and continuing RRT education.

Methods: We first developed survey items from a review of the literature and qualitative data; this data was obtained from a study of 15 acute care RNs exploring facilitators and barriers to activation of rapid response teams. We used the Lens model as a framework for identifying instrument subscales. Using an exploratory design, we surveyed a convenience sample of registered nurses (RNs) employed in five Illinois hospitals. Participants completed the online RRT Facilitators and Barriers Survey, a 32 item survey developed by the researchers. The survey contains two subscales, facilitators and barriers. Items in both subscales describe nursing unit culture, continuing RRT education, and RRT member characteristics. Participants rated each item using a five-point, Likert-type scale; item responses range from strongly disagree (1) to strongly agree (5). We established face validity with 3 nurses and a non-nurse with no rapid response experience and content validity through a review of survey items by 4 nurses with expertise in staff development and rapid response teams. We piloted this newly developed instrument by surveying 50 RNs employed in one hospital using Select Survey, an online survey system. In order to fully describe the sample, we also collected demographic data: age, gender, nursing education, years of nursing experience, number of RRTs activated, and most recent RRT education program attended. Item analyses were conducted through exploratory factor analyses; internal consistency estimates were obtained. We utilized hierarchical cluster analysis to supplement factor analyses to identify homogeneous subsets of items, to refine items, and to eliminate redundant items. Due to low reliability of the education subscale and items clustered into other subscales, we developed additional items to the educational subscales.

We further tested the revised online 36 item instrument by surveying 250 nurses from the remaining hospitals, using Survey Monkey. We used confirmatory factor analysis to analyze these data using LISREL VIII and...
employing a multifaceted model-fit assessment strategy. Descriptive statistics were conducted on the
demographic data to describe sample and setting characteristics.

**Results:** The final sample consisted of 194 nurses from four hospitals. The sample was predominantly female
(74.8%), with a mean age of 39.16 (SD 12.04) years and 13.83 (SD 12.43) years of experience. Most (48.4%)
of the participants had a baccalaureate degree in nursing. Regarding the number of RRTs called, participants
reported a range of none to too many to count. When asked about their most recent RRT continuing education,
they reported a range of two months to four years. Some indicated they had never attended RRT continuing
education.

The full scale alpha is .73. Cronbach’s alphas for subscales measuring facilitators were: unit culture .83, team
characteristics .83, and knowledge was .81. Cronbach’s alphas for subscales measuring barriers were: ranged
from unit culture .81, team characteristics was .92, and education was .13. We analyzed item correlations within
and between subscales.

We used LISREL 8.80 to conduct CFA on the proposed factor model for the 36 items. The chi-square (579,
N=194) = 812.80, the Root-Mean-Square-Error-of-Approximation (RMSEA) of 0.48, the Non-Normed Fit Index
(NNFI) of 0.49, the Comparative Fit Index (CFI) of 0.53, and the Standardized Root-Mean-Residual of 0.71 all
suggest poor model fit as none of these goodness of fit indices approach acceptable levels.

**Conclusions:** This scale shows promise for use in identifying facilitators and barriers to nurses’ use of rapid
response teams. These facilitators and barriers may vary across institutions. Internal consistency of all
subscales except education barriers reflects good reliability, especially for a new instrument (Nunally &
Bernstein, 1994). The barriers associated with RRT education may not necessarily be highly correlated. The
lack of internal consistency, in fact, is expected when considering items that reflect risk factors. Thus,
experiencing one barrier to RRT education does not necessarily mean that one would experience the others.
Further work to identify micro-structures within each factor and breaking factors apart using hierarchical cluster
analysis and other item analysis techniques is warranted.

**References**
decision making in activating rapid response teams. Journal of Clinical Nursing 22(19/20), 2876-82. doi:10.1111/jocn.12067

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Evidence-Based Practice Poster Presentations (Poster only)
Michelle Johnson, BSN, RN, PCCN, USA

Purpose
This project translated evidence into an intervention to decrease CAUTIs on a medical unit that averaged above the National Healthcare Safety Network (NHSN) benchmark for CAUTIs during the first eight months in 2013.

Target Audience
The target audience of this presentation is for registered nurses and patient care technicians to educate staff on importance of catheter removal, Catheter care, and post removal care.

Abstract
Problem: Urinary tract infections (UTIs) are a common Hospital Acquired Infection (HAI). Approximately 80% of hospital acquired UTIs occur in the presence of a urinary catheter. Lengthy dwell time (time period in which an indwelling Catheter is in the bladder) is an important contributor in catheter-associated urinary tract infection (CAUTI).

Purpose: This project translated evidence into an intervention to decrease CAUTIs on a medical unit that averaged above the National Healthcare Safety Network (NHSN) benchmark for CAUTIs during the first eight months in 2013.

Evidence: A systematic literature search was conducted using the cumulative Index to Nursing and Allied Health Literature (CINAHL), the Cochrane Database of Systematic Reviews (CDSR), and PubMed. Five systematic reviews and 28 studies were appraised, and 15 background articles were reviewed. By means of rapid critical appraisal, six relevant studies and one systematic review were identified for synthesis. Levels of evidence ranged from the highest quality (systematic review) to descriptive studies. The evidence supported early removal of urinary catheters to reduce CAUTI rates and catheter days.

Practice change strategy: An assessment of baseline knowledge of registered nurses (RNs) and Patient Care Technicians (PCTs) on the urinary catheter bundle was performed via electronic survey. Knowledge deficits related to catheter care, removal guidelines, and bladder scanner use were identified. Education was provided to caregivers targeting the identified knowledge deficits. Collaboration with infection prevention provided a tracking log for patients with indwelling urinary catheters. Catheters were removed if patients did not meet criteria for a urinary catheter listed in the urinary catheter bundle. Following the staff education, urinary catheter utilization rates and CAUTI rates continued to be monitored and observed on the unit monthly.

Evaluation/Results: NHSN data showed catheter utilization rates decreased by 19% in the three months post education. Only one UTI was reported during the 3 month project period compared to the three month period before the project.

Recommendations: We strongly support providing formal CAUTI prevention education to staff including: catheter care, removal guidelines (including prior to patient transfer between units), proper documentation, and bladder scanner use. A reasonable next step is to initiate a nurse driven removal protocol and continue to trend data monthly.

References
Preventing CAUTI: A Patient Center Approach. Prevention Strategist

Contact
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Purpose
To compare and contrast published research regarding the healing effects of intentional touch on the mind, body, and spirit. A systematize review of the literature will be foundation o the presentation.

Target Audience
The target audience of this presentation ncludes people who have an interest in complementary and alternative medicine (CAM) and CAM therapies, Nurse educators, nurse leaders, and clinical personnel.

Abstract
Purpose: To determine the number of publications and their findings regarding intentional touch and healing on the human body, mind, and spirit.

Methods: A systematic review of appropriate databases was conducted following the prescribed criteria for the steps of the review process.

Results: A diligent search located published articles relating to intentional touch and the effects on the body, mind, and spirit. Articles were analyzed and results of each article were summarized.

Conclusions: The systematic review revealed the number of publications regarding intentional touch and healing. It includes a compilation of the findings from the articles.

References

Contact
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Purpose
The purpose of this presentation is to describe the follow up of 6th grade children who were identified in a state mandated health screening program in the 5th grade with normal blood pressures but who demonstrated factors that could be associated with the later development of hypertension.

Target Audience
Nurses engaged in providing health care in a community based setting with an emphasis on children. This would include public health nurses, school nurses and those providing primary care to children.

Abstract
The School of Nursing BSN Program at Case Western Reserve University has a 12 year long partnership with the Cleveland Metropolitan School District through which students provide selected health services to the school district children. One of those services is the completion of state mandated district wide health screening. Over the past four years over 8500 5th grade students have been screened for height, weight, BMI and blood pressure. Findings include: 43% of children are in the overweight or obese categories using the CDC standard and, over 200 children have been identified with blood pressures in the hypertensive range for height, gender and age over screenings on three separate dates.

Current Study: The purpose of the current study is to identify risk factors in the 5th grade that are associated with the development of hypertension over the next 1-2 years. Four groups of 6th grade students are being followed. All children in three of the groups were identified with blood pressures in the normal range in the 5th grade, but had some characteristic in the 5th grade screening that could potentially be an early risk factor for later development of hypertension. The three groups are:

Group 1: Children with 5th grade BPs in the pre-hypertensive range (85th to 90th percentiles).

Group 2: Children with BPs in the hypertensive range on 2 of 3 5th grade screenings.

Group 3: Children with BMIs in the obese range but with normal 5th grade BPs.

A fourth group of children were randomly identified from the children with no identified risk factors for the development of hypertension.

Procedure: Approval for the study was obtained from the Case Western Reserve University IRB. Because these screenings are not part of the state mandated screening, parental consent was obtained for the children’s participation and child assent was obtained. In each of the four groups children are screened for height, weight and BP according to the same protocols used in the previous screening. In addition, a family history related to hypertension is obtained.

The final sample is anticipated to be approximately 50 children per group. It is anticipated that data analysis will be completed by May, 2015.

References


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Purpose
Positive patient outcomes are achieved through identification and implementation of evidence-based prevention measures pertaining to Surgical Site Infection (SSIs) to provide orthopaedic nurses with the knowledge base needed to effectively deliver high quality continuity of care among patients undergoing surgery of the musculoskeletal system.

Target Audience
Target audience is any professional interested in implementing surgical skin site infection protocols to provide positive patient outcomes.

Abstract
In an attempt to describe the process to translate research and best practices into a change in policy, this abstract focuses on reducing (SSI) surgical site infection for orthopaedic patients with external fixators. It will identify successes and challenges encountered during implementation of new policy and procedures related to reduction of skeletal pin sites. Positive patient outcomes are achieved through identification and implementation of evidence-based prevention measures pertaining to Surgical Site Infection (SSIs) to provide orthopaedic nurses with the knowledge base needed to effectively deliver high quality, continuity of care among patients undergoing surgery of the musculoskeletal system. The target audience is any professional interested in implementing surgical skin site infection protocols to provide positive patient outcomes.

Skeletal pins or wires are inserted into the bone through skin incisions. Some pins and wires penetrate through the bone and exit on the other side of the extremity; other pins penetrate just into the bone. When pins or wires are attached to a rigid external frame, an external-fixator system is created. The assumption has been that the open wound around the pin is a potential portal for entry of bacteria into the pin tract. Skeletal pins located in soft tissue area are at greater risk for infection. Skeletal pins could be sited into the cranium, pelvis and upper or lower extremities.

ARMC does not currently have a policy and procedure pertaining to skeletal pin care. ARMC orthopedic surgeons have an order set that provides 2 options for cleansing solutions: 100% peroxide & 50% peroxide-50%sterile water solutions. There is wound research (2002) (in vivo and in vitro) showing that hydrogen peroxide and Betadine at certain concentrations may be cytotoxic to osteoblasts and damaging to healthy tissue. Chlorhexidine has been proven to be more effective in preventing SSIs when compared to iodine-based solutions (Digison, 2007) Chlorhexidine 2 mg/mL solution is considered to be the most effective cleansing solution for skeletal pin site care (Holmes & Brown, 2005). Recent guidelines from the Orthopedic Nursing Society (2013) support change in pin care cleansing solutions from peroxide to chlorhexidine. With hybrid (EMR) electronic medical record systems, change in ordersets for pin site care involve new policy and procedure implementation: supported by input from Orthopedic Surgeons, Nursing, Pharmacy, Purchasing and Clinical Informatics. This abstract chronicles the process to undergo implementing change in best practice in skeletal pin site care; highlighting the efforts of the professionals involved in this endeavor. Positive patient outcomes in surgical skin site infection prevention is the measurable goal.

References


References

Contact
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Purpose
The purpose of this presentation is to assist nurse educators in helping students actively learn and take ownership of the concept of anemia through the process of concept mapping. The concept map tool will be offered as a free resource tool to those who view the poster and request it.

Target Audience
The target audience of this presentation is nurse educators in college and university environments that want to engage their classrooms in evidence-based, active learning, constructivist teaching strategies. This concept map can be used in traditional, online, or hybrid pathophysiology courses.

Abstract
The concept of teaching and learning in schools of nursing has transformed in the 21st century. Several theories of learning are responsible for this change in educational perspectives. First, Ausubel's meaningful learning theory describes the process of moving away from receptive learning where content is presented to the student in its final form, allowing no opportunity for knowledge expansion (Driscoll, 2005). Ausubel found that when students were required to rearrange content and integrate it into what they already know and understand, then the information can be transformed into more meaningful knowledge. The constructivist theory, influenced by over eighty years of work by philosophers and theorists including Piaget, Bruner & Vygotsky, Dewey, Goodman, von Glasersfeld, and Kuhn, expanded on the active learning concept in that learners construct knowledge in an effort to make sense and of everything they have experienced. Constructivism not only encourages student ownership of the learning process but it also recognizes the importance of collaborative learning and problem scaffolding (Billings & Halstead, 2009; Driscoll, 2005).

Schools of nursing have been integrating different teaching strategies that encourage an active learning process. Concept mapping is an example of this teaching strategy that requires learners to organize information and demonstrate the linkage between concepts and subconcepts (Billings & Halstead, 2009). In a recent qualitative analysis on nursing student's perceptions of concept maps conducted by Harrison and Gibbons (2013), it was found that concept mapping helped give a visual summary of what was learned as well as helped students to reflect on how the knowledge can be transferred from theory to clinical practice although some students found the learning process to be a little longer and more tedious. In a critical analysis of 24 quantitative studies that explored the benefits of concept mapping, Pudelko, Young, Vincent-Lamarre, and Charlin (2012) concluded that concept mapping was more effective if it was combined with collaborative learning, scaffolding, and feedback.

In a traditional pathophysiology or adult health classroom, students would often hear a lengthy PowerPoint lecture on hematology accompanied by an explanation of the many different individual types of anemia's. The lecture would proceed from one type of anemia to the next without effort to distinguish the similarities and differences between each of them. In 2006, this author created a concept map for a pathophysiology course in order to compare and contrast each of the anemia's and to highlight that “anemia” is a general term that encompasses many specific types of anemia's with different etiologies. The concept map is a single 8 x 14 sheet of paper that puts the general concept of anemia in a circle right in the center of the page. Students are given a detailed set of instructions and then they divide into groups of 3-4 students. These student groups use multiple resources including textbooks and electronic resources to find the general symptoms of all types of anemia's and they put this in the center circle. This circle is then connected to three smaller circles that demonstrate the three major causes of all anemia's which are a) decreased red blood cell production, b) inherited disorders that decrease or destroy red blood cells, and c) extrinsic red blood cell loss or destruction (Copstead & Banasik, 2012). These smaller circles of major causes are connected to multiple boxes that surround each circle. Within these boxes, students fill in the different types of anemia's that are in each of these categories. The different types of anemia's included on the map are iron, folic acid, & B12 deficiencies, aplastic anemia, chronic renal failure, sickle cell, thalassemia, G6PD, hereditary spherocytosis, hemolytic disease in the newborn, antibody-mediated drug reactions, and acute blood loss. Specific information includes the pathophysiology of each anemia, the unique signs and symptoms seen only with that particular type of anemia, and the typical treatment options for that disease.
This concept map assignment has replaced the traditional lecture on hematology and it is completed during the regular class period. Students work in groups all over the classroom while the instructor interacts with each group and helps guide the learning activity. It typically takes nearly two hours to complete and students receive quiz credit for completing it. The concept map becomes their notes for this particular week of learning and that is what they study from for their unit and final exam. When the concept map is initially introduced to the students, they tend to have a look of panic and anxiety over having this as their only source of notes for the week. However, by the end of the class period, they recognize how useful the learning experience was and have often commented on the course evaluations that the hematology week ended up being their favorite content and they wished that there were other concepts that could be taught in similar fashion because it reduced the volume of material, but it also helped them make meaningful connections between all of the anemia's. They felt like they no longer had to sit and memorize each anemia individually which resulted in disconnected thought processes. This concept map has been used successfully for 19 consecutive semesters and in that amount of time there has been no negative feedback on the concept map on the course evaluations. Furthermore, students score either equally as well or better on this content on the tests than in other areas of pathophysiology. It should be noted that this concept map has also been successfully implemented into the online and hybrid version of pathophysiology.

This concept map will demonstrate an active-learning, constructivist teaching strategy that enables students to take ownership of their learning experience and create more meaningful knowledge rather than just rote memory of disconnected details. As nursing schools attempt to implement more meaningful learning experiences into the curriculum, it is important to use evidence-based strategies that enhance the classroom environment and prepare the student to readily transfer the knowledge from theory into practice.


References

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Implementation of the STOP-Bang Questionnaire

Joe V. Casey, MS, BSN, RN, CRNA, USA

Purpose
to demonstrate the importance of preoperative screening for obstructive sleep apnea screening (OSA), a sleep disorder that poses a significant threat to patient safety within the perioperative setting. The STOP-Bang Questionnaire improves the ability to reliably identify surgical candidates with risk factors for unrecognized OSA in a cost-effective way.

Target Audience
includes certified registered nurse anesthetists, nurse practitioners, perioperative nurses, perianesthesia nurses, respiratory therapists, and other healthcare providers interested in the perioperative care of patients with obstructive sleep apnea.

Abstract
Purpose: Obstructive sleep apnea (OSA) is a sleep disorder that has emerged as a significant threat to patient safety within the perioperative setting, with an incidence rate of undiagnosed OSA predicted to be as high as 82% in males and 93% in females. The use of a valid OSA screening tool such as the STOP-Bang Questionnaire would improve the ability of anesthesia providers to reliably identify surgical candidates with risk factors for unrecognized OSA, thereby allowing for better patient risk stratification and perioperative management.

Methods: Prior to the implementation of the STOP-Bang Questionnaire criteria, training and education related to the appropriate administration of the OSA screening questionnaire will be provided to all designated end-users, which includes all anesthesia providers and support staff. After the training, the STOP-Bang Questionnaire criteria will be utilized for all surgical candidates at the project site for a period of 1 month. After IRB approval, a retrospective data collection will consist of a 2-month period for which pre and post questionnaire measurements for PACU LOS and incidence rate for OSA risk factors will be abstracted and compared.

Results: A minimum size of 51 charts per group or total sample size of 102 charts will be reviewed, abstracted, and analyzed to determine a statistical significance between the PACU LOS from the baseline retrospective chart review and the post-questionnaire retrospective chart review. Validation of a successful clinical study will show a higher incidence rate of surgical patients with risk factors for OSA and decreased PACU LOS for surgical patients with a BMI > 30 kg/m² when compared to the baselines for incidence rate of surgical patients with risk factors for OSA and PACU LOS for surgical patients with a BMI > 30 kg/m².

Conclusion: The presence of a statistically significant reduction in PACU LOS would suggest that use of the STOP-Bang Questionnaire criteria contributed to the provision of individualized perioperative clinical care that resulted in decreased PACU LOS.

References

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EBP PST 1 - Evidence-Based Practice Poster Session 1

The Evaluation of Information Requirements in End-Stage Renal Failure Patients Care of Intensive Care Nurses

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Selim Kilic, PhD, Turkey
Nuran Tosun, PhD, RN, Turkey

Purpose
The purpose of this presentation is assess the information requirements in end-stage renal failure patients care of intensive care nurses.

Target Audience
The target audience of this presentation are ICU nurses, clinical nurses, and nursing students.

Abstract
Introduction and Objectives: Nurses who are working in all areas, particularly in the intensive care unit may experience end-stage renal failure (ESRD) patients. This study was conducted to assess the information requirements in end-stage renal failure patients care of intensive care nurses.

Materials and Methods: This descriptive study was conducted in a teaching and research hospital between February-April 2014. The practice has been completed with 133 nurses (84,17%) of 158 nurses working in the intensive care unit (ICU) who match the search criteria and agreed to participate in the study. Ethical and institutions approval was obtained. Data collection form developed as a result of the literature review consists of 54 questions. At least 70% (30 questions) of the questions (42) that determine the level of knowledge in the ESRD patient care are expected to give the right answer from nurses. Descriptive statistics are shown as numerically, percentage, and mean ± standard deviation.

Findings: Twenty participants are male, mean age 28,2 ± 5,6 and 60,2% of the participants works in the surgical ICU. Average correct count is 32,7 ± 4,5 (min=11-max=40), the most correct answer count is 33 (n = 25). More than half of the nurses (55,6%) know how to do controlling the arteriovenous fistula. However, 73,7% of the nurses do not feel qualified themselves in ESRD patients care. 36,1% of the cases gave the wrong answer to the question of using masks while hemodialysis catheter dressing. While 91% of participants gave the correct answer to the "There are drawbacks about the diet rich in potassium for ESRD patients" question, 14.3% of participants gave the wrong answer to the "There is nothing wrong to eat bananas and apricots for ESRD patients" question. Most of the participants gave the correct answer to the "I prefer back of the hand when drawing blood in ESRD patients" question, 14.3% of participants gave the wrong answer to the "I prefer back of the hand when drawing blood in ESRD patients" question, 14.3% of participants gave the wrong answer to the "There are no drawbacks about the diet rich in potassium for ESRD patients" question, 14.3% of participants gave the wrong answer to the "I prefer back of the hand when drawing blood in ESRD patients" question, 14.3% of participants gave the wrong answer to the "It is inconvenient to draw blood from the antecubital fossa" question. A statistically significant relationship were found between receiving training about ESRD and the count of correct answer (p=0,011). There is no statistically significant relationship between working time in intensive care unit, full operating time and the count of correct answer (p=0,45).

Results: Most of the participants (80%) answered at least 70% of the knowledge questions about ESRD correctly. It is suggested that standards must be created utilizing clinical practice guidelines to increase the effectiveness of nursing care. Education changes perceptions about issues especially in critical units such as intensive care units and acts by increasing the knowledge. There should be multidisciplinary training programs about ESRD and training programs should be organized related to the subject to intensive care staff.

References

Contact
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Purpose
The purpose of this presentation is to provide a state of the evidence through literature review of the complementary therapies of music and movement of choice in an inpatient setting with the most acute cases of patients with major depressive disorder.

Target Audience
The target audience for this presentation is the nurse who works with patients who have acute symptoms of depression, and, or patients who have been diagnosed with major depressive disorder, as well as instructors whose students will be helping patients who have these symptoms in a hospital setting.

Abstract
Major Depressive Disorder affects more than 350 million people worldwide, negatively impacting their quality of life and increasing their potential for mental health hospitalization with associated negative mood-related behaviors such as acts of aggression. In addition to being a worldwide problem, the background of this problem reveals that the negative effects of severe depression are also a local problem for hospitalized patients in Georgia, who may have difficulty caring for themselves, and may even attempt suicide.

The purpose of this presentation is to evaluate the current state of the literature related to the effects of music and movement on patients diagnosed with Major Depressive Disorder and/or who display severe symptoms of depression that may result in a higher risk of negative mood-related behaviors such as aggression towards self or others. Implementing the combination of music and exercise as a therapeutic complementary movement intervention may minimize aggressive behaviors, reduce hospitalization time, and ultimately lower health care costs more effectively than each therapy alone.

The methods utilized in the literature review for this poster presentation included a literature search using six databases, which produced 68 articles. After excluding articles that did not meet the inclusion and exclusion criteria, six articles remained, and were evaluated and displayed in an evidence table.

A review of these four articles revealed results that controlling negative mood-related behaviors in patients with Major Depressive Disorder is an ongoing and perplexing problem for which researchers do not yet have an adequate solution in the hospital setting. However, what literature does exist in the community setting is encouraging.

Conclusions and implications for the future may include a complementary music plus movement program in hospitalized patients with symptoms of depression. The program will have a potential to reduce negative mood and help mentally ill patients diagnosed with Major Depressive Disorder better cope with their negative mood and related behaviors, potentially saving lives.

References

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Purpose
The purpose of this presentation is to describe the experiences of psychiatric nurses with lateral violence. The literature generalizes lateral violence; there is no identification of any nursing specialty more at risk for experiencing lateral violence than others.

Target Audience
The target audience of this presentation is/are registered nurses working in behavioral health.

Abstract
Lateral violence is a matter of interest and cause for alarm among nurses. The literature review, sparse and with few empirical studies, generalizes lateral violence across the nursing discipline; there is no identification of any nursing specialty more at risk for experiencing lateral violence than others. The purpose of this phenomenological-descriptive study is to assess through a voluntary survey, if lateral violence is or has been an experience among psychiatric nurses. A series of focus groups will follow the survey to identify themes relative the psychiatric nurses’ experiences with lateral violence. Atlas ti-7 analytical software will be used to identify and cohort themes brought up by the participants of the focus groups. The sample of convenience will be obtained from the local health care worker union; a postcard will be mailed to union members who are registered nurses. A two-week period will be allotted for completion of the survey.

References

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Purpose
to demonstrate the effectiveness of interdisciplinary reflecting teams in nursing education related to discussion of sexual implications of illness, devastating prognoses, and end of life circumstances.

Target Audience
nursing educators, clinical instructors, healthcare and simulation educators.

Abstract
Nursing education programs typically teach therapeutic communication skills across the nursing curriculum. However, there are few forums in which nursing students can receive feedback regarding the helpfulness and appropriateness of their interactions with patients around sensitive issues such as spirituality, sexuality, or end of life concerns. Many nurses learn these skills through listening to more experienced coworkers hold such conversations with patients. These conversations tend to be anxiety producing and create a sense of vulnerability within the nurse. Simulation provides an excellent venue for practicing these conversations. However, typical simulation debriefing practices tend to focus on adherence to an algorithm for completion of tasks or the incorporation of specific elements communication, limiting the development of personal communication styles or awareness of the variety of ways that patients may experience their interactions. In this poster/presentation, we describe an innovative use of an interdisciplinary reflecting team to provide coaching, feedback, and multiple perspectives to nursing students and other healthcare providers who engage in sensitive conversations in patient care.

The reflecting team approach is an adaptation from the field of family therapy in which a team of therapists views a therapy session through a one-way mirror. At a predetermined point in the session, the therapist and family listen in as the reflecting team muses about the therapist, the patient, and the circumstances that brought caused the family or individual to seek therapy. After a 10 minute reflective discussion between the viewing therapists that is not directed toward the family, the family is again engaged by the treating therapist. The reflections of the observing therapists are incorporated into the ensuing conversation. This allows multiple perspectives to be raised regarding motivation and causation, etc., that the patients may not have considered.

The reflecting team approach has been used in family therapy for over 30 years and has only recently been adapted for use in healthcare education and practice. For example, an Australian nursing program uses reflecting teams composed of family members of patients to encourage a more holistic perspective of mentally ill patients and individuals (Morrison, 2009). A Swedish hospital has used reflecting teams to generate greater willingness to engage in empathic dialog, respond to difficult patient cases, and to improve patient care (Jonasson, Carlsson & Nyström, 2014). Formalized reflection through Balint groups are used in approximately half of all U.S. family medicine residency programs (Johnson, Brock, Hamadeh & Stock, 2001). Reflective practice groups for nurses are well described in the literature (Dawber, 2013; Mankiewicz, 2014) and have similar functions as reflection teams, namely the development of multiple perspectives and variant interpretations of meaning that assist nurses with collaboration and improved patient care.

The authors have adapted family therapy reflecting teams as an alternative to conventional debriefing after medical simulation. This is accomplished by utilizing mental health practitioners in training to offer their reflections and feedback regarding student learner’s interactions with simulated patients and family members. This method helps increase self-reflexivity by offering learners the opportunity to listen without having to respond, while pondering the reflections of psychotherapists whose observations raise questions and provide thought provoking reflections. The impact of hearing the feedback of these clinicians creates a sense of competence and motivation in nursing learners. This is particularly true as their skills and motives are affirmed, appreciated and sometimes challenged by such feedback.

A typical collaborative reflecting team training proceeds in the following manner:
1. A team of four to six mental health and medical practitioners are briefed regarding the reflective team methodology. Expectations and guidelines are provided regarding the reflection categories that they are to note during simulation.

2. A simulation is conducted that requires learners to engage in communication with patients and their family members regarding a sensitive issue: discussing a medical prognosis that severely limits sexual function; responding to family members’ insistence that their dying loved one will be miraculously healed; or assisting in telling a family that their loved one is dying. During the simulation the reflecting team records their speculations, ideas, and observations.

3. At the end of the simulation the reflection team shares their reflections about the simulation while remaining behind a one-way mirror. Learners listen in a “protected listening space” on the other side of the mirror. This space allows privacy and depth of thought as they do not respond to what is said.

4. The learners then reflect on the reflections provided by the reflection team. They discuss the emotional impact of participating in the sensitive conversation as well as their responses to the comments made by other learners and the reflection team. Feedback is shared among the learner group.

5. The content expert and a reflection team member (nurse and physician) then reflect in the presence of all learners and reflecting team members regarding their experience as they learned how to have these sensitive conversations. Attendees listen in and passively learn what has worked well for the more experienced providers.

6. A summative reflection is conducted that includes all present regarding the impact of the simulation and reflection process. Each member describes the most memorable feature of the experience and how they believe this will influence the manner in which they interact with patients in the future.

Couples and families who have participated in therapy with reflecting teams have reported positive gains, citing the helpfulness of viewing their issues in a new way and seeing their presenting issues as normative (Fishel, Ablon, McSheffrey & Buchs, 2005; Hoger, Tomme, Reiner & Steiner, 1994). However, outcomes research is only now being conducted on the adaptation of the reflection team model for healthcare education.

The authors offer the findings from the utilization of collaborative reflective training in interdisciplinary simulations that involved 24 participants, including nurses, nursing students, family therapy interns, medical residents, and fellows from NICU, PICU, OB-GYN, and Emergency medicine staff. Qualitative program evaluation measures were used to capture the usefulness of this approach.

The majority of learners indicated that this was a positive process that would impact their clinical practice in specific ways: “I’m going to make sure that I tell family members that their child didn’t die alone.” “No one really tells us how to manage ourselves in these kinds of situations, even though people think that [nurses] learn this.” “It’s a privilege to share these intimate moments with my patients, and I’m always thinking, how do I make it better? What can I say to help them?” Significant feedback was provided by a participant who stayed after the group to tearfully tell us, “Thank you for noticing how hard this is. No one is talking about that and it means so much that you can see the struggle and express appreciation. We don’t hear that very often.”

Ongoing data collection is being conducted in quarterly trainings in our medical simulation center. Two external validation sites are expected to begin collecting data within the next year which will contribute to a more accurate description of the process and more reliable quantitative outcome measures. More specific application to nursing communication regarding sexual implications of illness will be highlighted in future investigation.


**References**

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EBP PST 1 - Evidence-Based Practice Poster Session 1

Choosing Wisely®: Advancing Health through Nursing

Lisa J. Woodward, MSN, RN, CENP, USA

Purpose
The purpose of this presentation is to engage nurses in achieving a true patient-centered focus through implementation of the Choosing Wisely® campaign by facilitating meaningful, patient-centered interactions between patients and providers, fostering crucial conversations that stimulate patient empowerment and engagement in health care choices.

Target Audience
The target audience of this presentation is for nurses in clinical, academic and administrative settings.

Abstract
The U.S. health care system is the most costly in the world, accounting for 17% of the gross domestic product with estimates that percentage will grow to nearly 20% by 2020. At the same time, countries with health systems that out-perform the U.S. are also under pressure to derive greater value for the resources devoted to their health care systems. Inappropriate and overuse of procedures and testing in the U.S. healthcare system accounts for billions of dollars in inefficiencies, compromises quality of care, and puts patients at risk for harm. The IHI Triple Aim is a framework developed by the Institute for Healthcare Improvement that describes an approach to optimizing health system performance. It is IHI’s belief that new designs must be developed to simultaneously pursue three dimensions, which are called the “Triple Aim”. These dimensions include: improving the patient experience of care (including quality and satisfaction); improving the health of populations; and reducing the per capita cost of health care.

The innovative program entitled Choosing Wisely® focuses on assisting in achieving the Triple Aim through patient empowerment. An initiative of the American Board of Internal Medicine (ABIM) Foundation, Choosing Wisely® is working to spark conversations between providers and patients to ensure the right care is delivered at the right time. Participating organizations have created lists of “Things Providers and Patients Should Question” which include evidence-based recommendations that should be discussed to help make wise decisions about the most appropriate care based on a patients’ individual situation. Delivery of this invaluable message to healthcare consumers should include nurses, the most trusted professionals, who outnumber physicians more than three to one. To achieve this, nursing societies have engaged to bring the Choosing Wisely® program to nursing specialties across the state of Texas, impacting patient-centered care and engagement at the front lines of care.

References

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Purpose
The purpose of this project was to identify barriers our patients and 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.

Target Audience
The target audience of this presentation is for clinicians and leaders who are involved in the discharge process from an acute facility standpoint. However, this work could be implemented in 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 our 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 to the next step on 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 be 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 model for patients and caregivers. The baseline metrics showed a combined score of 69.26% for medication understanding related to purpose and side effects for the last two quarters of FY14. With these results, an enhanced medication education was soon developed. Individualized laminated medication education cards were developed for each patient on the medical/surgical unit 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 utilized with each medication moment. As new medications were ordered, they were added to the education module as well. Upon discharge, these cards were sent home with our patients which provided them with an accessible resource of all medications they were prescribed upon discharge. 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 is 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 a decrease in the hospital readmission rate.

References

Contact
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Purpose
The purpose of this presentation will be to explore the theoretical foundations that help us understand chemical dependency among nurses, specifically as relates to relapse prevention.

Target Audience
The target audience for this presentation is all nurses and other members of the interdisciplinary healthcare team who need to understand the theoretical underpinnings of chemical dependency among nurses and relapse prevention.

Abstract
The Theory of Planned Behavior was developed by Icek Ajzen in 1985 and has since undergone a series of revisions with the latest revision in 2011. The Theory of Planned Behavior holds that all actions are controlled by intentions (Ajzen, 1985). This theory holds that the individual’s intention to perform or not to perform a particular behavior is prerequisite to any action. This intention however, can be affected by time and other confounding factors, whether internal or external that dictates the individual’s willingness to carry out the intention. Intentions are defined as the motivational factors that indicate the extent to which people are willing to go to perform a particular behavior, hence the stronger the intention to perform a behavior, the higher the likelihood that an individual will perform it (Ajzen, 1991). Several databases such as MEDLINE, PsychInfo, CINHAL, PubMed, and Googlescholar were utilized to come up with several articles about the Theory of Planned Behavior. A comprehensive review and synthesis of the literature was conducted, which led to the submission of this abstract. This theory has been used as a theoretical framework for many studies and has been cited over 4550 times in the literature (Ajzen, 2011). Some studies that have used this model include smoking cessation, weight loss, election results, and many more. Many other researchers have tested the relationships and have found similar results such as 61% of the variance in intention being explained by attitude, subjective norms, and perceived behavioral control, among other findings (Armitage & Conner, 2001). Attitude toward behavior, subjective norms, and perceived behavioral control are influenced by the salient beliefs called behavioral beliefs, normative beliefs, and control beliefs respectively (Ajzen, 2002). This theory is applicable to relapse prevention among chemically dependency nurses in that increasing the intention to remain sober early in recovery can increase rates of sobriety and prevent relapse. Domino et al. (2005) asserted that relapse usually happens within the first two years of rehabilitation, therefore increasing intention to remain sober early in the process, before external factors such as new information and perceived power begin to affect the intention. My hypothesis therefore, is that increased self-efficacy, religiosity, and resilience activated early in the recovery of chemically dependent nurses would predict the intention to achieve and maintain sobriety, and ultimately the actual behavior of sobriety, thereby reducing relapse in this population.

References

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The Effectiveness of Intervention for Family Caregiver's Role Transition: A Systematic Review

Shiao-Pei Wang, MSN, RN, Taiwan

Purpose
The purpose of this presentation is to find the effective strategies for family caregiver role transition by systematic review method; and to find outcome indicators of successful caregiver role transition.

Target Audience
The target audience of this presentation is clinical nursing staff caring for patients with ventilator dependent.

Abstract
Background: As aging population, patients with chronic disease increased as well as long term care needs. There is no doubt that care responsibility falls on informal caregivers. During transitional process of becoming a family caregiver who suffered from physio-psycho-social dilemma, such as frustration, depressive, limited social life, feeling exhausted, sibling fractured relationships, loss of control, and feeling alone. Therefore, appropriate interventions are needed for role transition to becoming a caregiver. As a clinical nursing staff, we have the responsibility to helping family of ventilator dependent patients role transition successfully and becoming a competent caregiver.

Purpose: The purpose of this systematic review was to find the effective strategies for family caregiver role transition; and to find outcome indicators of successful caregiver role transition.

Method: A systematic review approach was used to search articles. Caregiver/caregiving and transition were keywords, and PubMed, CINAHL, PsycInfo, Cochrane Library and Airiti Library databases were searched. Inclusion criteria were fulltext articles available online, intervention study and published in English. A total of 225 potential articles were selected, 36 articles were duplicated. Remained 189 articles were read the title and abstract, and excluded un-related articles. Finally, nine articles were selected and appraised.

Results: Study population included stroke, Alzheimer disease and elderly patient’s caregiver. Intervention strategies could be categorized to care knowledge and skill instruction, coping skill training, counseling and transferring, and continuous follow-up. Interventions implemented during hospitalization and lasted one month to one year after discharge. Outcome indicators could be categorized to patient indicators (health status, functional status, quality of life, self-care ability), caregiver indicators (cognitive, behaviour, physiological and psychological indicators) and healthcare services utilization indicators (unplanned readmission, emergency visit, institutionalization and cost). These studies revealed positive effects on outcome indicators, such as patient’s functional status, self care ability, caregivers’ knowledge, burden, depression symptom, discharge preparation, unplanned readmission and emergency visits.

Conclusion: The intervention strategies have positive effects on caregiver’s role transition. Unique and individualized interventions should be designed according to patient’s disease and needs.

References

Contact
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EBP PST 1 - Evidence-Based Practice Poster Session 1  
Evaluation of the Implementation of ASPAN's Evidence-Based Clinical Practice Guideline for the Prevention and/or Treatment of Postoperative Nausea and Vomiting

Lisa Stephens, DNP, MN, BSN, CRNA, USA

Purpose
The purpose of this presentation is to promote evidence-based knowledge that will decrease the incidence of post-operative nausea and vomiting and thereby promote better surgical outcomes.

Target Audience
The target audience of the presentation are certified registered nurse anesthetists and perioperative registered nurses.

Abstract
Aims: Postoperative nausea and vomiting (PONV) impacts up to 60% of surgical patients annually. Evidence based guidelines have been developed to guide the prevention/management of PONV; however the impact of guideline implementation on patient outcome has not been evaluated. The purpose of this study was to evaluate the relationship of implementation of anesthesia specific guideline recommendations to the incidence of PONV. A cost/benefit analysis was also conducted.

Methods: A secondary data analysis was conducted of local data (N=94) obtained during a prospective multi-center trial involving medical record abstraction and patient journaling (N = 2170). The purpose of the original study was to develop a simplified risk model for the prediction of PONV.

Results: Data analysis included descriptive statistics and correlation. 38% of patients were treated according to guideline recommendations; 37% were undertreated and 19% over-treated. Overall incidence of PONV was 22.3%. Number of PONV risk factors and number of anti-emetic medications administered were weakly correlated (r = 0.21, p = 0.004). Incidence of PONV was 18.4% for patients treated according to guideline recommendations, and 35.1% in undertreated patients. Incidence of PONV was 5.2 % in patients that were over-treated.

Conclusion: Risk assessment through the use of evidence-based guidelines such as the ASPAN Guideline helps identify patients who would benefit from prophylactic antiemetics and assist providers in identifying strategies to greatly reduce or even eliminate its occurrence. Future research determining the efficacy of the ASPAN guideline is necessary to suggest changes, if any, to the guideline and guide future advancements in algorithm development to eliminate PONV.

References

Contact
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Increasing the Use of Intraoperative IV Acetaminophen Among Pediatric Dental, Adenoidectomy and Circumcision Surgical Patients

Amanda Ann Warmoth, ASN, RN, USA

Purpose
The purpose of this presentation is to share current evidence based practice regarding the narcotic sparing effect of intraoperative intravenous acetaminophen. Narcotics given for pain relief have many undesired side effects. Surgical patients should be receiving the benefits of the narcotic-sparing effect of intravenous acetaminophen.

Target Audience
The target audience of this presentation is for physicians, nurses, advanced practice nurses, and other health care related disciplines that may involve pain management. The prescribing of the intravenous acetaminophen may be out of the scope of practice for nurses but nurses are strong patient advocates.

Abstract
Narcotics given for pain relief have many undesired side effects. Currently anesthesia practice at a large outpatient pediatric surgical facility regarding IV acetaminophen administration varies depending on type of surgery and practitioner. Although there has been an increase in use of intraoperative IV acetaminophen with pediatric tonsillectomy patients, not all surgical patients are receiving the benefits of this narcotic-sparing medication. Larabee’s model for evidence based practice change was used in the process to develop an evidence-based practice project.

To address this problem the following PICOT question was formed. Among pediatric patients receiving IV acetaminophen, does it decrease the requirement of narcotics in the postoperative phase?

A search of the literature included the following databases: Medline, CINHL, Google scholar, PubMed, Nursing Reference Center and Scopus. Search Terms included: Acetaminophen, Perfalgan, paracetamol, pediatric, intraoperative, post-operative, analgesia, pain, opioids.

The evidence search yielded 5, randomized controlled trials (RCT’s) that were critically appraised as good quality. The grade for the body of evidence is high. Among the 5 studies, 3 randomized controlled trials directly support a recommendation. 2 additional RCT’s included a combination of pediatric and adult participants. All 5 of the studies demonstrated a decrease in intraoperative narcotic use.

Considering this evidence, it is strongly recommended that pediatric patients undergoing surgery receive intraoperative IV acetaminophen to decrease the amount of narcotics required in the postoperative phase.

In collaboration with anesthesia services a quality improvement project was developed to implement and evaluate this practice change. The aim of this project was to increase the percentage of children who receive intra-operative IV acetaminophen from a baseline of 75% to 95%. Small test of change were implemented and included education for anesthesia.

The change of practice was collaboration between nurses, anesthesia, surgeons, information services and pharmacy staff. In order to provide the narcotic-sparing medication to patients, the process involved developing a standardized order set to ensure proper ordering, releasing and delivery of the acetaminophen and availability of medication. The change of practice also involved education to anesthesia and perioperative nurses, as well as surgeons, addressing the benefits, risks, harms and contraindication. Collaboration also included barriers to ordering, administration and access to medication in a timely manner.

Data collection after education and sharing of literature findings, revealed an increase from baseline data of 75% to 96%. The patient population included adenoidectomy, dental and circumcision patients who were eligible to receive intraoperative IV acetaminophen. It is anticipated that the recommendation and knowledge will be spread to this patient population at the main hospital perioperative department.

References

Contact
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Purpose
The purpose of this presentation is to share the evidence-based, best practice guidelines for the evaluation of clinical practice in baccalaureate nursing students.

Target Audience
The target audience of this presentation is primarily nurse educators who are interested in identifying the best practice guidelines for evaluating safe clinical performance in nursing students. Higher education administrative personnel will find this presentation valuable for assessment purposes.

Abstract
Nursing, historically, has been interested in safe patient care in the clinical and educational settings. Previous studies show that 1 in 10 patients experience an adverse event due to medical error. Clinical policies and work place training are not sufficient to prevent errors. It is essential that nursing curriculums at all levels explicitly include safety discussion throughout the curriculum and that nursing students be assessed in the clinical setting for safety-related behaviors and attitudes. Assessment of such behaviors and attitudes requires a consistent approach with a valid instrument. Currently, no universally-accepted, standardized assessment tool for clinical performance in nursing students is available. The Clinical Performance Evaluation Tool (CPET) is one of the few clinical performance tools available. This tool is aligned with the Quality and Safety Education in Nursing (QSEN) standards. The evidence shows that best practice in selecting clinical performance instruments should begin with alignment of the outcomes and assessment criteria with the current curriculum. Without a standardized tool, the alignment process must be done by individual programs. This report discusses the process adopted in one baccalaureate nursing program to align clinical performance with the QSEN competencies. The initial step towards changing the curriculum included an assessment of current clinical evaluation tools using the CPET tool based on the QSEN competencies. This assessment compared existing clinical evaluations methods among courses and determined the depth or frequency of each QSEN competency in each of the 12 courses with clinical components in the BS curriculum. An expert panel review using accepted definitions and discussion to reach consensus was the procedure used in the study. Results: The two reviewers with experience in nursing education arrived at a 91% consensus on the presence of the QSEN competencies and the frequency in each course. All but one course matched QSEN competencies in part or whole. Evaluation of the frequencies showed a strong patient-centered care focus present throughout the courses while quality improvement and informatics were least present. The next step in the process is for faculty to determine through value clarification if the frequency of each QSEN competency is appropriate for the desired outcomes of the program. Supervising faculty must modify the exemplars used in the assessment tool to describe the valued behaviors under each competency for the program. This project has limited generalizability since only one baccalaureate program was included in this project; however the approach can be considered as a possible option for baccalaureate and non-baccalaureate programs in evaluating safe clinical performance utilizing best-practice guidelines.

References

Contact
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Purpose
The purpose of this presentation is to take a closer look at a phenomenon in nursing education. African-American students often have difficulties completing nursing programs and entering the profession of nursing. Cultural competence is essential in nursing education. Nursing faculty should be sensitive to the cultural needs of all students.

Target Audience
The target audience of this presentation is all nursing faculty, all races and ethnic groups of nursing students and nursing administration.

Abstract
Background/Significance of Problem: There are 3,063,162 licensed registered nurses in the United States, of that number there are 165,352 Black (non-Hispanic nurses). That equates to only 5.4% of all registered nurses in the country (U.S. Department of Health and Human Services, 2010). It is clear we must focus our attention on producing competent nurses with ethnically diverse backgrounds. There needs to be increased effort to ensure African American nursing students are supported in educational pathways to success.

Methods and Procedures: All enrolled African-American nursing students (in the first level) were solicited to participate in a program focusing on exploring their perception of the nursing school experience. The students were involved in three interventions and invited to provide feedback via focus group at completion of the interventions and project. Data and feedback from the focus group underwent a two part analysis. Nine categories were identified from the analysis, which resulted in three overarching themes.

Findings/Results: The students reported comments ranging from perceptions of racism in the nursing program to not feeling comfortable approaching non-minority and minority faculty. Themes extracted include: 1) An evident need for programs that specific to the African-American nursing student to extract their individual perceived experiences, 2) All faculty members need to make it a priority to be educated on the student population they serve, as it concerns cultural norms, social perceptions and perceived barriers to success, and 3) Having mentors and community professionals of the same ethnicity in the field of nursing can have resounding positive effects.

Conclusion: The resounding resolve of this quality improvement project emit there are ways to successfully foster an environment aimed toward success for the African-American nursing student and contribute to graduating a diverse student nurse population.

References

Contact
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Purpose
The purpose of this presentation is to provide an overview of the implementation of a program that enables nurses to investigate issues impacting quality care and lead sustainable practice change in the clinical environment.

Target Audience
The target audience of this presentation is nurses committed to enabling nurses to develop their capacity in clinical practice to identify and address issues impacting quality care and lead sustainable practice change through the implementation of best evidence into practice.

Abstract
Much emphasis in undergraduate nursing studies is placed on the development of critical thinking, utilisation of research, and implementation of evidence based practice (EBP), with a view to delivering quality care. Similarly there is increasing recognition of the need to translate evidence into practice (Grimshaw, Eccles, Lavis, Hill & Squires, 2012). Healthcare organisations expect that practice will be based on quality evidence, however they also expect new nurses will ‘hit the floor running’, quickly gaining the clinical knowledge and skills necessary for practice (Wolff, Pesut & Regan, 2010). A number of papers, including a systematic review, have been published that highlight the barriers for nurses to engage in EBP. Various strategies have been proposed to address the barriers to EBP, however to date those papers have been descriptive in nature (Linton& Prasun, 2013).

In 2013, the nursing research team at the Royal Children’s Hospital Melbourne (RCH) undertook an extensive search of the literature to determine whether a validated tool existed that measured nurses’ engagement with generation, utilisation and evaluation of evidence in practice. No suitable tool was found. Preliminary consideration was given to developing such a tool. However, in consultation with an international expert on knowledge translation (Gary Freed, personal communication, October 2013), it was decided that a more meaningful contribution to quality care and understanding of research utilisation, would be to support nurses to identify practice issues, and develop the capacity to address those issues. As such the BEST Practice Program (Building Evidence with Support to Transform Practice) was conceptualised.

The creation of the BEST Practice Program was informed by the literature and investigation of approaches to support generation and translation of evidence into practice. The PARIHS (Promoting Action on Research in Health Services) Framework (Kitson, Harvey & McCormack, 1998) provides the foundation for the program. Taking this approach it is recognised there are three cornerstones to ensuring best evidence informs great care
  • The nature of the evidence
  • The way in which the translation of evidence into practice is facilitated
  • The context into which the evidence is being translated.

In developing the PARIHS Framework, Kitson et al (1998) argue that the successful implementation of evidence into practice is an outcome of the relationship between the level of evidence, and/or style of facilitation and/or nature of the context into which the translation of evidence is being sought. The content of the BEST Practice Program is built around equipping participants to
  • Gather and review evidence
  • Develop facilitation skills to translate evidence into practice
  • Identify and address contextual factors to enable practice change

The BEST Practice Program consists of a series of 9 program days over 6 months with ongoing support from the nursing research team and a commitment of support from the Nurse Managers. A broad overview of the program’s content includes: Day 1: Evidence. Day 2: Gathering Evidence and Facilitation. Day 3: Reviewing Evidence and Context. Day 4: Preparing project plans. Day 5: Context and finalising project plans. Day 6: Data
management and analysis. Day 7: Communicating the findings and implementing change. Day 8: Presenting findings to a wider audience. Day 9: Lessons learned and planning for the future.

In August 2014, funding was secured to enable 6 nurses to participate in the BEST Practice Program. Expressions of interest were called for from Nurse Managers to identify the most pressing issues affecting quality care in their units, and the nurses they believed were best situated to lead a change in practice. From 33 submissions, 9 nurses were selected to participate in the program, addressing 8 practice issues.

Selection of participants was based on criteria including
- Could the issue be addressed at a department level?
- Did the issue align to strategic foci of the RCH?
- Were there other objectives the issue aligned to?
- What was the potential reach of the outcome beyond the department?
- Was the description of the issue SMART (Specific, Measurable, Agreed upon, Realistic, Time Frame)?
- Would the nurse be supported by the Nurse Manager?

Six nurses from inpatient units are investigating issues through funded positions. Two nurse consultants, who work together, are investigating a shared practice issue with the support of their department head as part of their usual work. One nurse is participating using her allocated professional development leave. The units and practice issues include
- Orthopaedics/Plastics/Burns: bedside handover and Central Venous Access Device Competency
- Neuroscience/Endocrinology/Gastroenterology: utilisation of treatment rooms for procedures
- Short Stay Surgical: administration of oxygen post tonsillectomy
- Medical: management of nasopharyngeal airways
- Adolescent/Rehabilitation: Cardiac monitoring of patients with anorexia
- Mental Health: Identifying triggers that result in an unsafe environment and determining how these can be overcome and re-occurrences prevented
- Plastics Department: timely access to outpatient services

The BEST Practice Program is a novel approach that aims to enable nurses to address issues from practice to improve the quality of care. As with all novel approaches, a rigorous evaluation is required to inform the program’s future, and contribute to the evidence regarding processes and programs that support translation of evidence into practice.

To gain insight into the contribution of the BEST Practice Program to the development of nurses’ capacity to gather, review and implement evidence, the participants completed a short questionnaire about competence in evidence based practice at the start of the program. The questionnaire is based on the work of Melnyk, Gallagher-Ford, Long and Fineout-Overholt (2014) who developed a set of evidence-based practice competencies for practicing registered nurses and advanced practice nurses in clinical settings. Given the lack of a validated tool to measure competence in evidence based practice, the facilitators of the BEST Practice Program identified an opportunity to test the competencies developed by Melnyk, Gallagher-Ford, Long and Fineout-Overholt (2014) as a tool for measuring competence. Participants were asked to indicate their perceived level of competence for each statement using a 7 point Likert scale where 1 = novice and 7 = expert. The analysis with the small cohort indicated higher levels of competence with the competencies expected of registered nurses and less competence with competencies expected of advanced practice nurses, reflective of the roles the nurses hold. The questionnaire will be re-administered to the participants at the end of the program to determine whether there has been any increase in competence.

To assist the participants gain insight into the context in which they work, the Alberta Context Tool (ACT) was distributed to all nurses in the six inpatient units at the start of the program (n = 280). The ACT was developed by Estabrooks, Squires, Cummings, Birdsell and Norton (2009). The ACT consists of 56 items with each item requiring a response on a 5 point Likert scale. The response rate for the ACT was 69% (n=190) with response rates for individual units ranging from 60% to 75%. The data to arise from the ACT was made available to BEST Practice Program participants and Nurse Managers for them to reflect on the context in which they work, and identify strategies for improvement. The Nurse Managers found the ACT data invaluable, and in conjunction with their BEST Practice Program participants articulated particular foci for ensuring successful translation of individual project outcomes into practice.

Across the course of the program a daily evaluation of the program days has been conducted and the facilitators have maintained field notes to capture the program’s processes and progress as it unfolds. The feedback has
been overwhelmingly positive. In particular the participants have commented on the interactive nature of the program with the active support from three facilitators. Camaraderie between the participants has been evident. The establishment of pairs of critical friends between participants has led to shared learning and active challenge and support within the group. This approach has also enabled participants to develop their facilitation skills in a safe, supported environment. Inclusion of the Nurse Managers via individual meetings to discuss the program and their attendance at key sessions throughout the program have ensured their active engagement and interest. One of the key tenets of the approach taken in BEST Practice Program is that the facilitators work ‘with’ the participants and Nurse Managers. The program is not designed for the facilitators to do things ‘to’ or ‘for’. This approach has been appreciated by the participants and the Nurse Managers and has been demonstrated through the motivation and enthusiasm of all involved.

By the end of the fifth day of the BEST Practice Program, the participants had refined a broad practice issue into a question that could be addressed, searched and reviewed the literature, identified gaps, and drafted protocols for submission to ethics. They had also identified strengths in the contexts they were addressing their practice issues in to work with and areas that needed to be addressed. Data collection and analysis will take place throughout February and March 2015, with continued attention to how the findings will be translated into practice. While the final outcomes of the program remain unknown, preliminary evaluation indicate the participants have developed their capacity to gather and review evidence, facilitate engagement and change, and address contextual challenges.

References

Contact
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Purpose
The purpose of this presentation is to show the correlation of Health Literacy and Cultural Awareness education on the knowledge level and attitudes of Associate Degree Nursing (ADN) students.

Target Audience
The target audience of this population is nurse educators and those interested in increasing Health Literacy and Cultural Competence among the student nurse population.

Abstract
Purpose: Health Literacy and Cultural Competence in healthcare are not new concepts, but they are now becoming a priority focus of major health organizations. Healthcare professionals realize that patient-centered care is dependent upon clear communication and understanding. Student nurses receive minimal education on Health Literacy and communication methods with Limited English Proficient (LEP) patients. This project focuses on the development of an educational program for second year Associate Degree Nursing (ADN) students in order to increase Cultural Competency and Health Literacy prior to entering the clinical area.

Several learning objectives were devised for the outcomes of this project. Through education, students should show an increase in health literacy and cultural competence knowledge and skills. The objective of this project is to develop and evaluate student knowledge and attitudes of health literacy needed for working with LEP patients after participating in a health literacy educational program.

Methods: Ethical approval was obtained by the Capella University Research Ethics Board and the President of Vermont Technical College granted permission for project implementation. ADN students were recruited and provided informed consent to voluntarily participate in the project. Students received an assurance of confidentiality. Recruitment was done by distributing written information across campus.

The educational program consists of three modules including learning of Health Literacy, patient assessment models, cultural differences in communication methods, and self-awareness with an expected outcome of increased cultural competence of nursing students. This qualitative study uses a pre and post-survey method of data collection. The survey used is the Inventory for Assessing the Process of Cultural Competence among Healthcare Professionals – Student Version (IAPCC-SV), developed by Campinha-Bacote, as a measurement tool of students Cultural Competence and Health Literacy proficiency.

Results: A convenience sample of Associate Degree Nursing students were used for this project (n=34). The general results of this project reveal that the educational program increased students’ knowledge from Culturally Aware to Culturally Competent and Culturally Proficient. Data is still being processed. Full results will be forthcoming.

Conclusion: Nursing students are core providers in the health care setting and due to their learning focus may spend significant more amounts of time with individual patients. These students are in the perfect position to assess and address the patient’s health care literacy needs. The ultimate outcome of this project was to promote and support cultural competence and health literacy. Through educating nursing students, this knowledge will remain with them throughout their careers and promote the nursing profession as a whole. This, in turn, will increase the quality of nursing care and benefit the patient population as a whole.

References
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Effect of an Empowerment Program for Children with Disorders of Defecation and Their Families

Miyuki Nishida, PhD, RN, Japan

Purpose
The purpose of this presentation is to reveal the effect of our empowerment program designed for children with disorders of defecation and their families.

Target Audience
The target audience of this presentation is individuals who are interested in empowerment programs for children with disorders of defecation and their families, through which children can build independence.

Abstract
Objective: To investigate the effect of an empowerment program for children with disorders of defecation and their families

Methods: Twenty-seven children aged 1–14 years with a defecation disorder and their mothers participated in an empowerment program consisting of two parts (one for mothers and one for children) designed to help children smoothly transition to self-care. The part for mothers mainly provided emotional support and information, while the part for patients aimed to increase children’ understanding of defecation disorders and help them attain self-care skills.

Results: Twelve patients had anorectal malformation, 11 had Hirschspring’s disease, 2 had cloacal malformation, 1 had Currarino syndrome, and 1 had constipation. A series of child–mother–researcher sessions (mean duration, each 30–45 minutes) were given over a period of 1–6 months, depending on the child’s age and individual situation.

Effects of intervention were seen in seven areas of support: (1) attainment of children’s independence in defecating; (2) introduction of forcible defecation; (3) identification of developmental disorders and provision of appropriate support; (4) increasing children’ understanding of defecation disorders to promote independence; (5) preparation of a social environment for children’ development; (6) explanation of the disease and sex education; and (7) providing support for prevention of school refusal. For area (4), the following specific steps were taken in the following order: children were interviewed to uncover their understanding of diseases, feelings about the current situation, and future intentions; it was made clear to children that their mothers and nurses were “supporters” for helping them do their best; children were encouraged to promise to do what they could (e.g., taking regularly scheduled toilet breaks and recording daily defecation status); their number of outpatient visits was increased to once a month; their awareness of diseases was confirmed by quizzing on the names and brief description of diseases; and lastly they were reminded of their promises, thereby increasing self-care activities (e.g. trying hard to defecate every morning, changing out of wet underwear, washing dirty underwear by themselves). Whether children were enjoying school was confirmed by asking for friends’ names and playtime activities. A third-year primary school patient became able to self-administer an enema, and a fifth-year primary school child talked about defecation disorders in front of the class during a lesson on diseases and illness.

Discussion: This study revealed that it is important for children to understand their own diseases and conditions regarding defecation. It was also suggested that good nursing for outpatients as well as establishment of the system and network necessary for continuous provision of nursing care are needed.

References

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Purpose
The purpose of this presentation is to explain an exploration of mentoring relationships with graduate nursing students. By using action research we can define a collaborative partnership supporting the positive social construction of mentoring. In defining what works in building a collaborative relationship we can affect student growth as scholar-practitioners.

Target Audience
The target audience of this presentation is faculty, practitioners and students. Developing mentoring relationships in the academic world can be translated into reflective practice with patients and in healthcare settings to effect positive social change in healthcare delivery.

Abstract
Graduate nursing students need to have mentors to help guide them through the process and importance of learning. Thus, students require nurturing relationships, to enhance scholar-practitioner development. Effective mentoring takes time and intent in the form of a structured process to support students as they matriculate through graduate education programs. This type of relationship can promote professional development and entry into doctoral programs, supporting overall enhancement of the nursing profession and ultimately our patient outcomes.

With the use of the Coordinated Management of Meaning (CMM), a theory based in social construction, we can explore the dynamics of the mentoring relationship within the framework of communication. This can increase our understanding of the complexities of relationship building and how this relationship can then propel students towards potential innovation, successful knowledge synthesis and the ability to take positive relationship development into their professional environments.

To effect change in the mentoring relationship we can use CMM to develop an Action research project to define a collaborative partnership that supports positive social construction of the mentoring relationship. By using student and faculty perspectives to define what works in building a collaborative relationship we can affect student growth as scholar-practitioners. This information will be disseminated in the form of a new faculty course to help faculty develop as mentors creating collaborative relationship with students.

References

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Elisa Rodriguez, DNP, ARNP, BC, USA

Purpose
The purpose of this presentation is to show how a team of RN-BSN students from Miami Dade College - Community Nursing course were able to disseminate awareness among the community about importance of early detection of breast cancer during Making Strides against Cancer Walk in Miami Dade County.

Target Audience
The target audience of this presentation were the participants of the Making Strides against Cancer Walk.

Abstract
The purpose of this presentation is to show how a team of RN-BSN students from Miami Dade College - Community Nursing course were able to disseminate awareness among the community about importance of early detection of breast cancer during Making Strides against Cancer Walk in Miami Dade County. The group of students gathered evidenced-based information about importance of early diagnosis of breast cancer. The group of students then worked together with course professor to find out the best way to propagate the researched information to the community of interest. The community consisted of active participants in the Making Strides Against Breast Cancer, including breast cancer patients, family, friends and any other person who has been affected by the disease in some way. This walk is coordinated by the American Cancer Society and has a vast participation from the community.

References

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EBP PST 2 - Evidence-Based Practice Poster Session 2
Preparing Future Nurse Leaders Holistically at a Faith-Based University

Pamela J. Hodges, PhD, MSN, RN, USA
Lucindra Campbell-Law, PhD, RN, ANP, PMHNP-BC, USA

Purpose
The purpose of this presentation is to demonstrate that by using the Sacred Vocation Program, students are able to transfer that nurturing spirit into care and management of patients and their leadership philosophy. The project was done to determine the effectiveness and feasibility of incorporating the SVP into the curriculum.

Target Audience
The target audience of this presentation includes educators, academicians, clinicians, and nursing students.

Abstract
The purpose of this project is to demonstrate the premise of the Sacred Vocation Program (SVP) as effective healing begins with nurturing the spirit of each nursing student. The students are able to transfer that nurturing spirit into the care and management of patients and their leadership philosophy. The pilot project was done to determine the effectiveness and feasibility of incorporating the SVP into the curriculum.

Background: The SON navigates a new era for higher education and strives to incorporate the mission, vision, and philosophy of the faith-based university into the preparation of future nurse leaders. The students are educated intellectually, morally, and spiritually with a distinct focus on a compassionate healing ministry nourished by Catholic traditions of education and service. It is essential to prepare nurse leaders with skills and tools to deliver holistic, compassionate healthcare in a healing environment.

The SON provides within the leadership course a sound foundation based on concepts of professionalism and moral leadership, shared governance, healthcare policy, quality and risk management, decision making, accountability, evidence based practice, and conflict resolution.

Method: The project began with the development of the Sacred Vocational Program (SVP) in the leadership course. The program was originally developed by Rabbi Samuel Karff during his tenure at the University of Texas Health Science Center Houston McGovern Center for Humanities and Ethics. Faculty approached the Rabbi and McGovern Center for Humanities and Ethics Director about the possibility of providing the program for nursing students as the undergraduate nursing curriculum was being developed. The program was purchased and adapted to meet the needs of the curriculum. The goals of the project included 1) help students view their work as a sacred calling 2) emphasize reflection to support the core concept of the nurse as an instrument of healing 3) integrate the school's holistic philosophy into their own personal nursing philosophy and 4) provide a culminating experience for nursing students.

The SVP was organized differently from the original SVP. Instead of using five 60 minute sessions, it was delivered over a two day period.
Students spent a substantial amount of time on reflection about sacred vocations, self-care and how nurses can better care for themselves. Students vowed to embrace nursing as a vocation and apply the dimensions to their practice.

Each student formulated their philosophy of nursing based on the university vision, their formation in SON, and reflections from the SVP.

**Results:** Students reported experiencing a significant change in their perception of nursing. They also vowed to embrace nursing as a vocation and apply the dimensions to their practice. Various comments from students included the following:

"I was able to ... reflect on the transformations in my life. It definitely helped me to look at nursing in a more holistic view"

"It felt like it came just in time, at the end of the program...This class spoke to me as a person, a student, and as a nurse..."

"I enjoyed the past two days. It made me reflect on my thoughts and feelings experienced over the last two years of nursing school."

"I felt encouraged as a nursing student now transitioning to the working field."

"This was a great end to the semester and our nursing school journey...I think this should continue to be the last session in the course for each incoming cohort."

"Great ending to a long journey!"

"Presenter was able to transmit the true meaning of nursing as a ministry."

**Conclusion and recommendations:** Students and faculty felt that the SVP was a tremendous success and should continue as a component of the curriculum. The faculty commented that having the course offered concurrently with the senior capstone course was an appropriate curricular decision. After completion of the project, it was determined to be both effective and feasible to incorporate the SVP into the curriculum.

**Limitations:** This is pilot work completed prior to incorporating the program formally as a component of the leadership course at one small university school of nursing. Hence, it is not generalizable and transferability is exceedingly limited.

**References**
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EBP PST 2 - Evidence-Based Practice Poster Session 2
Transitioning: A Synergy Care Practicum for Senior Nursing Students

Sabrena Chriscil Wells, MA, BSN, BS, RN, CCRN, CMSRN, USA

Purpose
The purpose of this presentation is supporting the AACN Synergy Model as a teaching/learning platform and basis for undergraduate BSN transition to practice preceptorships.

Target Audience
The target audience of this presentation are Deans, faculty, clinical instructors, academic advisers and others involved in nursing education.

Abstract
For over 30 years, preceptorships have been used to facilitate student learning in the clinical setting (Udlis, 2006). "In the past this has been done under the previous 'apprentice' model within hospital education" (Charleston & Happell, 2005, p.303). Providing one on one matching of nursing students to professional nurses opens up positive role modeling to them which has been shown to be an effective method of encouraging good work place practices and retention in the profession – this is examined.

In the US, senior nursing students follow their assigned preceptors work schedule and are assessed by both preceptor, and faculty at the student's learning institution. Not all preceptorships provide positive environments for learning. New nurses' socialization into the professional clinical setting can be jarring, leading to what has been coined as "reality shock" (Procter, et al, 2010). Twenty-five percent of new graduate nurses leave their first jobs within a year of starting (NCSBN, 2013). Additionally, there is a demonstrated history of a lack of preceptor incentives.

Clinical placement during the final semester of nursing school initiates socialization into the role of Registered Nurse prior to graduation. What do students/preceptees value most in a preceptor/nurse? A search of the literature clearly establishes that both groups prefer to work with nurses who show positive attributes of professionalism and caring. A model was sought to conceptualize this phenomena.

A database search of CINAHL, MEDLINE, PUBMED and OMNIFile was conducted. Key terms utilized were nursing, preceptorship, undergraduate, transition, framework, and synergy.

References

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Purpose
The purpose of this presentation is to determine that health care illiteracy among the Hispanic population is related to factors other than language barrier.

Target Audience
The target audience of this presentation are health care providers in the United States, including Advanced Registered Nurse Practitioners (ARNPs), Clinical Nurse Specialists, Registered Nurses (RNs) and other health care providers professions related to patients’ education.

Abstract
Purpose: Improve health care literacy among the South Florida Hispanic population through implementation of televised health care education.

Background: Health literacy is described as the ability to acquire, process, and understand basic health information and services to make suitable health care decisions (Berkman, Sheridan, Donahue, Halpern & Crotty, 2011). Health literacy depends on the context. Even people with strong literacy skills can face health literacy challenges, such as when: people are not familiar with medical terms or how their bodies work; and when they are diagnosed with a serious illness and are scared or confused.

According to Singleton and Krause (2009) only 12 percent of U.S. adults had proficient health literacy, 77 million adult people have difficulty with common health tasks, such as following directions on a prescription drug label. Limited health literacy affects adults in all racial and ethnic groups. However, 65 percent of Hispanic adults present with basic or below basic health literacy range what represent a significant portion of the population compared with 28 percent of white adults presenting with same issue. Hispanics have lower levels of health literacy than non-Hispanics, and much of their health information comes from sources other than their health care providers (Elder, Ayala, Parra-Medina & Talavera, 2009). Among Hispanics, Mexicans and Central Americans are most likely (30%) to report having received no health information from their doctors, followed by South Americans (29%), Dominicans (25%), Cubans (22%), Puerto Ricans (19%), and all other Hispanic subgroups (16%). Therefore, Two-thirds (69%) of Latinos reported receiving health information from television. In addition, 51% of all Latinos receive health information from newspapers, 40% from radio, and 35% from the Internet. Majority of Latinos obtained health information from television or the radio report receiving it in Spanish or a mix of Spanish and English (Britigan, Murnan & Rojas-Guyler, 2009).

Significance: Low rates of health literacy is a nationwide problem linked to poor health care outcomes such as higher rates of re-hospitalization and lower adherence to medical treatments regimens, are more prominent among Hispanics than non-Hispanics.

Method: Cross sectional study using an internet questionnaire survey will be implemented asking to adult Hispanics individuals in South Florida from where they mainly acquired their health care information. Additionally, questions to determine level of health care literacy pre and post intervention will be included in the survey.

References:


**References**

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Purpose
The purpose of this presentation is to provide a concept analysis and current definition for the term cultural humility.

Target Audience
The target audience of this presentation is nurses who wish to better understand the term cultural humility.

Abstract
Diversity is being increasingly recognized as an area of emphasis in health care. The term cultural humility is used frequently but society’s understanding of the term is unclear. The aim of this paper was to provide a concept analysis and a current definition for the term cultural humility. To capture society’s definition of the term, seven databases representing different disciplines were explored. Abstracts were read for relevance and sixty two articles from were included in the review. Rodgers and Knafl’s (2000) method of concept analysis was used to guide the process. Cultural humility was used in a variety of contexts from individuals having ethnic and racial differences, to differences in sexual preference, social status, interprofessional roles, to healthcare provider/patient relationships. The attributes were openness, self-awareness, egoless, supportive interactions, and self-reflection and critique. The antecedents were diversity and power imbalance. The consequences were mutual empowerment, partnerships, respect, optimal care, and lifelong learning. Cultural humility was described as a lifelong process. With a firm understanding of the term, individuals and communities will be better equipped to understand and accomplish an inclusive environment with mutual benefit and optimal care.

References

Contact
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Purpose
Nurses’ present job satisfaction and its association with their departments and years of experience were examined.

Target Audience
The target audience of this presentation is nurses, Nursing administrator.

Abstract
Background: Nurses’ environments have changed remarkably. The existing job satisfaction scales do not reflect Japanese nurses’ job satisfaction thoroughly. Therefore, the authors developed a scale comprising four factors (positive emotions toward work; appropriate support from superiors; perceived significance in the workplace; and pleasant working environment) from 28 items focused on work achievement, ability improvement, and others, and examined its reliability and validity (Muya et al., 2014).

Objectives: Nurses' present job satisfaction and its association with their departments and years of experience were examined.

Method: Subjects were 450 nurses from two hospitals with 500 beds or more. Survey items were the job satisfaction scale, years of experience, and departments to which the subjects belonged. Years of subjects’ experience were classified into four groups: (at 3 years or less, at 4–6 years, at 7–15 years, at 16 years or more). The subjects’ departments were classified into four groups (internal medicine; surgery; pediatrics/obstetrics and gynecology; serious intensive care unit/operating room). The differences in the group means were assessed by one-way analysis of variance. When significant differences were found, multiple comparisons (Tukey method) were used. A multiple regression analysis was conducted with job satisfaction as a dependent variable and years of experience and departments as independent variables.

This study was approved by the nursing science ethical committee of the Osaka Prefecture University. All the subjects were informed in writing of voluntary consent for participation in this study, and securing the privacy and protection of personal information and its handling.

Results and Discussion: A total of 217 subjects responded to the questionnaire, representing a 48.2% return rate. The mean age was 35.3 ± 9.1 years with clinical experience of 10.3 ± 9.2 years. The mean of job satisfaction was 2.84 ± 0.53 points. The mean of “positive emotions toward work” was 3.11 ± 0.60 points. The mean of “appropriate support from superiors” was 2.67 ± 0.78 points. The mean of “pleasant working environment” was 2.08 ± 0.58 points. The mean of “perceived significance in their workplace” was 2.92 ± 0.57 points. The score of the first factor was the highest. Job satisfaction scores tended to be lower in nurses with 4–6 years of experience. Significant differences were found in the first and fourth factors. The serious intensive care unit/operating room scores were significantly lower in the first factor and surgery scores were significantly lower in the second and fourth factors. Multiple regression analysis showed department was significant ($\beta = 0.209, p < .01$) as an explanatory variable. Job satisfaction scores tended to be lower in nurses with 4–6 years’ experience; the job satisfaction of nurses of that experience level needs to be examined.

Job satisfaction focusing on work achievement and ability improvement was influenced by nurses’ departments. The job satisfaction was significantly lower in the nurses working in the busy surgery department. Support by supervisors for actual fulfillment of work (e.g., offering specialized care) or the pleasant working environment were important.

References
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Purpose
The purpose of this presentation is to describe the development and implementation of a multimedia website that is easily accessible 24 hours per day, 7 days per week by point of care clinicians.

Target Audience
The target audience for this presentation is registered nurses who are interested in utilizing information technology to provide point of care resources.

Abstract
Background: The surge in electronic information in healthcare has impacted multiple aspects of nursing, including education, recruitment, daily operations, and documentation of patient care. However, one study evaluating the presence of nursing on hospital websites across 5 countries found that only 22% of websites contained specialty areas of nursing. Items such as accomplishments, awards, accolades, and links to other websites were rarely present (Chen & Liu, 2010).

The World Federation of Critical Care Nurses (WFCCN) is an international organization with more than 500,000 nurses representing 42 countries worldwide. This organization recently published the results of a survey to profile activities as well as concerns of critical care nurses and organizations worldwide. Services provided by organizations were ranked in importance. Websites were ranked second, surpassed only by the availability of national conferences (World Federation of Critical Care Nurses, 2014). These results illustrate the importance of information availability in an electronic format.

The development of websites for critical care nurses has been described. Objectives included providing access to resource information (Cacciata, 2011; Corliss, 2008; Thompson, 2011), videos (Corliss, 2008), and links to other sites, such as professional organizations and vendors, as examples (Cacciata, 2011).

Description: In 2013, an adult critical care website was developed to be a central repository of electronic resources to address the complex needs of adult critical care patients among 5 ICU's and across 2 buildings on one campus. One goal was to provide current "just-in-time" resources for point of care application for nurses and other members of the interprofessional team. Historical staff communication methods (meetings, e-mails, resource binders, skills fairs) became inadequate to meet patient care needs due to attendance challenges, lost e-mails and outdated information. Skills fairs incurred overtime. From its inception, the website was developed with a comprehensive menu of options including updates, resource documents, links, and videos.

A multimedia adult critical care website was developed utilizing Adobe Dreamweaver, Adobe Photoshop and Grass Valley Edius editing software. It is a stand-alone section within a left side navigation accordion of a nursing service website. Security is enabled by the use of a firewall; yet access is granted on campus without the use of a password. Conformity with institutional website visual standards was ensured. Staff can immediately access the website from their computers at the bedside used for electronic documentation. Finally, changes/updates are able to be accommodated quickly by a Webmaster.

An updates page is the default tab of the website. Photos of different critical care nurses are featured on this page. Links to upcoming professional development opportunities are placed here. There are also sections for kudos and congratulations for clinicians who have achieved accomplishments such as awards, advancements, passing a certification exam, or completing a degree program.

Utilizing Xythos content management software, links to documents are available on a separate tab. A menu of single documents or folders of documents is available in alphabetical order. Examples of resources uploaded onto the website include resource notebooks (trauma manual, continuous renal replacement therapy, cardiothoracic surgery protocol), handouts and powerpoints from inservices, summaries of EBP reviews, and forms/checklists that are utilized in routine practice (preceptor feedback tool, transport checklist).
Links to other evidence-based resources and professional organizations are located on one web-page tab. One example is online modules from vendors whose products or equipment are utilized in the ICU. Another example is professional organizations that offer a myriad of information and education for clinicians.

Many procedures, skills, or equipment operations were videotaped, edited and linked to the website. This included all skills identified on the department’s competency checklist as high-risk and low-volume. This format ensures that information on these skills are available 24/7. Therefore, in a situation, for example, in which a nurse must perform a skill for which she requires a refresher, a brief video can be quickly viewed. Sixteen of the videos on the website that are designated as high-risk and low-volume are flagged. Each year, viewing of these videos is mandatory. After viewing the videos, a post test is completed, and placed in each employee’s file. The post test is modified each fiscal year and linked to the video tab.

**Evaluation and Outcomes:** One of the activities completed to gain rapid support and interest in the website was an official debut of an “outtakes” video. This was a compilation of mistakes and other funny anecdotes caught on tape while filming the videos. Clinicians enjoyed viewing their coworkers in this video, and word spread quickly about the video additions to the website. Other venues for dissemination of information about the website included e-mail, shared leadership councils, and one-on-one in person demonstrations.

None months post implementation, staff were queried regarding the usefulness and helpfulness of the website. The majority of respondents (n=39; 94.7%) had accessed the website at least once since it went live. On a scale of 1-4 with 4 being the most useful or helpful, staff rated the website with an average of 3.61 for both ratings. Comments from the survey tool included “excellent resource”, “well done and an excellent orientation tool”, and “It’s a fantastic website! Kudos to the creators”.

**Implications:** Rapid access to evidence-based resources at point of care is essential in today's complex, fast-paced, technology-driven, and high-stress environments. Nurses working in hospitals locally, regionally, and worldwide can utilize information technology and share best practices to develop creative informative resources for point of care clinicians.

**References**

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Purpose
The purpose of this presentation is to explicit the relationship of professional autonomy, perception and preference of its ethical climate and job satisfaction among Japanese nurses.

Target Audience
nursing faculties, administrators, graduate students

Abstract
Background: It is a global understanding to improve nurses’ professional autonomy is crucial to provide excellent nursing care. However, it is also clear, that the more professional autonomy grows, the more the conflict to the organizational custom is enlarged. The number of studies pertaining to the relationship between professional autonomy and the organizational climates is quite a few. This study aims to investigate how professional autonomy influences to perception of the ethical climate, as the result, to job satisfaction.

Methods: The candidates were gathered from nurses who working in two hospitals which have more than 300 beds-sized by a convenient sampling methodology. Following ethical guidelines of nursing research, the survey was performed by the mail returned-questionnaire in terms of professional autonomy, perception of its ethical climate, the preference of its ethical climate, and job satisfaction. As the measurement tool, DPBS (Dempster, 1990), ECS (Victor & Cullen, 1988) and MSQ (Weiss et.al, 1967) were adopted. DPBS has 4 subscales; Actualization, Empowerment, Readiness and Valuation. ECS has 7 categories; Egoism-Individual, Egoism-Local, Egoism-Cosmopolitan, Benevolence, Principle-Individual, Principle-Local, Principle-Cosmopolitan. MSQ has 3 categories; Intrinsic, Extrinsic, and Social. Each item was calculated by Likert scale.

Results: The number of eligible data was 310. The ratio of sex was 9:1(women:men). The composition of population was 20s (45.3%), 30s (29.0%), 40s (15.1%), 50s (8.9%), 60s (1.7%). As the results of Pearson correlation analysis, every category of DPBS score was positively correlated with job satisfaction score (0.21<r<0.47, p<0.001). On the contrary, as for perception of its ethical climate, Egoism-Individual and Egoism-Local climates score were negatively correlated to all categories of job satisfaction score (-0.34<r<-0.17, p=0.001). Spontaneously, Empowerment and Valuation, subscales of DPBS were negatively correlated to perception of Egoism climates (-0.19<r<-0.12, p=0.05). In order to demonstrate Structural Equation Model, ethical climate categories were divided into 3groups: Egoism, Benevolence, and Principle. At Egoism group, negative affection model was depicted (DPBS->JS 0.40*, Ego->JS -0.40*, CFI=0.93). At Benevolence group, model was not depicted. At Principle group, positive affection model was depicted but there was slight relationship (DPBS->JS 0.31*, Principle->JS 0.07. CFI=0.94). To determine the relationship with the preference of ethical climates, pass analysis was implemented. There was a positive effect in both Egoism and Principles groups (DPBS->Ego0.18*, Ego->JS0.38*, DPBS->JS0.36*, CFI=0.95; DPBS->Principle0.24*, Principle->JS 0.48*, DPBS->JS0.31* CFI=0.93). As a result, total effects of DPBS was 0.42(Egoism) and 0.42(Principle) each.

Discussion: DPBS score highly affected to nurses’ job satisfaction. However, the perception of ethical climate also influenced to their job satisfaction. Especially, Egoism-climates are characteristically negative affection to their job satisfaction. According to the depicted pass models, there was no different influence between job satisfaction and culture preference. It means DPBS originally affect to JS no matter with cultural preference, only with the perception to the cultural aspects. It should be encouraged for nursing managers to establish principle based culture to foster professional autonomy and improve job satisfaction although high automated nurses prefer egoism based culture.

References
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Integrating Healthy People 2020 into a Health Assessment Course

Patricia Keresztes, PhD, RN, CCRN, USA

Purpose
The purpose of this presentation is to describe a method of introducing nursing students to the areas of health promotion and disease prevention utilizing Healthy People 2020.

Target Audience
The target audience of this presentation is educators in undergraduate nursing programs, particularly those educators who teach in a health assessment course.

Abstract
Health assessment is one of the first nursing courses offered in the curriculum. With the advent of the Patient Protection and Affordable Care Act a significant focus will be put on patients’ self-management of their health and disease. It is important that nursing students early in the curriculum learn how to assess health promotion and disease prevention and focus on health issues that are prevalent in this country. In my Health Assessment course I developed a writing assignment that introduces the students to Healthy People 2020. This assignment helps students begin to identify the role of the nurse in health promotion and disease prevention. In this assignment the student identifies one of the topics/objectives from Healthy People 2020 and gives a brief description why this topic was chosen. The student then retrieves a journal article which pertains to that topic and then summarizes the article. The main focus of the paper is to describe what important aspects of assessment the nurse should focus on and what specific areas of education the nurse should teach the patient as it pertains to the topic and objective of Healthy People 2020. The assessment is holistic and should focus on physical, cultural, emotional, and social aspects. The teaching can include signs and symptoms and lifestyle modifications such as diet and exercise. The evaluation of this paper was very positive from the students. Many students chose topics such as mental health and mental disorders because these issues exist in their family. Other students chose maternal health because this is an area in which they want to practice. This activity introduces the students to Healthy People 2020 and the need for nurses to focus on health promotion and disease prevention with their clients.

References

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**EBP PST 2 - Evidence-Based Practice Poster Session 2**

**Free Radicals and Antioxidant Enzymes in Aged Adults after Regular Elastic Band Exercising**

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Wei-Sheng Chung, MD, PhD, Taiwan*

**Purpose**
The purpose of this presentation is to introduce a new complementary health practice method, the Senior Elastic Band (SEB) exercise program, for global clinical practitioners and nursing researchers who are interested in anti-aging effects of exercises in the population of community-dwelling older adults.

**Target Audience**
The target audience of this presentation is the global clinical practitioners and nursing researchers who are interested in anti-aging effects of exercises in the population of community-dwelling older adults.

**Abstract**

**Purpose:** Long-term regular exercise has positive health promotion outcomes. On the contrary, brief intense exercise induces the generation of reactive oxygen species and free radicals; thereby, increasing oxidative stress and causing protein and lipid peroxidation. To test the effects of the regular Senior Elastic Band (SEB) exercises on the generation of free radicals and antioxidant enzyme activities in aged adults.

**Methods:** A prospective experimental design was used. Twenty-five aged adults were recruited from a community care center, southern Taiwan, and were randomly assigned to either an experimental or control group. Twenty-two participants completed the study: experimental group (n = 10) and control group (n = 12). The experimental group performed six-month SEB exercises while the control group kept a non-exercise daily routine. Both groups received blood tests, thiobarbituric acid-reacting substances (TBARS) and the glutathione peroxidase (GPx), 30 minutes before the study began and one hour after the final intervention treatment.

**Results:** At the end of the six-month SEB exercises, no significant difference in TBARS and GPx values between the experimental and control groups (all \( p > .05 \)). No significant difference existed in both TBARS and GPx values before and after the six-month SEB exercises either (all \( p > .05 \)).

**Conclusion:** Regular SEB exercises did not increase the generation of free radicals and antioxidant enzyme activities. The SEB exercise routine could be promoted among aged adults in the community as an exercise option for mitigating aging and increasing disease control.

**References**

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EBP PST 2 - Evidence-Based Practice Poster Session 2

Development and Pilot Testing of a Social Media-Based Educational Sexual Health Intervention

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Purpose
The purpose of this presentation is to indicate the impact of a social media-based educational sexual health intervention among 18-24 year olds compared to self-exploration of educational resources delivered via a website.

Target Audience
The target audience of this presentation is towards adolescent health professionals, public health officials, sexual health professionals, and those interested in using technology in healthcare.

Abstract
The purpose of this project was to develop and determine the impact of a social media educational intervention on sexual health among 18-24 year olds residing in a Midwestern metropolitan city, as compared to self-exploration of educational resources delivered via a website. This evidence-based pilot project utilized pre- and post-test data for outcome measures. Forty-six participants were recruited, 23 randomized to “like” a Facebook fan page (intervention) and 23 directed to view a website (control) containing links to educational material regarding sexually transmitted infections/human immunodeficiency virus (STI/HIV). The website did not change throughout the study, while educational information was posted to Facebook three times a week for six weeks. Pre-test data indicate ninety-one percent of participants reported sexual activity; 30% reported 6+ lifetime partners; however, 54% reported one partner in the last three months. Thirty-seven percent reported using a condom at last intercourse; and 44% were previously diagnosed with an STI. The low participation rate among post-test surveys provides limited data. These data indicate no difference between groups in sexual health education or behavior measures, such as condom use. There was a positive change in confidence with STI/HIV knowledge in both groups and an immediate sexual behavior change in condom use in the website group. The increased confidence of STI/HIV knowledge in the Facebook intervention group and website control group is promising in that Facebook and websites have the potential to disseminate educational material among adolescents and young adults. Low participation rates may be related to decreased presence of youth on Facebook and inability to engage participants directly, thus alternative social media applications should be explored. Future recommendations include conducting focus groups to determine preferred learning modalities, suggestions for engagement, recommendations for incentives, and exploration of alternative SNS for sexual health education dissemination.

References

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EBP PST 2 - Evidence-Based Practice Poster Session 2
An International Partnership for Nursing Education on Tobacco Dependence Treatment

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Purpose
To describe the development of an international collaboration between United States, Czech Republic, Poland and the International Society of Nurses in Cancer Care to assess nurses’ educational needs and practices related to tobacco dependence interventions, and the development of a long distance, web-based educational intervention to address the identified needs.

Target Audience
Nurses interested in international research collaboration, development of web-based surveys and long distance learning, and nurses interested in tobacco control and tobacco dependence treatment.

Abstract
Tobacco use is the largest preventable cause of death, including cancer death, in both Czech Republic (CZ) and Poland (PL), annually responsible for 16,000 deaths and 67,000 deaths respectively. Tobacco prevalence in both countries remains a serious public health problem, with 2.5 million, or 36.9% of the population over the age of 15 years being smokers in CZ and 9.8 million, or 30.3% of the population over the age of 15 years in PL. Additionally, tobacco use among youth 13-15 years of age is very high at 39.8% in CZ and 23.3% in PL. Of great significance is the high proportion of nurses who smoke in both countries, between 20% – 35%.

Increased access to tobacco dependence treatment has been identified as a priority within the tobacco control national plan in both countries and nurses, the largest group of healthcare professionals, if properly educated on providing evidence-based cessation interventions, would be ideally positioned to decrease the burden of tobacco-related morbidity. All smokers should receive support for quitting, and research demonstrate that smokers with a cancer diagnosis benefit from receiving cessation and quitting, with improved treatment outcomes. Evidence suggests that interventions following the 5As framework are effective in increasing quit rates. The 5As include: Asking about smoking status, Advising patients to quit, Assessing willingness to quit, Assisting with a quit plan, and Arranging for follow-up for ongoing support.

The goal of this collaboration was to build capacity among nurses in general practice and in oncology to implement evidence-based interventions with all patients who smoke. It was based on a previous, successful, experience in the United States and China.

The target population was 300 staff nurses in PL and 200 staff nurses in CZ, caring for adult patients.

The team developed a web-based instrument through REDCap, which was adapted and then translated to Czech and Polish. The survey included information about the project and informed consent. The team also developed 2 webcasts per country, one on nurses’ role in tobacco dependence treatment and another on tobacco dependence treatment in oncology settings. Nurses were recruited through a variety of nursing websites and through direct contact with administrators in selected hospitals in both countries. Nurses interested in participating accessed the link provided to the informed consent and the online pre-test of knowledge, skills and attitudes related to smoking cessation interventions completed immediately before the e-learning courses. After completing the survey nurses were provided, via e-mail, with the link to the 2 webcasts. Three months later nurses were asked to complete a survey assessing changes in practice. A webpage with additional resource materials for each country was also created.

In PL over 278 nurses enrolled and in CZ, 418. After eliminating surveys with missing data, the final sample was 238 and 370, respectively. Over 90% of nurses in both countries were female, with a mean of 18 (PL) to 21 (CZ) years of experience, and approximately 40% in both countries worked in Medical-Surgical units. Current smoking was 8% in PL and 19% in CZ.
Nurses were asked about the frequency of providing smoking cessation interventions to patients, on a 5-point scale (never, rarely, sometimes, usually, always). For analysis, usually/always were collapsed to indicate consistency of delivering the intervention in accordance to evidence-based practice and the 5As framework. In CZ, over half of the nurses in CZ consistently asked (58%) about smoking status and advised (56%) patients to quit; less than half (48%) assessed willingness to quit, 21% assisted with a quit plan but only 5% arranged for follow up. In PL, the results were similar but a higher proportion of nurses consistently advised (86%) and arranged for follow-up (38%). Referral to a quitline, a proven resource to support abstinence available in both countries, was reported by approximately 1 in 5 nurses in both countries.

These baseline data demonstrate that there is potential to grow nurse involvement in providing evidence-based tobacco dependence treatment to hospitalized smokers. The impact of availability of the distance learning, web-based educational program will be evaluated post-implementation.

Globally, as countries move towards implementation of the World Health Organization recommendations to address tobacco dependence, and develop strategies to reach the United Nation’s target of reducing tobacco use in 30% by 2020, initiatives to engage nurses in tobacco control will be necessary. This collaborative project provides a model for translating evidence into practice through a long distance educational program that could inform other research teams and countries interested in contributing to fighting the tobacco epidemic.

References

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Implementing Compassionate Care Interventions in an Urban Primary Care Setting

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Purpose
The purpose of this presentation is to provide evidence-based education, interventions and support with the goal of enhancing a culturally focused and compassionate environment for both staff and patients. Interventions will include mindfulness training, lateral violence awareness, motivational interviewing techniques and culturally appropriate care training. Outcome measures will be evaluated.

Target Audience
The target audience will include nurses in a variety of roles in multiple health care settings. This presentation is applicable to student nurses, registered nurses, baccalaureate prepared nurses, advanced practice nurses, and doctorally prepared nurses.

Abstract
The development of Compassionate Care interventions for primary care is an overarching series of interventions and education aimed at enhancing culturally appropriate care to an underserved population. These interventions also address a number of priorities within the Patient Protection and Affordable Care Act of 2010, specifically in the area of quality improvement. The ACA’s first priority is identified within the category of improvement of quality and health system performance. This section addresses national priorities that include the improved delivery of health care services, patient health outcomes and population health (ACA, 2013). Further, in the Institute of Medicine’s Priority Areas for National Action: Transforming Health Care Quality (2014), an overarching priority in the improvement of quality is to provide the patient with an enhanced care experience. They evaluated and chose priorities according to the degree in which changes in the system can improve day to day care and quality of life for the patients (Institute of Medicine, 2014). The priorities include the six quality aims of safety, timeliness, efficiency but also of patient-centeredness and equity. Efforts for improvement may include reorganization at a micro, organizational or environmental level but should be focused on and evaluated by their ability to improve the overall patient experience. We have developed interventions that will focus on several of these areas to improve quality with and through the staff and ultimately affect the quality of health care delivery.

In a successful systems environment, workers move beyond their small focus to understand how their role is intricately woven into the successful operations of the whole. They become a learning organization that continually strives to expand their knowledge and capacity and move towards common goals (Peterson, 2014). Instilling ideas and positive ways to improve quality can serve as a basis for the development for an open environment, shared visions and ideas and ultimately, a more effective environment for change (Peterson, 2014).

The Compassionate Care Interventions developed for the urban primary care setting have an approximate 24 month timeline. The individual interventions will include: (a) training for all staff in the utilization of a mindfulness app on phone or computer; (b) a presentation to all staff on the negative effects of lateral violence to increase staff awareness; (c) a Mindfulness-Based Intervention (MBI) with the clinical staff as participants; (d) motivational interviewing training for all clinical staff, and (e) intercultural communication/culturally appropriate care training (Spanish, Burmese, Somali, HIV +, Transgender) to all staff with patient contact.

When discussing mindfulness or meditation, the words conjure images of a quiet, private time of tranquility and peace. Traditionally, hospitals and primary care practices don’t seem like a location where mindfulness has a place as a therapeutic option. There is, in fact, evidence that mindfulness is profoundly healing, and can be utilized in the health care system, from prevention, diagnosis, and treatment, through cure, palliative care, and even health administration and medical training. There are multiple practices that can be called mindfulness tools. Mindfulness attitudes include; (a) non-judging, (b) patience, (c) “beginner’s mind”, (d) trust, (e) non-striving, (f) acceptance, and (g) letting go (Kabat-Zinn, 2009). Three critical elements of mindfulness include; (a) attention, (b) attitude, which incorporates wisdom, spirituality, compassion, peace of mind, and (c) intention, which has to do with self-regulation, self-exploration, and self-liberation.
Mindfulness practices are useful for the staff and health care provider in providing enhanced care by both self-disciplined practice of present-centered awareness, as well as a treatment modality that could enhance patient/client well-being. Two different training will be offered to the organization in mindfulness. The first will be to all staff in the use of a mindfulness app, with buy in from the organization to allow staff to utilize app when feeling stressed in the workplace. The Mindful Attention Awareness Scale (MAAS) will be completed prior to, and eight weeks after training. Additionally, the 4 week, 1 ½ hour weekly MBI will be offered to the health care providers in the facility after completion of the app training.

Motivational interviewing (MI) is a form of collaborative conversation for strengthening a person's own motivation and commitment to change. It is a person-centered counseling style for addressing the common problem of ambivalence about change by paying particular attention to the language of change (MINT, 2014). MI is based on the assumption that ambivalence to change is normal and can be addressed by assess the patient's motivations and stage of readiness. The collaborative partnership between provider and patient is an alliance that takes into account both participants expertise. The intervention in the primary care clinic would consist of 4-two hour weekly training sessions that would include both didactic, as well as experiential content. The Organizational Readiness to Change Assessment (ORCA) will be administered on completion of training to all participants.

Lateral Violence (LV) has been documented in the Nursing literature for over 25 years (Sheridan-Leos, 2008). Some of the direct effects of lateral violence include increased stress, poor morale, physical symptoms and feelings of isolation from other staff members (Sheridan-Leos, 2008). Although the literature identifies Nursing as a primary population affected, the ANA (2014) reports that other professions to include pharmacists can also be affected. One of the first interventions in addressing lateral violence is for staff to make an effort to care for one another, engage in self-awareness and name LV for what it is (Longo & Sherman, 2007; Sheridan-Leos, 2008). The program will address concepts in LV as well as define both overt and covert behaviors in LV as well as discuss interventions to combat LV in the workplace. We are also planning skits to demonstrate positive behaviors, conflict management and proper feedback techniques.

Cultural competence is often encountered in the primary care areas in an urban center, yet, literature reports gaps in provider knowledge in intercultural communication (Rosenburg, Richard, Lussier & Abdool, 2006). The program focuses on a series of monthly lectures and discussions focusing on the most common cultural groups to include Spanish, Burmese, Somalian, HIV + and transgender considerations. The lectures will include aspects of the cultural norms and beliefs as they pertain to medical care. They will be followed by staff discussion in an effort to discuss ways to improve care that is culturally sensitive.

Outcomes measures for the intervention will include both staff and patient satisfaction surveys. The patient survey would include looking at what data is already available on patient satisfaction and adding phone surveys at a determined time after the last intervention. The phone survey in the patient’s native language would include:

- Provider/nurse listen to concerns
- Satisfied with patient education
- Confidence in treatment
- Treated respectfully
- Timely care/wait period
- Environment
- Parking
- Ease of scheduling, telephone access etc.

Focus groups may be utilized with staff and results of the intervention should include overall job satisfaction score, increased confidence, increased listening, increased respect, and less staff turnover.

References

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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

Statement of the Problem: Federal directives, nursing and nursing education associations, as well as accreditating 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.

References

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Health Literacy Assessment of University Employees with the Newest Vital Sign (NVS)

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Jodi McDaniel, PhD, MS, RN, USA

Purpose
The purpose of this presentation is to assess the level of health literacy in Ohio State University employees using the "Newest Vital Sign". Knowing the level of health literacy of employees can lead to better coaching and programming to help individuals and groups improve their personal and occupational health outcomes.

Target Audience
The target audience of this presentation is clinical practitioners, educators, wellness coordinators, quality improvement professionals, and occupational or worker health professionals. Health literacy advocates, administrators, and public health professionals may also appreciate this presentation.

Abstract
Background/Problem: Health literacy has been defined as the ability to obtain, process, communicate, and understand basic health information and services in order to make appropriate health decisions. Research has consistently shown dire consequences for individuals and society if health literacy is not achieved. Over twenty years of research shows that health information is presented in a way that is not usable by most Americans. Almost 9 out of 10 adults have difficulty using routinely available health information from our health care systems, media, retailers, and community agencies. Health literacy is a stronger predictor of health status than age, income, race, ethnicity, education level or employment status. Low literacy is associated with poorer health outcomes; health disparities; higher risk of disease, disability and hospitalization; fewer self-management skills; poorer compliance; more medical and medication errors; having less access to care; and incurring more health care costs versus individuals and populations with adequate health literacy. Limited health literacy is so common that some experts advocate considering assessment as a “sixth vital sign” in all clinical practice settings. The Institute of Medicine (IOM) has recommended that making the commitment to become a “Health Literate Health Care Organization” will not only help the 77 million people who have limited health literacy but also anyone else who may have difficulty accessing, navigating, or successfully using health services. Health literacy is essential for full patient engagement, sound decision-making, and self-management activities and should be woven into all aspects of health system planning and operations.

The National Occupational Research Agenda (NORA) has identified workers with poor occupational health literacy as a population with more risk for a higher incidence of injuries, illnesses and fatalities. Occupational health literacy is defined as how well workers are able to obtain, communicate, process, and understand occupational health and safety information and services to make decisions about their health in the workplace. There are many benefits to building health literate organizations and thus is advocated by health and policy experts in the field. Improvements in occupational health literacy can be attained by adopting strategies similar to those known to improve general health literacy. The health literacy level of Ohio State University (OSU) employees is not currently known.

Project description and instrumentation: The purpose of this DNP scholarly quality improvement project is to assess the baseline level of health literacy in new and existing OSU employees using the Newest Vital Sign (NVS) tool. The NVS is a bilingual screening tool that identifies patient risk for low or limited health literacy based on an interpretation of an ice cream nutrition label. The NVS can be administered in approximately three minutes in a clinical setting. This six-question tool was developed to be used as a quick, accurate, clinical screening tool for identifying limited health literacy in English and Spanish-speaking patients. Scoring 0 - 1 on the NVS suggests limited health literacy, 2 - 3 suggests possible limited literacy, and 4 - 6 indicates adequate literacy. The NVS was compared and found to correlate with the longer established Test of Functional Health Literacy Assessment (TOFHLA) tool. Internal consistency was established using Cronbach’s alpha (α =0.76), criterion validity (r = 0.59) with area under the receiver operating curve (ROC) of 0.88 for the English version. The English version will be used for this project. Demographic data to be collected include age, gender, native language, total years of formal education, job title, and whether the participant is a new or existing employee. In addition to the NVS score, the time needed for the tool administration will be recorded.

Project design: This observational, cross-sectional, survey design Doctor of Nursing Practice (DNP) scholarly project uses a convenience sample of OSU employees that visit University Health Services (UHS) for...
onboarding, medical surveillance activities, or non-urgent medical care. UHS is a clinic located on the OSU campus in the Medical Center complex in Columbus, OH. OSU Institutional Review Board exempted approval was obtained for the project. Data collection began in October 2014 and concludes in December 2014. Data will be analyzed in January 2015 using descriptive statistics such as Chi square analysis or cross table tabulations and will be summarized in tables. No personally identifiable information is collected, data handling procedures are secure, and only aggregate demographic data will be reported. Results will be reported for 120 participants.

**Preliminary data:** Preliminary data for 98 university employee participants revealed a mean age of 36.5 years (range 19 – 61 years), a mean of 16.6 years (range 12 – 24 years) of formal education, and a mean NVS score of 4.73 (range 0 – 6). There were 47 males (48%) and 51 females (52%) in this preliminary sample. Participants reported 11 native languages other than English.

**Implications:** Determining the level of health literacy in a sample of OSU employees and testing the feasibility of using the NVS in practice may inform the development of more effective coaching techniques and programming to help individuals and groups improve their personal and occupational health outcomes. Although evidence is limited, studies have shown that health outcomes can be improved by reducing the health literacy demand on patients. If all employees of organizations are initially approached as if they are at risk for not understanding their health conditions or how to address them, then health care providers can take action to confirm and ensure employees’ understanding, and ultimately help improve health care quality and outcomes for the employees/patients they serve.

**References**

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Purpose
The purpose of this presentation is to introduce another method of a clinical site visit for Family Nurse Practitioner students through the use of "Face Time". In this project, iPads were utilized to communicate with the students and their preceptors in the rural setting of a regional university.

Target Audience
The target audience of this presentation is nurse educators including clinical faculty, advanced practice registered nurses, preceptors of graduate nursing students and all nurses interested in graduate education.

Abstract
Background Information: The setting for this project is a regional university in a rural Midwestern United States’ community. The School of Nursing prepares Family Nurse Practitioner students for advanced practice in primary care settings. The clinical sites utilized for the primary care courses include 30 Family Practice clinics in Kansas, Missouri, Oklahoma and Arkansas. Through the use of "Face Time", iPads were utilized to communicate with the students and their preceptors in the rural setting and serve to provide faculty another method of a clinical site visit.

Programs and Practices: The School of Nursing is committed to the University's mission of providing undergraduate and graduate programs and services to the people of southeast Kansas, but also to others who seek the benefits offered. The PSU/FNP program is delivered as a hybrid program. The program utilizes a clinical preceptorship model which allows the FNP student the opportunity to perform clinical experiences in practicums located in the student's home community.

Description of Methods: The goals and objectives for the iPad Project included: 1) to establish and maintain communication with the Preceptor through the use of the iPad; 2) to increase the number of clinical evaluations of the Agency and Preceptor in a semester (by the Program Coordinator); 3) to increase the amount of verbal feedback the Preceptor is able to provide to the Program Coordinator; 4) to introduce "Apps for Healthcare Professionals"; 5) to enable the student to utilize the iPad for the “swivel effect” (where the practitioner flips the screen around to explain something to their patients); 6) to enable the student to document their clinical encounters in Typhon, a student tracking system.

Summary Recommendations: The first cohort of 12 FNP students utilized the iPads in their clinical practicums for 11 months (during the 2013-2014 academic years) with positive feedback. The iPad Project has proven to be a valuable tool in assisting the partnership between primary care preceptors (located in a 150 mile radius of the School) and faculty. In Cohort 2, consisting of 26 students, iPads were distributed for use through July, 2015. The clinical sites utilized include rural Family Practice clinics in following states and cities: Arkansas: Gravette; Kansas: Chanute, Parsons, Iola, Lawrence, Pittsburg, Ft Scott, Olathe, Coffeyville and Baxter Springs; Missouri: Nevada, Lamar, Joplin, Neosho and Carl Junction; and Oklahoma: Bartlesville and Grove. Through the use of "Face Time", the iPads will continue to be utilized to communicate with the students and their preceptors in these Health Professional Shortage Areas. As an ongoing effort to conserve on gas mileage expenditures, the face-to-face clinical site visits are made just one time a semester (as opposed to the traditional two site visits per semester). This method of communication was utilized this past school year and proved to be very beneficial in strengthening the bonds between the preceptors and the PSU/SON Family Nurse Practitioner Coordinator. Additionally, the additional contact with the preceptor allows for a more thorough assessment of the student's clinical abilities as they progress through the program.

References
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Purpose
To demonstrate a novel process that identifies potential patterns, root causes, and systems issues that contribute to hospital mortality.

Target Audience
Any practitioner who is interested quality improvement and patient safety.

Abstract
In our hospital we have a novel quality improvement process called “Rapid Mortality Review (RMR),” which identifies potential patterns, root causes, and systems issues that contribute to mortality. The RMR is a standardized review process of inpatient mortality within 48 hours of death on general medicine and cardiac care unit services. This 15-minute discussion is led by the DOM quality department and involves the treatment team, quality team and clinical documentation specialist. This process assists the group to reflect on every inpatient death, and thus giving the team an opportunity to improve and advance patient care at our facility. Furthermore, it has a humanistic value for all who are involved in the discussion and dignifies the life of a person that was lost.

The RMR multidisciplinary team includes treating physicians and nurses, chief resident, and quality and clinical documentation specialists. The team is challenged to consider how care could have been better even if death was not preventable, such as getting palliative care consult earlier in the hospital course. A structured review explores goals of care, communication, documentation, systems and quality of care issues. The discussion is on what could have been done differently to improve care even if the death was not preventable. We consider the following factors for improvement: medical errors, misdiagnosis or inappropriate care, delaying in recognition of critical deterioration or treatment, systems issues, and hospice and palliative care issues. In RMR we have the opportunity to learn from every patient! This innovation truly impacts patients and the future care that we deliver to “heal humankind one patient at a time”.

As a result of this process, over 180 RMR meetings have been conducted over two years. The primary teams characterized 7.2% of deaths as potentially preventable, for reasons such as missed diagnosis, delay in recognition of deterioration, medication toxicity, procedural complication, and an inpatient fall with sequela. Each of these cases was unique with no clear patterns of harm identified. However, in discussing all deaths, the care teams identified opportunities for improvement in 50%. Issues in advance care planning/end-of-life care were noted in 13% of cases, delays in recognition of deterioration in 9%, communication/teamwork problems in 7%, systems issues in 6%, and medical errors in 3%. Documentation queries resulted in more accurate capture of patient severity of illness and risk of mortality. 44 cases (26%) inspired 64 quality action items. To date, 53% are complete and 34% in progress. Examples of quality interventions implemented include automated drug level monitoring of high risk medications, standardized documentation of advanced care planning, and improved handoff procedures.

References

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EBP PST 3 - Evidence-Based Practice Poster Session 3
Improving Immunization Rates: The Impact of Evidence and Personal Practice

Rebecca Culver Clark, PhD, MSN, BSN, RN, USA

Purpose
discuss the impact of staff education and audit/feedback strategies on improving immunization rates among
adult in ambulatory care settings.

Target Audience
Nurses interested in improving patient outcomes by focusing on staff behavior change; nurses interested in
improving immunization rates or health behaviors in ambulatory settings.

Abstract

Purpose: The purpose of this project was to identify the impact of individual RN provider behavior on
pneumococcal immunization rates of an at-risk adult population seen in ambulatory presurgical testing setting.

This project builds upon a previous study that investigated the effect of staff and patient education, coupled with
monthly feedback to the staff, on pneumococcal immunization rates for eligible patients. Following completion
of the original project, the immunization rate for 12 months increased from 29% to 47% of eligible patients, a
statistically significant finding. However, the goal for that project was to achieve a 50% immunization rate and
investigators were interested in what factors accounted for failure to meet that goal.

Background: Despite compelling evidence that pneumococcal vaccination can significantly decrease the risk of
developing pneumonia, a large proportion of the at-risk population have not been immunized. The economic and
personal costs far outweigh the cost of effective immunizations but studies continue to indicate the need for
effective strategies to immunize our at-risk groups. Centers for Disease Control and Prevention estimates that
only 19% of the at-risk population ages 19 to 64 has been immunized, while 65% of those greater than age 65
have been.

Strategies for increasing immunization rates have targeted the behaviors of healthcare providers and at-risk
groups. Examples of interventions include:a) screening though the use of the electronic medical record, b) use
of standing orders to ensure administration of vaccines prior to patient discharge, c) addressing organizational
barriers, d) targeted and structured health communications for patients and e) engagement of staff to increase
immunization rates.

These evidence-based strategies were the interventions implemented in the original study.

In addition, the Institute of Medicine (IOM) strongly advocates the use of assessment (audit) and feedback loops
of performance measures as a critical step toward improving quality of care. This is behavioral intervention
includes key components of timeliness, individualization, and nonpunitiveness and has been effective in
improving care in numerous settings. It focuses on the individual provider responsibility for success.

Study: Investigators were interested in the quantifying individual RN performance to identify the impact of
provider behavior on overall pneumococcal immunization rates in a PST? To what extent did variations in
provider behavior influence the overall rate?

Method: Retrospective data on individual providers were extracted from the electronic medical record for the
12 months of the study, November 2013 to October 2014. Descriptive statistics were calculated, detailing the
number of eligible patients screened and the number and percentage successfully immunized.

Findings: Vaccination rates for individual providers indicated that 26 nurses working in PST screened 2704
eligible patients; 16 of the RNs immunized from 4.7 to 50% of eligible pts while 10 nurses immunized from
51% to 87% of eligible patients. Further breakdown indicated that 5 RNs immunized 20% or fewer than their
eligible patients, while on 1 RN immunized more than 80% of her eligible patients.

The nurse manager for the PST shared individualized data with RNs and explored factors that fostered or
impeded successful immunizations. Comments from RNs indicated that some did not believe in immunizations
while others found it too time consuming to administer. On the success side, RNs noted that they told the patients that the pneumococcal vaccination would benefit their health and might prevent pneumonia.

**Conclusion:** Individual variations in practice accounted for an overall less than successful pneumococcal immunization rate for the eligible patients. In efforts to improve quality of patient care and measurable outcomes, it is important to analyze the individual provider efforts in achieving success and address personal barriers to compliance. Availability of detailed information regarding provider behavior, in a timely manner, is essential to the success of this type of feedback.

**Next steps:** This project is part of an on-going study that will look at the impact of monthly, individualized feedback regarding performance. Each month, the nurse manager of the PST will provide each RN with information that includes the numbers of patients screened, the number of patients eligible for the pneumococcal immunization and the number of patients successfully immunized. Overall rates for the department will be tracked and reported at the same time. Staff members who exceed the departmental standard of immunizing 50% of eligible patients will be entered into a drawing for a $25 gift card quarterly.

At the time of the presentation, we will have data that details 6 months of data following implementation of the next phase of this work.

This study was deemed a quality improvement project by the Institutional Review Board of the hospital.

**References**

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Purpose
The purpose of this presentation is to discuss the workarounds that are present following barcode medication administration implementation and their impact on medication safety.

Target Audience
The target audience for this presentation is all levels of nursing care, nursing education and nursing informatics.

Abstract
Barcode medication administration (BCMA) is designed to intercept medication errors that may occur during the administration stage of the medication process. BCMA is an advanced technology that ensures: verification of the five rights of medication administration, real-time documentation of medication administration, and compliance with hospital policies and procedures. BCMA enhances efficiency and accuracy of medication administration; however, when BCMA design does not reflect nursing practice, blocks in workflow occur. These blocks require nurses to problem solve in order to complete medication administration tasks in a timely manner. Therefore, an extensive review of the literature was performed to investigate the impact of such workarounds compared to properly performed barcode medication administration on medication safety. Five studies were retrieved and the research findings for each study were synthesized to provide evidence for answering this question. The conclusion drawn from the research findings is that workarounds do impact medication safety. When a workaround is used the verification of one or more of the five rights of medication administration is bypassed, impacting medication safety by putting the patient at a significant risk for an unintended medication error occurring. Therefore, it is imperative that nurse educators are aware and assist in providing on-going education and assessment, while advocating for further research to study the effect of barcode medication administration workarounds on medication safety.

References

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EBP PST 3 - Evidence-Based Practice Poster Session 3
Transitioning Novice Nurse Practitioners into Practice through a Blended Mentoring Program

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Purpose
The purpose of this presentation is to describe a blended mentoring program for novice advanced practice registered nurses (APRNs) as they transition from a staff RN to a novice APRN in a hospital setting. The long-term goal is to determine if this support can enhance work engagement and, ultimately, reduce turnover.

Target Audience
The target audience of this presentation includes novice APRNs, experienced APRNs, APRN managers, and APRN leadership.

Abstract
The role of the advanced practice registered nurse (APRN) has grown tremendously within the past 15 years. Continued growth is expected as APRNs fill the gap in patient care responsibilities as a result of the reduction in resident physician work hours. Years of research have demonstrated the difficulty novice APRNs experience as they transition from RN to APRN. Support for the novice APRNs has been found to be a facilitating factor in the transition; however, there is no consensus in the literature as to what type of support is most beneficial. The Institute of Medicine (IOM) suggests a residency program for all novice APRNs, but these are typically one to two years in length and costly. This project attempts to demonstrate a blended mentoring program, combining traditional face-to-face mentoring with e-mentoring, provides necessary social support during the transition from RN to novice APRN.

The role of the nurse practitioner (NP) is continually growing and meeting patient care needs in many areas of the health care system (Harris, 2014; Institute of Medicine [IOM], 2010; Keough, Stevenson, Martinovich, Young, & Tanabe, 2011; Scholtz, King & Kolb, 2014). Certified nurse practitioners (CNPs), certified nurse midwives (CNMs), certified registered nurse anesthetists (CRNAs), and clinical nurse specialists (CNSs) all have the collective title of advanced practice registered nurse (APRN) (APRN Consensus Work Group, 2008). Certified nurse practitioners have very diverse roles and are certified and licensed in one of six population foci: family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women’s health, and psychiatric-mental health (Rounds, Zych, & Mallary, 2013).

Further specialization of the nurse practitioner (NP) role is common and builds upon the educational foundation of the role and population foci. Within an acute care hospital-based role, CNPs are providing comprehensive physical assessment and diagnosis, medication management, and coordination of complex care for patients in intensive care, cardiac intensive care, neurosurgical intensive care, transplant, oncology and bone marrow transplant, trauma, and many other areas (Bahouth et al., 2013; Brown, Besunder & Bachmann, 2008; Furfari, Rosenthal, Tad-y, Wolfe, & Glasheen, 2014; Harris, 2014; Keough et al., 2011; Kleinpell & Goolsby, 2012; Scholtz, King & Kolb, 2014). The reduction in resident physician work hours, mandated by the Accreditation Council for Graduate Medical Education (ACGME), combined with the long history of safe, quality care provided by nurse practitioners (NP), facilitated the expansion of the NP role (Bahouth, Esposito-Herr, & Babineau, 2007). With such diverse roles in an acute care hospital setting, transitioning from a staff registered nurse (RN) to a novice NP can be very challenging.

Transitioning from a staff RN to a novice NP has not been an easy process for many NPs. Cusson and Strange (2008) conducted a qualitative descriptive study of 70 neonatal nurse practitioners (NNPs) who met the following inclusion criteria: had experienced a transition from NNP student to a clinical NNP role, were actively practicing as an NNP, and demonstrated a willingness to complete and return a survey that was mailed to them. It was unclear if the participants worked in an acute care hospital but it can be assumed, based on the NNP role, most, if not all, were working in an acute care hospital. Cusson and Strange (2008) reported a large number of study participants described the difficult transition that takes place when a practitioner shifted from being a provider of care to a prescriber of care. The mental shift involved with the new role can be overwhelmingly difficult for some novice nurse practitioners as new ways of problem-solving, learning new skills, disconnecting from previous role functions, and learning new responsibilities predominate the first months of advanced practice (Link, 2009). In addition, Fenwick et al. (2012) conducted a qualitative study and investigated...
experiences of newly graduated nurse midwives transitioning to advanced practice. The study included 16 newly graduated nurse midwives’ in Australia working in standard hospital maternity settings. The workloads for these novice practitioners were described as “diabolical,” “unmanageable,” and “incredibly busy” early in their orientation (Fenwick et al., 2012, p. 2056). A lack of communication and social support exacerbated the situation.

Supportive hospital-based work environments have been shown to increase retention, job satisfaction, recruitment, and ease transition to advanced practice (Cleary, Matheson, & Happell, 2009; Cragg & Bailey, 2009; Fenwick et al., 2012; Pasaron, 2013; Scholtz et al., 2014; Shacklock, Brunetto, Teo, & Farr-Wharton, 2014). Offering comfort, advice, encouragement, and assistance, which are the key elements of social support, can help one through times of duress and/or overwhelming challenges (Cutrona, Russell, & Gardner, 2005). Social support of novice NPs early in their orientation provides an appropriate foundation which, in turn, reduces stress and eases the transition process (Bahouth et al., 2013; D’Aurizio, 2007). When an employee feels supported and enjoys coming to work, work engagement is high (Shacklock et al., 2014; Woodka, 2014). Therefore, it is beneficial to investigate ways to provide social support during transition from a staff RN to a novice NP. Offering a comprehensive social support system for transition from a staff RN to a novice NP may facilitate role transition.

Mentoring programs are one way to provide a peer social support network for new employees (Bahouth & Esposito-Herr, 2009; Brown, Besunder, & Bachmann, 2008; D’Aurizio, 2007; Girot & Rickaby, 2008; Procter et al., 2011). Greene and Puetzer (2002) characterized mentoring as a method for decreasing feelings of isolation and increasing social support of health care workers. Pop (2011) studied mentoring programs for hospital-based NPs and found mentoring programs offer social support for role transition of the novice NP, validating the results demonstrated by Cragg and Bailey (2008). The social support of an experienced NP allowed novice NPs to feel more confident in a new role in a shorter period of time and facilitated the NP’s transition from an RN to NP (Pop, 2011; Roth, 2008; Scholtz et al., 2014).

In summary, transitioning from a staff RN to a novice NP has been reported to be a very stressful and tumultuous process which can be psychologically and physically debilitating, leaving a novice feeling isolated and doubting their capabilities (Boychuk-Duchscher, 2009). Supporting novice NPs has been shown to decrease feelings of isolation, increase confidence, and ease transition to practice. Mentoring programs are one facet of providing social support and, therefore, easing the transition for novice NPs. As the role for NPs continues to grow and develop, it is essential for organizations to provide social support for novice NPs. For those novice NPs who participate in the mentoring project, the project is designed to identify the impact on perceived social support.

References

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Purpose
The purpose of this presentation is to present the psychometric properties of the Czech version of the Evidence Based Practice Beliefs and Evidence Based Practice Implementation Scales.

Target Audience
The target audience of this presentation is nursing and midwifery academic faculty.

Abstract
Background: Evidence-Based Practice Beliefs (EBP-B) and Evidence-Based Practice Implementation (EBP-I) Scales are psychometrically sound instruments that can be used to systematically study the effect of EBP educational programs. Czech versions of these instruments were developed and evaluated using a sample population of nursing students.

Purpose: The purpose of the study was to test the psychometric properties of the Czech versions of the EBP-B and EBP-I Scales.

Methods: Psychometric properties were evaluated using a sample of nursing students (n = 132) completing EBP courses. Item and factor analyses and Cronbach’s alpha were computed to evaluate internal structure and internal consistency.

Results: Cronbach’s alpha was 0.847 for EBP-Beliefs scale and 0.891 for EBP-Implementation scale. Items with high levels of endorsement were focused on beliefs about the positive effect of EBP. Items with low levels of endorsement were focused on difficulties in implementing EBP.

Discussion: The results of psychometric analysis of the Czech versions of the EBP-B and the EBP-I are consistent with the results of the original study and indicate that the Czech versions have the potential to be valid, reliable and sensitive instruments for measuring an individual’s beliefs about the value of EBP and their ability to implement it, and for measuring the extent to which EBP is actually implemented.

Linking Evidence to Action: Both instruments can be used to assess changes in nurses’ beliefs about EBP over time as well as the effectiveness of strategies aimed at promoting the use of evidence in practice.

References

Contact
renata.zelenikova@osu.cz
Purpose
share the process and outcomes of a knowledge capacity project between North America and Guyana.

Target Audience
educators who are interested in sharing their knowledge globally.

Abstract
Background: In 2012, Guyana Nursing Schools adopted a new curriculum in preparation for integration into the Caribbean Nursing Council. Efforts are being made to implement this curriculum and prepare students for the competencies for entry to practice. Educators from Guyana, Canada and United States were involved in developing a series of workshops towards strengthening tutor capacity in delivering the new curriculum.

Purpose: The aim of this project is to strengthen nursing tutors’ capacity towards developing instructional guides and multiple choice item writing.

Results: A hybrid delivery using both online and in-person intensive tutor professional development was conducted to facilitate both classroom and clinical instructional guide development.

Conclusion: Enablers and barriers of working in an international collaborative will be shared.

References

Contact
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EBP PST 3 - Evidence-Based Practice Poster Session 3
A Targeted Implementation Strategy to Reduce Smoking in Pre and Post Natal Women

Heather McConnell, MA (Ed), BScN, RN, Canada
Irmajean Bajnok, PhD, MSN, RN, Canada
Sheila John, MScN, BScN, RN, Canada
Katherine Wallace, MHS, RN, RM, Canada

Purpose
To highlight the outcomes of this successful program that has focused on the specific population of pregnant and postnatal women in order to build capacity for nurses who care for pregnant and postnatal women in primary and community care settings.

Target Audience
Nursing leaders, in various domains of practice (clinical, education, administration, research) who are interested in innovative approaches to health promotion through evidence-based smoking cessation practices within the client population of pre and postnatal women.

Abstract
An evidence-based guideline focused on smoking cessation, published by a provincial nursing association in Canada has had widespread uptake across all sectors in health care provincially, nationally and internationally, with increasing impact on practice and policy changes involving nurses and other members of the interprofessional team. A system-wide implementation program has been funded for several years by the Ontario Ministry of Health and Long-Term Care, which has been designed to support the uptake of evidence in smoking cessation practice. This multi-pronged strategy, which is founded on the evidence-based best practice guideline, includes a focus on: building networks of champions; engaging students and schools of nursing with integration of best evidence into the curriculum and clinical placements; developing resources and tools derived from the guideline; evaluation and feedback; use of social media and web-based resources; provincial partnerships and coaching by experts. Recently, this well established program has expanded to include a focus on the specific population of pregnant and postpartum women in order to build capacity for nurses who care for pregnant and postpartum women in primary and community care settings.

Smoking has been identified as the most important modifiable cause of pregnancy complications for otherwise low-risk women. Significant complications associate with maternal smoking during pregnancy impact the health of the fetus, the woman and the family with whom she resides. It is recognized as a significant public health concern as smoking increases the risk of adverse pregnancy outcomes including low birth weight, spontaneous abortions, stillbirth and prematurity. Adverse maternal health outcomes from tobacco exposure include cancer, heart disease, infertility and stroke. As 60 to 80 per cent of women who quit smoking during pregnancy resume smoking during the first year postpartum, the risks of tobacco-related exposure through environmental tobacco smoke and nicotine and other toxins in breast milk continue beyond pregnancy.

For many women, pregnancy is a time of heightened awareness of health risks, as well as a significant period of preparedness, which could lend itself to behavior change. Pregnant women also have considerable exposure to health care providers, providing numerous opportunities for dialogue and behavior change. Subsequently, there are many teachable moments throughout pregnancy, and evidence supports a tailored approach to cessation for this population. However, smoking in pregnancy is associated with guilt and shame, and many women do not ask for help. As our social landscape changes and important legislation is enacted to restrict where people can smoke, pregnant women who smoke may become more isolated and ostracized. This isolation may have negative effects on a pregnant smoker’s self-esteem, hindering the successes in harm reduction or quitting smoking altogether. It is up to health care providers working with this population of women to open up the channels of communication and increase the dialogue about smoking in a non-judgmental way.

There are many benefits to integrating cessation interventions, health promotion and harm reduction approaches in the daily work of nurses. As such, enhancing nurses’ and other health professionals’ knowledge and skills in the area of smoking cessation for pre and post natal women is essential to support cessation and mitigate the increased risks of perinatal mortality and morbidity. This targeted smoking cessation program aims to augment nurses’ and nurse practitioners’ knowledge and skills in smoking cessation in primary and community care settings where pregnant and postpartum mothers access services. Further, the project seeks to
build capacity to support interdisciplinary teamwork and leadership in effective smoking cessation for pre and postnatal women and to increase awareness of key resources in smoking cessation for this population.

This presentation will highlight the various strategies that have been integrated within the program to support the uptake of evidence in practice, the health promotion approaches being utilized, and the various smoking cessation resources developed to support quality care for pregnant and postpartum mothers. Program evaluation results will be shared which illustrate the impact of this program on nursing and primary health care practices and the perceived impact on pre and postpartum women and their families.

References

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EBP PST 3 - Evidence-Based Practice Poster Session 3
Reduction of Falls and Fall-Related Injuries in Highly Engaged, Low Performing Hospitals

Rebekah L. Flynn, BSN, RN, OCN, USA

Purpose
The purpose of this presentation is to demonstrate the personal and financial impact of falls and fall-related injuries. Nurses can help to reduce instances of patient harm by appropriately identifying patients at risk for falls and fall-related injuries and implementing appropriate interventions to prevent falls and injuries.

Target Audience
The target audience of this presentation is bedside nursing staff, hospital quality improvement teams, and hospital administration.

Abstract
Nature and scope of the project: The Hospital Engagement Network (HEN) is a collaborative effort between the American Hospital Association and Hospital Research and Education Trust (HRET) to reduce preventable harms in healthcare. Project sponsorship and oversight is provided by the Centers for Medicare and Medicare Services. The Missouri Hospital Association has an active HEN with 94 participating hospitals. HEN goals are to reduce preventable harms in key areas: adverse drug events, catheter associated urinary tract infections, central line associated blood stream infections, falls, pressure ulcers, readmissions, surgical site infections, ventilator-associated pneumonia, and venous thromboembolism. This project focused on reduction of falls and fall-related injuries in Missouri hospitals. According to HRET, each fall increases costs by approximately $11,250. Effective fall prevention can provide a safer patient environment and reduce hospital costs from injuries.

Synthesis and analysis of supporting literature: Literature was reviewed to determine best practices in fall risk assessment and prevention. A fall prevention toolkit was created and included evidence-based resources such as adult, pediatric, and mental health-specific risk assessment tools and guidelines for use of low beds, helmets, hip protectors, patient contracts and post fall huddles.

Project implementation: Falls data collected since January 2012 has been used to complete a Harm Across the Board storyboard for many HEN hospitals. Hospitals with higher than average fall rates were invited to participate. An individualized gap analysis determined current practice and areas for potential improvements for each hospital. Coaching in best practices was provided via in-person site visits or conference calls. A fall prevention seminar, held in June 2014, allowed high-performing hospitals to share successful fall reduction strategies.

Evaluation criteria: The goal is to reduce hospital fall rates by 40%. If a hospital has increased fall rates, additional coaching and resources are provided.

Outcomes: Results of preliminary analysis of data from 23 hospitals are reported. Since January 2013, 106 falls have been prevented resulting in an estimated cost savings of $1.192 million.

Recommendations: Assessment, coaching, and data collection will continue through December 2014. If interventions are successful and sustainable, the fall prevention program could expand to other settings.

References

Contact
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EBP PST 3 - Evidence-Based Practice Poster Session 3
Basic Verification to Adopt Colors for the Nursing Care

Atsuko Tokushige, PhD, RN, PHN, Japan

Purpose
The purpose of this presentation is to suggest that incorporate the effects of the color for nursing.

Target Audience
The target audience of this presentation is the nurse who perform geriatric nursing.

Abstract
Objective: As for elderly people, it is desirable to enhance cerebral activity during drinking and eating, recreation, and so on. I, researcher, considered whether I could use colors as routine stimulation. However, at existing state, there aren’t many studies conducted so far that relates to color in the field of nursing. Therefore, as the study purpose in this study, I decided to perform the basic verification of the relationship between the color preference and the influence which was exerted on the frontal lobe activity and subjective awakening degree by adopted colors in the nursing environment. Considering the colors to be adopted in the nursing-care environment, I performed the verification of different colors using five colors of tablecloths.

Methods:
1. Subjects: I enrolled 14 young healthy women of 18 to 30 years old (average age 22.1±2.1 years old) whose study consent could be obtained.
2. Color stimulation: Using a small table of 150cm×90cm (light gray color, 5Y7/1), I changed only the colors of the tablecloth covering it. For the colors used in the experiment, I used chromatic colors from the Munsell hue circle. I selected red, yellow, blue and green with high chroma. For the achromatic colors, I selected white. I used color tablecloths that were marketed products. The Munsell values were red (5R4/12), yellow (7.5Y8.5/10), blue (5PB4/10), green (7.5G4/8), and white (N9.25). The colorimetry was selected using visual judgment based upon the colors in the Munsell system devised by the Japan Color Research Institute Foundation and instrumental judgment using the colorimetry of the ColorMunki Design (X-Rite, Incorporated). All subjects participated in five color experiments on the same day, and the tablecloth order was randomly determined for each subject.
3. Measurement items and a measurement tool
   - Blood-flow volume change in the frontal lobe
     - I used a light imaging cerebral function measuring device OEG-16 (made in Spectratech). This measuring device can measure the blood-flow volume change in the frontal lobe using Near-infrared spectroscopy (NIRS) at the same time in multi-channel.
   - Subjective awareness:
     - I collected data using the Japanese UWIST Mood Adjective Checklist (JUMACL). JUMACL is a Japanese version of the mood checklist was developed by a group of Cambridge University. This tool consisted of 20 items pertaining to the subject’s emotion. Outcomes are Tense Arousal (TA) and Energetic Arousal (EA). Each score is measured by four-point scale. These scores evaluated according to a test guide (table 1). Before and after subjects looked at each color, I collected the data.
4. Study procedures and analysis method
   - The study time in one measurement course was a total of 6 minutes: eye-opening at rest (one minute), closed eyes at rest (two minutes), and color stimulation (three minutes). The procedure in each study course was set the same and subjects took a five-minute break after each of five study courses was completed. The analysis points of the blood-flow volume change in the frontal lobe were set in the two points consisting of CH4 (the right frontal lobe) and CH13 (the left frontal lobe) in this study and then calculated average values of the Oxy-Hb changes between during the eye-opening at rest and during the color stimulation. As for the five colors, I compared blood-flow volume changes between during eye-opening at rest (the color of the small table) and during the color stimulation in each color. I also compared them between five colors.

Ethical considerations: This research got the approval of the Ethical Review Board of the university where a researcher belonged to. I explain in writing and verbally that research aims, methods, research cooperation are
arbitrary, that there is no disadvantage of participation refusal, that the withdrawal of study participants is also possible, to protect the privacy. It was performed on with the consent.

Results and discussion
1. Changes of brain blood-flow volume
In the comparison during the eye-closed at rest and during the color stimulation, the activation of the frontal lobe could be confirmed with the significant increases of the values for all color in CH4 and CH13. This shows that I was able to measure cerebral activation by the color stimulation in this device.
In the comparison during the eye-opening at rest and during the color stimulation, the activation of the frontal lobe could be confirmed with the significant increases of the values for blue in CH4 and for red, blue, and green in CH13 (Table 1). There was no significant difference between five colors.

Table 1-1 Comparison of resting with eyes open and color stimulation (Red)

<table>
<thead>
<tr>
<th></th>
<th>CH4 (the right frontal lobe)</th>
<th>CH13 (the left frontal lobe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ΔOxy-Hb</td>
<td>Wilcoxon Test</td>
<td>ΔOxy-Hb</td>
</tr>
<tr>
<td>Wilcoxon Test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>eye-opening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>color</td>
<td>0.5±0.2</td>
<td>0.2±0.1</td>
</tr>
<tr>
<td>stimulation</td>
<td>0.064</td>
<td>0.026</td>
</tr>
<tr>
<td>eye-closed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>color</td>
<td>0.4±0.2</td>
<td>0.1±0.1</td>
</tr>
<tr>
<td>stimulation</td>
<td>0.001</td>
<td>0.004</td>
</tr>
</tbody>
</table>

Table 1-2 Comparison of resting with eyes open and color stimulation (Yellow)

<table>
<thead>
<tr>
<th></th>
<th>CH4 (the right frontal lobe)</th>
<th>CH13 (the left frontal lobe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ΔOxy-Hb</td>
<td>Wilcoxon Test</td>
<td>ΔOxy-Hb</td>
</tr>
<tr>
<td>Wilcoxon Test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>eye-opening</td>
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<td></td>
</tr>
<tr>
<td>color</td>
<td>0.4±0.2</td>
<td>0.2±0.2</td>
</tr>
<tr>
<td>stimulation</td>
<td>0.074</td>
<td>0.064</td>
</tr>
<tr>
<td>eye-closed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>color</td>
<td>0.2±0.2</td>
<td>0.1±0.1</td>
</tr>
<tr>
<td>stimulation</td>
<td>0.001</td>
<td>0.002</td>
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</tbody>
</table>

Table 1-3 Comparison of resting with eyes open and color stimulation (Blue)

<table>
<thead>
<tr>
<th></th>
<th>CH4 (the right frontal lobe)</th>
<th>CH13 (the left frontal lobe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ΔOxy-Hb</td>
<td>Wilcoxon Test</td>
<td>ΔOxy-Hb</td>
</tr>
<tr>
<td>Wilcoxon Test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>eye-opening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>color</td>
<td>0.3±0.2</td>
<td>0.1±0.1</td>
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<tr>
<td>stimulation</td>
<td>0.008</td>
<td>0.008</td>
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<tr>
<td>eye-closed</td>
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<tr>
<td>color</td>
<td>0.2±0.1</td>
<td>0.02±0.1</td>
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<tr>
<td>stimulation</td>
<td>0.002</td>
<td>0.011</td>
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</table>

Table 1-4 Comparison of resting with eyes open and color stimulation (Green)

<table>
<thead>
<tr>
<th></th>
<th>CH4 (the right frontal lobe)</th>
<th>CH13 (the left frontal lobe)</th>
</tr>
</thead>
</table>
Table 1-5 Comparison of resting with eyes open and color stimulation (White)

<table>
<thead>
<tr>
<th></th>
<th>ΔOxy-Hb</th>
<th>Wilcoxon Test</th>
<th>ΔOxy-Hb</th>
<th>Wilcoxon Test</th>
</tr>
</thead>
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<tr>
<td><strong>eye-opening</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>color stimulation</td>
<td>0.6±0.3</td>
<td>0.084</td>
<td>0.3±0.2</td>
<td>0.048</td>
</tr>
<tr>
<td><strong>eye-closed</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>color stimulation</td>
<td>0.7±0.3</td>
<td>0.001</td>
<td>0.4±0.1</td>
<td>0.001</td>
</tr>
</tbody>
</table>

**Table 2 Comparison pre- and post-trial of JUMACL scores**

<table>
<thead>
<tr>
<th></th>
<th>pre-trial</th>
<th>post-trial</th>
<th>Wilcoxon test</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Red</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TA</td>
<td>16.1±1.5</td>
<td>0.007</td>
<td></td>
</tr>
<tr>
<td>EA</td>
<td>32.6±1.1</td>
<td>0.001</td>
<td></td>
</tr>
<tr>
<td><strong>Yellow</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TA</td>
<td>17.0±1.5</td>
<td>0.001</td>
<td></td>
</tr>
<tr>
<td>EA</td>
<td>29.5±1.4</td>
<td>0.017</td>
<td></td>
</tr>
<tr>
<td><strong>Blue</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TA</td>
<td>13.1±1.0</td>
<td>0.004</td>
<td></td>
</tr>
<tr>
<td>EA</td>
<td>27.6±1.7</td>
<td>0.012</td>
<td></td>
</tr>
<tr>
<td><strong>Green</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TA</td>
<td>11.3±0.5</td>
<td>0.000</td>
<td></td>
</tr>
<tr>
<td>EA</td>
<td>26.9±1.8</td>
<td>0.012</td>
<td></td>
</tr>
<tr>
<td><strong>White</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TA</td>
<td>14.9±1.2</td>
<td>0.014</td>
<td></td>
</tr>
<tr>
<td>EA</td>
<td>27.3±1.3</td>
<td>0.003</td>
<td></td>
</tr>
</tbody>
</table>

Note: □: □ΔOxy-Hb: □ □mm部 in the table are □ □averages and standard errors (n=14, averages±SE). P-values are indicated in the test results (Results of the Wilcoxon signed-rank sum test).

2. Study on subjective awakening degree
As for the TA, a significant score increase for yellow and a significant score decrease for green were found. As for EA, a significant score increase for red and significant score decrease for white were found. It was demonstrated that yellow and red stimulated the subjective awakening degree, while green and white calmed it (Table2).
Values in the tables are averages and standard errors (n=14, averages±SE). TA: tense arousal, EA: energetic arousal.

**Conclusion:** When looking at the changes in cerebral blood flow caused by color stimulus, a significant increase in value was recognized in red, blue and green and frontal cortex activation was confirmed. Subjective investigation presented that yellow and red are stimulus color and green and white are the color that helps to calm. The result suggested a possibility that color can be used on a daily basis as nursing care in order to stimulate cerebrum. It is considered to have a high general versatility as the tablecloths method which can be easily used by anyone was adopted in this study.

I will extend the study subjects to elderly people and will discuss the practical use of it in the nursing-care in the future.

**References**

**Contact**
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**Purpose**
The purpose of this presentation is to improve medication adherence among elderly patients diagnosed with hypertension; integrate a teamlet approach in the medication reconciliation process; improve consistency of the delivery of care by the clinical staff; incorporate patients, providers, and educate clinical staff on the teamlet model.

**Target Audience**
The target audience of this presentation involve health care providers, non-clinical staff, organizational stakeholders, and all health care organizations.

**Abstract**
This scholarly project examines one way to improve medication adherence among elderly patients diagnosed with hypertension by educating clinical staff on the teamlet model. Decades of research have shown the consequences of untreated or under-treated hypertension, factors associated with hypertension management, and lifestyle/behavioral modifications essential for healthy living. Research on the importance of the health coach’s interaction with primarily Hispanic elders who have hypertension and the effects on their medication adherence is lacking. An assessment of a family practice clinic was conducted to evaluate the suboptimal treatment of hypertension in the elderly population. Because multiple issues were found to contribute to problems with medication adherence in the elderly, the medical staff were trained to become health coaches using the teamlet model. A pre-/post-intervention analysis of the elders’ medication adherence and blood pressures was conducted. Process and outcome measures were compared before and after the teamlet model intervention in 60 patients. Six medical assistants were trained as health coaches using the Primary Care Health Coach Panel Management Program. Medication adherence behaviors were evaluated using a validated Morisky Medication Adherence Scale, which was administered to patients at the time of consent and post intervention. Clinical staff compliance and patient participation using the teamlet model intervention were tracked utilized the clinic’s software. The results indicated that the teamlet intervention significantly improved medication adherence in the geriatric population.

**References**

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Extending Courtesy to Our Littlest Patients: Interdisciplinary Collaboration to Promote Skin to Skin for Neonatal Comfort

Adria Vincent, MSN, RN, RNC-OB, IBCLC, USA

Purpose
The purpose of the poster is to share the experience of integrating the evidence-based neonatal pain reduction strategies of skin to skin and breastfeeding to positively effect the perception of lab technician courtesy in the maternity setting.

Target Audience
The target audience of the presentation is health care professionals who are interested in the positive effects of interdisciplinary collaboration on patient satisfaction in a specialty population.

Abstract

Background: Laboratory services sought collaboration to increase satisfaction in the perception of their courtesy towards the mother/infant population. Press Ganey scores were used to measure this perception.

Case: This project aimed to extend the practice of encouraging skin to skin and breastfeeding to our interdisciplinary colleagues. Our facility was on the Baby-Friendly journey (designation obtained in October, 2014) and had already hardwired skin to skin contact into our standard nursing care. A review of the literature revealed multiple randomized controlled studies and a systematic review that provided evidence that infants who are placed skin to skin and/or allowed to breastfeed or suck during painful procedures experienced a 50% or greater reduction in pain based upon a standardized neonatal pain assessment tool. The literature also suggested that babies only a couple of days old remember painful procedures and that aversion remains with them. This knowledge was translated into a training program for laboratory technicians who served the maternal/infant unit.

Conclusion: Post intervention Press Ganey lab courtesy scores were markedly increased.

References

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EBP PST 3 - Evidence-Based Practice Poster Session 3
Child and Youth Obesity Screening and Referral

Sarah M. Wight, BSN, RN, CCRN, USA
Isabel Toledo-Silvestre, PMHNP, USA

Purpose
The purpose of this presentation is to discuss a practice improvement project completed by two Doctor of Nursing Practice students. This project includes screening children aged 3-17 for obesity using BMI ≥ 95%, screening for readiness, and referring obese children ready to change to a behavioral health specialist for intervention.

Target Audience
The target audience of this presentation is primary care providers or clinic leaders who may be interested in implementing a similar screening process for obese children either in the US or globally.

Abstract
This practice improvement project (PIP) is a doctoral scholarship project that aims to implement a systematic process to screen and refer obese children and youth age 3 through 17 using the pediatric team at a county community health clinic of the Northwest in a pilot project. If the implementation of this practice change is considered feasible and sustainable, this practice change would also be implemented in the other five teams of the clinic and potentially in the other five clinics of this county’s health department. This clinic currently does not have a systematic way to screen children for obesity and refer them for a healthy weight management intervention. A systematic process of screening and referral could help providers at the pediatric team to identify all obese children they treat and facilitate an appropriate process of referral. The purpose of this project is to systematically screen for obesity and readiness refer obese children ready to change. Ultimately, the clinic hopes to improve the weight of this population and prevent potential future health complications associated with obesity.

The implementation of this PIP has two parts, screening by a pediatric provider and referral to a behavioral health consultant (BHC). The screening process also has two parts. First, the pediatric provider, either a physician or pediatric nurse practitioner, will screen all children for obesity by recording height and weight and calculating the BMI percentile through the electronic health record (EHR). Children with a Body Mass Index (BMI) higher or equal to 95th percentile will be considered obese as recommended by the U.S. Preventive Services Task Force (USPSTF, 2010). Second, this provider will assess the patients with BMI ≥ 95% and the patient’s family for their readiness to start a behavioral change using the Transtheoretical Model, which has been effectively used to promote lifestyle changes in overweight patients (Tuah et al., 2014). Once the child or youth has screened as obese by BMI percentile and is ready for change, he or she will be referred with his or her parent or guardian to the BHC for a healthy weight management behavioral intervention, which will include both a nutritional and a socio-behavioral approach (USPSTF, 2010). After three months of implementation, the authors of this project will do a statistical analysis of the implementation process. Approval from the Institutional Review Board (IRB) was recently received, and the screening and referral process will begin at the clinic by January 2015.

References

Contact
wight15@up.edu
Cheryl Pollard, PhD (Nurs), MN, BScN, PN, RN, Canada

Abstract
Leadership and followership competencies are a critical competency for nurses. Facilitating the development of these competencies in students is essential to ensure their successful transition into a registered nursing role. Students and nurses demonstrate these competencies through the use of communication strategies that are embedded within a relational practice. Health care professionals, regardless of formal position, need to assert their opinions and perspectives using a communication style that demonstrates value of all team members in open discussions about quality patient care, appropriate access, and stewardship. Challenges to effective communication and relational practice are the individual and organizational patterns of behaviour, and the subsequent impact that these behaviours have on others. Several strategies have been used to help students develop confidence in using their relational communication skills. Changes to the course were based on the result of quality improvement activities. As a result low-fidelity simulations are now used to help students garner situational awareness when they conduct a critical analysis of individual, team, and organizational functioning, and then use this information and evidence gained from a critical literature review to develop recommendations to improve individual, team, and/or organizational performance. Additionally the leadership and followership simulation exercises, inclusive of public feedback and debriefing, are used as a pedagogical/andragogical strategy in a nursing baccalaureate senior leadership course to facilitate learning of team communication skills and improve situational awareness. We view this strategy as an alternative to traditional classroom learning activities which provide little opportunity for recursive learning.

References
Purpose
To evaluate the results of a Tai Chi based program directed to OA, users of a day center in the city of Saltillo, Mexico, with the aim of promote the successful aging of the participants.

Target Audience
The target audience of this presentation are nurse researchers and clinical nursing interested in the functionality of the older adult and the global attention in nursing.

Abstract
The loss of equilibrium, stability and quality of gait leads older adults (OA) to present a higher risk of suffering falls and, subsequently, this has severe consequences both physical and psychological, not forgetting about its social and economic repercussion, and observing a higher mortality as well, as this causes 70% of the deaths caused by accidents on OA.

Objectives: To evaluate the results of a Tai Chi based program directed to OA, users of a day center in the city of Saltillo, Mexico, with the aim of promote the successful aging of the participants.

Methodology: A quasi-experimental study with two groups and two different measurements (Pretest-Posttest) was proposed in order to evaluate the effect of the intervention on the improvement of the equilibrium, stability and quality of the gait.

The simple was composed of 58 OA with 60 years and over, users of two Integral Attention Centers for the Family (CAIF, for its initials in Spanish) in the city of Saltillo, Mexico. The sampling was realized by convenience. The size of the sample was of 52 OA (G1 (n=29); G2 (n=23)). The calculation of the simple size was determined considering the statistical analysis of comparison of two independent means, statistical confidence level at 95%, and power of .90 for the interaction time for group and big size of the effect (Lipsey, 1990). Completion using the statistical package nQuery Advisor 4.0 (Elashoff, 2000).

Results: At the end of the intervention, the group in the experimental condition (G1(n=29)), in comparison with the control group (G2(n=23)), showed a statistically significant increment in equilibrium (G1(n=29) =Md = 93.7; G2(n=23) = Md =87.5; U = 94.5, z = -3.70; p = <.001, r = 0.55), stability (G1(n=29) =Md = 83.3; G2(n=23) = Md =75.0; U = 160.0; z = -2.17; p = .030; r = 0.32).and quality of gait (G1(n=29) =Md = 89.2; G2(n=23) = Md =82.1; U = 113.5; z = -3.16; p = .002; r = 0.32).

Conclusions: Nursing possesses the potential of promote the successful aging when interacting with Older Adults, in order to improve their well-being and quality of life, and because of that, their health. Is for this reason that is necessary to continue testing the Tai Chi program on Older Adults.

References

Contact
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Evidence-Based Guidelines and Scripting to Support Acute Care Nurses in Recognition, Reporting, and Treating Sepsis

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Purpose

to improve the quality of sepsis care by nurses through implementing the Surviving Sepsis Campaign: International Guidelines for Management of Severe Sepsis and Septic Shock: 2012 including the IHI bundles, application of a nurse education intervention, and use of an electronic health record (EHR) sepsis screening and documentation tool.

Target Audience
acute and critical care nurses and clinicians, as well as, administrators and leaders for these patient care areas.

Abstract

INTRODUCTION: Severe sepsis is a significant problem; with an incidence ranging from 300 to greater than 1000 cases per 100,000 US population annually with associated mortality associated from 30% to 60%. The Institute for Healthcare Improvement (IHI) care bundles and the Surviving Sepsis Campaign (SSC): International Guidelines for Management of Severe Sepsis and Septic Shock: 2012 advocates use of evidence-based practice as a means to improve patient outcomes and decrease mortality. A review of MMC medical records over a nine-month period (July 2012-March 2013) at the project site revealed that sepsis was one of the top 10 diagnoses (N=492) in the hospital (Diagnosis-Related Groups [DRG] 870, 871, & 872). A chart audit also revealed that nurses were not consistently completing the sepsis screen in the electronic medical record (once per day recommended) and compliance with IHI’s three and six hour bundles was inconsistent.

METHODS: Nurses (N=681) received an educational intervention on the IHI bundles and SSC guidelines during annual competency updates. An EHR tool was reintroduced which provided a platform for sepsis screening. Introduction, Situation, Background, Assessment, and Recommendation scripting was implemented to support nurses’ report of positive findings.

RESULTS: Nurses rated themselves (Table 1) as significantly more knowledgeable about sepsis after the education, significantly more sure that the hospital has a consistent definition and treatment for sepsis, increased their belief that their peers were aware of the differences in sepsis states, and were more comfortable about their ability to recognize sepsis and report it to a provider (all p < 0.0001). Nurses’ knowledge of sepsis demonstrated a statistically significant difference between the pre and post test (all p < 0.001). For 9 out of 10 questions, there was a statistically significant improvement (Table 2) in the percentage of nurses who answered the item correctly in the post test (the improvement ranges for scores increased by 7.28 to 63.5%). The number of patients who never received the recommended screening decreased from 40.6% pre to only 8.9% post, while the number who received at least some screening increased from 59% to 91%. Statistical significance was demonstrated (Graph) in improved incidence of sepsis screening post educational intervention (p< .0001).

CONCLUSION: Having nurses at the point of care to implement the sepsis bundles is likely to result in less variability in the screening process and missed opportunities for early diagnosis and treatment. A nursing education intervention coupled with the use of an EHR sepsis screening tool promotes improved sepsis screening, recognition and report, and increased nurse knowledge and compliance with IHI bundle and SCC guideline adoption.

References


Contact
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EBP PST 3 - Evidence-Based Practice Poster Session 3
Promotion Recognition Advocacy In Stroke Education (PRAISE): A Faith-Based Asset Approach to Stroke Health Promoting Activities Within the African-American Community

Darling Richiez, MSPH, RN, CHES, PHN, USA

Purpose

to illustrate the impact of collaborative efforts involving the formal health system (county health departments and faith-based health promoting organizations) and the informal health system (churches) on stroke health promoting activities and stroke outcome within the African American community.

Target Audience

Scholars, researchers, and nursing students who are interested in translational research as well as those who are interested in delivering programs that are cultural tailored with a focus on empowerment, advocacy, and asset-based approach to health promotion.

Abstract

The need to increase stroke awareness, advocacy, and stroke health promoting activities in the African American population is challenging, but it is a vital challenge that is essential to reduce mortality and morbidity related to stroke and eliminates inequalities. Stroke has a substantial burden on the individual and the community. Faith-based organizations as well as the African American churches have been instrumental in providing health-promoting activities within the African American community. The faith-based community can be use as a vehicle in promoting health activities and providing the necessary tools and skills in managing stroke risks and health within the community and individuals. This proposal will describe efforts to address the chronic problem of stroke, complications of stroke, and stroke risks among African Americans in Riverside County through the implementation and evaluation of PRAISE: promotion, recognition, and advocacy in stroke education. PRAISE aims to improve knowledge, awareness, and stroke outcomes for African Americans via a faith-based and asset-based approach by harnessing the resources of the church through advocacy and empowerment. This project will address the impact of collaboration between the formal healthy system and informal health system on stroke outcome among the African American community. This will be a collaborative effort that includes the faith-based health education organization, community health workers, pastors and first ladies of the church, certified nutritionist, physical fitness trainer, a trained chef, a registered nurse, and a motivator. The proposed agenda for the course includes an intensive 12 sessions training course provided in two-hour increments. Participants will be educated on stroke, nutrition and diet, physical fitness, and utilizing available resources within the community and the church to improve health and promote stroke health activities.


References


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Purpose
Self-understanding was considered a key factor for building interpersonal relationship in psychiatric nursing. Therefore, the purpose of this presentation is to clarify processes to understand human beings including self and non-self. Student nurses who participated in the psychiatric nursing practice attempted to understand patients by deepening self-understanding.

Target Audience
The psychiatric nursing practice of this study aimed to make student nurses aware of interactions with patients by evaluating their interpersonal relationship objectively. Therefore, the target audience of this presentation are professors and students who teach or study in psychiatric nursing practice.

Abstract
Purpose of this presentation: The psychiatric nursing practice of this study aimed to make student nurses aware of interactions with patients by evaluating their interpersonal relationship objectively. Self-understanding was considered a key factor for building interpersonal relationship in psychiatric nursing. Therefore, we designed this study to clarify processes to understand human beings including self and non-self. Student nurses who participated in the psychiatric nursing practice attempted to understand patients by deepening self-understanding.

Methods: We provided written and verbal instructions on the objectives and methods of this study, encouragement of voluntary participation, and privacy protection; accordingly, 22 nurses consisting of graduates and fourth-year students of our school gave written consent to be enrolled in the study. After the psychiatric nursing practice, we conducted a semi-structured interview to allow the nurses to speak freely, and also used the document recorded during the practice, “nursing reconstruction,” in order to review their “experiences of self-awareness” and “experiences that they deepened understanding of patients through self-awareness.” In the psychiatric nursing practice of this study, we adopt record paper introduced by book “The discipline and teaching of nursing process: An evaluative study” that was written by Orlando, I. Jean and was published in 1972 as a record sheet of “nursing reconstruction.” Furthermore, as a document to look back toward the nursing reconstruction in conference, we adopt a self-evaluation item introduced in book “Clinical nursing: A helping art” that was written by Wiedenbach, Ernestine and was published in 1964. The Grounded Theory approach developed by Strauss and Corbin was employed for analysis.

The procedure of the analysis based on Grounded Theory approach
1. The reading of data for understanding
   Extracting of properties and a dimensions every piece
2. Labeling data
   Comparison of dimensions and properties between labels
3. Labeling categories
   Comparison of dimensions and properties between categories
4. Grasping relations between categories
   Making a category association map based on a paradigm
5. Theoretical sampling

The comparison is performed through all processes of analysis

Results and Discussion: We analyzed the results to extract the following five categories related to experiences that nurses linked their self-awareness to understanding of patients: “students' considerations of patients' emotions and thoughts,” "students' reactions to patients' emotions and thoughts," "students' self-expressions according to their feelings," "patients' sympathize and cooperate with students," and "students' recognition of nursing effects." Nurses strove to consider patients' emotions and thoughts when they became interested in and paid attention to patients. They deepened understanding of patients in proportion to their capacity for imagination. In addition, to make decisions about nursing, student nurses communicated with their patients to
confirm whether their considerations were correct, and changed their nursing styles according to individuals’ responses. Even when students did not empathize with their patients, they were encouraged to reconsider themselves. This resulted in student nurses’ self-insight and understanding. Furthermore, students attempted to find the best way to express their feelings consciously after they reconsidered themselves, and explained to their patients that they used not only their knowledge but also feelings and considerations to take care of patients. As the result, patients felt that student nurses respected patients’ emotions and were actively engaged in nursing activities. This made patients sympathize and cooperate with nurses. Accordingly, student nurses could perform nursing care more efficiently. Students were also encouraged to become interested in and pay attention to patients when they felt good responses from patients. The results of the understanding processes shown by student nurses during the psychiatric nursing practice suggest that humans need to understand themselves to deepen understanding of other people as well as they become interested in themselves through a process of understanding of others and deepen self-understanding after they reconsider themselves.

References

Contact
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Purpose
The purpose of this presentation is to discuss an innovative approach to nursing education that offers high school students the opportunity to obtain an Associate Degree in Nursing upon graduation. Such a program will change the healthcare landscape by addressing the nursing workforce shortage, recruitment, and retention.

Target Audience
The target audience of this presentation is nursing leaders in academia and clinical practice as well as nursing faculty, preceptors, and researchers.

Abstract
The global nursing shortage continues to strain healthcare, especially in economically disadvantaged areas. Recruitment in these areas is difficult despite local colleges being at capacity enrollment for nursing programs leaving a discrepancy between the supply and the demand for quality nurses. To further exacerbate the problem, intelligent and capable high school students may not be able to attend college to earn a nursing degree due to socioeconomic factors such as a lack of access to funds and demands to help support the immediate family. A review of the literature reveals very few attempts at creating dual enrollment programs for entrance into healthcare professions; they are, however, limited to allied health, health technologies, and licensed vocational nursing.

High school dual enrollment programs have proven successful in South Texas where over 12,500 students are currently enrolled and dual enrollment student success rates are higher than traditional community college students. In an effort to engage these motivated students and help meet the demand for quality nurses, a proposal has been made to local community partners to develop a high school dual enrollment nursing program. This program is unique in that upon high school graduation the dual enrollment students are concurrently awarded an Associate Degree in Nursing (ADN).

The creation of public and private community partnerships connect a community college, local school districts, a regional education service center, and a health system with the goal of cultivating a continuous pipeline of professional nurses to fill nursing vacancies. Moreover, much like in an apprenticeship, this program allows students to have practice experiences thus building a relationship with their future employer. Innovative teaching strategies such as use of clinical simulation experiences, structured and scaffolded clinical experiences, and dedicated education units are incorporated. All partners and the community at large benefit from such a program as it positively impacts this underserved region by providing health, economic, and financial benefits.

Each partner significantly contributes to the dual enrollment program. The local community college provides the nursing degree curriculum, awards the college degree, and provides training for faculty. The local school districts supply the high school curriculum, a program coordinator, academic and personal support for the student and their family, as well as use of simulation lab. The regional education service center affords additional program support and funding opportunities. The local health system provides clinical faculty, clinical preceptors, clinical site, and professional development support post-graduation for the nurse to attain a Bachelor of Science in Nursing degree. The engagement of community partners is essential for the design and success of such a program and multiple future research and expansion opportunities exist.

References


Contact
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Research Poster Presentations (poster only)
Effects of Recording Food Intake Using Cell Phone Camera Pictures on Calorie Intake and Food Choice in College Students

Rita Doumit, PhD, MPH, BSN, Lebanon
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Nadine Zeeni, PhD, Lebanon
Carol Boswell, EdD, RN, CNE, ANEF, USA
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Purpose
The purpose of this presentation is to test the effects of using cell phone pictures to record food intake on the dietary behavior of college students.

Target Audience
The target audience of this presentation is public health and community nurses and researchers involved in obesity prevention.

Abstract
Purpose: Recording food intake may contribute to weight loss by promoting changes in eating behavior. The current spread of mobile phone embedded cameras offers new opportunities for recording food intake. Furthermore, the act of taking pictures of food consumed may further increase chances of achieving dietary goals by enhancing visual consciousness of food choice and portion size. The present study tested the effects of using cell phone pictures to record food intake on the dietary behavior of college students. The study also examined the participants’ perceptions about the use of this technology within the dietary assessment process.

Methods: A repeated measure cross-over design was used. Participants (n = 76) were randomly assigned to two groups and asked to complete 3 days of food recording using cell phone pictures and then another 3 days based on their memory. In addition, focus groups provided feedback on the acceptability and usability of cell phones for diet recording in this population.

Results: Analysis of the food records revealed a decreasing trend in energy intake (p = 0.07) and in consumption of meat (p = 0.008) and vegetable servings (p = 0.02) for picture-based dietary recording. Results from the focus group indicated a positive attitude towards the use of cell-phone camera pictures in recording food and increased awareness of food choice and portion size.

Conclusions: Cell phone pictures may be an effective portable tool to help recording diet when aiming at improved dietary intake and weight loss. The combination of cell phone-based dietary recording with healthy eating education and guidelines may lead to greater improvement in dietary choices.

References

Contact
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Purpose
The purpose of this presentation is to provide education and encourage research on resilience promotion programs that are evidenced based.

Target Audience
The target audience of this presentation is nurse researchers.

Abstract
Purpose: Resiliency promotion programs are created with the intention of increasing participant’s ability to overcome challenges. School-aged children are an ideal developmental group to provide resiliency education. Stressors such as parental absence, frequent relocations, and inconsistent adults in children’s lives can negatively affect the ability of children to succeed in adulthood. In this comprehensive exam, resiliency promotion programs are reviewed and evaluated for efficacy.

Methods: Declerq et al.’s six-step, population-based needs assessment, as modified by Morgan and Bibb (2011), was utilized for this comprehensive exam. PubMed and Cumulative Index to Nursing and Allied Health Literature (CINAHL) bibliographic databases were searched for resiliency promotion programs targeting school aged children of military members. Keywords such as resiliency program, resiliency promotion, resilience, and school-aged children of military members were used to query for results. All available articles were included without limitation of a year range. Articles were imported to the Readcube program, which assisted with snowball sampling for additional sources.

Results: Families Overcoming Under Stress has demonstrated efficacy through thorough evidenced-based foundations, as well as secondary data analysis via psychometrically tested instruments to measure effect. Operation Purple Camp has pilot tested program evaluation, and while the internal reliability was low, it demonstrated success at increasing skills associated with resiliency. School Behavioral Health Program has yet to disseminate any efficacy research conducted despite their wide spread application in military connected schools. Child Parent Relationship Theory has been tested for efficacy in a variety of settings and with diverse populations, however the research conducted on military families had a small sample size.

Conclusion: The most extensively tested and validated resiliency promotion program available for school aged children is FOCUS, however, it does not target the population exclusively. There remains a gap in the literature on efficacy of programs designed to increase the resiliency of school-aged children of military members prior to deployment.

References

Contact
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Purpose
The purpose of this presentation is to describe knowledge and attitudes about HPV vaccination among Latina mothers, in low-income urban areas in the US, barriers and facilitators for HPV vaccination, and useful strategies to improve HPV vaccine initiation and completion among Latino adolescents.

Target Audience
The target audience of this presentation includes community health nurses and researchers who are interested in health disparities in underserved populations, health promotion, and disease prevention, particularly cancer prevention.

Abstract
Purpose: Cervical cancer and other HPV-related cancers are preventable diseases through the 3-dose series of the HPV vaccine. Healthy People 2020 objective IID-11.4 is to increase the vaccination coverage level of 3 doses of HPV vaccine for females by age 13 to 15 years to 80%. However, HPV vaccination rates remain dramatically low in the US, particularly in underserved areas. Therefore, the purpose of this study was to examine knowledge and attitudes about human papilloma virus (HPV) vaccination among Latina mothers, in low-income urban areas in the United States (US). The study also examined the views of Latina mothers on barriers and facilitators for HPV vaccine initiation and completion as well as useful strategies to improve HPV vaccination among Latino adolescents.

Methods: The study included 132 Latina mothers of HPV vaccine-eligible children. Quantitative data was collected from the mothers related to demographic information, having ever heard of the HPV vaccine, and whether their children have received the HPV vaccine. Qualitative data was collected in 13 focus groups. Using semi-structured discussions, mothers were asked about their knowledge about HPV infection and vaccine, views towards HPV vaccination, barriers for HPV vaccine initiation as well as completion, and opinions on strategies to improve HPV vaccination. Quantitative data were analyzed to describe the characteristics of the study sample and conduct bivariate analysis (using chi-square) of demographic data associated with having ever heard of HPV vaccination and receipt of the HPV vaccine. Using thematic content analysis, qualitative data (including study transcripts and observations) were analyzed for patterns, themes, and categories of responses.

Results: The mother’s mean age is 40 years, of whom 41.7% are of Caribbean origin and the remaining are from South and Central America. The overwhelming majority of mothers spoke only Spanish (85%), had high school or less education (64%) and less than $14,000 annual income (82%), and were uninsured (52%) and unemployed (71%). The mean number of HPV vaccine-eligible children was 2.6 (range 1-6), 1.7 daughters (range 0-4), and 1.6 sons (range 0-5). Based on analysis of the quantitative data, only 55% of mothers reported having ever heard of the HPV vaccine, which was significantly associated with language (90% among English speakers vs. 49% among Spanish speakers), annual income (49% among those with ≤ $14,000 vs. 83% among those with > $14,000), and insurance status (64% among insured vs. 47% among uninsured). Further, only 27.3% of mothers indicated initiating the HPV vaccine and 14.4% indicated completing the 3-dose series. Receiving the HPV vaccine was significantly associated with language (45% among English speakers vs. 24% among Spanish speakers), insurance status (39% among insured vs. 16% among uninsured), and having ever heard of the HPV vaccine (47% among mothers who ever heard of the HPV vaccine vs. 3% among mothers who never heard of the HPV vaccine). Based on analysis of qualitative data, mothers lacked knowledge about HPV infection and vaccination across groups, with varying degrees of knowledge by Latino background. Caribbean Latina mothers had higher knowledge about and intake of the HPV vaccine (both initiation and completion). Mothers were generally receptive and believed that the vaccine should be given to both males and females. Barriers to HPV vaccine initiation included concern about possible side effects (among all mothers) and avoidance of talking about sex with children (mostly among South American mothers). Healthcare provider recommendation was the strongest facilitator for HPV vaccination. Mothers identified several useful strategies to
improve HPV vaccine initiation and completion. Healthcare provider recommendation and communication about the vaccine was the predominantly identified strategy to improve HPV vaccination, particularly in providing strong recommendation for the vaccine and addressing side effects and safety concerns. Other useful strategies for improving HPV vaccination included using a school-based approach to educate mothers about the vaccine and the use of text messaging and smart phone technology to educate mothers and send reminders for completion of the 3-dose series of the vaccine. Also, mothers indicated the importance of making appointments for the second and third doses immediately after receiving the first dose to improve HPV vaccine completion.

**Conclusion:** Future research and community health efforts should involve the development of linguistically and culturally appropriate educational interventions focused on educating mothers about the vaccine, integrating communication strategies for healthcare providers on HPV vaccination, and developing effective strategies to improve HPV vaccine initiation and completion among Latino adolescents around the world. This study was funded by the American Nurses Foundation.

**References**

**Contact**
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**Purpose**
The purpose of this presentation is to report the relations of the developmental state of premature infants at 12 months with physiological and environmental characteristics of them.

**Target Audience**
The target audience of this presentation is the researchers or nurses who are interested in premature care and development.

**Abstract**

**Purpose:** During recent decade, the proportion of premature infants has been increased. Researches supported that premature infants had later developmental problems, but little is known about how strongly physiological and environmental factors affect premature’s development. The purpose of this study was to explore the relations of the developmental state of premature infants at 12 months with physiological and environmental characteristics of them.

**Methods:** This study is a descriptive longitudinal correlation study. The participants were 45 premature infants who were admitted to neonatal intensive care unit in one university hospital in South Korea. Follow-up study was done at their corrected age was 12months. The physiological characteristics of infants were investigated through the medical record and revised Neuro-biologic Risk Score (NRBS) at the time of discharge. Also, environmental characteristics including Edinburg Postnatal Depression Scale (EPDS), husband’s support, social support, and mother’s attachment were obtained through mothers’ self report questionnaires at 12 months. The mental and psychomotor developmental states of infants were evaluated with Bayley Scales of Infant Development by researchers. Data was analyzed with SPSS 21 program using frequency and Pearson’s correlation.

**Results:** Approximately 13% of the infants belonged to delayed state for mental development, and 40% of infants were categorized as delayed state for psychomotor development. The psychomotor developmental index showed significant correlations with revised NBRS ($r=-.378, p=.010$) and HOME (Home Observation for Measurement of the Environment) score ($r=.384, p=.010$). Mental development of Bayley scale showed no significant relationships with any physiological or environmental factors.

**Conclusion:** Approximately 40% of premature infants belong to at-risk/delayed state for psychomotor development at 12month corrected age. Therefore, follow-up cares for prematurely born infants are required. Also, for improving the psychomotor development of prematures, physiological characteristics as well as environmental characteristics of prematures need to be considered for discharge plan. Also, various interventions to support proper parenting environments need to be provided at the community level for premature infants’ development.

**References**

**Contact**
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Purpose
The purpose of this presentation is to educate practitioners on the use of topically applied Hyssopus officinalis L. essential oil to reduce terminal respiratory secretions and in turn ease distress felt by caregivers of patients at end-of-life.

Target Audience
The target audience of this presentation is nurses working with patients at end-of-life in hospice and palliative care, acute care, and intensive care settings.

Abstract
Purpose: Terminal respiratory secretions, or death rattle, occur in up to 90 percent of all dying persons and is often distressing to families, caregivers, and practitioners. Unfortunately, current pharmacological approaches to reduce terminal respiratory secretions (i.e.: atropine sulfate, hyoscyamine, and scopolamine) are often ineffective and have multiple untoward side effects such as xerostomia, xeropthalmia, restlessness, hallucinations, palpitations, constipation, and urinary retention. A novel concept in terminal respiratory secretion management is aromatherapy, or the use of essential oils. Aromatherapy is often understood as aroma from essential oils eliciting psychological or physiological responses via the limbic system in the brain, but when applied topically, essential oils elicit physiological changes at and/or near the site of application. The herbal form of hyssop has been used for respiratory disorders since approximately 400 B.C. The purpose of this project was to review the literature for ascertaining the effectiveness of topically-applied Hyssopus officinalis L. essential oil in reducing terminal respiratory secretions in patients at end-of-life.

Methods: PubMed, CINAHL, OvidMedline, and ProQuest databases were searched for peer-reviewed journal articles in English with the following keywords: human, essential oil, hyssop, death rattle, terminal respiratory secretions, end-of-life, and Hyssopus officinalis. Of the 7,437 articles pertaining to essential oils, only one article contained hyssop. Of the 143 articles pertaining to terminal respiratory secretions or death rattle, only 39 met inclusion criteria. However, no combined search resulted in both essential oils and terminal respiratory secretions.

Results: The literature review found insufficient evidence-based knowledge on using topically-applied essential oils for reduction of terminal respiratory secretions in patients at end-of-life. No studies were found assessing any essential oil efficacy in reducing terminal respiratory secretions. Several studies of pharmacological approaches to terminal respiratory secretion management were found; however, none demonstrated efficacy.

Conclusion: Although used in holistic nursing and aromatherapy practice, the efficacy to reduce terminal respiratory secretions using topical Hyssopus officinalis L. essential oil and its primary constituents (i.e., esters, ketones, monoterpenic hydrocarbons, and monoterpenic alcohols) has not been previously investigated. Hyssopus officinalis L. has demonstrated efficacy in reducing the audible rattle associated with terminal secretions in home hospice case studies. The results of this project are expected to provide a foundation for future research investigating the effectiveness of Hyssopus officinalis L. essential oil for reducing terminal respiratory secretions in patients at end-of-life.

References

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Measuring Helping Relationships in Promoting Healthy Lifestyle for Patients with Chronic Kidney Disease

Miaofen Yen, PhD, RN, FAAN, Taiwan

Purpose
The purpose of this presentation is to developing the instrument for measuring helping relationships in promoting healthy lifestyle for patients with Chronic Kidney Disease.

Target Audience
The target audience of this presentation is healthy care provider and patients with Chronic Kidney Disease.

Abstract
Purpose: This research was to evaluate the psychometric properties of an instrument developed to measure the helping relationships for practicing healthy lifestyle among Chronic Kidney Disease (CKD) patients from significant others. Helping relationships from significant others assist people to maintain healthy lifestyle, improve quality of life and postpone the progression of CKD. Significant others may give support to build up competence of decision-making and insistence through satisfaction and intimacy relationship, such as empathy, caring, trust, listening, acceptance, understanding, praise and suggestion for facilitating healthy lifestyle to patients with CKD.

Methods: This was a descriptive study using cross-sectional design. Patients with Chronic Kidney Disease were recruited from August 2013 to July 2014 at outpatient clinics in two hospitals in Southern Taiwan. Data were collected using self-report questionnaires and analyzed using descriptive statistics. Expert validity was applied to evaluate the content validity of this instrument using content validity index (CVI). Internal consistency, Cronbach’s alpha, was adopted for evaluating the reliability. Item difficulty and item discrimination were calculated to describe each item. Explore factor analysis were used for construct validity.

Results: Total of 250 subjects participated in this study. The equivalence, clarity and readability of content validity index (CVI) were 97%, 98% and 98%, separately. The overall reliability of Cronbach’s Alpha was appropriate (> .90). The item analysis indicated the discrimination and difficulty of each item within an acceptable range. Item-total correlations of the overall scales ranged from 0.50 to 0.94, and item-subscale correlations ranged from 0.50 to 0.94. The 2-factor model of Helping Relationships questionnaire explained, respectively, 75.0% and 6.2% of total variance; the two together explained 81.2% of total variance.

Conclusion: The psychometrics revealed that the questionnaire is valid and reliable. The final instrument was composed two factors and 24 items. These findings have implications for patients with CKD to build up, maintaining healthy lifestyles and delay progression of CKD through helping from significant others.

References

Contact
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Experiences of Adolescent Patients with Osteosarcoma during the One Year of Treatment in Taiwan

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Ching-Ching Sheng, MN, RN, Taiwan
Ling-Ya Huang, BN, RN, Taiwan
Shu-Ping Lee, BN, RN, Taiwan
Yi Sun, BN, RN, Taiwan
Giun-Yi Hung, MD, Taiwan

Purpose
The purpose of this presentation is to explore the experiences of Taiwanese adolescent patients with osteosarcoma during the one-year treatment period following diagnosis and to serve as a pioneer study.

Target Audience
The target audience of this presentation is including all of the pediatric oncology healthcare professionals.

Abstract
Purpose: The purpose of this presentation to explore the experience of Taiwanese adolescent patients with osteosarcoma during the 1-year treatment period following diagnosis and to serve as a pioneer study.

Methods: This study used a qualitative research design with field notes that recorded the interviewer's observations and open-ended one-on-one in-depth interviews.

Qualitative inductive content analysis was used to extract meaning from the data collected in this study. Twenty-four of APOs who between 11 and 20 years and who were treated with OS and their parents were recruited.

Results: Nine categories were extracted. They were disbelief, hope for recovery and maintaining body integrity, experience of physical impairment, experience of psychosocial distress, use of spirituality to rationalize misfortune, information acquisition, preparation to return to school, interdependence, and dedication to hope of recovery.

Conclusion: This is the first empirical qualitative study to explore the experiences of Taiwanese APOs during one year of OS treatment. Nine experiential categories contribute to an initial understanding of how APOs experience their OS treatment challenges. They could be used to support intervention development in the pediatric oncology nursing fields.

References

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Purpose
The purpose of this presentation is to share the perspectives of graduating BSN students in regard to their readiness for practice. The goal is to help shape nursing education and add to the body of knowledge shaping curriculum.

Target Audience
The target audience of this program is nursing educators, administrators and curriculum advisers as well as Nursing professionals.

Abstract
Purpose: Healthcare is an ever evolving entity of increasing complexity. It is imperative that those entering the workforce are appropriately prepared. It is the hope of faculty that they have well prepared their students to meet the challenges they will face in today’s practice environment. By studying the perception of the graduating BSN student’s readiness to practice, we hope to discover that they students feel they are ready to meet the demands of being a nurse. However, if that is not the case, we will be able to identify areas in which change can be initiated so students are better prepared and more comfortable with entering the workforce.

Methods: Utilizing a previously validated tool, with permission (Casey-Fink Readiness for Practice Survey) all spring 2015 graduating seniors will be offered the opportunity to participate in a research study. The estimated total convenience sample is 250 individuals. Participation is voluntary and has no value to the student’s course grade. The survey will be offered after the final class and while demographic information is included in the survey packet, the students name is not requested. Informed consent will be obtained prior to completion of the survey. All survey will be kept at their respective institution in a locked cabinet in the faculty researcher’s office for the duration specified by the respective IRB.

Results: Results are not yet available, but will be completed before presentation

Conclusion: The likely conclusion is that not all students obtain the same level of preparedness. Healthcare and the demands placed on nurses are ever evolving and require ongoing assessment in nursing curriculums, to ensure graduates are prepared for the most current demands of the workplace. By evaluating demographic data along with student response we will be able to determine if there are gaps in curriculum or clinical placements. Further research would be indicated in the instance of curriculum change or significant change in clinical practice requirements.

References
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Contact
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Purpose
The purpose of this presentation is to explore the relationship of spiritual distress with glycemic control and health-related quality of life in two Mexican populations of older adults with type 2 diabetes.

Target Audience
The target audience of this presentation are nurses and other health-related professionals interested on the patient centered care and the need to evidence the relation of phenomena like spiritual distress on health outcomes like glycemic control and health-related quality of life.

Abstract
Purpose: Spiritual suffering (SS) may play an important role in the health-related quality of life (HRQOL) among persons with type 2 diabetes (T2D). The purpose of this study is to explore the association between SS with glycemic control (GC) and with the HRQOL among two populations with T2D who reside in central Mexico.

Methods: This cross-sectional pilot study included outpatients with T2D residing in two locations in central Mexico. There were 140 persons from location 1 (L1) and 212 persons from location (L2). We used the Spiritual Well-being Scale that consists of two dimensions: religious SS (RSS) and existential SS (ESS). The five-dimension Diabetes 39 Boyer instrument was used to measure HRQOL; GC was assessed with glycosylated hemoglobin (HbA1c) measured in the point of care by the Nycocard® Reader II.

Results: A total of 352 adults (66% women; mean age of 57.5) were included in the study. Of the participants, 62.5% were married, and a majority (88%) were Catholic. The prevalence of SS in the total population was 85% (94.2% in location 1 and 78.7% in location 2; p=0.0001); we found a higher prevalence of mild RSS in L1 (76.4%) and a higher prevalence of mild ESS in L2 (82.5%, p = 0.0001). The HRQOL was noted to be poorer among persons in L2, particularly in the dimensions of overall quality of life and severity of diabetes (mean 52.1 and 52.4 respectively on a scale of 0 to 100). The GC was poorly controlled in 85% of the participants residing in L2; however, the Hba1c levels were high in both locations (mean 7.25±9.49). Statistically significant associations were identified in L2 between SS and GC (Chi square = 4.9824, p= 0.026, OR= 2.52, 95% CI 1.10-5.78 and FAe % 60.3), as well as between SS and HRQOL in the energy and mobility dimensions (Chi square = 4.8903, p=0.027, OR =3.23, 95% CI 1.09-9.57 and FAe % 68.73). An association was also noted between persons reporting mild SS and overall HRQOL (Chi square = 8.61, p=0.01) in L2.

Conclusions: Participants diagnosed with T2D in L2, who reported spiritual suffering were noted to be more likely to have poorer glycemic control and lower perceived quality of life compared to participants in L1. Reasons for these differences are not known. Further studies are required to determine differences in social determinants of health between regions.

References

Contact
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Purpose
The purpose of this presentation is to determine the impact of mobilization or walking on the recovery of functional capacity and other events in hospitalized adults with chronic disease.

Target Audience
The target audience of this presentation is clinical and academic nurses; also undergraduate nurses, masters and PhD nurses in formation and clinical researchers.

Abstract
**Purpose:** To determine the impact of mobilization or walking on the recovery of functional capacity and other events in hospitalized adults with chronic causes.

**Methods:** Systematic review and meta-analysis. Data Sources included were MEDLINE, CINAHL online, HealthStar, EMBASE, Registered Clinical Trials in the Cochrane Library, LILACS, and manual review, all reviewed between years 2000-2012. Target studies included randomized controlled trials in any language comparing older adults hospitalized for chronic disease randomized to walking or to a control / standard intervention group during hospitalization. Two reviewers independently assessed study eligibility and quality and performed data extraction. We calculate standardized mean differences (SMD) or reported as Mantel-Haenszel odds ratio (OR) with confidence intervals of 95% (CI) using the random effects model (random effect). Heterogeneity was assessed (I² analysis). The outcomes were improved functional capacity (measured by multiple scales), long stay, falls, and pulmonary thromboembolism.

**Results:** Out of 169 potentially relevant studies, 14 studies met our inclusion criteria. Conducting mobilization or progressive walking were associated with improvement in functional capacity in three studies using the scale Six Minute Walk, (142 patients, DMS 55.2 meters 95% CI 20.4, and 90.1, I² = 66 %). Also there was a reduction in hospital length of stay for patients in the experimental group compared with a control group, in three studies (484 patients, DMS 3.27 95% CI -5.28,-1.26 days, I² = 52 %) heterogeneity was observed.

**Conclusion:** Our meta-analysis showed an improvement in patients who were exposed to mobilization /walked during hospitalization and a reduction in hospital stay.

**References**

**Contact**
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Purpose
The purpose of this research is to examine relation of events leading to purpose of life and sense of purpose in life, in order to examine the factor relevant to elderly people’s sense of purpose in life in Japan.

Target Audience
The object was requested from the elderly people (N= 250) aged 65 and over gathering in the meeting held in the public hall around Kakogawa in Japan.

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 the effect of events leading to life purpose and sense of purpose in life in order to examine the factors relevant to older adults’ sense of purpose in 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 age, family structure, maintenance of healthy condition, living arrangements, economic stability, and presence or absence of inter-generational exchange. Moreover, 19 items were examined as events leading to life purpose, based on the study by Hasegawa et al. (2001). These items were measured using the Philadelphia Geriatric Center Morale Scale covering “Agitation,” “Lonely dissatisfaction,” and “Attitude toward own aging.” Ethical considerations: The protocol of this study was approved by the Hyogo University Ethics Committee, Japan. The objectives and procedures were explained in writing to the participants.

Results: Questionnaires were distributed to 250 older adults, and answers were collected from 244. After excluding missing values and outliers, data from 234 older adults (men: 49, women: 185) were used in the analysis. “Attitude toward own aging” was higher in younger than in older participants (p < .05). “Agitation” was higher in men than in women (p < .05). Number of events leading to life purpose showed positive correlation with “Agitation,” “Lonely dissatisfaction,” and “Attitude toward own aging” (p < .05). Specifically, events improving sense of purpose in life were “Educational and cultural enrichment activities,” “Sports or recreational activities,” “Volunteer activities,” “Activities for an elderly’s club,” “Care of grandchildren and family get-together,” and “Going for shopping or on a trip.” Number of diseases showed negative correlation with sense of purpose in life (p < .05). Specifically, cardiopathy, fracture, liver disease, and dementia were diseases that reduced the sense of purpose in life.

Conclusion: In order to improve older adults’ sense of purpose in life, it is important to intervene with the course of disease and not to increase the number of diseases. Moreover, study and activity have been shown to raise older adults’ sense of purpose in life. Therefore, it is necessary to include elements such as disease prevention and study and activity in an intervention program to raise older adults’ sense of purpose in life.

References

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Leaving Academia: Work Experiences and Career Decisions of Former Nurse Faculty

C. Denise Hancock, MS, RN, LCCE, USA

Purpose
To understand the faculty work experience and identify career decision factors from the perspective of former nurse faculty

Target Audience
nursing education faculty, administrators and policy-makers.

Abstract
Purpose: Faculty shortages are a primary obstacle to increasing the supply of potential nurses. Research indicates that few academically qualified nurses are choosing to work in faculty jobs. Among nurse faculty, reported turnover intention rates are high. Faculty departures for non-academic positions contribute to the growing shortage. There is no published literature about the experiences of former nurse faculty, or the factors that influenced departure decisions. The purpose of this research is to understand the faculty work experience and identify career decision factors from the perspective of former nurse faculty. There are three research questions: 1) How do former full-time nurse faculty describe the faculty work experience? 2) What factors influenced the decision to leave a faculty position? 3) What changes to the faculty work experience would make a full-time nurse faculty position more enticing?

Methods: This is a qualitative study using Maxwell’s (2013) interactive model for qualitative research. The investigator has purposefully selected a sample of former nurse faculty members to interview about work experiences and career decisions. Data collection and analysis are ongoing. The data will be coded, sorted into themes, and then broader substantive categories. Substantive categories will be examined for connection and fit within the conceptual framework.

Results: Results are pending final data collection and analysis.

Conclusion: The conclusions are pending until final research results are completed.

References

Contact
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Purpose
The purpose of this presentation is to present the results of an exploration of the outcomes of a dedicated unit and preceptor model on student and staff members’ experiences in the clinical setting.

Target Audience
The target audience of this presentation could be educators, staff nurses who precept students or administrators interested in trying this model.

Abstract
Purpose: The traditional model of clinical practice for nursing students has always been a 1 faculty to 8 student ratio on the nursing unit. In this model, the precepted experience is usually reserved for the final semester of the program. The purpose of this proposed study was to explore the outcomes of a dedicated unit and preceptor model on student and staff members’ experiences in the clinical setting.

Methods: The research design for this study was a qualitative, descriptive study. After consenting to participate, participants answered semi-structured questions posted on survey monkey. Participants did not have access to other participants’ comments, and individual comments were not tracked for the purpose of identification or any other reason. A demographic questionnaire followed the semi-structured questions, and on completion of the questionnaire, participants closed out of the study’s web browser.

Results: Data analysis was completed using a content analysis of the semi-structured questions, consistent with qualitative research, and was ongoing with the data collection. All of the data are presented in aggregate form, and the respondent responses were analyzed for themes and patterns.

The common themes from the students who participated in the study represent the most meaningful outcomes identified by the researchers in the analysis of the data. The theme of “increased competence and skills” was the one that emerged from the analysis most clearly. Students discussed the importance of obtaining these clinical skills that would be needed as they transitioned into the workforce after graduation. The students identified these needed skills as extensions of the skills set down in earlier program clinical experiences.

The second theme of “enthusiasm” was clearly identified as a characteristic of the preceptor role by the student. Students found the preceptors to be supportive and helpful as a component of this identified theme of enthusiasm. Student found this model of offer a realistic clinical experience that immersed them in the professional nurse role. Students identified enthusiasm on the part of the preceptor as making them feel welcomed and free to ask questions.

“Teaching” was identified as the third theme that students felt was integral to this final clinical experience. Students believed that this skill on the part of the preceptor allowed the free exchange of information so that the student increased their sense of independence. Although students were expected to take a full clinical complement of four to five patients, they believed the ability to continue to be “taught” was crucial to this transition in practice.

A separate theme of “feeling welcomed” was identified, with the students believing this was as integral to their clinical success and the preceptors knowledge and ability to teach. The students highlighted that when the preceptor created a welcoming environment the student was more open to asking questions and obtaining their needed answers. Students identified this theme of welcoming as part of the interprofessional role they saw demonstrated by the preceptor and to all other healthcare workers.

The common themes from the preceptors who participated in the study represent the most meaningful outcomes identified by the researchers in the analysis of the data. The theme of “communication” was the one that emerged from the analysis most clearly. Preceptors discussed the importance of increased communication between the instructor, the student and the preceptor in this model. The preceptors identified the need for good communication as an essential component of clinical.
The second theme of “consistency” was clearly identified as a characteristic of the experience as identified by the preceptor. Preceptors found having a consistent student and clinical day were beneficial in allowing them to provide students with a realistic experience on the unit.

“Relationship” was identified as the third theme that preceptors felt was integral to this final clinical experience. Preceptors felt that they were able to develop a relationship with the student which provided them both with a better experience and allowed the preceptor to be honest in their review of the student.

**Conclusion:** These common themes are representative of the responses of all students and preceptors who participated in the study. The researchers felt that the first theme of increased competence and skills was a key finding that related to students ability to successfully transition to the professional nursing role. This theme represents support for a dedicated preceptor model in providing a consistent professional role model that offered a safe environment for students to manage multiple patients in a realistic clinical experience. This theme is significant as it provides support for a clinical experience that allows student immersion in a setting with a preceptor that offers the skills to successfully transition into the graduate nursing role.

The results suggest that this dedicated unit and preceptor model can meet the educational challenge with the support of the healthcare agencies. In light of the complex healthcare environment and lack of clinical experienced faculty members these models offer a unique opportunity to bridge the academic to practice gap and transition students to the professional nursing role. This model may also serve as a successful strategy to increase retention rates for new graduate hires.

**References**

**Contact**
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Purpose
The purpose of this study was to examine validity and reliability of the revised ADRQL for Japanese elderly and related factors to ADQOL.

Target Audience
The target audience of this presentation is staffs caring older adults with dementia.

Abstract
Purpose: The Alzheimer’s Disease-Related Quality of Life (ADRQL) revised instrument was developed to assess health-related quality of life in people with Alzheimer’s disease using assessments from family caregivers or professional staff. Validity and reliability of the original form was examined, a revised ADRQL has not done although various care setting for dementia are needed to assess the effects of treatments and care. The purpose of this study was to examine validity and reliability of the revised ADRQL for Japanese elderly and related factors to ADQOL.

Methods: Original version of the ADRQL including 48 items was translated into Japanese. The revised ADRQL consists of 40 of the 48 items that assess 5 domains; social interaction, awareness of self, feeling and mood, enjoyment of activities, response to surroundings. Scoring was made for the overall ADRQL scale and for each of the five domains according to user’s manual in group home setting in Japan.

Results: The revised ADRQL exhibits very low missing data and good reliability for total score. Cronbach’s alpha of the total score was .769 and each domain showed .806 for social interaction, .431 for awareness of self, .700 for feeling and mood, .193 for enjoyment of activities, and .490 for response to surroundings. Concurrent validity was examined between the revised ADRQL and level of dementia and ADL. Strong associations were shown between both level of dementia (r=-.539, p<0.001) and ADL (r=.675, p<0.001). Age and gender were not related to ADQOL, on the other hand, level of dementia (r=-.539, p<0.001), level of caregiving (r=-.581, p<0.001), length of stay (r=-.363, p=0.001), and ADL (r=.675, p<0.001) were significantly associated to ADQOL.

Conclusion: The revised ADRQL indicated good reliability and validity although some domain’s Cronbach’s alpha were low.

References

Contact
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Purpose
The purpose of this presentation was to understand prevalence and the univariate and multivariate associations between demographic- and health-related variables and levels of fear of falling and avoidance of activity in postmenopausal women with at least mild fear of falling.

Target Audience
The target audience of this presentation is nursing educator, researcher as well as nurses who are interested in women's health.

Abstract
Purpose: This study was to identify the prevalence of fear of falling and avoidance activity and analyze the univariate and multivariate associations between demographic- and health-related variables and levels of fear of falling and avoidance of activity in postmenopausal women with at least mild fear of falling.

Methods: Cross-sectional study in 541 postmenopausal women aged from 50 to 64 years was conducted via a stratified convenience sampling. A structured questionnaire was administered to subjects to measure demographic (age, education, living situation), health-related (perceived health status, osteoporosis diagnosed, experience of fall and fracture, and fracture history when fell down) and psychosocial variables (fear of falling, avoidance of activity due to fear of falling, and fall self-efficacy). Chi-squares and t-tests, and logistic regression analyses were performed to identify the associations between the selected correlates and both outcomes.

Results: Nineteen percent of the subjects expressed severe fear of falling and 15% were severe level of avoidance of activity. All demographic- and health-related variables were identified as univariate correlates of severe fear of falling; older age, lower education, osteoporosis, and severe fear of falling were of severe level of avoidance of activity. From multivariate analyses, age 55-59, worsened perceived health, and osteoporosis were correlated independently with severe fear of falling. Older age, lower education, severe fear of falling, and lower fall self-efficacy were significant variables for avoidance of activity.

Conclusion: In addition to demographic- and health-related variables, level of fear of falling and fall self-efficacy contributed independently to the difference between mild and severe avoidance of activity due to fear of falling. Improved education for osteoporosis and fall prevention is needed to enhance the level of awareness and to reduce fear of falling and avoidance of activity in postmenopausal women, particularly in their early stages of development.

References

Contact
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Purpose
The purpose of this presentation is to identify and discuss prescribing knowledge and practice patterns of nurse practitioners prior to and after the expansion of scope of practice.

Target Audience
The target audience of this presentation is advanced practice nurses and nurse educators.

Abstract
Purpose: The purpose of this descriptive study is to explore the medication knowledge and prescribing practices used by APRNs. Information about advanced practice registered nurse (APRN) knowledge and practice patterns as related to prescribing medications is limited at the state, national and global levels. Yet prescribing medications is an important component of clinical practice for the APRN practitioner. Previous studies identify that prescribing medications is influenced by education and knowledge, practice settings, self-efficacy related to culture, external factors such as collaborating partners and cost (Gielen et al, 2014; Hussein & Brow, 2014; Buckley et al, 2013; Dawson & Lighthouse, 2010; Kennedy-Malone, et al, 2008). Yet recent replication of these studies is lacking even though the numbers of APRN prescribers have grown significantly, increasing the number of prescriptions currently being written. In addition, little is known about changes in APRN prescribing practices and medication knowledge as prescribing scope of authority has been expanding. Prescriptive authority varies across state lines, and modifications in state regulations are often in transition. In some states, regulations are emerging from a limited prescriptive authority in supervised practice to a more broad scope of prescribing practices, including the addition of prescribing opioid medications. Assessing the knowledge and practice patterns of APRNs after new prescribing legislative changes have occurred will help provide a model for initiating future legislative changes in other states and provide a global model of advanced practice patterns.

Methods: A convenience sample of APRNs will be surveyed related to their medication knowledge and prescribing practices. Participants will be recruited through APRN organizations at the state and national levels using a directed email request. The electronic surveys will also be sent to directly to all Ohio APRNs with designated Certificate of Authority (COA) for prescriptive practice. Completion of the survey will imply informed consent, and participants may withdraw at any time. IRB approval has been obtained.

Results: Study results will be reported using descriptive statistics. Implications for practice will be discussed.

Conclusion: With a growing number of APRNs both nationally and globally, practice patterns especially related to prescribing medications can be important indicators of APRNs’ knowledge and competencies. Assessing current practice patterns and medication knowledge helps to build the foundation to provide targeted education to this population in order to provide safe and effective quality healthcare.

References

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Health Beliefs Related to Physical Activity in Patients Living with Implantable Cardioverter Defibrillators

Rebecca Susan Crawford, PhD, RN, USA

Purpose
The purpose of this presentation is to identify health beliefs related to physical activity in adults living with implantable cardioverter defibrillators; and, whether these beliefs predict physical activity participation.

Target Audience
The target audience of this presentation are nurses, nurse practitioners, cardiology, cardiac rehabilitation, physical therapy and other practitioners designing programs aimed at primary and secondary prevention of heart disease.

Abstract

Background: Low levels of physical activity (PA) are a significant predictor of early death among recipients of implantable cardioverter defibrillators (ICDs). Regular, moderate PA is associated with improved quality of life (QOL), reduced arrhythmia burden, and improved health outcomes in adult ICD recipients yet many do not engage in PA and reasons for lack of engagement are unclear.

Purpose: The purpose of this study was to examine health beliefs related to PA and QOL in adults with ICDs.

Methods: This study was a descriptive, cross-sectional design measuring the concepts, perceived benefits, perceived barriers and self-efficacy from the Health Belief Model as a theoretical framework.

Results: The sample (n = 81) was primarily male (71.6%) and white (77.8%), with a mean age of 70.23 years. Most were insured by Medicare (79%) and live in rural areas/small towns (75.3%). Most had heart failure (HF) (98.2%) and almost 40% reported decreased PA levels since ICD implant. There were no differences in health beliefs and QOL scores between subjects who had an ICD as a primary or secondary prevention of sudden cardiac death. Almost 33 percent of variance in total PA participation can be explained by Self-Efficacy for Exercise (SEE) ($\beta = .390, p < .01$); Self-efficacy after ICD (SEICD) ($\beta = .215, p < .05$); age ($\beta = -.234, p < .01$); New York Heart Association (NYHA) Classification ($\beta = -.198, p < .05$); and ICD type ($\beta = .014, p > .05$). SEE alone accounted for almost 23% of variance. Perceived barriers ($\beta = -.310, p < .01$) accounted for 9.3% of variance in planned PA.

Conclusion: Findings indicate the strength of self-efficacy in predicting PA participation; and, perceived barriers predicting planned PA in adult ICD recipients. Findings support the need for more research in identifying barriers and predictors of PA participation more specific to adult, ICD recipients. Findings also support interventions aimed at increasing SE beliefs related secondary prevention behaviors, specifically physical activity.

References

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Validating the Conceptual Framework of Creative Teaching among RN-BSN Students in Taiwan

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Chin Tang Tu, PhD, Taiwan

Purpose
The purpose of this study was to validate the conceptual framework of creative teaching among RN-BSN students in Taiwan. Following the Confirmatory Factor Analysis (CFE), 4 scales were indicated as a validated model with all X2/P>.05, GFI > .9, RMR< .5, RMSEA < .5, AGFI> .9.

Target Audience
The target audience of this presentation is nursing educators and nursing faculties.

Abstract
Purpose: A teaching framework of creative thinking on the basis of the creative process of 18 nurses in Taiwan was generated according to the factors of creative thinking, the process of creative thinking, attributes of teaching for creative thinking, and evaluating indicators of creative thinking from August 2009 to July 2010 across Taiwan. The purpose of this study was to validate the conceptual framework of creative teaching among RN-BSN students in Taiwan.

Methods: Confirmatory Factor Analysis (CFE) was used to validate the teaching framework of creative thinking.

Results: Following the Confirmatory Factor Analysis (CFE), 4 scales were indicated as a validated model with all X2/P>.05, GFI > .9, RMR< .5, RMSEA < .5, AGFI> .9. The characteristics for creativity through the interaction between abilities and barriers could indirectly affect the motivation of creativity among RN-BSN students.

Conclusion: The authors suggested that nursing faculties developed a nursing practicum creative process course to increase and decrease the abilities and barriers of creativity, and the characteristics of creativity could gradually develop of modeling their motivation for creativity as the major factor of influencing nursing practicum creative process among RN-BSN students.

References

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Trust in the Centers for Disease Control and Prevention: A Study of the Relationship between the CDC and Adults with Chronic Illness Following the Ebola Crisis

Lindsey N. Horrell, BSN, RN, USA
Shawn M. Kneipp, PhD, MS, BSN, ANP-BC, APHN-BC, FAANP, USA

Purpose
To identify levels of trust in the Centers for Disease Control and Prevention (CDC) amongst low-income adult workers enrolled in a CDC-funded study to improve chronic disease self-management. This presentation will assess differences in trust according to various demographic variables, while longitudinal analysis will reveal change in trust over time.

Target Audience
CDC officials, CDC funded researchers, and all public health program managers who plan to develop social marketing materials for future projects to improve health management and disease prevention.

Abstract
Purpose: The fall of 2014 was marked by a period of panic for much of the American population. As care providers worked frantically to contain the first cases of the Ebola virus originating on American soil, citizens became more and more skeptical of the government's ability to handle this public health threat. According to a recent Gallup poll conducted in November of 2014, Americans' approval rate of the Centers for Disease Control and Prevention (CDC), the country’s leading public health organization, was down 10% from a similar poll conducted in May 2013 (Jones, 2014). As a major funding institution, the CDC provides nearly $7 billion annually to fund health research (CDC, 2013). The purpose of this study is to measure trust in the CDC amongst a population of lower-wage earning adults participating in a CDC funded study who suffer from one or more chronic health conditions.

Methods: Data collection will begin in January 2015 and will take place as a secondary analysis of baseline surveys collected from an ongoing study at the University of North Carolina at Chapel Hill. The aims of the larger study are to measure the health and employment outcomes of implementing the Chronic Disease Self-Management Program, a course traditionally targeting older adults, amongst lower-wage employees between 40-64 years old. Results will be derived from a longitudinal analysis of the participant surveys completed at baseline, 6, and 12 months during the study.

Results: Results shared during this conference will identify themes in the participants’ level of trust in the CDC immediately following the Ebola crisis, and how this trust differs according to demographic variables including age, race, gender, and type of chronic condition. Patterns in level of trust will be assessed over a two-year period.

Conclusion: This local investigation could have implications for the social marketing decisions of public health professionals across the globe as they try to implement and improve health promotion and disease prevention programs. This study will provide researchers and program coordinators a better understanding of their relationship with a population with high disease burden, and may act as a guide as they make social marketing decisions around sponsor disclosure via logo display in recruitment materials.

References

Contact
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Purpose
The purpose of this presentation is to explore the healthy siblings' experience for taking care of the community-resident schizophrenic patients with home visit care.

Target Audience
The target audience of this presentation is to help the healthy siblings to continue their support, health professionals should guide them to recognize and emphasize the positive caregiver rewards. Hope to reduce the siblings' stress and burden but also promote the patient's life quality.

Abstract
Purpose: The purpose of this study was to explore the healthy siblings’ experience for taking care of the community-resident schizophrenic patients with home visit care.

Methods: A qualitative research design was adopted and 15 participants were recruited from a medical center in the central part of Taiwan. Data were collected by a semi-structured interview guide. To analyze the data, the method proposed by Miles and Huberman (1994) was applied and the principles suggested by Lincon and Guba (1985) were used to examine the validity of the study.

Results: The results extracted a core theme, 4 themes and 10 categories. “Siblings’ love extending just like Cuscuta spreading” is the core theme of the study. Since the community-resident schizophrenic patients needed the support from their siblings just like Cuscuta attached to its host. In addition to symptom management and compliance with treatments, participants returned to the community still required the assistance from their siblings. Four sentences from 19 Old Poems were adopted to present the siblings’ experience. First, “Frail bamboo growing alone”: the family started the journey to understand and take care of the patients. Second, “Tying its roots into the slopes of Mt. Tai”: It described the struggling and tangling feeling of the siblings who took over the caring load. Third, “Holding the high moral standards”: With no fear for the dependence and barriers, the healthy siblings continue to take care of the patients. Fourth, “The sweet fragrance fills the breast and sleeves”: It showed the siblings’ expectation of companion and thrive in the future.

Conclusion: The study found that the process of care for schizophrenic siblings is full of hardship and stress. To help the healthy siblings to continue their support, health professionals should guide them to recognize and emphasize the positive caregiver rewards. On the other hand, more job training and opportunities are suggested. Moreover, respite care service could also be launched to provide appropriate support and assistance. It can not only reduce the siblings’ stress and burden but also promote the patients’ life quality.

References

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RSC PST 1 - Research Poster Session 1
The Effect of Temporal Discounting on Exercise Behavior in Elders

Linda M. Tate, MSN, BSN, ACNS-bc, APRN, USA

Purpose
The purpose of this presentation is to describe the results of my research project. The project explored temporal discounting rates in elders and compared the rates of exercisers to non-exercisers. The purpose of the study was to attempt to explain a large portion of non-exercising behavior in this age group.

Target Audience
Nurses who work with elders in any aspect but especially those who work with prevention programs and healthy aging.

Abstract
Purpose: As people age, they become more susceptible to disease and disability. Elders are at risk of developing morbidities related to risk factors like injury, social isolation and multiple health disorders. A healthy lifestyle can delay or prevent elders from developing both disease and disability. Despite the known benefits of exercise, nearly 85% of elders fail to achieve the recommended amount of physical exercise prescribed by the CDC. Many researchers have speculated that temporal discounting underlies several socially important human behaviors such as addiction, obesity and unsafe sex. However, exercise or lack of exercise had not been adequately investigated from the discounting perspective and discounting in general had not been explored in elders. The purpose of this study was to explore temporal discounting in elders, compare discounting rates among exercisers and non-exercisers and attempt to explain a large portion of the non-execising behavior in elders.

Methods: This study used a non-experimental correlational design with two groups of cognitively intact community dwelling elders (60 years of age or older). A sample of 134 participants was recruited from Northeast Arkansas. Data was collected using a demographic form and the Kirby Delay discounting Monetary Choice Questionnaire (MCQ). All demographics were analyzed descriptively. A comparison of means of the temporal discounting rates between exercisers and non-exercisers will be performed using a two sample t-test.

Results: Results are still pending the final data entry for the project.

Conclusion: The results of this study will add to the overall depth of nursing knowledge on the topic of exercise behavior among elders. Hopefully, leading to a better understanding of why many do not exercise. Thus, helping health care providers to create better programs that fit this population’s needs and increasing exercise behavior in elders which will ultimately decrease morbidity in this population.

References

Contact
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Purpose
This purpose of this poster will be to describe the results of a chart review as part of a comprehensive healthcare needs assessment to examine and determine the health and health education needs of agricultural (coffee farm) worker in rural Nicaragua and explore areas for future actions.

Target Audience
The target audience of this presentation is those interested in farm workers’ health or people living in rural Nicaragua.

Abstract
Purpose: Nicaragua is a country with nearly 6 million inhabitants and is considered the second poorest country in Latina America. In Nicaragua rural areas contain 45 % of the country’s population, yet 65% of the poor and 80% of the extreme poor live in these areas. Rural poverty is often more profound than urban poverty, with rural communities facing multiple challenges which may put them more at risk for negative health outcomes. Migrant workers, especially, are considered a marginalized population and may face an assortment of health challenges like infectious diseases, chemical and pesticide related illnesses, heat related illnesses, traumatic injuries, poor dietary options, respiratory conditions and mental illness (Hansen & Donohoe, 2003). People who live in rural areas, also have difficulties accessing an appropriate level of care due to inhospitable physical terrains, inadequate infrastructure on many roads and distance to closest medical facility.

This purpose of this poster will be to describe the results of a chart review as part of a comprehensive healthcare needs assessment to examine the health and health education needs of agricultural (coffee farm) workers in rural Nicaragua and explore areas for future actions. Specific aims included probing the following questions:

i. What are the reasons that people are accessing care at the onsite clinic for?
ii. What are the most common diagnoses?
iii. What services are available at the clinic and what are workers referred out to the nearest town for?
iv. What types of treatments are available onsite at the clinic? What medication and/or treatments are most often prescribed?
v. Are complementary and alternative forms of care used? If so, what are they and what are they used for?

Methods: This study was reviewed by university IRB and granted exemption. The Santa Maura coffee farm is located in north central Nicaragua, roughly four hours north of Managua. There is an on-site clinic, with a nurse provider available 7 days a week. The clinic is open to both migrant and non-migrant workers of the farm and those in surrounding communities or near-by coffee farms as well. Over a period of three days in October 2014, a random review of medical visits was completed.

Results: Over three days a total of 334 clinic visits (with dates between June 30 to October 4, 2014) were reviewed at the on-site. Ages of patients ranged from 9 months to 90 with 33% female and 67% male. Preliminary data analyses demonstrate that 190 of these visits were made by residents who lived on the farm where the clinic is located. The remaining visits were made by people either living in surrounding towns or near-by coffee farms. Only 10% of these patients were seen for chronic issues, which included hypertension, GERD, a pap result and birth control. 90% of the visits reviewed were for acute problems or concerns: 49 visits were for pain related problems, 32 visits related to trauma/work related injuries, 52 visits related to acute GI issues, 42 visits related to infections and 44 visits related to common cold/allergies.

Conclusion: There is limited information available on the health of rural coffee farm workers in Nicaragua and this is information does fill a gap in the literature. This chart review was completed as the initial phase of a healthcare needs assessment of rural coffee farm workers in Nicaragua. The visits reviewed were during non-harvest times, limiting the number of migrants that would have accessed the services. Although the clinic nurse
recognizes the importance and need for primary prevention and care, the clinic is primarily used for acute visits only. Limited resources may factor in to the reason behind not providing certain primary care options. The lack of visits for chronic care should not preclude the need. Previous data from a study completed on this farm demonstrate that nearly 60% of the men had blood pressures in the pre-hypertensive range and 21% of that sample was hypertensive (Alicea-Planas, Greiner & Greiner, under review). In light of the fact that the majority of these visits were for diagnoses that could have been prevented through health education, further exploration of the types of information available and accessible to this population is needed. Potential areas of investigation are occupational hazard training, hand-washing education, accessibility of medication and knowledge of primary prevention. Future research included conducting focus groups with both migrant and permanent workers on the farm, to further explore what they identify as their healthcare needs and target areas of health promotion.

References

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Qualitative Analysis of Empathic Behavior Process among Home-Visiting Nurses in Japan

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Purpose
The purpose of this presentation is to clarify the structure and process of home-visit nurses’ empathic behavior for patients.

Target Audience
The target audience of this presentation is clinical nurses and educator of nursing.

Abstract
Purpose: Ueno and others (2013) treated nurse’s support behavior that maintains and promotes patient’s peace of mind empathically as a concept of empathic behavior, developed the Empathic behavior Behavior Scale, version 2 (ESB, ver.2), and examined factors that affected nurses’ empathic behavior by using this scale. The results showed that the level of home-visit nurses’ empathic behavior for patients was higher than nurses in internal, surgical, and psychiatric departments. This research, therefore, attempts to clarify the structure and process of home-visit nurses’ empathic behavior for patients.

Methods: A modified grounded theory approach (M-GTA) was used to conduct semi-structured interviews with 10 home-visit nurses working for 6 home-visit nursing stations in the Kanto area. All interview data were transcribed and analyzed by focusing on a helping process by home-visiting nurses (hereinafter referred to simply as “nurses”) who tried to make patients improve their comfort level by relieving their suffering during a home visit. This research was approved and conducted by the guidance of the Ethics Committee of Health Care and Nursing, Juntendo University.

Results: Subjects’ sex, average age, average years of nursing experience, and average years of home-visit nursing experience were all females, 47.6 (SD=6.6), 24.4 (SD=7.9), and 11.8 (SD=4.3), respectively. Then, 18 concepts and 6 categories were generated from the analysis. The following is a storyline based on these concepts. Nurses treated each patient not as a role as a “patient” but as one individual during a home visit and attempted to make them live their own life even if they have diseases. The attitude of appreciating a present meeting became the foundation of involvement with patients by thinking that this meeting might be the last one. On that basis they observed patients’ living and health conditions carefully and imaged their problems and troubles by putting them in the position of patients. Then, they approached patients psychologically in order to check whether imaged content correspond to patient’s actual feelings by using abilities to communicate thoroughly, to promote patient’s understanding, and to be able to be conscious of their own personalities distinct from patient’s ones. These concepts were named “cuddling behavior” as a category. Nurses not only snuggle up to patients but also to smile at and talk to them daily and to conform to their moods without getting carried away with them. In all these acts nurses tried not to make patients alone at any time. On the other hand, in order to engage in a cuddling behavior it was necessary that a nurse had a compose through other nurses’ support and a patient trusted her through physical care she provided daily. Nurse’s feelings were relieved, that is, they had “calm attitude” when a series of these processes were evolved smoothly and empathic behavior was carried out.

Conclusion: A previous study (Ueno, et al; 2014) considered that the level of home-visit nurses’ empathic behavior was affected not by their ages and years of experience but by the level of their maturity of identity. This qualitative analysis extracted a concept that nurses snuggled up to patients in an objective awareness of self when they engaged in empathic behavior for patients, which corresponded to previous studies showing that the level of maturity among nurses was an important factor of empathic behavior. An other component of empathic behavior was to treat each patient not as a role but as the same human being, to have enough communication skills which can express one’s and other’s feelings and thinking verbally, to have experience of knowing one’s distress, and to have reliable colleagues. Empathic behavior of a home-visiting nurse was also both a process
and an act to have an image of patient's specific mental distress. It can be said that it is an involvement like an
escort runner who try not to make a patient feel a sense of isolation.

References
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Decrease the Rate of NCPAP Tubing Dislocation in Newborn Infants

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Purpose
Decrease the rate of NCPAP tubing dislocation by using problem-solving technique.

Target Audience
The target audience of this presentation is nurse practitioners, registered nurses, and respiratory therapist working in neonatal intensive care units.

Abstract
Purpose: By using problem-solving techniques, to reduce the rate of nasal continuous positive airway pressure (NCPAP) tubing dislocation in newborn infants in neonatal intensive care unit at Kaohsiung Medical University Hospital.

Methods: A total of 19 newborns who used NCPAP during hospitalization had been enrolled in June, 2014. The rate of NCPAP tubing dislocation, including nasal prongs are dislodged was 309 infant/time (147%). We analyzed the reasons of tubing dislocation with clinical records, as follows 1. nasal prongs fixed by magic carpet (VELCRO) on face are not fully engaged and dislodged from nostrils; 2. inappropriate size of nasal prongs for nostrils ; 3. disconnection of the nasal prongs and tubing, one side or both sides ; 4. The cap for fixing the tubing is too loose to support of NCPAP tubing ; 5. The infants have irritable crying resulting in tubing dislocation.

The strategy to improve NCPAP tubing dislocation as follows: 1. Design a new method to fix tubing and nasal prongs ; 2. Use the suitable size of nasal prongs according to the body weight of newborn ; 3. Use the clothes-pins to support the tubes of NCPAP to prevent dislocation ; 4. Choose the appropriate cap to fix the tubes of NCPAP tightly ; 5. With “Ning grip” care and “comfort bag” to calm crying infants ; 6. Advocate training program to enhance the caring of NCPAP and make standard care of NCPAP in our unit.

Results: The tubing dislocation were 124 times during a total of 165 man-days useing in July 2014. The rate of NCPAP tubing dislocation dropped to 75.1% (much decreased compared with June 2014). 74 times tubing dislocation occurred during a total of 178 man-days in August 2014, the rate of NCPAP tubing dislocation further dropped 41.5%. There were 64 times tubing dislocation during a total of 156 man-days in September 2014, which the rate dropped more to 41 %.

The rate of NCPAP tubing dislocation decreased from 147% to 41.02% in July to September 2014 in neonatal intensive care unit at Kaohsiung Medical University Hospital.

Conclusion: After the implementation of the project, we significantly reduced the rate of NCPAP tubing dislocation. The strategy to decrease the rate of NCPAP tubing dislocation could make the infant using NCPAP more comfortable and safe.

References

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Purpose
The purpose of this presentation is to share research aiming to answer two questions: Do pregnant women who receive care at the American University of Beirut Medical Center know about the relationship between breastfeeding and breast cancer? Do those same women know about the relationship between smoking and breast cancer?

Target Audience
The target audience of this presentation is health professionals, especially nurses, who provide care and prenatal education to pregnant women. Also included are health professionals who provide preconception care to women of childbearing age.

Abstract
Purpose: Breastfeeding has been shown to be a protective factor against breast cancer. Lebanon has some of the lowest rates in the Middle East. While 96% of women initiate breastfeeding at birth, by 1 year only 27% are still being breastfed. Also, it has been shown that there is a relationship between breastfeeding and breast cancer especially for women who begin smoking before their first child. 31% of Lebanese women smoke and of those 25% smoke during pregnancy. Therefore this ongoing research aims to answer two questions: Do pregnant women who receive care at AUBMC know about the relationship between breastfeeding and breast cancer? Do those same women know about the relationship between smoking and breast cancer?

Methods: A 10 question survey was developed which aims to ascertain pregnant women’s knowledge about breastfeeding protective factors and risks to a woman’s health from smoking cigarettes. Participants are being solicited from the outpatient obstetrical clinics at the American University of Beirut Medical Center. 100 respondents of the 196 total have thus far participated

Results:
Demographics - 83% are between the ages of 25 to 35; 48% have a bachelor’s degree; 26% have a masters degree; 51% are in their first pregnancy; 30% are in their third pregnancy

Breastfeeding - 43% previously breastfed for 1-6 months; 22% for 6-12 months; 15% for 12-18 months; 57% have receive NO breastfeeding education; 89% say that breastfeeding helps the mother to bond with her baby; 68% say that breastfeeding protects against breast cancer; 24% say that breastfeeding delays a woman’s menses; 77% say that breastfeeding does not help with child spacing

Smoking - 12% are smokers; 88% do not smoke; 26% are trying to quit; 41% plan to stop smoking; 90% say smoking is a risk for heart disease; 19% say smoking is a risk for bone fracture; 50% say smoking is a risk for breast cancer while 50% say it is not; 51% say smoking is a risk for infertility

Conclusion: Of those surveyed it is apparent that most are well educated. Although more than half have received NO education about breastfeeding, still these women are knowledgeable about some benefits of breastfeeding. Most who have had a pregnancy have breastfed, 37% breastfeeding longer than 6 months. Most know that breastfeeding protects against breast cancer. Most do not smoke. Most know smoking is a risk for heart disease and infertility. However, the majority do not know that smoking increases risk for bone fracture. Half of the women know that smoking increases the risk for breast cancer

References

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Purpose
This pilot study will use validated questionnaires prospectively to investigate NICU parents’ and nurses’ perceptions of met or unmet needs of parents with infants born prior to the completion of 32 weeks gestation and investigate the association between parental needs and illness severity in the first 10 days of admission.

Target Audience
The intended audience of this research is any individual with an interested in this healthcare setting and study population including nurses, educators, doctors and other healthcare providers.

Abstract

**Purpose:** This pilot study will use validated questionnaires prospectively to investigate parents’ and nurses’ perceptions of the met or unmet needs of parents with infants born prior to the completion of 32 weeks gestation and investigate the association between parental needs and illness severity in the first 10 days of admission to the NICU.

**Methods:** This is a prospective, descriptive-correlational quantitative study that will use validated questionnaires to collect data from parents of preterm infants born before 32 weeks completed gestation during the first 10 days in the NICU and from nurses directly involvement with the family’s care. Demographic data for the nurses, parent-infant dyads and the infant’s health information will be collected. A modified version of two study instruments: NICU Family Needs Inventory (NICU FNI) and the Needs Met Inventory (NMI), each consisting of 56 statements and will be self-administered by participants. The Score for Neonatal Acute Physiology, version II (SNAP-II) will be used as an objective measure of illness severity.

**Results:** Results in-progress. A modified version of the NICU FNI which ranks needs statement in terms of importance, and the NMI which evaluates the extent to which needs are viewed as met will be used to identify and describe parents’ and nurses’ perception met and unmet needs in the NICU. Both instruments assess parental needs in five categories: support; comfort; information; proximity; and assurance. The SNAP-II measures illness severity by evaluating six empirical physiologic variables within the vital signs and laboratory finding as predictors of morbidity and mortality.

**Conclusion:** No study was found that examined the relationship between met and unmet parental needs and objective measures of the infant’s illness severity from the parents’ and nurses’ perspectives. Understanding parental needs and perceptions has implications regarding how strategies for information provision, communication and counseling, and parent support programs are developed and implemented to meet the needs of vulnerable infants and their families. This study will generate evidence about and enhance healthcare providers’ knowledge regarding parental needs, priorities, expectations and nurses’ perspective which can optimize the care and support that parents receive. The preterm birth of an infant is life-altering and distressing for parents as the traditional process of transitioning into parenthood is disrupted. There is a limited number of studies that examine needs and priorities of parents in the NICU. No study was found that has evaluated the extent to which parental needs are perceived as met or unmet and the association to illness severity. This study will inform how healthcare providers communicate with, educate and support parents of preterm infants to enhance the families’ health and well-being.

References
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Nursing Surveillance in an Obstetric Setting

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Purpose
To identify whether frequency of category II patterns and nursing surveillance interventions increase the risk of cesarean birth in women who are nulliparous, term with single infant in vertex position.

Target Audience
Labor & delivery clinical nurses, nurse educators, and nurse leaders in obstetrical settings

Abstract
Purpose: Cesarean birth has been identified as an international public health issue placing both the mother and infant at increased risk for severe morbidity and mortality. Preventing the first cesarean section is recognized as a primary strategy in reducing the overall cesarean birth rate. Nurses play a key role in the management of labor and the birth outcome of cesarean or vaginal birth may be strongly influenced by the nurse’s role in the scrutiny of fetal heart monitoring and interventions in response to his/her interpretation. This study proposes the detection and treatment of category II patterns may be an effective strategy in reducing the incidence of primary cesarean births. Notably, examination of components of the nursing surveillance process (assessment, assimilation, action, alert, advise/advocate) and resulting interventions (oxygen supplementation, maternal reposition, intravenous (IV) fluid bolus, and decreasing or discontinuing Pitocin) during the management of labor may help identify effective nursing strategies to reduce cesarean birth. A nursing surveillance conceptual model was used as a framework for identifying evidence-based solutions for improving maternal and neonatal outcomes. The purpose of this study was to identify whether frequency of category II patterns and nursing surveillance interventions increase the risk of cesarean birth in women who are nulliparous, term with single infant in vertex position.

Methods: A descriptive, cross-sectional, correlational design. Data were collected through a retrospective audit of electronic medical records of patients admitted and delivered between May and June 2013 at a large urban southern California women’s hospital. Inclusion criteria: nulliparous, single fetus in vertex position, and ≥37 weeks’ gestation. Category II fetal heart rate (FHR) tracings were defined by characteristics of fetal heart rate, baseline variability, decelerations, and presence or absence of accelerations. Nursing interventions were defined as oxygen supplementation, maternal reposition, IV fluid bolus, and Pitocin adjustment.

Results: Statistically significant differences were found between women who delivered vaginally and those who delivered by cesarean when examining nursing documentation of frequency of category II FHR tracing \( F(1) = 6.3, p < .05 \) and nursing interventions \( F(1) = 13.6, p < .05 \). Logistic regression \( (1) \) estimated the relations of frequency of category II FHR tracings and frequency of nursing interventions (oxygen supplementation, maternal reposition, IV fluid bolus, and Pitocin adjustment) recommended for category II FHR pattern, to the risk of cesarean birth. The overall model was statistically reliable with a good fit in distinguishing between mothers who delivered by cesarean section and those who did not \( (-2 \text{Log Likelihood} = 540.401; \chi^2 (2) = 14.32, p = .001 \) ). The odds of having a cesarean delivery was 12% (OR = 1.12) higher among women who had an increased number of nursing interventions within four hours prior to delivery; (2) estimated the strength of association of frequency of documentation of characteristics consistent with category II FHR tracings and type of nursing intervention (oxygen supplementation, maternal reposition, intravenous (IV) fluid bolus, and Pitocin adjustment) with mode of birth. The overall model was statistically reliable with a good fit in distinguishing between mothers who delivered by cesarean section and those who did not \( (-2 \text{Log Likelihood} = 15370.415; \chi^2 (5) = 17.14, p = .01 \) ). Maternal reposition trended toward statistical significance; overall type of nursing intervention was not significant as a predictor of cesarean delivery.

Conclusion: Nurses play a key role in the evaluation of maternal and fetal status during labor, continued surveillance, initiation of corrective measures when indicated, and reevaluation. A key attribute of nursing surveillance is that it is a systematic process for assessment, intervention, and evaluation. In this study a category II FHR pattern and specific type of nursing intervention was not associated with an increased risk of cesarean delivery supporting prior studies, in contrast increased nursing interventions was a predictor of cesarean birth. Nursing practice may benefit from a more well-defined process in the evaluation of FHR tracing; current guidelines for nursing intervention may need to be more clearly defined and associated with occurrence, as well as type of category II FHR pattern.
References

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Purpose
To report findings of a pilot intervention using text messages in African American adults identified with several risk factors for heart disease and cancer. Objectives of this study were to determine the feasibility and efficiency of the study design in reducing risk factors in the African American population.

Target Audience
Health care professionals involved in disease prevention and health promotion for populations in which health disparities exist.

Abstract
Purpose: African Americans suffer disparity from both cancer and cardiovascular disease. For example, the prevalence of hypertension among African Americans is the highest of any ethnic group in the world, and African Americans have the highest mortality rate of any racial or ethnic group in America for all cancers combined and for most major cancers. They are vulnerable to both cardiovascular disease (CVD) and cancer by virtue of having extremely high rates of risk factors, with the risk factors for these diseases being intricately connected. Use of social media and mobile phones to send health related text messages is an innovative strategy, presenting researchers with new opportunities to reach this vulnerable population with information and strategies to reduce these risk factors. The purpose of this study was to test the impact and feasibility of a social media and text messaging intervention that promotes self-care resulting in the reduction of multiple CVD and cancer risk factors in African Americans.

Methods: We developed a library of intervention text messages, a message delivery protocol, Facebook page and blog that were culturally tailored and targeted for African Americans at risk for CVD and cancer. We conducted a one group, pre/post test intervention study with 39 African Americans over the age of 40 who were at risk for CVD and/or cancer as evidenced by having one or more modifiable risk factors (e.g. weight, blood pressure, cholesterol). We also conducted small group interviews post intervention to assess satisfaction with the intervention, and obtain usability and feasibility data. Participants were recruited from the community using a lay health worker. Data collection occurred at baseline and at three months post baseline and included: height, weight, waist circumference, blood pressure, body mass index, heart rate, HgA1c, total cholesterol, LDL, HDL, triglycerides, comorbidities, current medications, heart health and heart disease knowledge, depression, quality of life, fatalism, and cancer screening activities.

Results: Study participants were primarily female (69%), aged 58 5 years, who were married (59%) and worked full time (56%). One third of the participants reported they were financially comfortable (36%). Roughly 77% had private/commercial insurance. Almost 13% of participants reported being current smokers. The majority of participants felt they were in “Good” health (44%). Post intervention, participants experienced significant decreases in waist circumference (41 ± 5 in vs 40  5 in, p = 0.002), systolic blood pressure (147 ± 24 vs 138  20, p = 0.009), diastolic blood pressure (84, interquartile range [IQR] 79-93 vs 82, IQR 77-90, p = 0.02), total cholesterol (194 ± 35 vs 173 ± 31, p < 0.001), LDL levels (100 ± 31 vs 86 ± 29, p = 0.015), and HDL levels (51, IQR 35-71, vs 46, IQR 39-57, p = 0.006). Participants also reported increased heart healthy knowledge. In addition, five participants had colorectal cancer screening, two had prostate cancer screening, and four women had mammograms.

Conclusion: Innovative methods are necessary to reduce cancer and cardiovascular risks, and to promote cancer screening and heart healthy activities in the African American population. The social media and text messaging intervention used in this study led to significant reductions in several risk areas, and promoted cancer screening. Future studies should incorporate these innovative strategies in promoting health in vulnerable populations.

References

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Purpose
The purpose of this presentation is to uncover the evidence-based nurse educators’ perspectives of clinical teaching in college-based skills laboratories from a developing world perspective. The factors and issues affecting undergraduate nursing students’ clinical teaching and use of the laboratories and what has to be changed has also been presented.

Target Audience
The target audiences of this presentation are the nurse educators, nurse leaders and administrators in nursing and midwifery teaching and learning institutions. It also targets nurse-midwives aspiring to join the teaching profession sooner or later as well the nurse specialists working in various practice settings.

Abstract
Purpose: Clinical skills laboratories continue to be an essential component of clinical teaching and learning in nurse education globally including the country of Malawi. As in many other developing countries, Malawi adopted the use of the skills laboratory through research findings and benchmarking from the well developed countries. The skills laboratory has been operational for more than ten years. However, it is not known how the clinical teaching and learning is taking place. In addition, much has been learned from developed countries but not much is known on how clinical teaching is progressing in many nursing institutions from the developing countries including Malawi. The aim of the study was to evaluate clinical teaching and learning of undergraduate nursing students in the skills laboratories from a developing world perspective. The purpose was to explore and determine nurse educators’ perspectives of clinical teaching and learning in college-based skills laboratories.

Methods: In 2013 six in-depth interviews from nurse educators and clinical supervisors were conducted at the two campuses of Kamuzu College of Nursing in Malawi. From these interviews the factors and issues that affect students’ clinical learning and use of the skills laboratory were extrapolated. Using a semi-structured interview guide, the participants were questioned on how teaching and learning is perceived, issues that affect clinical teaching and the areas that need modification for effective clinical teaching in the college-based skills laboratories. Data were organized and managed using the MAXQDA software version 11 and analysed thematically.

Results: The findings show that demonstrations and return demonstrations are the practical necessities of clinical teaching that enrich clinical teaching experiences. The skills laboratory has better resources than the various practical sites and therefore it provides a better learning environment for undergraduate nursing students. Nurse educators perceive that it is stressful to conduct demonstrations and observe the return demonstrations due to the increased student numbers and limited resources available in the skills laboratory. There is also variation in the use of the skills laboratory by the junior and senior students. Junior students use the skills laboratory more than the senior because the senior students gain their experiences in the practical sites far from the college. The need for nurse educators to work in shifts in the skills laboratory to create more opportunities for students to use the skills laboratory during their free time and when the lecturers are busy with other commitments, has been emphasised. Increasing the practice sessions, teaching resources and nurse educators is advocated to ensure effective clinical teaching. The findings also advocate the purchase of portable teaching resources for students who are allocated in various practical sites away from the college-based laboratories. Finally, a suggestion for a mentor-mentee program is made for graduates during the first two years of their working experience. However, in Malawi students are often alone in the work settings soon after graduation. It is possible that the staff shortage, due to nurse migration may preclude the development of this type of program.

Conclusion: These results suggest that strengthening the students’ clinical teaching in the skills laboratories is the most realistic strategy in developing countries

References

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RSC PST 1 - Research Poster Session 1
Evaluation of Patient’s Understanding of Opioid Instruction Post Nursing Education Intervention

Margaret Costello, PhD, MSN, MHA, BSN, RN, USA
Sarah B. Thompson, MSN, RN, USA

Purpose
This study will explore if an educational intervention improved nurse’s knowledge of safe patient opioid use. Researchers will also analyze nonequivalent groups of patients post nurses instruction to determine if the education of nurses was measurable in terms of patient’s instruction as reported by patients.

Target Audience
The target audience for this presentation is all nurses who provide discharge instructions to patients who will be receiving opioids and all nurses who have an interest in prescription opioid use.

Abstract
Purpose: Prescription drug abuse-related emergency department visits and treatment admissions have risen significantly in recent years. Research indicates that many of these patients do not have a good understanding of their medications at the time of discharge from the hospital. The knowledge deficit present at discharge leaves patients at high risk for medication errors, adverse drug reactions, and readmission. Data was collected on 586 patients who had been sent home on opioid analgesics after having undergone a urological procedure. Researchers found that of those with leftover medication, 89% kept the medication at home, 6% threw it in the trash, 2% flushed it down the toilet, and <1% returned it to the pharmacy. This inappropriate storage and disposal of opioids lends itself to a number of other problems such as patients storing up opioids and self-medicating, continuing to take opioids for non medical purposes and use by persons for whom the medication was not prescribed. Among persons aged 12 or older in 2012-2013 who used pain relievers nonmedically in 2013, 67.6 percent received the pain relievers they most recently used from a friend or relative, either for free, purchase, or through theft, and 23.8 percent received them through a physician prescription. Consensus among patients is that they are not sufficiently prepared for their discharge from the hospital, reporting uncertainty about both their discharge diagnosis and medication changes. Researchers have indicated there is a relationship between discharge instructions and hospital readmission rates (Hunter, Nelson & Birmingham, 2013). To prevent complications from misuse or abuse of opioids by the patient or others, the quality and quantity of discharge teaching must be improved so that patients have an understanding of safe use, storage, and disposal of opioids. Nurses play a key role in providing this patient education at the point of care when the patient receives the opioid prescription. This study will explore if a nursing education intervention improved nurse’s knowledge of safe opioid use for patients who are discharged from the hospital with a prescription for an opioid following a surgical procedure. The researchers will also analyze nonequivalent groups of patients regarding the specific instruction they received from the nurse at time of discharge about the safe use of opioids to determine if the education of nurses not only increased nurse’s knowledge of opioids but was measurable in terms of patient’s instruction as reported by patients.

Methods: This is a quasi-experimental pretest/post-test design. We anticipate approximately 100 nurses and 200 patients will participate in the study.

Baseline data will be collected via phone calls to patients who were discharged from an inpatient surgical unit with an opioid prescription following a surgical procedure.

Following the baseline patient data collection, nurses on the patient surgical unit will be provided with education on the safe use of opioids including: instruction on safe use, storage and disposal of opioids. Nurses will receive a pretest and a post test to measure effectiveness of intervention.

Following the nursing education, data will be collected on a group of patients who were discharged from the hospital with an opioid prescription by the nurses who had received the nursing education to determine if patients were instructed on the safe use, storage and disposal of opioids. Data will be analyzed using SPSS

Results: Estimated date of completion, May 2015.
Conclusion: Nurses often perform the discharge medication instruction and are frequently the last professional to provide medication education to patients. However research indicates that nurses often do not have adequate knowledge of opioids to provide patients with this sufficient instruction necessary for safe home medication management. Education for nurses regarding the safe use, storage and disposal of opioids is of urgent need at this time so that nurses may better provide patients with an accurate understanding for the safe management of opioids. This study seeks to determine if a nursing education intervention improves nurse’s knowledge of safe opioid use for patients who are discharged from the hospital with a prescription for an opioid following a surgical procedure. The researchers will also analyze nonequivalent groups of patients regarding the specific instruction they received from the nurse at time of discharge about the safe use of opioids to determine if the education influenced a change in patient discharge education practice.

References

Contact
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Purpose
To present thematic findings from interviews with African American women regarding their mammography experiences with an emphasis on the broad framework presented by Penchansky and Thomas to gain insight into how the provision of health insurance via the Affordable Care Act fits into a larger scheme of access to care.

Target Audience
The target audience for this presentation includes nurses, health care providers, health sciences students, health disparity researchers, policy makers, and public health professionals interested in access to care issues, cancer prevention and control, health promotion and wellness, and eliminating/reducing health disparities in vulnerable populations.

Abstract
Purpose: To present thematic findings from interviews with African American women regarding their mammography experiences with an emphasis on the broad framework presented by Penchansky and Thomas in order to gain insight into how provision of health insurance via the Affordable Care Act fits into a larger scheme of access to care and its impact on health disparities research.

Methods: This qualitative study utilized a convenience sample of 39 African American women presenting to the emergency department (ED) of a public university hospital. These women were either seated in the ED or presented to the ED with non-urgent complaints. Qualitative data was gathered from a semi-structured open-ended participant interviews. The average length of the interview was 1-2 hours. The in-depth interviews were designed to elicit the women’s salient beliefs regarding the physical, psychological, and social barriers and benefits associated with mammography screening, as well as her perceptions of personal susceptibility to breast cancer. The qualitative interviews were analyzed using qualitative description.

Results: Of the 39 women, who were interviewed, 10 of the participants were between the ages of 40 and 49, 17 were ages 50 to 59 and 12 were 60 and above. Twenty-four reported having a mammogram within the past year and 15 reported that it had been more than a year since their last mammogram. Seven of the 15 women reported never having had a mammogram. After applying the five areas identified by Penchansky and Thomas the participants elaborated on barriers to screening. These included personal barriers such as skepticism, mistrust, fear, pain, and spirituality as well as structural barriers such as transportation, childcare issues, provider demeanor and communication as well as cost.

Conclusion: Access to health care encompasses more than the ability to pay for such care. By applying Penchansky & Thomas’ theoretical model of access to barriers to mammography screening the intricate webbing of the dimensions of access to care is realized further confounding the ability of the Patient Protection and Affordable Care Act to fully equalize health care. Due to the complexity and multifaceted nature of the term “access” there needs to remain a focus on other dimensions that may impact health care for vulnerable populations.

References

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Purpose
The purpose of this presentation is to share the success experience of health promotion program for elderly in rural community in Taiwan and demonstrate how to achieve goals of healthy ageing and active ageing.

Target Audience
The target audience of this presentation is the public health nurses and faculty members in community nursing.

Abstract
Purpose: The purpose of this study was to design an age-friendly program for rural communities and to meet the needs of the residents in order to achieve the goals of healthy ageing and active ageing.

Methods: This pilot study used pretest/posttest designed. Two rural communities (Zhongxing community and Taikang community) were selected in Liu-Ying County in the south of Taiwan. The study process was divided into two steps. Firstly, we organized two expert meetings and invited 10 experts including four community leaders, one governor, two public health nurses, two health professionals from the neighbor nursing school, and one program manager to design the health promotion program. Secondly, six health promotion programs were completed in two communities run by Min-Hwei College of Health Care management. In total, 286 residents attended this program and 90 residents were selected as study subjects to compare the health condition before and after intervention. Primary outcome included weight, waist, body softness, bone mineral density, and self-reported satisfaction. The data was collected from July 11, 2013 to October 31, 2013.

Results: The participants were female (70%), age between 65-74 years (61%), and mandarin speaker (71%). The health condition has improved in weight loosed (average 0.2Kg/per person/ three week), and waist loosed (average 1.2 - 2.1 cm/per person). The data of body softness increased (3.6 cm/person) in Taikang community, but Zhongxing community. The body mineral density maintained steady in both communities. More than 90% of participants satisfied the health promotion program. The community leaders and the governor also reported highly satisfaction in age-friendly health promotion program.

Conclusion: Findings from the pilot study demonstrated the feasibility of age-friendly health promotion program intervention in rural community.

References

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Purpose
The purpose of this project is to implement and evaluate a nurse-led Community Care Team as an intensive intervention linking patients/families, primary care and community services to enhance care coordination and self-management support for patients with multiple chronic health conditions.

Target Audience
Nurse leaders and nurse care coordinators who are interested in evolving care models to enhance the provision of holistic, patient-centered care that includes consideration of the social determinants of health.

Abstract
Background/Significance: Coordinating patient-centered care in primary care/Health Care Home (HCH) settings requires not only primary care redesign but also realignment between health care delivery systems and community service providers. Few structure and processes exist for collaboration between primary care and community services beyond minimally effective referrals. Developing and implementing community care teams are integral to delivery of comprehensive, well-coordinated care that supports patient self-management of multiple chronic health conditions. Our preliminary work developing a Community Care Team (CCT) resulted in improved outcomes for patients by leveraging three proven approaches that support successful self-management: nurse care coordination, community service use, and the Wraparound process.

The Wraparound Process is a community-focused, strengths-based approach that was originally developed to initiate and coordinate the use of comprehensive community-based services as an alternative to institutionalization of high risk adolescents. "Wraparound" has become a common term for flexible, comprehensive services intended to keep children in the community. Since the 1980’s, Wraparound has demonstrated positive outcomes for children and adults with mental health problems. The CCT project incorporates Wraparound principles to achieve similar effects for adults with multiple chronic health conditions.

Initial nurse care coordination efforts report decreased use of costly health services, lower health care expenses, and improved self-management behaviors. However, nurse care coordination is a new and developing nursing practice often limited by minimal integration with primary care, community services, and by poorly coordinated care transitions. The CCT extends this evolving nursing role by providing needed programmatic structure and processes to link primary care with community services - thus enhancing the impact of nurse care coordination on patient outcomes.

Methods: Design: naturalistic, descriptive, implementation project. The Chronic Care Model is the framework for the CCT project.

Sample/Setting: The population of interest is older adult patients with multiple chronic health conditions experiencing difficulties in managing their health conditions and at risk for use of expensive health services. All patient subjects must be receiving nurse care coordination through the primary care/HCH. A special focus is on providing the CCT program to “dual-eligible” individuals who qualify for both Medicaid and Medicare. The setting is two health care home/primary care practices in the upper Midwest of the United States.

Procedures: The CCT program implementation builds on a community care team pilot project funded by the Minnesota Department of Health. The CCT program implementation involves identifying and partnering with community institutions including 2 medical centers (each with certified health care homes) and the county health department, an intercultural assistance program, and senior services (Elder Network). The partnering organizations are also members of a community healthcare collaborative, a well-functioning and trusted group of
community leaders that coordinate and integrate community-based efforts among the organizations. This collaborative group serves as the governing body for the CCT project.

**CCT Intervention:** The CCT program is a community-based interdisciplinary care team to support patient-centered primary care within the HCH. The CCT is holistic and person-centered, focused on integrating clinical and community services to address patients’ priority concerns. The CCT intervention is an intensive 12 week program that includes 2 meetings with each patient and involves: action and crisis prevention planning, strengthening an informal circle of support, and follow-up self-management support by the CCT team members.

**Measurement:** The project goal is to provide patient-centered care that is effective, efficient and timely as measured by: 1) evaluation of patient-focused intervention outcomes and 2) evaluation of community-focused intervention outcomes, 3) Implementation outcomes.

Patient-focused *Intervention Outcomes.*

Outcomes measures and instruments include: 1) Patient Assessment of Chronic Illness Care (PACIC), 2) Physical and Mental Health (Global Health Scale), 3) Resilience (CD-RISC-10), 4) Confidence to manage chronic health conditions (Self-Efficacy Scale), 5) Knowledge, Behavior, and Status regarding priority problems (Omaha System); all measured at baseline, 3 and 6 months.

Community-focused *Intervention Outcomes.* Measures include: 1) Community services recommended by CCT, 2) Use of recommended community services, 3) Use of expensive health services (hospitalizations, emergency department visits, nursing home admissions) measured at baseline, 3 and 6 months.

**Implementation Outcomes:** Measures include: 1) Reach – extent of CCT participation, proportion of the target population recruited and participated, 2) Effectiveness – effects of the intervention – intervention outcome measures - perceptions/satisfaction of patients, caregivers, NCCs, CHWs via semi-structured interviews with a sample of participating staff, 3) Adoption – proportion of NCCs who refer and attend CCT for eligible patients; barriers for not referring or not using CCT; feasibility to adopt the CCT in real-world settings, 4) Implementation – CCT is delivered as intended; consistent across settings; adaptations needed/made, 5) Maintenance – extent to which the CCT becomes routine within HCHs; mechanisms in place to assess outcomes on an on-going basis; long-term attrition; training materials measured semi-annually.

**Analysis:** Descriptive statistics will be used to summarize sample characteristics and describe the data. Continuous features will be summarized with means, standard deviations, medians, and ranges; categorical features will be summarized using frequency counts and percentages. Baseline demographic and clinical characteristics and changes from baseline to 3 and 6 months between participants will be compared.

**Results:** Preliminary results of the implementation process as well as initial patient, community and implementation outcomes will be presented.

**Conclusion:** Nurses are experienced with providing care in a limited role within a medical model, but they have minimal experience with new care models, and much less experience interacting with community services. Indeed, the American Academy of Ambulatory Care Nursing has only recently identified nurse roles and competencies for care coordination and transition management. The inclusion of nurse care coordinators as the pivotal link between primary care and community care is an effective approach to extend the nursing role to full scope of practice within primary care settings. Nurse care coordinator involvement with the CCT program using a strengths-based Wraparound approach significantly extends nurse care coordinators’ understanding and provision of patient-centered care to enhance patient self-management. This project is consistent with the vision of the IOM Report, The Future of Nursing: Leading Change, Advancing Health, which emphasizes participation of nurses practicing at full scope of their license as a critical component for transforming health care. Results of this project will advance our ability to extend strengths-based nurse care coordination services through partnerships with existing community services.

**References**

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RSC PST 1 - Research Poster Session 1
Tactile Perception and Advanced Age: Evaluation in a Specific Group of Elderly

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Purpose
to disseminate knowledge produced on the assessment of tactile perception in the elderly in order to improve
the health care to these individuals.

Target Audience
nurses or other health professionals who work in elderly care and other professionals who care for people with
tactile changes.

Abstract
Purpose: Changes of sensory tactile perception are a modification in the ability of capture and interpret external
stimuli by the sense of touch. Sensory evaluation allows the recognition of abnormalities, showing the nervous
damage. Degenerative changes that occur in elderly’s skin determine the reduction of exteroceptive receptors or
cutaneous receptors, causing a lower perception of ambient temperature and variations, as well as the reduction
of tactile sensitivity. Therefore, the evaluation of tactile perception must include senior care, whereas many of
them will have disorders of perception, which may compromise their ability to execute daily activities. The aim
of this study was to evaluate the tactile perception in elderly.

Methods: A cross-sectional study performed from November to December 2014 in Fortaleza, Brazil, in a private
social institution that improves the quality of life of its members, including the elderly. The population consisted
of 65 elderly of both sexes. The following inclusion criteria were used: to present age equal or over 60 years;
have preserved mental status and alert; be able to verbalize and execute commands. It was excluded those
individuals who did not have time available to participate in the study or refused to participate for another
reason. The sample was selected by convenience. In order to collect the data it was used two instruments. The
first one was elaborate for this study and it was intended to investigate the elderly’s socioeconomic and clinical
characteristics and also the elderly living habits and evaluate their functional capacity. Thus, it included gender,
age, hometown, marital status, family income, current and previous occupation, education, comorbidities,
smoking, alcohol consumption habit, habit of physical activity, occur of change in skin, balance and grip
strength. The evaluation of the functional capacity of the elderly was done by investigating the basic daily Life
activities by Barthel Scale and the evaluation of instrumental activities of daily living by the Lowton and Brody
Instrumental Activities of Daily Living Scale. The second instrument, specific to evaluate the tactile perception,
was adapted from previous study and investigated eight sensory modalities (light touch, pressure, temperature,
tactile location, two-point discrimination, stereognosis, texture and extinction of a simultaneous stimulation) by
using different resources. The sensory perception was identified in facial regions, hands and feet. All students
and nurses who was involved in data collection were previously trained by a doctoral student in order to reduce
the possible bias of the study. After the data was collected, descriptive statistical analysis was performed with
arithmetic mean and standard deviation for numerical variables. Absolute and relative frequencies were used to
nominal variables. The study was submitted to the Ethics Committee of the Federal University of Ceara, protocol
N. 851.449. Terms of consent were signed by the patients who accepted to participate in the study.

Results: In the 65 investigated elderly, there was a predominance of women (89.2%) with a mean age of 70.6
(± 6.59) years, average familiar income of $1.046, 62 (± 816,32), average education of 11, 8 (± 5.0) years; of
these only 15.8 % have a partner. By the average family income and years of education, it can be considered
that this is a group of middle-class elderly with a good level of education, which can positively affect the health
self-care, the control of comorbidities and the prevention of complications. Even so, 63% have arterial
hypertension and 16.7% diabetes. The presence of diabetes has relevance for this study, whereas it is a factor
that causes deficits in tactile perception. Despite the comorbidities, it can be assumed that most of the
participants of the study adopt a lifestyle that can be classified as a healthy pattern, through regular physical
activity (81.5%), the absence of the intake of alcoholic beverages (80%) and the absence of smoking habits in
most individuals (64.5%). It is considered that this lifestyle is a protective factor for the adaptation of intrinsic aging changes, among them the tactile perception. In the physical evaluation, most of the elderly (81.5%) had no change in skin and negative results in the investigation of balance through the Romberg test (85.9%). All the participants were considered independents in the functional capacity evaluation, both in relation to basic and instrumental activities of daily living. The results of the tactile perception of the face show few changes, standing out somatosensory discrimination (38.5%), investigated by the two-point discrimination test. In the evaluation of tactile sensory function in hands it was observed changes in predominant distinguish of two points (76.9%), showing that the test adopted has highly sensitive detection for sensory dysfunction. Other disorders of tactile perception in the hands evaluation have been identified by monofilament pressure (23.1%), by the test with different temperatures (21.5%), and by responses to the examiner's hand pressure (15.4%). The investigation of tactile perception in the region of the feet showed more changes in all tests when compared to the results of the evaluations of the face and hands. The most prevalent changes were detected in the two-point difference test (84.9%) and thermal sensitivity test (70.8%), but other tests also demonstrated changes. In texture tests, stereognosis and simultaneous stimulus few changes were identified. The results reinforce the idea that the change in tactile function is intrinsic to aging and may be aggravated by the appearance of any comorbidities such as diabetes, found in 16.7% of study participants. The study revealed few changes in tactile perception of light touch, pressure and tactile location. Similar results were shown in the evaluation with cotton and monofilament for light touch, also using the examiner's hand and monofilament for pressure perception assessment. It was identified larger proportion of changes in the thermal sensitivity in the region of the foot (70.8%), which indicates the relevance of the inclusion of this test to evaluate this form of sensitivity, whereas it has not yet been established as a standard in the evaluation of tactile function. It was predominant the changes in the distinction between two points on the hands (76.9%) and feet (84.9%), showing to be a highly sensitive test, which is a different result comparing with other studies.

**Conclusion:** It is clear that although sensory loss is a process associated with aging, adherence to a healthy and active lifestyle influences the mitigation and adaptation of these losses, as a compensatory mechanism. That brings benefits to the elderly as preserving their functionality, associated with maintaining balance and gait and preventing damage to the skin. As limitations of this study, stands out the difficult to generalize the results due to the small amount of similar studies published. It is expected that the results of this study subsidize the improvement of nursing knowledge about this subject.

**References**

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Purpose
The Purpose of this presentation is to present simple intervention to parents and health care providers of school age children with asthma that highlights the importance of maintaining asthma medication to help prevent increased asthma exacerbation, and unscheduled emergency room visits during the school year.

Target Audience
Nurses, School Nurses, Health care providers, parents/guardians.

Abstract
Purpose: To prevent school age (Hereafter known as students) children from having chronic and troublesome symptoms.

To maintain student’s lung function as close to normal as possible.

To help maintain normal physical activity levels (including exercise) as possible.

To prevent recurrent attacks and to reduce the need for emergency department visits and/or hospitalizations.

To provide medications that gives the best results with the fewer side effects.

Methods: An experimental design study with level one evidence was conducted to determine the effect of asthma intervention program in schools. A self-administered questionnaire was used to measured five variables that includes knowledge, attitude toward asthma, quality of life, self-efficacy, and self-management behaviors.

Results: The result for this intervention was adopted as part of the routine care management of childhood asthma in general throughout this program. And 80% decrease in school absents and emergency room visit was recorded.

Conclusion: Every one of the twenty-four students selected now has an asthma action plan on file.

A new policy now in place that requires nurses to initiate a phone interview with the parents of all asthmatic students and to complete /sign off on each step of the newly developed check list and asthma action plan.

References

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Factors Influencing Chronic Mental Illness Patients' Psychological Well Being and Suicidal Ideation

Pi-Ming Yeh, PhD, RN, USA

**Purpose**
The purpose of this study was to exam the factors influencing chronic mental illness patients' psychological well-being and suicidal ideation.

**Target Audience**
The target audience of this presentation is nurses, nursing students, nursing staffs, and nursing researchers.

**Abstract**

**Purpose:** The purpose of this study was to exam the factors influencing chronic mental illness patients’ psychological well-being and suicidal ideation.

**Methods:** There were 59 patients with chronic mental illnesses recruited from an USA Mental Health Center. The mean age of patients was 48.14 years (SD = 10.67) (Range 23-76) and 81.4% were male (n = 48). This is a descriptive cross sectional research design. The structured questionnaire was used to do the data collection. The principal investigator went to each unit and introduced this study to patients and data collection. SPSS 20 was used to do the data analysis.

**Results:** The following factors had positive significant relationships with psychological well-being: spiritual well-being (r = 0.504, p < 0.001), positive personality (r = 0.663, p < 0.001), and problem focus coping strategies (r = 0.47, p < 0.001). The following factors had negative significant relationships with psychological well-being: anxiety (r = -0.393, p < 0.01), depression (r = -0.28, p < 0.05), and suicidal ideation (r = -0.485, p < 0.001). The following factors had positive significant relationships with suicidal ideation: anxiety (r = 0.412, p < 0.001) and depression (r = 0.472, p < 0.001). The following factors had negative significant relationships with suicidal ideation: spiritual well-being (r = -0.329, p < 0.01), and problem focus coping strategies (r = -0.343, p < 0.01).

**Conclusion:** Increasing spiritual well-being, positive personality, and problem focus coping strategies will increase psychological well-being and decrease suicidal ideation. Decreasing anxiety and depression will also increase psychological well-being and decrease suicidal ideation. It is vital to understand mental illness patients’ personality and improve their spiritual well-being in order to prevent their suicidal ideation. There is a limitation in the generalizability because of the small sample size.

**References**

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Association between Treatment-Related Symptoms and Quality of Life among a Sample of Patients with Breast Cancer

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Chien-Liang Liu, MD, Taiwan
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Purpose
The purpose of this presentation is to provide the information about symptoms experienced by patients receiving cancer-related treatments, and association between experienced symptoms and health-related quality of life among patients with breast cancer.

Target Audience
The target audience of this presentation is healthcare providers, clinical professionals from varied areas who are interested in the healthcare of patients with breast cancer.

Abstract
Purpose: Patients with breast cancer receiving disease related treatments might trigger early onset of menopause and lead to early exposure of menopause related symptoms. Healthcare professionals need to pay attention to symptoms experienced by patients with breast cancer and provide adequate management because unrelieved symptoms can lead to serious consequences. The objectives of this study were to (a) investigate treatment-related symptoms among patients with breast cancer, and (b) explore association between treatment-related symptoms and health-related quality of life (HRQL) among patients with breast cancer.

Methods: This study was a cross-sectional, descriptive study. In total, 200 Taiwanese women with breast cancer were recruited. A structured questionnaire was used to collect information about participants’ individual characteristics, treatment-related symptoms, and HRQL. Symptom assessment scales commonly used among cancer patients seldom include the content of menopause related symptoms. We used the Breast Cancer Prevention Trial (BCPT) Symptom Scale developed by Stanton et al. (2005) to measure symptoms because it includes symptoms related to the menopause. The BCPT symptom scale comprises 25 symptoms that are relevant to breast cancer treatments. Higher total BCPT symptom scores indicate that individuals experience severer symptoms. The Short Form 36 (SF-36) Taiwanese version was used to measure HRQL. It consists of 36 items: one item representing self-perceived changes in health and 35 items representing eight HRQL domains (physical functioning, social functioning, role limitations caused by physical health problems, role limitations caused by emotional problems, bodily pain, mental health, vitality, general health). The physical component summary (PCS)/mental component summary (MCS) scores were also calculated to respectively represent individuals’ overall HRQL related to physical and mental health. Descriptive statistics was used to demonstrate participants’ individual characteristics, BCPT symptom scores, and HRQL. Association between treatment-related symptoms and HRQL was examined by Pearson correlation.

Results: Mean age of the participants was 52.3 ± 8.9 years. The majority of participants were diagnosed with breast cancer between 1 to 5 years (n = 140, 70.0%), and had received surgery (n = 196, 98.0%), endocrine therapy (n = 165, 82.5%), and chemotherapy (n = 133, 66.5%). Mean value of the BCPT symptom score was 12.3 ± 10.1. The top five symptoms frequently experienced by participants were forgetfulness, joint pains, tiredness, unhappy with the appearance of body, and muscle stiffness. The mean HRQL score at 8 domains ranged from 65.1 to 83.0: physical functioning 83.0 ± 17.6, social functioning 81.1 ± 18.9, role l limitations caused by physical health problems 78.1 ± 19.9, mental health 70.5 ± 15.1, role limitations caused by physical health problems 67.4 ± 39.9, general health 66.5 ± 21.6, and vitality 65.1 ± 18.1. Associations between treatment-related symptoms and HRQL (8 domains/PCS/MCS) were significant (r = -.18 -.66, p < 0.01): participants who experienced severer symptoms (higher symptom scores) reported lower HRQL.

Conclusion: Study results demonstrated that some symptoms related to the menopause were prevalent among patients with breast cancer, and treatment-related symptoms might have a negative influence on HRQL. Healthcare professionals should pay attention to the symptoms which could not be identified in common symptom assessment scales. Beneficial interventions such as counseling services or exercise therapy could be provided to improve treat-related symptoms for patients with breast cancer.
References

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The Course Satisfaction Survey of Self-Health Care Classes for Older Taiwanese People in the Community Adult School

Chen-Yuan Hsu, PhD, RN, Taiwan
Tzu-Fei Chen, MSN, RN, Taiwan

Purpose
The purpose of this presentation is to share the successful experience of the self-health care classes for older Taiwanese people studying in the community adult school. Especially, the course is to help those people to interest learning in the community adult school, and therefore improving their self-health care.

Target Audience
The target audience of this presentation is appreciated to share with the public health nurses, community faculty, education and research professionals.

Abstract
Purpose: The percentage of the older Taiwanese people is increasing and related to improve understanding of self-health care for this population is an important. This study is to explore the course satisfaction of self-health care classes for older Taiwanese people studying in the community adult school. The course targets to help those people to interest learning in the community adult school, and therefore improving their self-health care.

Methods: This study was based on the population of an Ershui Community Adult School in Changhua County of Taiwan. There was the number of samples 81 collected by this study, and used a structured questionnaire, as data collection included demographic information and course satisfaction survey. Data analysis used SPSS 12.0 for Window 2000, frequency distribution table and percentage to answer questions. There were totally 16 sessions in the self-health care classes, undertaking a 180-minute session once a week. The self-health care classes included four sections, as Active Aging, Health Promotion, Complementary Therapy and Good Fortune. Each section was designed involved four topics, as 16 different topics consisted of the self-health care classes.

Results: The results of this study, which examined the satisfaction of the self-health care classes for older Taiwanese people who learned in the community adult school. The most age of the participants were over 70 years old (79%), and they were typically spoken in both Mandarin and Taiwanese language. As indicated by frequency distribution and percentage, participants (45 females and 36 males) in the self-health care classes recorded higher percentage on satisfaction score, such as design of the course unit (n=55, 67.9 %), richness of textbook content (n=44, 54.3 %), skills(n=43, 53.1 %), teaching methods (n=46, 56.8 %), professional knowledge (n=42, 51.9 %), self-health promotion (n=49, 60.5 %), speed in class (n=49, 60.5 %) and content easy to understand (n=40, 49.4 %).

Conclusion: This study indicates that older Taiwanese people satisfied with self-health care classes in the community adult school. The results can also provide the reference for community adult school, to encourage older Taiwanese people to participate in self-health care classes in the future, and therefore improving their self-health care.

References

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Effect of Health Care Professionals' Exercise More Advice on Their Patients' Physical Activity

Hsing Yu Yang, PhD, MSN, RN, Taiwan

Purpose
The purpose of this presentation is to evaluate the effects of health care professionals’ advice on patients’ physical activity in U.S. adults.

Target Audience
The target audience of this presentation is for who is interesting in role of health care professional in advising patients' physical activity.

Abstract

Purpose: To evaluate the effects of HCPs’ advice on patients’ physical activity in U.S. adults.

Methods: The US 2004-2008 Medical Expenditure Panel Survey (MEPS) data including 1-year follow-up data from 20,002 adult patients were used. Logistic regression models were fit for the outcome variables.

Results: Compared to patients who did not receive the advice, patients received exercise more advice at year 1 were less likely to have moderate to vigorous physical activity (MVPA) in year 2. This association was significant in all patients (OR: 0.87; 95% CI: 0.79, 0.96), normal-weight patients (OR: 0.81; 95% CI: 0.67, 0.96) and in overweight or obese patients (OR: 0.91; 95% CI: 0.81, 1.02).

Conclusion: Patients who reported receiving exercise more advice from HCPs did not have increased habitual physical activity after one year. HCPs may need to provide more systematic and effective strategies to enhance patients’ healthy exercise. More future research based on longitudinal data is needed to examine whether these strategies are truly effective.

References

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Purpose
A powerful cross-sector coalition is bridging the word gap by bringing language nutrition to every child in Georgia. Georgia’s Talk With Me Baby (TWMB) aims to transform parents and caregivers into conversational partners, providing early language exposure to babies in order to nourish critical brain development required for higher learning.

Target Audience
Nurses, nurse practitioners, policy makers, and early childcare providers.

Abstract
Purpose: An early environment that includes language-rich, adult-child interactions, or language nutrition, is critical for a child’s brain development and subsequent educational achievement. Research demonstrates that the strongest predictor of a child’s academic success is the quality and quantity of words spoken to a child in the first three years of life, which is directly related to third grade literacy. Children from low-income families hear thirty million words less than peers from more affluent families and currently, only 21% of fourth-grade children from low-income families in Georgia can read at grade level. Talk With Me Baby (TWMB) is a cross-sector coalition focused on bridging the word gap in Georgia by building the capacity of parents to provide early language nutrition to their babies.

Methods: TWMB has already started to train nurses and incorporate education about language nutrition into the Georgia Women, Infants, and Children (WIC) nutrition program. TWMB has the potential to help close the nation’s educational achievement gap, leverage dramatic results for children's literary success, and holds promise for children of future generations. Although the concept of language enrichment is hardly novel, TWMB’s approach is truly unique. One of the most unique features of TWMB is its nursing based maternal and child intervention that is sustainable and accessible to those in most need of such a service. Additionally, this study is using a very novel approach to assessing early language environment and outcomes among neonates and toddlers. Measuring developmental characteristics of neonates and toddlers is obviously difficult because there are few if any good psychometric methods. The Language Environment Analysis (LENA) technology that will be used in this study provides an innovative but empirically validated approach to measure subclinical variation in a child’s early language skills. It also characterizes an infant’s acoustic environment to provide researchers with a more granular perspective on parent/child linguistic interactions. We will are conducting randomized control trial (RCT) to determine the extent to which nurse-led maternal “language nutrition” training influences language enrichment and development among a sample of neonates in a NICU setting.

Aim 1: Determine the extent to which language nutrition training (LNT) improves a mother's ability to communicate with her neonate effectively;

Aim 2: Characterize maternal-infant linguistic interactions (e.g., adult words spoken, conversational turns, and child vocalizations) among the intervention and control groups at 2 months of age.

Aim 3: Compare infant receptive and expressive language development between the intervention and control groups.

Data will be analyzed using both descriptive and inferential test statistics. We will build multivariable statistical models to examine the relationship between language nutrition training (LNT) and maternal-infant linguistic interactions. The main predictor variables for the analyses include: group assignment (intervention versus control) and maternal mastery of language nutrition concepts and skills (performance-based assessment score). The main criterion variables for the analyses include: adult words spoken, conversational turns, and child
vocalizations. These variables will largely be operationalized as mean length of utterance (MLU), or the average number of words per unit of speech.

**Results:** The study is currently underway in Phase I with expected outcome data in March 2015. The outcomes of testing and will shift maternal and child research and neonatal/pediatric clinical practice in a twofold manner. First, this study will examine how maternal and infant linguistic interactions at birth influence the early cognitive and linguistic trajectory of infants during a critical period of development. Second, we are evaluating the extent to which maternal/child health nurses can provide clinical services that may help prevent language deficits among children who are at higher risk of such deficits. This represents a clear clinical paradigm shift in clinical practices. While high risk neonates (e.g., very low birthweight, congenital anomalies, and prematurity) typically receive services at developmental clinic post discharge, clinicians in the NICU often do not provide services or support to help prevent developmental deficits among lower risk neonates (e.g., late preterm) such as those being examined by this study.

**Conclusion:** The lack of evidenced-based neonatal and early childhood interventions represents a critical barrier to reducing language deficits among children who are highest risk. This study will improve our understanding of the neonate’s linguistic environment and will evaluate a clinical intervention for improving the neonate’s linguistic interaction with the mother. First, few studies have examined the early linguistic environment on infants’ early language development. We will be able to characterize maternal-infant linguistic interactions shortly after birth in relatively controlled environment. This will provide a great deal of information about how mothers of infants in the NICU communicate with their offspring and concomitant language development. Second, the findings from this study will provide preliminary evidence concerning the effectiveness of the TWMB intervention. Such evidence is critical to developing a clinically-based intervention to prevent language deficits.

**References**


**Contact**

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**Purpose**
To assess the correlation between the cognitive, functional and physical abilities of packer elderly volunteer in two commercial brands at Saltillo, Coahuila

**Target Audience**
The target audiences of this presentation are: nurse researchers, community and clinical nursing interested in the functionality of the older adult and the global attention in nursing.

**Abstract**

**Purpose:** To assess the correlation between the cognitive, functional and physical abilities of packer elderly volunteer in two commercial brands at Saltillo, Coahuila

**Methods:** Descriptive correlational study between the cognitive, functional y physic abilities trough the Pfeiffer questionnaire, Barthel’s index (AVD), Lawton & Brody scale and (AIVD) and the Senior Fitness Test; with 270 elderly people (AM) (n1= 144 y n2= 126) of two retailers in Saltillo, Coahuila, purposefully selected as they were presented at the time of data collection, which were processed through the statistical program SPSS V.21

**Results:** The average age of the elderly in the retailer 1 (CC1 [n1]) was 69.94 (DE=5.45) while in retailer 2 (CC2 [n2]) was 68.69 (DE= 5.27). More than 60% of the persons are masculine, the 67% are married, the average working time is 3.95 years. 42.3% of the CC1 and 38.8% of the CC2 present some type of cognitive impairment.

A Spearman correlation test is performed which showed the following results between the study variables: the more ability to perform AVD the more ability to perform AIVD (p=.000). The stronger the lower limbs are, the stronger the Upper Limbs are (FMS) (p=.000). More FMI: more flexibility (p=.019). More FMS: more agility (p=.000). More FMI: more flexibility (p=.006). More FMI: more agility (p=.000). The more flexibility in elderly people, more agility (p=.007).

**Conclusion:** An important quantity of elderly people was found who has some kind of cognitive impairment. Being packers helps the elderly people to maintain some physical capacities in optimal conditions such as strength in upper limbs; nevertheless, shortcomings in flexibility and agility, despite relate positively.

**References**

**Contact**
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Purpose
The purpose of this presentation is to report on health promoting knowledge and behaviors among African American adolescent and high school girls.

Target Audience
The target audience of this presentation is nurses and other health professionals interested in discussing potential reasons for health disparities among African Americans, and potential interventions to help eliminate disparities.

Abstract
Purpose: African Americans are at greater risk for morbidities and subsequent premature mortality than whites, despite efforts to reduce disease burden (Arias, Anderson, Kung, Murphy, & Kochanek, 2003). African-American women have the highest rates of obesity and overweight than any other group (OMH, 2012). Overweight is associated with heart disease, cancer and stroke, which are three leading causes of death among African American adults (CDC, 2013). Similarly, African-American adolescent girls have higher rates of obesity than adolescent girls of any other racial group in the United States (Ogden, Carroll, Kit & Flegal, 2014). Among African-American adolescents ages 10-19, approximately 58% of diabetes diagnoses are of the Type 2 variety (often associated with overweight), compared to 14.9% for Caucasian adolescents (Nwobu & Johnson, 2007). Disparities in morbidity and mortality outcomes could be partially attributed to fewer health promoting behaviors (HPB) among African Americans during adolescence. In addition, adolescents’ desire for independence affects their decision making and they may take more risks that could affect their health and quality of life (Fahs et al., 1999; Tymula et al., 2012). Health beliefs, behaviors, and habits are most commonly formed during adolescence and well established by adulthood (Halfon & Hochstein, 2002; Mulye et al., 2009). Health knowledge and health promoting behaviors during adolescence impact subsequent health outcomes in adulthood.

Healthy decision making requires that adolescents have the necessary knowledge to make informed decisions (Reyna & Farley, 2006). Research suggests that adolescents who are better educated are more likely to engage in risk control and preventative behaviors. For example, Cutler and Llures-Muney (2009) found that increased education was positively associated with automobile and household safety practices while negatively associated with smoking initiation. Less education and younger age were associated with increased health risk behaviors among adolescents. According to Sales and colleagues, younger African-American girls had less knowledge about sexually transmitted diseases, lower sex refusal efficacy, and less confidence in the correct use of condoms, despite being more likely to have discussion about sex with their parents than older adolescents (2012), and thus may be at increased risk for pregnancy, HIV and other sexually transmitted diseases.

African American adolescent health behaviors and outcomes differ by sex. In 2012, the leading cause of death and disability among African American girls ages 15-19 was unintentional injuries while homicide was the leading cause among African American adolescent boys (CDC, 2013). In addition, African American adolescent boys and girls differed little on consumption of fruits and vegetables, but differed greatly in terms of their physical activity. Seventy-one percent of African American adolescent girls were physically inactive at least 60 minutes per day 5 days a week compared to 46.7% of adolescent males (CDC, 2013).

Examining gender specific health knowledge and health promoting behaviors among African American adolescents may be central in understanding persistent morbidity and mortality disparities among African Americans as a whole, and among girls specifically. Therefore, this study sought to examine HPB and health knowledge among a sample of African American middle school age girls in the southeastern United States. The following questions were assessed: 1. How often do these girls engage in HPBs such as physical activity and car safety? 2. What is the description of their health knowledge? 3. How do these girls compare to African American high school girls on knowledge and behaviors?
Methods: Health behaviors including physical activity and seat belt usage were assessed among 104 African American middle school girls in the southeast US; demographic information was obtained from their mothers. Similar behaviors were examined among African American high school girls in grades 11 and 12 from the 2013 Youth Risk Behavior Surveillance Survey (add ref here). A 10-item health knowledge assessment scored as correct or incorrect, administered to the middle school age girls, included questions about smoking, diet, and stress.

Results: Of the 75 African American middle school girls who reported riding a bike or skateboard, 85% stated they rarely or never wore a helmet. Ten percent of all 104 middle school girls reported rarely or never wearing a seat belt when riding in a car compared to 6% and 7% of girls in 11th and 12th grade, respectively. Almost half of the middle school girls (48%) reported being physically active for at least 60 minutes per day on 5 or more of the last 7 days compared to 27% of 12th grade girls. Nine percent of the middle school girls reported no days of exercise in the last 7 of at least 60 minutes per day. Only 5 middle school girls got all 10 knowledge questions correct. The individual questions with lowest percent correct were: washing your hands with soap and water for twenty seconds is as effective in killing germs as washing your hands with water or using an alcohol based sanitizer (false; 22%), and bad body odors always come from poor hygiene (false; 26%). Seventy-eight percent of mothers of the middle school girls had health insurance compared to 99% of their daughters. About three-fourths (77%) of mothers got most of their health care from a private doctor compared to 85% of their middle school daughters. Approximately 93% of mothers of the middle school girls reported their daughter having a routine physical exam in the past year.

Conclusion: Health behaviors begin early in life and whether or not a person knows about and practices HPBs can have long-term implications. Understanding the knowledge that African American girls have about ways to promote health, and the HPBs they practice is important in order to inform intervention design to address inequities in health and health differences among the sexes.

References

Contact
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Purpose
The purpose of the presentation is to outline the essential elements to include when assessing children’s capacity to consent to health services.

Target Audience
Nurses who provide health services to children.

Abstract
Purpose: Valid consent must be given by a person capable in law to do so, must be informed, unambiguous, comprehensive and voluntary. Being capable to consent in legal terms means that the person has reached the age threshold stipulated in the law and has decisional capacity. Central to obtaining consent from children is the ability of nurses to assess and arrive at a clinical judgement about a child’s maturity and mental capacity to give consent. These assessments are a great responsibility that requires not only knowledge of the appropriate legislation but also the ability to perform maturity and mental capacity assessments on children of various ages. Currently, relevant to the South African context, such a guideline is required. The purpose of the study is to report on the first round of a Delphi study to describe the essential elements to include in the assessment of children’s capacity to consent to health services.

Methods: A Delphi technique was used involving a panel of experts in law, psychology, education, health as well as parents who would participate in four rounds using questionnaires designed for each round. The focus of the questionnaires was to obtain expert consensus on the content to include when assessing a child’s mental capacity in consenting to health services. Experts in the field were identified and a snowball method used to identify further potential participants. A minimum sample of three experts per speciality area was included. In round 1, open ended questions were posed to determine experts’ perspectives about the elements of inclusion in assessment of children’s mental capacity when consenting to health services. Data was analysed qualitatively and grouped into specific themes categories and subcategories pertaining to the essential elements for assessing mental capacity to consent to health services by children. This information was then combined with that available in international and national literature to provide a framework to be used in the next 3 phases of an on-going Delhi study to obtain consensus on these elements of inclusion.

Results: Elements pertaining to the child’s age appropriate understand of relevant information, reasoning about treatment options, appreciation of the situation and consequences and the ability to communicate a choice were identified as a framework of assessment.

Conclusion: Age appropriate assessment requires of the nurse to communicate effectively with children and the ability to assess their understanding, reasoning and appreciation of consequences in an age appropriate manner. Clear age appropriate guidelines and multidisciplinary support are required for nurses to use in clinical practice.

References

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**Factors Associated with Sleep Disturbance in Midlife Women**

**Holly J. Jones, PhD(c), RN, CFNP, RNFA, USA**

**Purpose**
The purpose of this poster presentation is to describe factors associated with sleep disturbance in late pre-menopausal and peri-menopausal women.

**Target Audience**
The target audience for this poster presentation is health care providers and nurses who care for women of all reproductive stages that they may anticipate the occurrence of sleep problems and take steps in prevention and effective symptom management.

**Abstract**

**Purpose:** The purpose of this secondary analysis is to describe factors associated with sleep disturbance in late pre-menopause and peri-menopause.

**Methods:** We conducted a secondary analysis of longitudinal data collected every 6 months (Time 1-8). A multiethnic sample of 158 women with a mean age of 48 (SD 2.20) remained in the study at 5 years (Time 8). Data extracted for this analysis include demographics, menopause status (determined by cycle regularity and urine FSH levels using STRAW criteria – a staging system for ovarian aging) anthropometrics (height and weight). Self-report data used for this analysis included: 1) Pittsburgh Sleep Quality Index (PSQI), 2) perceived general health status (1 = excellent; 5 = poor) and 3) urinary symptoms checklist.

**Results:** The women were similar in demographics (age, parity, education, income) despite the racial diversity. The overall sample had poor sleep quality (mean PSQI > 5.0). Nighttime awakenings were prevalent in this sample. Repeated Measures Analysis of Variance indicated that women consistently reported ‘having to get up to use the bathroom’ and ‘waking up in the middle of the night or early in the morning’ over time. At Time 8, urinary leakage was the most frequently reported urinary symptom (50%) with significant race differences ($c^2 = 12.87, p = 0.001$). Over 33% reported waking from sleep three or more times per week regardless of race. Nighttime urinary frequency (nocturia) was correlated with PSQI interrupted sleep ($r = 0.53$). A linear regression model was developed to account for the variance in nighttime awakenings. Menopause status (pre-menopausal rather than peri- or post-menopausal) was a significant contributor to frequent nighttime awakenings at Time 8.

**Conclusion:** Sleep disturbance in the form of nighttime awakenings is a significant problem for women in midlife and these symptoms precede menopause. Nocturia was the most prevalent bladder symptom associated with nighttime awakenings. Our findings suggest that menopause stage is a significant factor in the occurrence of nocturia in late pre-menopause. Causation cannot be implied due to the nature of these analyses. Further research is needed to explore the relationship between menopause stage, nocturia and other, less frequent, reasons for nighttime awakenings. Urinary symptoms may be more relevant for women who experience menopause transition at an earlier age. Further research on this phenomenon may help to defray future healthcare costs and morbidity associated with nocturia as a cause of sleep disturbance in pre-menopausal women.

**References**


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Parental Report of Sleep Problems among Preschool Children and Their Predictors

Pi-Chen Chang, PhD, RN, Taiwan

Purpose
The results will be used to help health professionals to understand sleep problems and its impact among preschool children for the improvement of quality of care.

Target Audience
The target audience of this presentation is child health nurses and researchers.

Abstract
Purpose: Shortened child sleep duration has been identified as a ‘risk factor’ for poor child health outcomes like obesity. Identification of predictive factors for insufficient sleep may be helpful in developing interventions to change sleep health risk behaviors and for the purpose of preventing obesity in preschool populations. Preschool is the developmental stage of adopting health habits, thus it is an optimal time to promote healthy behaviors. Family is a health socialization unit and health habits aggregate within the family. Family is the major component of young children’s social and environmental contexts, and therefore parents have strong influence on children health behaviors. In addition, the effectiveness of parents’ socialization of their children will have an effect on their establishment, training, and enforcement of children’s health behavior. Hence, the overall objective for this study is to identify parental report of sleep problems among preschool children and their predictors.

Methods: The design of the research is descriptive correlational. A purposive sampling was used to recruit 178 preschool children and their parents. Chinese version of the Children’s Sleep Habits Questionnaire (CSHQ) was used in identifying sleep problems. Measures assessing parents’ and children’ sleep hygiene, and parental sense of competence were included as potential predictors for sleep problems.

Results: The mean sleep duration as reported by parents was M = 9.52 hours, SD = 1.03. The average bedtime was 9:31 PM. Co-sleeping was a common practice, with a prevalence of 96.6% (routine bed-sharing: 74.2%; room-sharing: 19.7%) in this sample of preschool children. In this study had 82.5% children’s total score were greater than a cut-off score of 41 and might have sleep problem. Mean scores of total child sleep problems and bedtime resistance were higher among children co-sleeping with their parents than room-sharing or sleeping alone. Better parental sense of competence is related to less child sleep problems (r= -.28). Correlation between parent sleep hygiene and their child’s sleep hygiene was .43 indicating parents’ sleep practices have moderate effect on their children’s sleep health behaviors. Twenty three percent of the variance in children’s sleep problems was explained by measures of child sleep hygiene and parental sense of competence.

Conclusion: The results of this study support that parental behaviors have significant effects on child sleep behaviors. The results will be used to help health professionals to understand sleep problems and its impact among preschool children for the improvement of quality of care.

References

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Purpose
This presentation will describe a cohort of PhD students’ experience developing a community of scholars in an online/distance PhD program in nursing science. The presentation will highlight innovative strategies used to enhance the educational experience using social, cognitive, and teaching presence based on the Community of Inquiry model.

Target Audience
The target audience for this presentation will be students, educators, and nursing professionals interested in using innovative online and multimedia strategies to engage in social, cognitive, and teaching interactions.

Abstract
As the global healthcare landscape continues to evolve from factors such as technological changes, socioeconomic shifts, and chronic disease emergence, a well-equipped cadre of nurse scientists to examine and meet the demands of the world’s people is needed. Nurses are beginning to respond to this need for advanced training, and online and distance education options in nursing are becoming increasingly common in higher education today. For graduate students pursuing a research-focused Doctor of Philosophy (PhD) degree, a particular concern relates to how one will build a community of scholars so vital to one’s future research career while maintaining the flexibility of taking classes online and/or from a distance. This presentation will demonstrate strategies utilized by a cohort of current Nursing Science PhD students in an online/distance program to develop a community of scholars. These strategies included a variety of face-to-face, synchronous, asynchronous, and social media resources. The presentation will conclude with how other students, nursing educators, and even nursing professionals can use similar formats to encourage the development of their own community of scholars regardless of the setting.

Furthermore, the educational model presented could be used within any higher education setting while admitting students from anywhere in the world. This stimulates a global exchange of knowledge among individual nurses and their affiliated practice settings. Although time zone differences could pose a challenge with the synchronous discussions, the implications for regional development of similar programs inclusive of several neighboring time zones holds great potential for success. Not only does distance education offer flexible teaching and learning strategies, but it also equips future nurse scientists with the skills to advance the science in a changing world where research is no longer confined to one’s immediate geographic context. This educational approach has the potential to expand research-training opportunities of the global community of nurses, who can then influence practice, education, research, and health care policy within their local contexts, as well as regionally and globally.

References
American Association of Colleges in Nursing. (2014). Types of nursing program and level of distance education offered.
Contact - alvinjeffery@gmail.com
Purpose
The purpose of this presentation is to explore the stress, depression and needs of caregivers of prolonged ventilator use patients while transferring in and out of respiratory care center, and to analyze the correlated factors with those variables.

Target Audience
The target audience of this presentation is nursing staff caring for prolonged ventilator use patients during hospitalization and preparing for discharge.

Abstract
Purpose: As aging population and critical care technique improving, patients with prolonged mechanical ventilator use increased which insults in longer hospital stay and over one fifth of healthcare utilization. The growing cost in Taiwan compared with ten years ago, increased nearly 200%. Under the integrated delivery system (IDS) care model for prolonged ventilator use patients, they transferred from intensive care unit to the step down units, so sub-acute respiratory care center (RCC) plays an important role between acute intensive care and long term care. In this process, patient’s family encountered multiple dilemmas, such as role changes of becoming a major decision maker and primary caregiver, over expectation for respiratory training, and hesitation for subsequent care, etc. Most previous studies explored home ventilator used patients whose primary caregiver’s burden, care needs, role adaptation and life experiences, few studies investigate the family care needs, stress and depression status during hospitalization of RCC stay. So the purposes of this study will focus on primary caregivers of prolonged ventilator use patients during this stage, and explore their care needs, needs satisfaction, stress and depression status, and analyze the correlated factors of those variables.

Methods: This is a prospective designed study, participants were caregivers of prolonged ventilator use patients, who were above 18 years old, willing to participate and signed the informed consent. After recruitment, questionnaires data were collected when patients were transferring in and out from RCC. Study instruments included caregivers’ demographic characteristics sheet, care needs questionnaire (researcher self-designed), perceived stress (Perceived Scale, PSS) and depression (Center for Epidemiological Studies Scale, CES-D Chinese version) questionnaire.

Results: A total of 73 patients completed the questionnaire, 41 were males (56.2%), 53 were married (72.6%), 62 accepted the tracheostomy (84.9%), with mean age of 71.35 ± 12.59 years old. Disease severity (APACHE II scores) were 14.62 ± 5.00. Primary caregivers distributed in gender fairly, mainly were the children of patients (63%), with an average age of 52.27 ± 15.73 years old. The length of time of care the patients was average 5.85 years, 7.53 hours per day.

Primary caregiver’s self-reported health status when patient transferring into the RCC was 3.57 ± 0.87 on average, between the fair to good health. On the health care needs, the medical-related care needs were the highest one, followed by psychological needs. The medical-related care needs were also the most satisfied needs than others. The mean score of PSS was 28.71 ± 5.85, indicated caregivers have moderate level stress. The mean score of CES-D was 17.3 ± 7.55, indicated depressive tendency.

After transferring out from RCC, primary caregivers self-reported health status was 3.64 ± 0.82, slightly better than the scores while transferring into RCC. Medical-related care needs were still the highest care needs and also the most satisfied care needs. Perceived stress status (28.36 ± 5.18) was similar, still have moderate stress. CES-D scores (17.36 ± 8.24) were slightly higher, indicated remained depressive tendency.

Paired t test was used to test the changes of primary caregiver self-reported health status, care needs, satisfaction of care needs, stresses and depression status between transferring in and out of RCC. The data showed that only medical-related care needs decreased significantly.
The regression analysis was used to test the related factors of affecting caregivers' care needs, needs satisfaction, stress and depression. The results showed that this regression model only 31.9 percent explanation power, adjusted \( R^2 \) 11.8 percent, indicated no statistical significance \( (F_{10,34} = 1.59, p = 0.152) \), represented that no related factors were found to affect care needs, needs satisfaction, stress and depression in this study.

**Conclusion:** This study results showed that the highest care needs for caregivers of prolonged ventilator used patients were medical-related and psychological needs, which were also the most satisfied care needs. In addition, they encountered moderate stress and have depression tendency. Compared to the results of transferring in and out of RCC, only medical-related care needs decreased significantly. This result denotes that prolonged ventilator use is a long term problem for primary caregiver, it’s not can be changed in the short term while hospitalized in RCC. Even transferring out of RCC and receiving next stage care, such as long-term respiratory care ward or home ventilator care, primary caregivers still have to confront different problems. It is a long-term care issue. To solve the care needs of primary caregivers, stress and depression status, we suggest it should be proceed from the national health care policy and then really solve the problem.

**References**

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Purpose:
The purpose of the study was to examine the effect of acculturation on the relationships among predisposing characteristics, enabling characteristics, and use of counseling and psychological services for depression and alcohol use by Hispanic lesbians and bisexual women.

Target Audience:
The target audience of this presentation is to nurses and students who are majoring in psychiatric nursing.

Abstract:
Purpose: The purpose of the study was to examine the effect of acculturation on the relationships among predisposing characteristics, enabling characteristics, and use of counseling and psychological services for depression and heavy drinking by Hispanic lesbians and bisexual women.

Methods: The sample includes 354 participants from the original cohort and 373 participants from the new supplemental sample added in wave 3 of the Chicago Health and Life Experiences of Women (CHLEW) study.

Results: The mean age for the sample was 40 years (SD = 14.0). Nearly one-fourth (23.7%, n = 172) of the sample identified as Hispanic. Among Hispanic participants, most identified as lesbian (72.3%); the remainder identified as bisexual (27.7%). Hispanic SMWs were found to use less or no counseling and psychological services compared with non-Hispanics. Predictors for using these services also differed by ethnicity: lifetime depression and income were predictors for using these services among Hispanic participants, whereas both lifetime and the past 12-month depression based on the Diagnostic Interview Schedule (DIS), education, and income was predictors among non-Hispanics. The results of this study highlight potential predictors for Hispanic SMWs' use of services for issues related to their depression and heavy drinking. In addition, in both the Hispanic (OR=2.69, CI: 1.21-5.98) (p<.05) and non-Hispanic (OR=1.76, CI: 1.28, 2.43) (p<.01) groups, acculturation in terms of the ethnic social relations subscale mediated the relationship between predisposing characteristics and use of mental healthcare services.

Conclusion: The results of this study may be helpful in understanding different predictors for using these services. In addition, the study findings may support examination of the effect of acculturation on the relationship between predisposing characteristics and using these services according to ethnic differences. In both the Hispanic and non-Hispanic groups, acculturation in terms of ethnic social relations had an independent effect on the relationship among predisposing characteristics, other enabling characteristics, and use of mental health services.

References:

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The Resilience and Influencing Factor among Colorectal Cancer Patients after Surgery

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Purpose
The purpose of this presentation is to understand the degree of resilience and identified its influencing factor among colorectal cancer patients following colorectal surgery.

Target Audience
The target audience of this presentation is for the clinical nurses.

Abstract
Purpose: The purpose of this study was to understand the degree of resilience and also identified the influencing factor of resilience among colorectal cancer patients following colorectal surgery (CRS).

Methods: Using a cross-sectional design, a chart review was first used to identify 571 patients who diagnosed colorectal cancer and underwent a CRS from a 1266-bed hospital in southern Taiwan. Then, a self-report questionnaire was mailed to patients between August 2013 and June 2014, with 188 responses (response rate 32.9%). The following instruments were used: the Resilience Scale, Urinary Incontinence Scale, personal features, and disease related variables.

Results: The degree of resilience was 27.7% (52/188) for low resilience, 50.5% (95/188) for moderate resilience, and 21.8% (41/188) for high resilience. The stepwise regression model showed three factors were the predictors of resilience, included physical recovery (4.3%), duration of bladder catheterization (3.3%), and educational years (2.9%), and account for 10.5% total variance.

Conclusion: This study show that most participants have had a moderate to higher resilience after CRS. The nurse should identified and evaluated the influencing factors of resilience before discharge to enhance patients’ resilience after CRS.

References

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**Purpose**
The purpose of this presentation is to explore challenges and lessons learned in the impacts after the Great East Japan Earthquake. Key questions are facing in the process of dealing with the legacy of the disaster.

**Target Audience**
The target of this presentation is scientists, practitioners who attended practices in affected area in the world.

**Abstract**

**Purpose:** As global aging progresses, disaster preparedness and resiliency of older people is becoming an issue because their special needs have not been well accommodated in the case of disaster relief. Technological disasters have a longer term impact on the health of the affected population than natural disasters. This study aims to analyze the challenges of older people in technological disaster situations.

**Methods:** The study was conducted in X city of Tokyo to where older people have been evacuated from an area severely affected by a nuclear power plant disaster. Older evacuees in X city were living in private apartments, public apartments, and family houses. Evacuees had not received information about where their former community members were now living. Data were collected between May and June of 2014. A structured questionnaire with multiple choice questions was carried out with twelve older people. Information was gathered through self-reported questionnaires by postal mail. Questionnaires addressed feelings regarding whether life was worth living and social relationships. The protocol was approved by the Institutional Review Boards at Japanese Red Cross College of Nursing.

**Results:** The number of respondents were twelve (five men). Of the respondents, one was 60-69 years old, six were 70-79 years old, four were 80-89 years old, and one was over 90 years old. Only one respondent had no change of feelings about life being worth living (decreased compared to before being evacuated). Nine responses indicated a decrease in feeling of well-being in the present life, especially compared to before being evacuated. Four males and two female respondents reporting losing chances to visit their friends, and three male and two female respondents had be given no Advice to family members or friends.

**Conclusion:** This study had a limitation that be addressed to evacuees in X city because do protecting private information by Governer. This study showed that emergency situations disrupt social relationships, leaving older people at risk for isolation. Specifically, the results identified the family and community as being viewed by older people as the most important units of social support in daily living.

**References**

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Purpose
The purpose is this presentation is to describe the collaboration with a multidisciplinary team to provide the best practices for a large metropolitan area with a diverse population.

Target Audience
healthcare educators, nurses, physicians, emergency response personnel (EMT, Paramedics), public health staff

Abstract
Purpose: The Florida Division of Emergency Management (FDEM) assigns students to organizations to strengthen fundamental emergency concepts and develop skills necessary to work in emergency management. One student intern was assigned to the Jacksonville Fire and Rescue Department Emergency Preparedness Division, Emergency Operations Center (EOC), Duval County Special Needs department during the EOC Level II activation during Tropical Storm Andrea. Data collected during this activation included updating the county’s Special Needs database on the local residents, an essential tool in public health and emergency management.

Methods: Quantitative methodology was used. Regional cross sectional telephone surveys were performed to gather patient census of all local categories 1-2 healthcare facilities on the number of patients that use stretchers or wheelchairs. This information was used to determine the number and type of health care vehicles needed for a possible evacuation to special needs shelters.

Results: The results showed that local ambulances (city and private) were limited and additional resources were needed. As the result, the city’s transportation authority were informed to develop plans to provide additional vehicles if needed.

Conclusion: The EOC relies on telephone communication to receive current patient transportation needs; however, the system has not been tested on full scale activation using category 4-5 healthcare facilities. The process also depends on the number of EOC personnel available to manage phone traffic and if communication to the facilities is still maintained during a disaster.

References

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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
Purpose: 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 study 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.

Methods: Nursing rubrics were reviewed and critiqued, and strengths and weaknesses were noted.

Results: A school of nursing rubric was created based on feedback from the critique.

Conclusion: Adjustments have been made as continuous review has occurred. So far, students have only seen this rubric for two semesters’ courses, and follow-up will occur as students continue to see and utilize this rubric throughout the entirety of the program. Anecdotal feedback has been positive, and students have verbalized feeling less anxiety due to having clear guidelines and expectations. Rubrics are useful tools to help alleviate the common issues that students experience with writing assignments.

References

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RSC PST 2 - Research Poster Session 2
SWOT Analysis Utilization on Grade-N2 Nurses’ Career Planning

Hui Zhu Chen, MSN, RN, Taiwan
Li-Chin Chen, MHA, RN, Taiwan

Purpose
The purpose of this presentation is quantitative, cross-section survey aimed at investigating job satisfaction, future life planning and career planning of grade-N2 nurses.

Target Audience
The target audience of this presentation is staff nurse, nurse administrator.

Abstract
Purpose: The quantitative, cross-section survey aimed at investigating job satisfaction, future life planning and career planning of grade-N2 nurses.

Methods: The purposive sampling object is grade-N2 and grade-N3 nurse, 48 cases included totally. The study was conducted via self-structured questionnaire (Cronbach’s α .83, CVI: .87) which includes the status of the individual, family, financial, social and career. In addition, open questions include: 1. SWOT analysis of personal strengths and weaknesses. 2. Recent (within 1 year), short-term (1-3 years) and mid-term (3-5 years) target. 3. Individual goal to be achieved and hospital administration assist to support.

Results: Married people (44.4%) have highly satisfaction of marriage life (90%) and satisfaction of children’s states (88.2%). The highest satisfactions in this study are the relationships with colleagues (3.40±0.54), private friends (3.40±0.49), personal habits and leisure activities (3.27±0.62), and family activities (3.22±0.70). The lowest satisfactions are clubs participation (2.80±0.66), the potential of future income (2.87±0.63), health (2.91±0.82), and property (2.91±0.63).

Conclusion: Basing on the satisfaction of current life and the personal life goal for experienced nursing staff, supervisors of nursing staff can arrange applicable trainings and personal advice strategies to promote nursing staff’s self-actualization.

References

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Exploration of Swedish Nurses' Perception of Nursing in Sweden

Kailee E. Carlson, USA

Purpose
The purpose of this presentation is to disseminate the findings of a qualitative study that explored Swedish nurses' perception of nursing. Findings shed light on the importance of quality interprofessional relationships as a determining factor over salaries for nursing job satisfaction.

Target Audience
The target audience of this presentation is a group of nurse leaders who are concerned of nurses' job dissatisfaction and a shortage of nurses.

Abstract
Purpose: According to the Swedish National Board of Health and Welfare, there is a shortage of nurses in Sweden. The number of patients assigned to each nurse has increased due to the shortage. Studies have noted that the increased patient load has impacted Swedish nurses’ ability to spend quality time with each patient. The purpose of this study was to explore Swedish nurses’ perception of nursing in Sweden.

Methods: van Manen's phenomenological approach was used as a design for the basis of this study. Following IRB approval, narrative data was collected by interviewing eight Swedish nurses. The eight Swedish nurse participants were actively working in acute care settings in an urban town on the western side of Sweden where the nurse shortage is felt the most. The eight Swedish nurses were chosen due to their ability to articulate in English their perceptions of nursing in Sweden and their willingness to take the time to be interviewed. All data were transcribed and van Manen's approach to analysis was followed.

Results: Data analysis indicated that Swedish nurses perceived their nursing positions as important and personally satisfying. They felt that they had more autonomy in Sweden than in other countries, including the USA. They described respectful equality in communication with other health team members including the physicians, unless the doctors were older and fixed in their past ways of thinking about the nurse. The participants interviewed were content in their present position in working with patients. All of the participants had worked in their present position and hospital unit for several years. Although every participant noted their salaries were lower than what nurses elsewhere were earning, all participants noted that the working relationship with patients and staff were worth more than money.

Conclusion: This study provides support for the Institute of Medicine’s 2010 Report regarding the importance of good communication and collaboration among health team members to enhance patient safety and a positive working relationship with each other. It also provides evidence that the quality of the nurse-patient relationship leads to job satisfaction and that more research is needed in this area.

References

Contact
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Purpose
The purpose of this study was to explore the experience of patients who suffer from spinal muscular atrophy (SMA).

Target Audience
The findings can be clinically applied as evidence based, and medical staff can assist the patients and their family by understanding the disease progression. Finally, we can help the client to integrate themselves and regain their hope.

Abstract

Purpose: The purpose of this study was to explore the experience of patients who suffer from Spinal muscular atrophy (SMA).

Methods: Qualitative approach was adopted by conducting in-depth interview with 9 cases that were recruited from one medical center in southern Taiwan, to collect information from their experiences. The transcripts of the interview data were analyzed by using Colaizzi's (1978) phenomenological methodology. Content analysis was used to conclude and identify these four main themes out of the 9 interviews.

Results: Through the interview, there are four common themes which respectively are loss of control, breakthrough the limitation, pursue the dignity and regain the hope.

Conclusion: The results of this study can develop an effective life adjustment from the psychological process of the patient suffer from SMA. To face their life in positive way, even when they were exhausting. Moreover, the findings can be clinically applied as evidence based, and medical staff can assist the patients and their family by understanding the disease progression. Finally, we can help the client to integrate themselves and regain their hope.

References

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Purpose
The purpose of this presentation is to reveal the current social welfare needs and utilization of aged adults, and to compare their differences among age groups (young-old, middle-old, and old-old), genders (males vs. females), and functional dependency levels (independent vs. dependent).

Target Audience
The target audience of this presentation is the global clinical practitioners and nursing researchers who are interested in the social welfare issues in the elderly population.

Abstract
Purpose: Owing to the rapid population aging, increased incidence of chronic diseases, and the changing family structure, the demand for long-term care for older adults continues to escalate sharply. A good policy dedicated to the welfare of older adults improves their quality of life. This study aimed to: 1) explore the current social welfare needs and utilization of aged adults, and 2) compare their differences among age groups, genders, and functional dependency levels.

Methods: Using a stratified random sampling, 384 Taiwanese community-dwelling aged adults were recruited for this survey research. Participants were asked to rate their utilization of and needs for the current 30 social welfare services provided by the government on a Likert-type scale.

Results: The three most widely known social welfare services by aged adults were: senior living allowance (95.83%), free bus and half-price MRT (92.71%), and the senior monetary stipend (90.62%). Young-old, male, and functionally independent older adults had more knowledge of these social welfare services than their counterparts ($p < .05$). The most widely used and the most needed social welfare services by the aged adults were senior monetary stipend (89.06%) and subsidy for national health insurance premium (75.52%); however, these services were the least satisfied by the older adults.

Conclusion: While designing an integrated and comprehensive social welfare system, differing needs of different age groups, genders, and functional dependency levels should be taken into consideration. The strategies for disseminating the social welfare services information should keep the educational level of the possible recipients in mind, and the service application process should be made simple and easy for the aged adults. Results of this study could be used as a reference for developing a long-term care policy, long-term service law, and insurance law.

References

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Purpose
The purpose of this presentation was to explore the relationships between quality of work life (QWL), nurses’ intention to leave their profession (ITLpro) and nurses leave the profession and whether nurses’ ITLpro mediated the relationship between QWL and nurses leave the profession.

Target Audience
The target audiences of this presentation are nurse managers, head nurses, directors of the nursing department and the human resource department.

Abstract
Purpose: The purpose of this study was to explore the relationships between quality of work life (QWL), nurses’ intention to leave their profession (ITLpro) and nurses leave the profession and whether nurses’ ITLpro mediated the relationship between QWL and nurses leave the profession.

Methods: One-year prospective study was conducted using purposive sampling of 1,283 nurses at seven hospitals in Taiwan. Data were collected from March to June 2012 and followed up at March to June 2013. Three questionnaires, including the Chinese version of the Quality of Nursing Work Life scale (C-QNWL), a questionnaire of intention to leave nursing profession and a demographic questionnaire, with two informed consent forms were delivered to the nurses at their workplaces. The records of nurses’ turnover were collected. Descriptive data, chi-square tests, t-tests, binary logistic regression and cumulative logistic regression were analyzed.

Results: Over half (58.5 %) of nurses had ITLpro. Only 2.5 % nurses actually leave the profession after one year. Nurses’ ITLpro mediated the relationship between “Milieu of respect and autonomy” QWL and nurses leave the profession.

Conclusion: An independent variable “milieu of respect and autonomy” QWL predicts the mediator variable “nurses’ ITLpro” and together they predict an outcome variable “nurses leave the profession”.

References

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RSC PST 2 - Research Poster Session 2
Tools for Teen Moms: An Intervention to Reduce Infant Obesity

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Purpose
The purpose of this presentation is to provide an overview of the study, Tools 4 Teen Moms (T4TM). The study's aim is to test a new social media intervention for efficacy and feasibility. This poster presents data on website usage, as means of acceptability and satisfaction with the T4TM intervention.

Target Audience
The target audience for this presentation is nurse researchers, practitioners, students, and others interested in the use of technology to deliver evidence-based educational information, counseling and peer support as a means to promote healthy infant feeding practices with low-income adolescent mothers to reduce rapid/excessive infant weight gain.

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 with infants (0 to 6 months of age) to obtain evidence for efficacy, feasibility, acceptability, and satisfaction related to T4TM. Infant-centered feeding to reduce rapid/excessive infant weight gain, which provides the basis for the behaviors targeted in the Tools 4 Teen Moms intervention, is derived from theories and empirical studies of mother-infant interaction. The infant-centered feeding experience comprises maternal responsiveness, feeding styles, and feeding practices. Maternal responsiveness is the sensitivity of the behaviors of a mother to her infant’s cues through expert judgment of what her infant needs. These behaviors comprise a relationship-skill set promoting mothers’ accurate recognition and response to infants’ feeding cues. Feeding style expresses the mother’s beliefs about and approach to guiding her infant’s feeding behaviors. It also describes how (style) mothers feed their infants (authoritative, authoritarian, permissive, and uninvolved). Feeding practices are maternal behaviors relating to what is fed, where, how, and how often; they are essential for ensuring healthy eating habits throughout childhood. Maternal behaviors affect infant growth over time and are the focus within the maternal-infant feeding interaction. Several background factors also affect infant growth, such as maternal knowledge, self-efficacy, infant temperament, and demographic characteristics, (maternal age, education, marital status, employment, race, infant birth weight, and type of feeding). This proposal focuses on some of the major background factors that affect infant growth.
Participants will be randomly assigned to the intervention group \((n = 50)\) or control group \((n = 50)\). Inclusion criteria: Self-identified, English-speaking, low-income, adolescent, first-time mothers between the ages of 15 and 19, with daily web access and access to a cell phone that includes text messaging capabilities, will be eligible to participate. Other criteria include: family income \(\leq 185\%\) of federal poverty; term birth \((37\leq 42\) weeks, \(2500\leq 3750\) grams birth weight); mothers and infants with no special nutrients or feeding needs; and infants less than six weeks old at study enrollment who have not started eating solid foods. 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. Tools4Teen Moms, developed to promote mother-infant feeding interaction, integrates a parent-infant interaction model, self-determination theory, and goal setting theory to address infant-centered feeding. The intervention consists of six weeks of daily challenges via the T4TM website within four urban, Michigan counties. Tools4Teen Moms challenges will be 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!”

**Conclusion:** 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.

**References**

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Serum and Genetic Analysis of Serotonin Associate to Geriatric Depression

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Purpose
The purpose of this project is to contribute to the development of new tools that could support the results through scales used for the diagnosis of depression in the elderly. Also, with these studies could identify susceptible populations to develop depression.

Target Audience
The target audience of this work is health-related staff, mainly personnel related to elderly, including nursing. Diagnostic of depression is complicated due to symptomatology in the elderly could go unnoticed. Find biological markers could help to diagnostic and prevention disease.

Abstract
Background: Depression is a common mental disorder, characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness, and poor concentration. Over 20% of adults aged 60 and over suffer from a mental or neurological disorder (excluding headache disorders) and 6.6% of all disability (disability adjusted life years-DALYs) among over 60s is attributed to neurological and mental disorders. The most common neuropsychiatric disorders in this age group are dementia and depression. (World Health Organization, [WHO], 2012).

Depression is both under diagnosed and undertreated in primary care settings. Symptoms of depression in older adults are often overlooked and untreated because they coincide with other late life problems. (Espinosa, et. Al. 2007). Depression also increases the perception of poor health, the utilization of medical services and healthcare costs. Older adults with depressive symptoms have poorer functioning compared to those with chronic medical conditions such as lung disease, hypertension or diabetes. For this reason is important to research and develop new options to contribute for diagnostic and prevention in older adults. (WHO, 2012).

Recent efforts have been done to understand the biological basis of susceptibility to depression. Investigations have demonstrated that serotonin play important role to modulate neural activity and a wide range of neuropsychological processes, even drugs that target serotonin receptors are used widely in psychiatry and neurology. It is widely accepted that abnormal serotonergic function is implicated in the onset and course of depressive disorders. (Alenina, Klempin, 2014)

Previous research revealed a robust genetic component in depressive disorders with heritability estimates between 33 and 42 %. Recent attempts to understand the biological bases of depression vulnerability have focused on both genetic and neural risk factors. One of the most commonly studied genetic polymorphisms is the serotonin transporter-linked polymorphic region (5-HTTLPR). The short (S) allele of the 5-HTTLPR is associated with several psychiatric conditions, perhaps most notably depression. (Gaoa et al. 2014; Marina Mitjans, Bàrbara Arias. 2012)

Purpose: To identify whether there are genetic changes that can cause depression and if there are genetic markers that can be used to detect these changes.

Methods: This study will be evaluated in the elderly population of Saltillo Coahuila city, between the months of January to December 2015. Descriptive comparative correlational design with two different groups: depression group and non-depression group. Depression group will be comprised of patients using the center for epidemiological studies-depression scale (CESD). Total summary scores range from 0 to 60, with clinical levels of depressive symptomatology being associated with scores of 16 or higher. The sample size will be estimated using the nQuery Advisor 7.0 software; level of confidence 90%, margin of error 5%, and a correlation of .35. Written informed consent will be obtained in accordance with the Hospital Universitario “Dr. Gonzalo Valdez Valdez”.

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Each participant will provide peripheral blood samples. Genomic deoxyribonucleic acid (DNA) will be prepared from lymphocytes cells using the Qiagen QIAamp® Blood Mini Kit (Qiagen, Inc, Valencia, California). Polymerase chain reaction (PCR) will be used to amplify the serotonin transporter promoter region (5-HTTLPR). Forward (5′-ATGCCAGCACCTAAC CCC TAA TGT-3′) and reverse (5′-GGACC GCA AGG TGG GCG GGA-3′) primers, these primers amplify a 419 base pair fragment for the 16-repeat L allele and a 375 base pair fragment for the 14-repeat S allele (Michaelovsky et al. 1999).

First, in order to evaluate the hypothesis of differential associations between depressive symptoms and polymorphism genotype, a multiple regression analysis with genotype will be realized. Tests for behavioral differences between groups on age, personality, education level, economic status and gender will be done using independent sample t-tests.

**Results:** The results of two groups will be compared. Descriptive statistics, comparison of means and correlation analysis will be used.

**Conclusion:** We will discuss the possible association between depression and the serotonin transporter promoter region in the elderly population of Saltillo Coahuila city, Mexico based on the scientific evidence available in the advanced nursing practice and their implications in positive health outcomes in Mexican older adults.

**References**

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Evaluating Mind-Mapping as a Tool to Enhance Learning Amongst College Students in Nursing

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Purpose
The purpose of this presentation is to disseminate this study result which provides support for mind mapping teaching in the classroom that helped to promote and increase the diversity of teaching, and improved students' motivation to learn and their learning outcomes.

Target Audience
The target audience of this presentation is nursing educators or someone who is interesting about this topic.

Abstract
Purpose: Mind-mapping has been shown to be a means by which to visualize learning strategies and develop pro-active learners. However, the use of mind-mapping as indicated in the nursing education literature is limited. This study seeks to extend our understanding of mind-mapping as a tool in enhancing learning amongst college students in nursing.

Methods: Using a quasi-experiment design, data were collected using semi-structured questionnaires during the intervention and through learning diaries. 50 participants were recruited using non-random, purposive sampling. Pre-test assessment focused on the learning strategies of third year high junior college nursing students; the mind-mapping approach was implemented and the post-test assessment concentrated on changes in the students' learning outcomes. Questionnaire data were analyzed using SPSS version 15. The learning diaries provided supplementary qualitative data.

Results: The results of the research showed that learning mind mapping can enhance participants' learning skills. Mind Mapping helped students to understand the text of the course and to organize the notes by using keywords. Although the experimental group showed improvement in their overall learning outcomes, there was no significant difference. However, the items of questionnaires as "I will find time to review course content after class" (t=2.24, p<0.05), "I will try to find something which I did not understand from the reading" (t=2.51, p<0.05), "I will figure out the problems or questions after the class " (t=2.84, p<0.05), "When I was studying I tried to understand the text content" (t=3.02, p<0.01) were statistically significant. These results indicate a positive change in students' learning strategies through the application of mind mapping.

Conclusion: This study provides support for mind mapping teaching in the classroom that helped to promote and increase the diversity of teaching, and improved students' motivation to learn and their learning outcomes.

References

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Purpose
The purpose of this presentation is to assess nurses' knowledge and beliefs related to depression in heart failure patients. This study assessed the impact of an education intervention on nurses' knowledge and beliefs about depression and their likelihood of routinely screening heart failure patients.

Target Audience
The target audience is nurses, clinical nurse specialists and nurse practitioners

Abstract
Purpose: The purpose of this study was to assess nurses' knowledge and beliefs related to depression and the use of screening in heart failure patients. To date, there has been no literature on this topic. It was the intent of this study to explore the likelihood that increased knowledge and nurses' underlying foundational beliefs would result in a greater commitment to routinely screen heart failure patients for depression.

Methods: A descriptive design was used. This quantitative study used a one-group pretest, posttest, intervention design. The approach involved administration of an identical group pretest, educational intervention and posttest. The study utilized a purposive sample of registered nurses working full time, part time, and PRN (per diem) on adult medical-surgical units at a large urban teaching hospital in southeast Texas. Exclusion criteria included licensed vocational nurses and agency nurses. Data were collected using the Revised Depression Attitude Questionnaire. This questionnaire consisted of 20 questions eliciting responses according to a five-point Likert scale format representing answers ranging from strongly agree to strongly disagree. Five questions were added to capture additional information regarding intent to screen for depression in heart failure patients. A demographic questionnaire was used to capture relevant data such as age, gender, highest degree attained, years of experience as a registered nurse, current employment status and years worked at the facility where the study was conducted. Data was collected using SurveyMonkey.com. The institution's IRB granted approval to conduct the study at this institution. For data analysis, surveys were coded and transferred to SPSS 20.0. Cronbach's alpha was used to ensure validity and reliability. A paired t-test was used because of the pretest/posttest modality.

Results: Research Question #1: Will nurses' knowledge increase as a result of an educational intervention? Following data analysis, it was demonstrated that this question could not be answered using the questionnaire as written with regard to the construct knowledge. The Depression Attitude Questionnaire did not determine knowledge and did not fit well with a scaled response. Additional data analysis was conducted to assess nurses’ beliefs regarding depression before and after the educational intervention. The Depression Attitude Questionnaire is an attitude/belief questionnaire. The paired t-test was performed to determine whether scores increased as a result of an educational intervention. Based upon the premean and postmean score, it was reasonable to conclude that the educational intervention (which was a Powerpoint presentation) did not make any substantial difference in the nurses’ beliefs related to depression. For Research Question #2: Will nurses' beliefs related to depression increase their intent to screen patients after an educational intervention? The findings suggest that scores measuring beliefs related to intent to screen patients after an educational intervention? The findings suggest that scores measuring beliefs related to intent to screen (defined as the state of the nurses’ mind that directs him or her toward a special goal (screening for depression in heart failure patients)) were higher after the educational intervention than before the educational intervention, suggesting a greater intent to screen after the educational intervention. A Pearson correlation was performed between the premean and postmean scores to detect any association between beliefs and intent to screen heart failure patients for depression. This did demonstrate a moderately significant correlation. The most interesting finding is the increase in the postmean score after the educational intervention as compared with before, which would suggest that intent to screen increased after the educational intervention.

Conclusion: There has been no published literature specifically linking nurses’ beliefs and knowledge to their intent to screen for depression in heart failure patients. With heart failure readmissions estimated to cost the American public more than $15 billion per year, reducing hospital readmission rates is a national priority. This study provides direct support for the hypothesis that nurses’ beliefs about depression and screening ultimately
impact their decisions to use depression screening in heart failure patients. The impact of depression screening on heart failure patient outcomes and on the financial status of health care institutions create a powerful incentive to better educate nurses on the importance of screening in this vulnerable population. Knowledge provides the basis for belief, further supporting the need for education to increase the motivation to routinely screen heart failure patients for depression. Early detection of depression in heart failure patients increases quality of life, which indirectly decreases the readmission rate and corresponding financial burden on healthcare organizations. This study represents a step toward validating a positive correlation between nurses’ beliefs about depression and their intent to screen for depression in heart failure patients.

References

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Music Does Soothe the Soul

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Purpose
The purpose of this study is to measure heart rate, respiratory rate and O2 saturations on NICU babies when music is played at 55-80 decibels to reduce stress in the irritable/fussy infant.

Target Audience
The target audience of this presentation is any nurse that works with neonates greater than or equal to 28 weeks.

Abstract
Purpose: The purpose of this study is to measure heart rate, respiratory rate and O2 saturations on NICU babies when music is played at 55-80 decibels to reduce stress in the irritable/fussy infant.

Methods: We used a comparative design to look at the heart rate, respiratory rate, and O2 saturations of neonates before and after music. If the neonate was determined to be irritable, which is crying for 5 minutes or more, we used physiological measures before and after music to determine statistical significance for the intervention. Infants in the NICU will have heart rate respiratory rate and O2 saturations recorded before and after music is placed in their ears via ear buds at 45 decibels using an iPod with lullaby music at 60-80 beats a minute.

Results: Heart rates (HR) and Respiratory rates (RR) soared up in some neonates as high as 20 points when irritable. Oxygen saturations (O2) decreased when the neonate was irritable. Statistical significance was found when comparing the before HR, RR, and O2 as infants were determined irritable with the HR, RR, and O2 after music was applied.

Conclusion: Lullabies at a rate of 60-90 beats per minute are the music of choice for a neonate, which might be due in part to a normal resting adult heartbeat of the mother. In conclusion, lullabies at 60-90 beats per minute at 55decibals can be used to decrease heart rate and respiratory rate resulting in an increase in oxygen saturation for all neonates that are irritable.

References

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**Purpose**
The purpose of this presentation is to present the work to nurse researchers and also other nurses to become aware of the phenomenon of medication error and the importance of education. The other purpose is to discuss with the audience the topic presented and share knowledge.

**Target Audience**
The target audience is to nurse researchers, clinical nurses, teacher nurses and other nurses.

**Abstract**

**Purpose:** To identify medication errors reported by Portuguese nurses.

**Methods:** A descriptive, mixed qualitative and quantitative study. The respondents were a random sample from the hospitals of the central region of Portugal. In this study was analyzed the first item of the questionnaire “Inappropriate nursing decisions and actions”

**Results:** Fourteen categories were identified but only the category “Safe Administration of Medication” was examined with 511 recorded items. The most relevant medication errors were reported in the subcategories “Preparation of Medication” with 112 registered items and “Administration of Medication”, with 399. The highest percentage of reported errors in medication preparation referred to improper dilution (n=80: 15,66%) and incorrect selection of the prescribed drug (n=30: 5,87%). Errors of medication administration were primarily related to the incorrect selection of patients (n=322: 63,01%).

**Conclusion:** The “Safe Administration of Medication” is the most relevant category that emerged from the reported errors. Education is relevant for nurses to introduce preventive measures. An active teaching methodology such as Problem Based Learning allows reflection on errors that were highlighted by the study. Using this methodology it’s important to focus on a problem situation and try to solve it by using best practice. The use of simulation is relevant for learning from errors. With this practice it will help professionals to prevent medication errors and therefore increases quality and patient safety.

**References**

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The Paths of Social Support, Resilience, and Emotional Distress on Quality of Life in Patients with Type 2 Diabetes

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Purpose
The purpose of this cross-sectional study was to test a hypothesized model addressing the paths of social support, resilience, emotional distress on quality of life.

Target Audience
The target audience of this presentation is nurses and diabetes educators who are interested in diabetes care.

Abstract
Background: Quality of life is an important health outcome for patients with Type 2 diabetes. Previous evidences have indicated that resilience, social support, and emotional distress are significantly associated with quality of life. However, the causal paths among social support, resilience, emotional distress, and quality of life have been less examined, especially in Asian populations with type 2 diabetes.

Purpose: The purpose of this cross-sectional study was to test a hypothesized model addressing the paths of social support, resilience, and emotional distress on quality of life in patients with type 2 diabetes.

Methods: Patients diagnosed with T2DM for at least six months were recruited from one medical center and three local endocrine clinics in Taiwan by convenience sampling. A self-reported anonymous questionnaire was used to collect information regarding social support, resilience, diabetes-specific emotional distress, and quality of life. A hypothesized path model was tested by structural equation modelling.

Results: Overall, 600 patients (n=337, 56.2% males; and n=263, 43.8% females) aged 20 to 84 years with a mean of 58.25±11.37 years participated in the study. The means of social support, resilience, diabetes-specific emotional distress, and quality of life were at medium to high levels. Social support (r=.22), resilience (r=.28), and diabetes-specific emotional distress (r=-.43) were significantly associated with quality of life. Social support significantly associated with resilience (r=.40) and diabetes-specific emotional distress (r=-.24). Resilience was significantly associated with diabetes-specific emotional distress (r=-.28). Structural equation modelling indicated that social support significantly directly influenced resilience (β=.40), diabetes-specific emotional distress (β=-.15), and quality of life (β=.13). Resilience significantly directly influenced diabetes-specific emotional distress (β=-.22), and also significantly indirectly influenced quality of life through diabetes-specific emotional distress (β=.09). Diabetes-specific emotional distress significantly directly affected quality of life (β=-.40).

Conclusion: Enhancing social support and resilience might help to reduce emotional distress and, finally, improve the quality of life of patients with type 2 diabetes. Further longitudinal and experimental studies are needed to confirm the directions among variables addressed in the model.

References

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RSC PST 2 - Research Poster Session 2
Intensive Care Nurses' Knowledge on Quality of Care and Patient Safety

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Purpose
To determine intensive care unit (ICU) nurses’ knowledge, attitudes, and perceptions of quality of care and patient safety.

Target Audience
nurses working at the intensive care unit as well as working at other departments and people involved in hospital management, quality of care and patient safety management

Abstract
Purpose: To determine intensive care unit (ICU) nurses’ knowledge, attitudes, and perceptions of quality of care and patient safety.

Methods: A self-developed and validated questionnaire was used to evaluate nurses’ knowledge of key patient safety issues. The questionnaire was distributed and collected during the 2013 annual conference of the Flemish Society for Critical Care Nurses. Demographic data included gender, years of work experience, number of ICU beds, education, and whether respondents held an additional educational degree, and knew whether their hospital was currently running an accreditation trajectory.

Results: 625 Questionnaires (response rate 76.9%) were collected. The average score on the knowledge test was 42.2%. Twenty-eight percent of the respondents correctly estimated that 1-5% of hospitalized patients suffer preventable harm; 40% correctly estimated the probability of occurrence of medication errors; 39% and 38% respectively recognized the correct example of an active and latent error; and 41% knew that mainly inadequate processes are responsible for preventable patient harm. A quarter (24%) knew that calculation errors are the most frequently cause of medication errors in daily practice. Twenty-five% and 57% correctly identified characteristics of a positive safety culture. One third (34%) identified the different dimensions of quality care. Most nurses (97%) knew that hand hygiene is the most effective measure to prevent pathogen transmission between patients. Professional seniority was shown to be independently associated with lower knowledge levels. Those holding an additional educational degree had significant better test scores. Sixty-eight percent considered having sufficient knowledge to improve patient safety in their ICU.

Conclusion: Opportunities exist to improve ICU nurses’ knowledge on quality of care and patient safety based on a well-structured model and validated evidence. Further research may determine whether low scores are due to a lack of knowledge, deficiencies in education and/or training, differences in what is considered as good practice and/or an inappropriate policy in daily practice.

References

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HPV Knowledge and HPV Vaccine Uptake among U.S. Navy Personnel 18 - 26 Years of Age

Jennifer Buechel, RN, CCNS, NP, CEN, CCRN, USA

Purpose
The purpose of the presentation is to describe the human papillomavirus (HPV) knowledge, HPV testing knowledge, HPV vaccine knowledge, and HPV vaccine uptake among U.S. Navy Personnel 18 - 26 years of age.

Target Audience
The target audience is professional nurses including nurse scientists, nurse clinicians, health care administrators, preventive medicine workers, and policy writers who are interested in HPV prevention programs and vaccine research.

Abstract
Purpose: The human papilloma virus (HPV) is the most commonly reported sexually transmitted infection in the United States (U.S.), with an estimated 6.2 million new infections diagnosed each year and costs of 1.7 billion dollars per year. Overall 50% of men and women will have contracted HPV in their lifetime. HPV is a leading etiology of 70% of cervical, 90% of anal, 40% of penile, and 30% of laryngeal cancers. The HPV vaccine is recommended for males and females ages 9 to 26 years. This vaccine is effective against four major strains of HPV that causes cancers and genital warts. Although research suggests high HPV rates in uniformed personnel; the U.S. military reports lower vaccination uptake rates than the national average. There are a few studies that examine HPV in female military personnel; however, there are no military studies that examine HPV knowledge and HPV vaccine uptake among both genders. When developing HPV immunization campaigns, the U.S. Navy needs to establish a baseline level of HPV knowledge and vaccine uptake among their service members. The research questions guiding this study will be as follows: What is the HPV vaccination uptake among U.S. Navy personnel 18 to 26 years of age? The study will have 3 specific aims: 1) to describe the general HPV knowledge, HPV testing knowledge, HPV vaccination knowledge, HPV vaccine uptake, and socio-demographics 2) to describe the relationship between HPV knowledge, HPV vaccine uptake, and socio-demographics and 3) identify select variables accounting for variance in HPV vaccine uptake among U.S. Navy personnel 18 to 26 years of age.

Methods: This study will use a descriptive, cross-sectional, correlational research design using an Internet-delivered survey. IRB oversight will be provided by Naval Medical Center San Diego and the University of San Diego. Participants will be U.S. Navy, Active Duty or Activated Reservists, 18 to 26 years of age stationed in San Diego, California. Participants will be recruited using advertisements via flyers, poster, emails, and command announcements. The total sample size is set at 197 participants. Descriptive and inferential statistics will be used to analyze the results. Descriptive statistics will be utilized to describe the general HPV knowledge, HPV testing knowledge, HPV vaccination knowledge, and socio-demographics using frequency distributions and measures of central tendency. Bivariate analysis will be used to determine the relationship between HPV knowledge, HPV vaccine uptake, and socio-demographics and 3) identify select variables accounting for variance in HPV vaccine uptake among U.S. Navy personnel. Analyses will be carried out using SSPS and the level of significance set at p < 0.05.

Results: The study is a work in progress and the results are pending.

Conclusions: Results are pending. The results of this study will enhance existing knowledge within military research by allowing health care professionals and policy makers to further understand the content needed to develop effective HPV immunization programs and policies. Furthermore, the results will assist in the eliminating barriers to the HPV vaccine among this high-risk group by increasing awareness of HPV and the HPV vaccine.

References

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Safe and Sound: A Longitudinal Study of the Effects of a Sigma Theta Tau International Membership-Based Mentoring Program on Job Satisfaction and Intention-to-Stay in New BSN-Prepared Nurses

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Purpose
The purpose for this poster presentation is to share the intent to initiate a comparative, international, STTI-based mentoring program and measure its effectiveness. This would be of interest to STTI chapters seeking potential strategies to support the development of new STTI members entering the profession, and enhance membership engagement.

Target Audience
The purpose for this poster presentation is to share the intent to initiate a comparative, international, STTI-based mentoring program and measure its effectiveness. This would be of interest to STTI chapters seeking potential strategies to support the development of new STTI members entering the profession, and enhance membership engagement.

Abstract
Purpose: Mentoring programs extending past two years are uncommon, and yet the stressors of nursing still result in significant turnover during this period of time. The impact of membership in the nursing society Sigma Theta Tau International (STTI) has not been studied regarding new graduate nurses’ transition to practice. This study proposes analysis of the impact of a two-year mentorship, with the additional supports available through STTI membership, and the opportunity of quarterly socialization with participant peers.

Methods: Proposed is a nonprobability sample, mixed-method, longitudinal pilot research study, which aims to evaluate protégé job satisfaction and intention-to-stay at their current employment throughout the first 24 months of professional nursing practice.

These protégés will be offered a voluntary commitment to a 24-month-long partnership with experienced nurses. All dyads will be subject to a training and introduction day regarding expectations of the Safe and Sound Mentoring Program, and will be required to attend a minimum of six of the eight quarterly education, socialization, and interview days over the 24-month course of the mentorship program. The program utilizes the Academy of Medical-Surgical Nurses’ Mentoring program format as the framework.

Results: (Proposed research)

This is a proposed research study; components of the education and socialization days to augment the mentoring relationship are currently in development, therefore study results will not be discussed at this stage. As the mentoring project will be a collaborative study with two (2) STTI Chapters: Seattle, Washington, USA, and Brisbane, Australia regions, data and outcomes will be comparatively analyzed and results disseminated by the study authors.

The study may help to determine whether a mentoring relationship in which new nurses have a constant ally with whom to discuss early-practice challenges is of benefit. This study may concurrently enhance the participants’ engagement with STTI, and become a STTI member benefit.

Another potential contribution to current practice may include using a nationally-recognized academy’s (Academy of Medical-Surgical Nursing) mentoring program framework in conjunction with an international nursing society’s (Sigma Theta Tau International) human capital to enhance the success of new nurses. The ongoing international collaboration is a current benefit of STTI membership and fulfills part of the society’s mission.

Conclusion: (Proposed research)
All participants will respond to quantitative surveys sent electronically in a quarterly timeframe. Survey instruments include selected items from Laschinger’s Conditions of Work Effectiveness Questionnaire-II, the Organizational Commitment Scale (OCS), and TeamSTEPPS’ Teamwork Perception Questionnaire. New nurses will also respond to group interview questions on the quarterly meeting days, which will be audiotaped, transcribed, and coded for themes.

Data analysis will use multivariate analysis of covariance (MANCOVA); testing will use the means of the multiple dyads to test for the difference in the two dependent variables: job satisfaction and intention-to-stay.

References

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**Purpose**
To enhance the knowledge of the Registered Nurse to be able to identify verbally abusive behaviors that are not conducive to or promote a professional, caring, safe patient environment.

**Target Audience**
all Registered Nurses, especially those who work directly with patients in a high-stress and dynamic environments like Obstetrics. It would also be beneficial for nursing leaders to understand the contributing factors of this type of behavior.

**Abstract**

**Purpose:** Disruptive, verbally abusive behavior is an issue that has a well-documented history within the healthcare setting and occurs both inter- and intra-professionally. These ineffective communication techniques are passed from one generation of nurses to the next. Over time this cycle of verbal abuse becomes ingrained into the nursing culture, negatively affecting nursing retention and job satisfaction. What is not known from reviewing the literature is the prevalence of verbal abuse when it is directed towards patients in the obstetrical setting. This phenomenon of verbally abusive behaviors was the basis of this study. The aim was to reveal contributing factors as to if and why this phenomenon occurs.

**Methods:** A qualitative, descriptive phenomenological study was conducted to investigate the obstetrical Registered Nurse’s perception of these behaviors, by asking “How does the RN perceive her role in verbally abusive behavior directed towards obstetrical patients?” Participants were solicited within all three obstetrical departments of the institution of study (Labor and Delivery, Antepartum, and Postpartum), the perinatal listserv from the University of Buffalo, and various professional organizations on Facebook. Data was obtained using a synchronous, online chat interview process. A written informed consent was obtained prior to beginning the interview. Results were analyzed by employing the use of memoing, coding, and clustering the data into major themes for further discussion.

**Results:** Eleven informants participated in the interview process. After analyzing the textural and the structural descriptions given by the participants, four themes of specific behaviors perpetrated by nurses were discovered central to the research question: inappropriate language is used; uncaring behaviors are demonstrated; stressful work and home environments contribute to verbally abusive behaviors; and nurses struggle to maintain power and control

**Conclusion:** Based on the analysis of the structural and textural descriptive data obtained from the RN Perception Study, it is recommended that nurses become self-aware of their personal communications (both verbal and non-verbal) and demonstrate caring, altruistic behaviors. Organizations need to devise quality improvement programs aimed at cultivating professional communication efforts.

**References**
http://dx.doi.org/10.1624%2F105812410X514413

**Contact** - mkdougla@utmb.edu
Purpose

to share the results of the research on experiences of patients and health care workers about the RFID (radio frequency identification) use during the health screening

Target Audience

educators working in the clinical setting or academic setting

Abstract

Purpose: Radiofrequency identification (RFID) is a technology that uses electronic tags. This research aimed to understand user experiences of an electronic tag (RFID) system used in health care centers.

Methods: This study had a descriptive qualitative research design. Participants were 12 patients and 20 health care workers at health care centers in Korea. Data were collected from March 17 to April 28, 2014, via focus group interviews. After obtaining permission from the participants, each focus group session was audio-taped and transcribed. The responses were analyzed using qualitative content analysis.

Results: The four main themes identified from the sessions with the participants were “satisfaction with improved quality of services,” “inconvenience due to unfamiliarity and limited function,” “gradual improvement of the electronic tag system,” and “encountering unexpected malfunction of the electronic tag system.”

Participants responded that the main benefits of using the electronic tag system were fast examination, efficiency, privacy protection, and prevention of omission or mistakes during the health check-up. However, participants were unsatisfied with some aspects of the tag system because they could not see all the waiting lists on the screen and they had to recheck the screen because the tagging sound was same whether it was tagged correctly or incorrectly. There were individual differences in using the electronic tagging system. Some participants wanted to have more specific information on the tagging system because it is continuously changing and they are unfamiliar with it. Further, some participants encountered malfunctions while using the electronic tag system.

Conclusion: In conclusion, use of an electronic tag system will be beneficial for improving safety and quality of services in health care settings. Health care workers should remember there are individual differences in the use of such systems, and that efforts are needed to minimize the inconvenience to users.

References


Contact

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Purpose
The purpose of this presentation was to test and evaluate the usefulness of a spinal cord injury (SCI) self-management program.

Target Audience
The target audience of this presentation is working in rehabilitation and home care nursing.

Abstract
Aims and objectives: The aim of this study was to test and evaluate the usefulness of a spinal cord injury (SCI) self-management program.

Background: SCI causes severe disability, leading to substantial complications for the rest of life. The long-term care needs of patients with SCI are a series of dynamic processes for rebuilding life and include physical care and complication prevention, life planning, social support, determining the value of existence, and sexual satisfaction.

Methods: The pilot study had a quasiexperimental pretest–posttest design. Eligible participants were recruited from the Spinal Injury Association in Taiwan. All data were collected between March and May 2014. The self-management program was developed on the basis of a quality study that focused on the perceptions and experiences of patients with SCI regarding their long-term care needs. All participants were evaluated using instruments for collecting personal information and assessing self-efficacy and health status as well as indicators at the baseline and 5 weeks after a home visit intervention. The study was approved by an ethical review board (cRREC-101-019).

Results: A total of 9 participants, 8 men and 1 woman, participated in this pilot study; the average age was 44 years and the average number of months since injury was 31.33 (±11.85). Most of the patients (44.4%) were injured in road accidents. The study results showed that the range of their score on the self-efficacy scale was 62.22–68.56 and that on the health status scale was 2.89–3.00 (from 1, not healthy, to 5, very healthy). However, no statistically significant differences were observed between the pretest and posttest scores regarding the self-efficacy and the health status. Moreover, the mean was 3.7 (from 1, not useful, to 5, very useful) on the participants’ perception of the usefulness of the program.

Conclusion: The study tested and evaluated the usefulness of a self-management program for patients with SCI. The results showed no difference between the pretest and posttest scores. Therefore, a longitudinal study in which all participants are evaluated using instruments for collecting personal information and assessing self-efficacy and health status as well as indicators at the baseline and 3 and 6 months must be conducted.

References

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Effects of an Integrated Care Model (ICM) on People with Pre-Diabetes

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Purpose
This study aimed to develop an integrated care model (ICM) for people with pre-DM and to evaluate its effects on knowledge regarding pre-DM (K- pre-DM), dietary behaviors, health-promoting lifestyle, physical activity and pre-DM progression measures, including BW, BMI, fasting blood sugar, HbA1C, Tchol, HDL, LDL and TG.

Target Audience
The target audience of this presentation is health professionals in particular working in the community.

Abstract
Purpose: This study aimed to develop an integrated care model (ICM) for people with pre-DM and to evaluate its effects on knowledge regarding pre-DM (K- pre-DM), dietary behaviors, health-promoting lifestyle, physical activity and pre-DM progression measures, including BW, BMI, fasting blood sugar, HbA1C, Tchol, HDL, LDL and TG.

Methods: In this single-group, longitudinal study, participants underwent baseline pre-testing (T0) and post-testing at 3 (T1), 6 (T2), and 12 (T3) months after a 4-week group ICM program.

Results: K- pre-DM was significantly increased (T1 vs. T0, p=.01; T2 vs. T0, p=.00; T3 vs. T0, p=.01) throughout the 12-month period. Compared with T0, dietary behavior was significantly better at T1 (p=.01), and health-promoting lifestyle was significantly improved at T2 (p=.02) and T3 (p=.01). BW and BMI were significantly lower at T1 (p<.00, p=.00) and T2 (p<.00, p=.00) than at T0. Fasting blood sugar was significantly lower than baseline at T2 (p=.02) and T3 (p=.02). The HbA1C level was significantly lower at T1 (p<.00), T2 (p<.00) and T3 (p<.00) than at T0. The HDL level was significantly higher at T2 (p<.00) than at T0. During the 12-month study period, physical activity was maintained at moderate intensity. In addition, Tchol, LDL, and TG were sustainably decreased throughout the study period.

Conclusion: The results of this study suggest that the ICM intervention is effective and may potentially prevent pre-DM progression.

Practice implications: This study provides evidence-based data to support the potential effects of a theory-driven protocol in preventing disease progression in people with pre-diabetes. Health care providers may apply it to people at high risk of developing diabetes in clinical and community care.

References

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Homeless Peoples’ Description of Civil and Uncivil Healthcare Interactions

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Purpose
The purpose of this presentation is to describe homeless people’s perceptions of their interactions with nurses through face to face interactions.

Target Audience
The target audience of this presentation is: emergency department and administrative nurses as well as healthcare providers who work with homeless people; nurse educators

Abstract

Purpose: The purpose of this on-going study is to explore homeless people’s perceptions of their interactions with nurses and gain an understanding of the impact of civility and incivility on their health outcomes.

Civility is a crucial element in therapeutic communication and healthy patient relationships; conversely, incivility can negatively influence healthcare environments and patient care (American Association of Colleges of Nursing, 2008; The Joint Commission, 2008). The Joint Commission (2008) has recommended implementation of strategies to manage incivility in health care. Civility, which involves mutual respect, fairness, caring, and relationship building, is foundational to nursing practice (AACN, 2008; Jenkins, Kerber, & Woith, 2013); therefore, it is prudent for nurse leaders to devise strategies for identifying, intervening and preventing episodes of incivility among nurses. Vulnerable populations, especially homeless people, may be particularly at risk for experiencing uncivil behavior from nurses (Irestig, Burstrom, Wessel, & Lynoe, 2010).

Homelessness is a significant problem around the world (Daiski, 2007; Irestig et al., 2010). In the United States it is estimated that 650,000 people experience homelessness on any given day (U. S. Department of Housing and Urban Development, 2010) and as many as three million Americans have been classified as homeless (Haley & Woodward, 2007). For the purposes of this study, we used Nickasch and Marnocha’s (2009) definition of homelessness: homeless people are those who do not currently have a consistent, adequate residence in which to spend the night. This includes those who reside temporarily in homeless shelters and those who spend the night in places that do not provide adequate shelter, or are not intended for human habitation, such as parks or abandoned buildings.

Homeless people experience a much lower quality of health than people in the general population (Daiski, 2007; Lebrun-Harris et al., 2013; Nickasch & Marnocha, 2009; Seiler & Moss, 2012). They have a greater likelihood of suffering from untreated health problems complicated by anxiety, mental illness, and substance abuse (Irestig, 2010; Lebrun-Harris et al., 2013; Seiler & Moss, 2012); their health is apt to be further compromised by inadequate nutrition, lack of privacy, threat of violence, and the physical toll of living outdoors (Daiski, 2007; Lebrun-Harris et al., 2013; Seiler & Moss, 2012).

The homeless do not receive adequate healthcare (Lebrun-Harris et al., 2013; Nickasch & Marnocha, 2009); they often spend a majority of their time and energy on obtaining the basic necessities of life, such as food and shelter (Nickasch & Marnocha, 2009). They seek healthcare only after these basic survival needs have been met (Cocozza Martins, 2008; Nickasch & Marnocha, 2009; Seiler & Moss, 2012). When they do seek healthcare, they experience difficulty accessing appropriate care, and are more likely to visit emergency departments than are people with homes (Lebrun-Harris et al., 2013; Seiler & Moss, 2012). Researchers have suggested that negative or indifferent attitudes toward the homeless population may affect the ability to improve their plight (Bolyston & O’Rourke, 2013; Hocking & Lawrence, 2000). Furthermore, these negative attitudes could impact the ability of nurses to provide compassionate care to this vulnerable population (Chung-Park, Hatton, Robinson, & Kleffel, 2006), leading to poor health outcomes.

Leininger’s (1991) Culture Care Diversity and Universality theory and Sunrise Model guide this study. Leininger’s (1991) theory encourages us to view the person holistically within the context of their culture. This model was chosen because our perceptions of others are framed by our own cultural backgrounds, and in order
for us to provide best care, we need to understand the needs of others through their perspectives and experiences.

**Methods:** In this qualitative study in progress, we are recruiting a purposive sample of 15 homeless adults, drawn from homeless people who visit a drop-in ministry for the poor and homeless. Interviews will continue until data saturation is reached. A sample size of fifteen will give us maximum variation; the community from which the sample is drawn has little variability in healthcare delivery systems. Given this narrow variability, we anticipate more homogeneity in the healthcare experiences of homeless people. Moreover, our goal is not to generalize findings, but to obtain a rich description of participants’ experiences. We are currently conducting face-to-face, open-ended, audiotaped interviews to elicit descriptions of their experiences while seeking and receiving healthcare. Inclusion criteria are aged 18 or older, homeless as defined by Nickasch and Marnocha (2009), English speakers, and cognitively intact. Interviews take place in the drop-in ministry. At the completion of interview sessions, tapes are transcribed verbatim, and transcriptions and field notes are analyzed for emerging themes. Qualitative data are analyzed through concept analysis identification of themes.

**Results:** At this writing, we have interviewed eight of our targeted fifteen participants. They range in age from 18 to 53 years and have been homeless from four months to 27 years. Several themes are emerging as we conduct interviews. Participants described their interactions with nurses as generally civil, however all participants at this writing have also experienced uncivil behavior from nurses; they described these interactions as being very upsetting. Participants have reported nurses rolling their eyes at them, complaining about them to co-workers, telling them to get a job, and chastising them for not doing anything with their lives. They said they wait longer to receive care than people who can pay for services. They suspected that some nurses judged them for being homeless and did not see them as individuals. Most participants said they sought care primarily in emergency departments, but some also frequented free clinics and private practices. Most participants selected healthcare facilities based on how well they had been treated in the past. They described good care as being treated with kindness and respect. They wanted nurses to show interest in them and provide individualized care.

**Conclusions:** We will use our findings to develop an education intervention to improve undergraduate nursing students’ knowledge of homelessness from the perspective of those who live it. We hope to enhance student nurses’ understanding of the importance of civility in their interactions with homeless people.

**References**

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Purpose
The purpose of this presentation is to describe the extent and pattern of healthcare utilization among North Korean refugees before (in North Korea) and after they arrived in South Korea.

Target Audience
The target audience of this presentation is researchers and clinicians who work with vulnerable populations, in particular forcefully displaced refugees with unique mental and physical health needs.

Abstract
Purpose: North Korean (NK) refugees are known to have poor physical and emotional health, yet the extent and pattern of their healthcare utilization have not been systematically investigated. The purposes of this study were three-fold: (1) to examine the extent and pattern of healthcare utilization among NK refugees before (in North Korea) and after they arrived in South Korea; (2) to assess their key health behaviors in terms of drinking, smoking, and medication taking; and (3) to explore key barriers and facilitators of their healthcare use.

Methods: We surveyed NK refugees in South Korea. A total of 329 NK refugees (81% women, mean age=57 years) completed the survey. We also conducted individual in-depth interviews with a select group of participants (n=11).

Results: About 40% of NK refugees indicated that they were in need of care while in North Korea but were not able to visit a healthcare facility. More than half (56%) reported receiving care from a clinic or local hospital; however, 52% of those reported no change or becoming worse as a result of treatment. Facilitators of healthcare utilization in North Korea included support from family and no concerns about healthcare costs (despite lack of resources). Barriers included hardships of life, lack of/limited medications; ineffective treatment, distance/lack of transportation, and criticism from the NK Labor Party. After arriving in South Korea, at least one out of five reported taking three or more prescribed medications; more than one third consumed alcohol at least 2-3 times a week, with about 12 visits to doctor’s office within the last 6 months. Key facilitators for NK refugees in South Korea included a culture of health promotion, supportive and convenient healthcare, affordable healthcare, and effective treatment. While some were unable to identify any barriers, others noted a lack of personal resources, feeling of illegitimacy to receive free healthcare, concern about healthcare costs, and the unfamiliar or inconvenient health system in South Korea.

Conclusion: Upon arriving in South Korea, most NK refugees had no difficulty accessing healthcare; however, several barriers were identified. Future efforts should be directed towards promoting adequate utilization of healthcare among NK refugees by providing an enhanced support network and education about the South Korean healthcare system. While having access to care is consistently associated with better health outcomes, a more tailored approach needs to be taken to help NK refugees, particularly those with limited resources.

References

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A Multimodal Telehealth Heart Failure Patient Behavior Change Intervention to Promote Self-Care and Reduce Readmissions

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Purpose
The purpose of this presentation is to determine if older adult Heart Failure (HF) patients who have recently been discharged from the hospital will experience a reduction of readmissions when participating in a multimodal telehealth motivational interviewing HF self-care intervention.

Target Audience
The target audience of this presentation is all health care professionals interested in heart failure patient care as well as researchers focused on promoting heart failure patient behavior change, self-care management of heart failure patients, and/or use of telehealth as a nursing service modality.

Abstract
Purpose: The purpose of this feasibility study is to determine if older adult Heart Failure (HF) patients who have recently been discharged from the hospital will experience a reduction in readmissions when participating in a multimodal telehealth motivational interviewing HF self-care educational intervention. The secondary purpose is to determine if the telehealth MI older adult HF patients experience a reduction in readmissions when compared to (1) older adult HF patients who have a MI self-care educational intervention, and (2) older adult HF patients who have a traditional approach health promotion educational intervention.

Methods: This study is a pre-test/post-test mixed methods design that will enroll 30 male and female HF patients to one of three groups consisting of one experimental and two attentional control groups based on propensity score matching. Inclusion criteria include (1) aged 60 or older, (2) primary or secondary diagnosis of HF, (3) speaks and reads English, (4) has a landline telephone, and (5) earns a minimum score of 8 on the Short Portable Mental Status Questionnaire. Subjects will be recruited 48 hours prior to or immediately following hospital discharge. At the time of recruitment and 4 months later, each subject will complete 4 instruments: Self-Care Heart Failure Index, Telemedicine Perception Questionnaire, Geriatric Depression Scale, and Test of Functional Health Literacy in Adults. Throughout the 4-month intervention, qualitative data will be collected about the experience of HF self-care. Experimental subjects will receive a wireless home telemonitoring weight scale and blood pressure monitor along with a monthly MI HF self-care educational intervention. Attentional control group one will receive a monthly MI HF self-care educational intervention and attentional control group two will receive a monthly health promotion educational intervention. Data will be analyzed using descriptive statistics, a 3 x 2 ANOVA, and content analysis.

Results: The study intervention has recently been completed. Data analysis is in progress.

Conclusion: HF patient readmissions may potentially be reduced or prevented if warning signs and symptoms of decompensation can be identified and managed before the patient’s condition becomes emergent. Patients who are empowered with individualized HF self-care knowledge and skills using a multimodal telehealth educational intervention may be better able to manage their self-care and reduce or prevent the incidence of readmissions.

References

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**Purpose**
The purpose of this retrospective cohort study was to investigate the incidence and risk factors for developing a new BO in a population-based cohort of colorectal cancer patients who had undergone surgery, and also to determine the effect of BO on survival.

**Target Audience**
The target audience of this presentation is the researchers and clinical professionals who are working on the oncology regulation and care.

**Abstract**

**Purpose:** Bowel obstruction (BO) is a major complication after resection of colorectal cancer, and is associated with increased mortality. The purpose of this retrospective cohort study was to investigate the incidence and risk factors for developing a new BO in a population-based cohort of colorectal cancer patients who had undergone surgery, and also to determine the effect of BO on survival.

**Methods:** A retrospective cohort study was conducted between 1997-2010 using the National Health Insurance Research Database in Taiwan. The incidence of BO amongst 2000-2009 colorectal cancer cohorts and the associated risk factors were determined based on Poisson distribution. Propensity score matching was used to determine the effect of BO on 30-day and 1-year mortality through accelerated failure-time (AFT) model analysis.

**Results:** Amongst 45,371 patients with newly diagnosed colorectal cancer between 2000 and 2009, the 1-year cumulative BO incidence was 7.93%, with a rate of 20.21 events/100 patient-years during the first month. Based on a multivariate model, significant predictors of developing BO within 1-year were age (adjusted incidence rate ratio\(\text{aIRR}=1.06\) if \(\geq 75\) years vs. \(<45\); 95%CI [1.04-1.06]), gender (\(\text{aIRR}=1.09\) if men vs. female; 95%CI [1.08-1.09]), type of surgery (\(\text{aIRR}=1.01\) if rectal resection vs. colon resection; 95%CI [1.00-1.02]), history of perioperative transfusion (\(\text{aIRR}=1.04\) if yes vs. no; 95%CI [1.03-1.05]), and surgeon annual case volume (\(\text{aIRR}=1.11\) if high vs. extreme low; 95%CI [1.09-1.12]). Based on AFT model analysis, after controlling for other variables, patients with BO had a higher risk of 1-year mortality than those without BO (adjusted Rate Ratio = 2.72, 95%CI [1.05-1.72]) and had a constant hazard ratio over time.

**Conclusion:** Approximately 7.93% of colorectal cancer patients developed BO within 1-year, with the highest incidence in the first month after surgery. Patients with BO have a higher risk of death. Early detection of risk factors of BO (such as older age, more co-morbidities, history of perioperative transfusion, anesthesia lasting \(\geq 4\) hours) and appropriate prevention care should be provided by health professionals for decreasing the complications and improving the quality of cancer care. The results may be useful in the research context to facilitating the more efficient selection of high-risk patients as subjects on clinical trials of prevention of treatment.

**References**

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**RSC PST 2 - Research Poster Session 2**

**Faculty Perceptions of Belongingness: Examining Esteem, Efficacy, and Connectedness to Improve Employee Satisfaction and Retention**

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*Kari L. Luoma, PhD, MSN, BSN, ADN, RN, USA*
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**Purpose**
The purpose of this mixed methods study was to investigate new faculty’s sense of belongingness to an educational institution, within their first two years of teaching. The primary motivation is on faculty retention, which may ultimately impact the success and retention of students.

**Target Audience**
The target audience of this presentation includes nurse educators interested in faculty retention and satisfaction through the promotion of a sense of belonging.

**Abstract**

**Purpose:** The purpose of this study is to investigate new faculty’s sense of belongingness to an educational institution within their first two years of teaching. The primary motivation is that of faculty retention, as building a committed community of instructors may ultimately impact the success and retention of students.

**Methods:** This research is a mixed methods study designed to gauge new faculty’s sense of belonging within the university community. Built upon a theoretical foundation of social identity and social construction, the researchers are using a combination of quantitative surveys and qualitative phenomenological inquiry to investigate how participants define mentoring, and the extent to which they feel they are a part of their teaching peer group. Participants completed qualitative and quantitative intake assessments when the program began to establish baseline information.

The researchers paired 10 experienced faculty mentors with new faculty protégés. The protégés were defined as new faculty who were employed at a university within a Midwestern state for less than two years. Mentors were defined as seasoned faculty who have been employed at a university in a Midwestern state for more than five years. The participants were asked to complete the Levett-Jones Belongingness Scale Workplace Experience (BSWE) tool to obtain quantitative data related to belongingness. The Belongingness tool tests for efficacy, esteem, and connectedness. At the completion of the introduction to mentoring session, paired individuals were asked to engage in a trust exercise to establish their perceptions of trust in leadership and mentoring.

**Results:** The results from the quantitative study indicated that there is a significant difference in the variables of esteem and connectedness, as new faculty do not feel that they are supported in their new role.

The question in the belongingness tool related to esteem indicated the protégés do not feel that they fit in, do not perceive a sense of belonging, and feel like an outsider. In addition, protégés in this study do not feel they get support from colleagues, are not understood, are not accepted, are not welcomed, do not feel part of things, and do not like where they work. The questions in the belongingness tool related to connectedness indicated the protégés perceive that their ideas and opinions do not matter, colleagues do not notice when they are absent, and that their colleagues do not confide in them.

Results from the qualitative component indicated there is an importance of belonging among the individual participants and the institution’s need to foster a sense of community to which employees can belong. Utilizing a structured mentoring program to build that community is instilling feelings of value among participants, which, in turn, could heighten their sense of belonging.

The results indicate there is an importance of belonging among participants in the study. An institution needs to foster a sense of community to which employees can belong. Utilizing a structured mentoring program to build
that community is instilling feelings of value among participants, which, in turn, could heighten their sense of belonging.

**Conclusion:** Extrapolating from preliminary findings, the researchers have reason to conclude that opportunities for new employees to come together in structured programs that imbue a sense of value, such as those that provide mentoring, can build and reinforce the sense of institutional and professional belonging that leads to retention. Though this study is limited to new faculty within a single higher education institution, the program built here has the potential for broader application, and could also be used to good effect among nurses and nurse educators.

Supportive measures should be initiated to enhance esteem and connectedness in the entry level educator. Data from this study was utilized to redesign a formal mentorship program where mentors were paired with protégés. The paired groups will participate in the formal mentorship program focusing on supportive and valuing exercises to enhance esteem and connectedness for the newly employed educator to improve the sense of belongingness.

**References**

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Purpose

The purpose of this integrative review is to describe nurse-delivered physical activity interventions conducted in primary care settings and determine intervention attributes which led to positive changes in physical activity.

Target Audience

The target audience for this presentation is public health nurses and any healthcare professional involved in health promotion, specifically physical activity promotion.

Abstract

Purpose: Promotion of physical activity (PA) has been a public health priority for decades (U.S. Department of Health and Human Services, 2010). Participation in regular PA reduces the risks of several chronic diseases, cancers, and all-cause mortality (Physical Activity Guidelines Committee [PAGC], 2008). Despite the substantial health benefits of being physically active, most Americans do not meet guidelines (CDC, 2013).

Eighty-percent of U.S. adults see a healthcare provider at least once a year (Blackwell, 2014) with 56% of all office visits in the primary care setting, making this a valuable location for health promotion (Blackwell, 2014). Previous reviews of primary care PA interventions have shown promising results (Garrett, 2011; Orrow, 2012). However, non-adherence to disease prevention recommendations, including increased PA, has been found to be up to 80% (Christensen, 2004). Nurses are uniquely positioned to help motivate patients to make health behavior changes such as through PA counseling. The specific role of nurses in PA promotion in primary care is understudied. The purpose of this integrative review is to describe nurse-delivered physical activity interventions conducted in primary care settings and determine intervention attributes which led to positive changes in PA.

Methods:

Design

An integrative review was conducted to synthesize the peer-reviewed literature to describe the roles of nurses in PA interventions conducted in primary care settings. Whittemore and Knaff’s (2005) suggested methodology for integrative reviews was followed.

Search Methods

A systematic search of existing peer-reviewed physical activity intervention studies conducted by nurses in the primary care setting was conducted through the following online databases: CINAHL, PubMed, PsycINFO, SportDiscus, Cochrane, and Sigma Theta Tau Research Repository. Key words used in the search included physical activity or exercise or walking and primary health care.

Results:

Search Outcome

The initial computerized search yielded 1,736 citations. After removing duplicates and screening titles and abstracts, 392 potentially relevant studies were identified for evaluation. After full-text readings, 375 were excluded. Four additional studies were identified through ancestry searches on previously published review articles and all potential primary studies. The final sample included 19 articles.

Sample Characteristics

Seven of the 19 studies were conducted in the United States. The 19 studies represented a total of 7,350 participants with a range of ages from 18-91 years (mean ages 28-72 years). Sample sizes ranged from 20-1173. Gender was reported in 16 studies with a range of % male from 0 to 100%, with an average of 40%. Six studies reported racial ethnicity with a range of 8-30% non-Caucasian or non-white European.
Methodological Attributes

Fifteen of the 19 studies included control groups of subjects who received usual primary care. Half (n=10) of the interventions were guided by health behavior theoretical frameworks. Aspects of the transtheoretical model, specifically stages of change, were used in seven of the studies reviewed. Other theories used to guide the interventions were used in seven of the studies. These included social cognitive theory, mainly focusing on self-efficacy (Dubbert, Morey, Kirchner, Meydrech, & Grothe, 2008; Nanette Mutrie et al., 2012; Naylor, Simmonds, Riddoch, Velleman, & Turton, 1999), theory of planned behavior (Little et al., 2004), PRECEDE-PROCEED Model (Kinnunen et al., 2007), and the adapted physical activity model (Purath, Keller, McPherson, & Ainsworth, 2013).

Fourteen studies used self-report PA measures collected by questionnaires (n=11) or logbooks (n=3), while only six studies used objective data collected by pedometer or accelerometer (McKay et al., 2009; Nanette Mutrie et al., 2012; Piette et al., 2011; Bonnie J. Sherman, Gina Gilliland, Jeanne L. Speckman, & Karen M. Freund, 2007; Verwey et al., 2014).

The timing of follow-up measurement of outcomes varied across the studies, with the duration of follow-up in 16 studies ranging from 3 to 12 months. One study had follow-up data collection at 1 month (Little et al., 2004); two other studies had follow-ups extending to 2 years (Lawton et al., 2009) and 4 years (Murchie et al., 2003).

Intervention Attributes

Intervention delivery modes included traditional face-to-face, telephone, mail and web-based deliveries. Eleven studies used single delivery mode: face-to-face delivery (n=9), telephone (n=1), or web-based delivery (n=1). The remaining eight studies used a combination of delivery modes including face-to-face and telephone deliveries (n=6), or face-to-face, telephone and mail deliveries (n=2).

The intervention dose in three of the studies consisted of a one-time counselling or education session for the intervention group (Elley, Kerse, Arroll, & Robinson, 2003; Naylor et al., 1999). In eight other studies, an initial counselling or education session was supported with 1 to 4 more sessions over 3 to 12 months (Dubbert et al., 2008; Kinnunen et al., 2007; Leonhardt et al., 2008; Murchie et al., 2003; B. J. Sherman, G. Gilliland, J. L. Speckman, & K. M. Freund, 2007; Steptoe et al., 1999; van Sluijs et al., 2005; Verwey et al., 2014). One study provided 21 sessions of cognitive behavior therapy with subjects over a 12 month period (Piette et al., 2011).

Supportive or motivational follow-up contacts were integrated with counselling sessions in four studies (Elley et al., 2003; Murchie et al., 2003; Steptoe et al., 1999; van Sluijs et al., 2005), while in another study, motivational contacts were delivered alone (Rhudy, Dubbert, Kirchner, & Williams, 2007). Three studies conducted pedometer-based walking programs over a 3 or 6 month period (McKay et al., 2009; Nanette Mutrie et al., 2012; Bonnie J. Sherman et al., 2007). The remaining three studies provided exercise prescriptions with or without follow-up contacts over 3 to 9 months (L. Josyula & R. Lyle, 2013; Lawton et al., 2009; Purath et al., 2013).

Role of Nurse

The majority of studies (n=18) involved only nurse or nurse practitioner in intervention delivery, except for one study which involved both nurse and exercise specialists (Elley et al., 2003). Nurse practitioners provided exercise prescriptions and/or counselling in seven studies. The role of nurses varied in studies and included leading exercise training or monitoring programs, PA counselling, and providing motivational telephone calls. In device-based exercise programs, nurses distributed activity monitors and provided supportive contacts as well.

Efficacy of Interventions for Increasing Physical Activity

Fifteen of the 19 studies reported greater PA in intervention subjects than in control subjects (del Rey-Moya et al., 2013; Dubbert et al., 2008; Elley et al., 2003; L. K. Josyula & R. M. Lyle, 2013; Lawton et al., 2009; Little et al., 2004; McKay et al., 2009; Murchie et al., 2003; N. Mutrie et al., 2012; Piette et al., 2011; Purath et al., 2013; Rhudy et al., 2007; B. J. Sherman et al., 2007; Steptoe et al., 1999; Verwey et al., 2014). While most studies demonstrated efficacy, PA measures were usually self-reported, collected by questionnaires or logbooks (n=9), except for six studies collecting data by PA monitors. Findings in four of the 19 studies did not demonstrate significant difference between intervention and control groups in levels of walking or overall PA.

Conclusion: The most common nurse-delivered intervention was PA counselling with supportive or motivational contacts; others were exercise training or monitoring, device-based exercise program and exercise prescriptions. As previously stated, four of the studies did not yield significant intervention effects on PA outcomes. These outcomes may have been attributed to sufficient levels of PA at baseline (Leonhardt et al., 2008), underlying health conditions (Kinnunen et al., 2007; Leonhardt et al., 2008), or low dose of intervention (Leonhardt et al., 2008; Naylor et al., 1999).
Several of the studies included in this review have important limitations which should be addressed in future research. Of the 19 studies reviewed, only half of the interventions were designed around a health behavior theory. Furthermore, of those interventions which were guided by theory, most only incorporated one or two aspects of the theory instead of the theory as a whole. Future interventions studies should explicitly state the theoretical foundation and utilize the theory as a whole. This would strengthen the contribution of individual studies to conceptual understandings of health behavior change.

Furthermore, almost 74% of included studies relied upon self-reported PA to measure outcomes. Self-report measures are prone to recall and social desirability bias. Objective assessments of PA with the use of pedometers or accelerometers should be incorporated in future interventional research. In addition, future research should follow participants one year and beyond to determine effects on maintenance of PA behavior change.

No studies examined the cost-effectiveness of the interventions provided. This is an important limitation of current studies as a commonly reported barrier to PA promotion among medical professionals is the lack of reimbursement for PA counseling (McPhail & Schippers, 2012). Care provided by nurses and nurse practitioners has been proven to be more cost effective than physicians (Chenoweth, Martin, Pankowski, & Raymond, 2008; Coddington & Sands, 2008). Therefore, utilizing nurses and nurse practitioners to deliver PA interventions may be a cost-effective way to increase population-levels of PA.

Findings from this integrative review indicate that nurse-delivered PA interventions in primary care show overall effectiveness in increasing PA level in general population. Future rigorously designed studies are warranted to guide PA promotion in primary care.

References

Contact
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RSC PST 2 - Research Poster Session 2
The Role of the Nurse at ENT Emergency Room: Assaf Harofeh Medical Center

Pnina Granat, MPA, BSN, RN, Israel

Purpose
To provide an overview or the role of ENT nurse in the emergency room, which is located in the ENT ward in Israel

Target Audience
Nurses in general, in order to present the special structure of the department, and specifically to ENT, ER, head nurses and administrative management nurses

Abstract
Purpose: Examining the role of a nurse at the ENT emergency departments in Israel, in order to establish uniform working principles and guidelines.

Patients' admission to the emergency department is conducted according to triage discipline in order to gather information for establishing the urgency level and waiting time for physicians' examination. ENT emergency room is usually in the hospital clinical departments and not in the emergency department. The increase of the number of applications to the emergency department and especially to the ENT emergency, along with the lack of triage and suitable nurses, causes dissatisfaction among physicians and nurses alike, lack of uniform guidance and uniform accompanying of the ENT patients.

Methods: A descriptive study based on questionnaires which took place at ENT departments and ENT clinics of general hospitals in Israel. Data analysis was conducted. Descriptive statistics was used for analyzing the outcomes.

Results: 16 departments and 15 clinics participated in this study. During the morning, 84% of the patients who addressed ENT emergency room were examined at ENT clinics, while during the evening and night, 87% were examined at the ENT department.

A qualified ENT nurse was found only in three ENT emergency rooms. A nurse present during examination was found in 27% of the cases whereas in 60% of the cases, a nurse was occasionally present.

A triage at the department was not performed in 40% of the cases. 41% of the patients had a physician's examination according to their arrival time and 83%, according to the urgency of their diagnosis.

The role of the nurse in the ENT emergency room includes: giving analgesia (72%), giving IV medications (41%) helping with the treatment of bleeding patients (93%), sending laboratory tests (64%), patient monitoring (32%), calming the patient (75%), helping in child examination (81%), guidance upon discharge (64%), helping in translation (79%) and administrative assistance (82%).

Conclusion: Triage at ENT emergency room is partly conducted. Nurse is only occasionally present during patients' examination. The nurse's role is only partly performed in the emergency room. No emergency room gave an answer to all clinical needs, including organized guidelines for discharge and follow up. ENT department nurses did not qualify an emergency medicine course. There was no qualified nurse to treat patients in ENT emergency room. There is a need for a qualified ENT nurse for emergency departments in Israel. It is essential to professionalize and to expand the nurse's role at ENT emergency departments.

In order to improve the medical treatment, team work and the well being of the patients, it is essential to define the nurse's role in ENT triage by establishing unified institutional and national guidelines.

References

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Purpose
The purpose of this presentation is to describe how the family environment, socioeconomic barriers, and cultural norms and beliefs influence the wellbeing of rural Latino adolescents, living in Florida, U.S. Specific socioeconomic factors to be discussed include: acculturation, community belonging, discrimination, family dynamics, wellbeing and financial and health care resources.

Target Audience
The target audience of this presentation includes international nurse researchers and educators. This population was selected due to the lack of, and need for, current research involving U.S. immigrant experiences with immigration, health care access and overall wellbeing.

Abstract
Purpose: Latinos are of the fastest growing minority populations in the U.S., with increasing trends of migration to rural communities. Latinos living in rural communities face specific challenges, such as isolation, poor mental health and limited access to health resources. Latino adolescents experience many psychosocial stressors and social isolation that negatively impact their mental wellbeing. The purpose of this study is to examine rural Latino adolescents’ perception of their family and community environment and the relation to their overall wellbeing.

Methods: This is an ongoing secondary qualitative analysis of a larger mixed-method study. Semi-structured interviews were performed with adolescents asking about their family and community environment relations. The sample consists of 56 adolescents, aged 11-18 years, living in rural North Florida. NVivo software was used to thematically analyze English-written interviews. The Family Environment Scale (FES) dimensions (Cohesion, Expressiveness, Conflict, Independence, Achievement Orientation, Intellectual-Cultural Orientation, Active-Recreational Orientation, Moral-Religious Emphasis, Organization and Control) were used as a framework for the analysis. Simultaneously, free coding was performed to identify additional themes.

Results: Results demonstrate a strong sense of Familismo in the adolescents’ description of their family and community environment. Overall, Latino adolescents expressed a cohesive and expressive family environment, with minimal family conflict. Exceptions include lack of unguarded communication and lack of time spent with the family due to limited parental availability. Further, adolescents describe socioeconomic issues of social and geographic isolation, lack of community involvement, family economic stressors and familial pressure of achievement orientation. Overarching community barriers to acculturation for Latinos expressed by the adolescents were lack of English proficiency, fear of deportation of a family member, lack of economic resources, and lack of citizenship.

Conclusion: Findings of this study are consistent with previous literature in regard to the prominent role of Familismo as a stressor and a form of mental health support and wellbeing. The FES scale is used in many studies to investigate family environments and as a guide for this analysis, the FES dimensions aided in the understanding of family and community environments. Yet, several socioeconomic themes that did not fit within this framework were identified in the free coding process. Thus, the FES may be limited in application to U.S. immigrants, because cultural aspects and rural immigration challenges are not included. Overall, this study demonstrates the need for further immigration studies addressing the mental health impact of immigration on adolescents and their families to rural U.S. communities.

References

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The Effects of the Senior Elastic Band Exercise Program on the Functional Fitness of Community Aged Adults: Transtheoretical Model

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Purpose
The purpose of this presentation is to provide appropriate exercise prescriptions (such as the senior elastic band exercises) to two stages of behavior change can effectively facilitate regular exercise behaviors and enhance the functional fitness of aged adults.

Target Audience
The target audience of this presentation is health care providers, rehabilitation therapist, nursing educators and physical activity instructors.

Abstract
Purpose: The TTM was applied in this study to promote behavioral change and test the effects of a group senior elastic band (SEB) exercise program on the functional fitness of aged community adults who were at the contemplation and preparation stages of behavioral change.

Methods: A quasi-experimental design with pretest and posttests on two groups was used. Six senior activity centers from Southern Taiwan were randomly assigned to either the experimental or control groups using a lottery system. A total of 199 participants was recruited, and 169 participants completed the study (experimental group n = 84, control group n = 85). The SEB exercise program was conducted three times a week, 40 minutes per time for six months. The functional fitness (lung capacity, cardiopulmonary fitness, upper and lower body flexibility, upper limb muscle power, and lower limb muscle endurance) of the participants was collected at baseline and at three- and six-month of the intervention.

Results: All of the functional fitness indicators had significant changes among pre-test and post-tests in the experimental group (p < .001). The experimental group had better performances than the control group in all of the functional fitness indicators after three months (p < .001) and six months of the SEB program intervention (p < .001).

Conclusion: This study applied the contemplation and preparation stages of the TTM to provide participants with appropriate activity strategies. After the SEB program intervention, the functional fitness of the community aged adults improved significantly and they maintained exercising regularly for six months. Providing appropriate exercise prescriptions according to the various stages of behavior change can effectively facilitate regular exercise behaviors and enhance the functional fitness of aged adults.

References

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RSC PST 2 - Research Poster Session 2
The Relationship between Job Satisfaction and Intention to Stay in Taiwanese Nurse Practitioners

Chuan-Yu Hu, MSN, NP, Taiwan
Mei-Hsing Chen, MSN, RN, Taiwan

Purpose
To examine the correlations between job satisfaction and intention to stay in Taiwanese nurse practitioners.

Target Audience
The target audience of this presentation is nurse, nurse practitioners, nurse administrator, nurse educator.

Abstract
Purpose: To examine the correlations between job satisfaction and intention to stay in Taiwanese nurse practitioners.

Methods: A cross-sectional survey and convenient sample were used. One hundred and sixty one full time nurse practitioners were recruited from a medical center and three metropolitan hospitals in southern Taiwan. The Chinese version of the Misener Nurse Practitioner Job Satisfaction Scale (MNPJSS, Cronbach's $\alpha = .97$) and the Intention to Stay Scale (Cronbach's $\alpha = .81$) were developed by researchers and used for data collection. Pearson product-moment correlation coefficient was conducted for data analysis.

Results: The mean of job satisfaction was 3.85 (SD=.73, maximal score=6). The mean of intention to stay was 4 (SD=.92, maximal score=5). Significant correlation was found between job satisfaction and intention to stay ($r = .61, p< .001$). Subscales “professional, social, and community interaction” “intra-practice partnership” “challenge/autonomy” “time” “professional growth” and “benefits/ collegiality” of job satisfaction had shown significant correlations with intention to stay ($r = .44 - .62, p< .001$).

Conclusion: Job satisfaction of nurse practitioners had significant correlations with intention to stay. Improve the working environment can increase the intention to stay, the results can be used as a reference for the hospital management.

References

Contact
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Purpose
The purpose of this presentation is to inform an audience of nurses on the findings of a study that developed a Chinese version of the suicidal recovery instrument for suicidal individuals, and to prove its content validity and reliability.

Target Audience
The target audience of this presentation are nurses who assess suicidal individuals’ recovery condition.

Abstract
Purpose: The aim of this study was to establish the reliability and validity of a suicidal recovery instrument to assess suicidal individuals’ recovery condition.

Methods: Four professionals in this area, and 10 patients who recovered from suicide attempts screened the suicidal recovery instrument to establish content validity. A pilot study was conducted comprising patients who recovered from suicide attempts (n=84) to test the instrument for reliability. Internal consistency reliability and test-retest reliability (two tests over a one-month interval) were used to determine the reliability of the instrument.

Results: The average age of the participants was 40.08± 10.68. The average period from suicide attempt was 19.9± 9.1 months. Most of the participants were females (n=62, 73.8%), lived with family/friend/relatives (n=74, 88.1%), and families were their support system (n=65, 77.4%). More than half of the participants belonged to the Buddhist or Taoist faith (n=52, 62.6%). Half of the participants had suffered an important loss within one year (n=42, 50%) and failing health was the principal reason (n=19, 22.6%). Half of the participants had only attempted suicide once (n=42, 50%). The top means of attempted suicide was overdosing on medication (n=60, 71.4%). The most common reason for attempting suicide was depression (n=42, 50%). Almost half of the participants held a high school degree (n=35, 41.7%) with either no job (n=36, 42.9%) or full time job (n=38, 45.3%). One third of the participants were married (n=31, 36.9%) or divorced (including separated and bereaved of spouse) (n=28, 33.4%) with no children (n=29, 34.5%). The final version of the SRS contained four subcategories with 22 items: identifying the meaning of existence, adaptive ability, optimistic facing life, and attitude towards life. The result of content validity index (CVI) was 0.94 for the instrument. Cronbach’s alpha demonstrated a reliability of 0.91 for the instrument. The test-retest reliability for the instrument was 0.60.

Conclusion: The suicidal recovery instrument tested satisfactorily for content validity and reliability. In future research, the researcher can use exploratory factor analysis (EFA) and confirmatory factor analysis (CFA) to examine the construct validity.

References

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Purpose
To review the literature regarding how the construct of familism has been operationalized and presented in diverse cultural contexts internationally. The poster invites collaboration on this topic to influence future measures, interventions, and policy to improve equity and access toward distal outcomes of improved older adult and family well-being.

Target Audience
nursing and trans-disciplinary researchers; nurses practicing in various contexts including community, primary care, specialty clinics, older adult residences, rehabilitation, and hospitals; nursing educators, and policy makers.

Abstract
Purpose: To review the literature regarding how the construct of familism (the cultural norm of family needs being more important than individual needs, including caring for an ill older member) has been operationalized and presented in different research cultural contexts; to assert how familism in the context of acculturation affects equity and access; and to present a synthesis of two integrative reviews focused on the state of the science of world-wide familism in multicultural individuals. Background: Values are embedded in culture and different values determine if the culture is individualistic or collectivistic. Individual and collective values/perspectives mold individual self-conceptions and identities. Although familism as a concept may not have been explicitly measured in some studies, international caregiving research integrates familism and filial piety (respect and care for older family members) in study results and discussions.

Methods: A review of Pub Med and CINAHL databases using keywords “filial piety,” “familism,” “caregivers,” “family,” and “Hispanic/Latino” between 2009-2014 produced 48 studies involving Puerto Rican, Mexican, Mexican American, Black Caribbean, African, Chilean, Central or South American; i.e., Argentinian, Guatemalan, Spanish, Columbian, Cuban, of the U.S. Virgin Islands; and Anglo participants (e.g.: Flores et al, 2009; Hinojosa et al., 2009). A review using the same keywords minus “Hispanic/Latino” between 2013-2014 produced 27 studies from mainland China, Greek-Australia, Taiwan, Japan, Norway, Spain, USA, Asian-Indian in USA, Singapore, South Korea, Brazil, Canada, Thailand, UK, Germany, Chili, Pakistan, Finland, Portugal, Luxembourg, and USA (e.g.: Arora & Wolf, 2014; Hsueh et al., 2014; Liu et al., 2014). We extracted definitions, purposes, sample characteristics, familism measures or key words if no measures, and, for the Latin countries, whether acculturation was considered and/or measured.

Results: International studies noted the common threads of need and presence of family balance; shifts in expectations of family; degrees of negative and positive effects of social support for caregivers, and stress and guilt, which caregiving exerts on families caring for older adults. Definitions of familism related to the strong attachment and identification of individuals to their nuclear and extended families. Purposes included explication of the mutualistic perspective of an interdependent view of self as part of a larger social network that includes one’s family, co-workers, and others to whom older adults and their caregivers are socially connected. Many studies focused on families finding balance, shifts in expectations of family, less social support for caregivers, stress, guilt, caregivers’ suicidal ideation, caregiver PTSD; elder abuse in the context of filial piety, rewards of caregiving, caregiver mastery, mutuality, spiritual well-being; issues for spouse vs adult-child caregivers; and use of an array of community-based services. Samples included spouse and adult children of older adults with chronic conditions; e.g.: heart failure, CVA, dementia, Parkinson's Disease, cancer. Measures of familism constructed as early as 1959 are not specific for assessing today’s caregiving families and their constant change due to social and economic pressures. The literature called for needed instruments that measure these numerous aspects of family caregiving. Acculturation was frequently mentioned by studies conducted in the Latin countries but most studies did not measure it.

Conclusion: Although not all countries explicitly use the key words of ‘familism’ or ‘filial piety’, the findings refer to the family relationship as an integral component of providing care of elders. Researchers and clinicians should be sensitive to the possibility of familiaristic characteristics of family caregivers but assumptions should be clarified, and attempts should be made in construction of a transcultural comprehensive familism measure with
sensitivity to social diversity and complexity as well as to social influence in how families provide care to elders. As the world population ages, and more older adults survive with chronic conditions, the role of the family caregiver is becoming increasingly important; however, families may not be available or willing to provide traditional supports. Caregiving within families is imbedded in cultural values and the concept of familism is key to this research. This poster invites collaboration on this topic to influence future measures, interventions, and policy to improve equity and access toward distal outcomes of improved older adult and family well-being.

References

Contact
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Purpose
The purpose of this presentation is to understand the illness experiences of middle-aged adults with early knee osteoarthritis.

Target Audience
The target audience of this presentation is healthcare provider.

Abstract
Purpose: We lack understanding of the illness experiences of middle-aged patients who were confirmed to have early knee osteoarthritis and of how they manage the disease in Taiwan. The purpose of this presentation is to understand the illness experiences of middle-aged adults with early knee osteoarthritis.

Methods: A qualitative descriptive design was applied. Participants with knee osteoarthritis, aged 40–55 years, were recruited by purposive sampling. The data were collected through semi-structured interviews from July–December 2010. All interview transcripts were analysed using qualitative inductive content analysis to identify key themes.

Results: Illness experiences of the seventeen participants were classified into three major themes: (i) unfamiliarity with osteoarthritis; (ii) effects on daily life; and (iii) protection and alleviation. The three main themes occurred repeatedly and affected the life experiences of the patients.

Conclusion: This study indicates that patients with osteoarthritis have insufficient knowledge related to disease process and they do not know how to cope effectively. They need healthcare providers to supply them with adequate osteoarthritis disease information. Nurses should also develop interventions in their practices and guide patients to use suitable techniques to improve the functional status of their knee joint(s).

References

Contact
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Purpose
The purpose of this study is to clarify the problem of AS.

Target Audience
The target audience of this presentation is community nurses who support the development handicapped person of youth and adulthood without the learning disability.

Abstract
Purpose: The present study was aimed at investigating support efforts for adolescents and adults who are developmentally disabled but without intellectual disabilities at local facilities for disability aid, and the actual support for aid providers involved in developmentally disabled individuals, in order to identify the problems that need to be addressed in relation to provision of such support.

In Japan, the number of individuals with mental disorders has increased from an estimated 2.18 million in 1996 to 3.23 million in 2008, with mental disorders listed as one of the 5 major diseases in 2011. Along with the increase in the number of elderly people with dementia and people with depression, people are increasingly becoming aware of developmentally disabled individuals as a high-risk group for depression; therefore, there is a pressing need for new measures.

Methods: A self-administered mail-based questionnaire survey was conducted with 600 workers involved in support for adolescents and adults without intellectual disabilities at 600 facilities for disability aid and psychiatry day-treatment facilities.

Results: We will report the results of this ongoing survey in this presentation.

Conclusion: It has been considered possible to improve the social prognosis of developmentally disabled individuals by involving them in society. If the present study successfully clarifies the problems faced by aid workers in providing support to these individuals, it would be possible to improve the quality of the support provided by them, as well as to consider support according to the severity of the problem in each developmentally disabled individual. The present study will facilitate social adaptation of developmentally disabled individuals and contribute to improving their quality of life.

References

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The Influences of Authentic Leadership in Nursing: A Systematic Reviews

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Purpose
The purpose of this presentation is understanding the influences of authentic leadership in nursing by systematic review, and recommend to apply in nursing and future research.

Target Audience
The target audience of this presentation will be able to understand authentic leadership, and nursing leaders can improve care quality and workplace conditions by authentic leadership to enhance positive relationships with their staff.

Abstract
Purpose: Authentic leadership originated in positive psychology. At first, it was used in business and industry. The American Association of Critical Care Nurses (AACN) point out that authentic leadership was one of six criteria to create healthy environment. In recent years, there were many correlation research in authentic leadership in all walks of life, but in the part of nursing need to investigate. The study conducted a systematic review to explore the influences of authentic leadership in nursing.

Methods: Researchers search database including Academic Search Complete, Pub Med/Medline, Social science Citation Index, CINAHL, Psychology and Behavioral Science Collection, and ProQues for relevant articles published between 1993 and 2013. Use the keyword "authentic leadership", "research", "nursing". An initial 2402 original articles were identified. Applying inclusion and exclusion criteria left 8 articles that used Quality Assessment and Validity tool for correlational studies to evaluate the quality of the identified articles.

Results: The quality of eight articles were between medium quality (scores = 5-9) and high quality (scores = 10-14). The results of systematic review found total have 57 variables. Researchers used content analysis for 57 variables categorized into five themes: areas of work life and work engagement, structural empowerment and interprofessional collaboration, performance and job satisfaction, voice behavioral, identification, trust in management and care quality, and workplace bullying, burnout and turnover. Authentic leadership with areas of worklife($r = .43; p< .01$), work engagement($r = .28; p< .01$), structural empowerment($r = .40$ to $r = .46; p< .01$ to $p< .05$), interprofessional collaboration ($r = .42; p< .05$), performance and job satisfaction ($r = .17$ to $r = .40; p< .01$), voice behavioral ($r = .10$ to $r = .45; p< .01$), personal identification ($r = .72; p< .01$), social identification ($r = .20; p< .01$), trust in management ($r = .31$ to $r = .69; p< .01$) and care quality ($r = .19; p< .01$) were postive correlation. Authentic leadership with workplace bullying ($r = -.31$ to $r = -.69$), burnout ($r = -.13$ to $r = -.28$) and turnover ($r = -.24$ to $r = -.30$) were negative correlation.

Conclusion: This study support that authentic leadership is an effective leadership for nursing. The authors hopes that findings are helpful reference for nursing leaders to create a healthy environment.

References
Contact
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Purpose
The purpose of this project was to design and evaluate a simulation that would better prepare students to provide optimal patient care to those with Sickle Cell Disease. The setting was the simulation lab at a local college of nursing in Houston, Texas.

Target Audience
The target audience of this presentation is nursing faculty in undergraduate prelicensure programs.

Abstract
**Purpose:** Sickle cell disease is the most common inherited blood disorder in the United States. It affects 90,000 to 100,000 people, most of whom are African Americans (CDC, 2012). There is currently no cure and management of the symptoms and progression of the disease can be complex. The demand for highly qualified graduate nurses continues to rise, and instructors have met this demand by using innovative technology like simulations to ensure nursing students are trained to the high level required in today’s work environment. The purpose of this project was to design and evaluate a simulation that would better prepare students to provide optimal patient care to those with Sickle Cell Disease. The setting was the simulation lab at a local college of nursing in Houston, Texas.

**Methods:** The methodology included a pre- and post-conference of student performance in the management of sickle cell patients in the simulation lab and clinical setting. The intervention included a simulation covering the care of a sickle cell patient in crisis. Areas focused upon were: recognizing the microcytic anemia based on CBC readings, recognizing the need for blood transfusion based on hemoglobin level, obtaining patient consent for blood transfusion, utilizing a PCA for optimum pain management and administering blood products. They participated in a pre-briefing and post-briefing to address patient status and continuum of care throughout the simulation stages.

**Results:** Students in the Bachelor of Science nursing program participated in the adult health rotation simulation. Students became familiar with interpreting lab results, the disease process, and how important it is to recognize a true sickle cell crisis. They also utilized prioritization of nursing interventions for best practice that included fluid resuscitation, oxygen administration and most importantly pain relief. At the end of the simulation, students realized how important it is to adequately treat sickle cell disease to prevent unfortunate complications such as renal disease, heart disease, and infections.

**Conclusion:** Patients with chronic painful diseases such as sickle cell are often challenging to even the most experienced nurses. When assigning student nurses to care for these patients, it is important to provide the best support so that the experience is a positive one for the patient and health care professionals. Ensuring a constructive approach and evidenced based practice to a complex situation can result in better outcomes for these complex patients in the clinical setting.

**References**

**Contact**
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Purpose
to present findings from an RCT designed to test the efficacy of a brief motivational interview as compared to targeted brochures and usual care to increase mammography screening rates among African American women in the Emergency room waiting area. Each arm was delivered by a lay health worker.

Target Audience
health care workers, nurses ad public health professionals interested in developing innovative interventions with vulnerable populations.

Abstract
Background: Although the majority of U.S. women currently obtain mammograms African American women continue to face challenges to adherence to breast cancer screening guidelines. These challenges have contributed to stunning disparities in breast cancer mortality rates for African American women versus other U.S. women. These disparities call for researchers to focus on innovative venues and approaches to encourage screening in this vulnerable population. The Emergency Room is one such venue where underserved populations may go to seek treatment. The use of lay health workers in this setting is an innovative approach to elimination of health disparities in this vulnerable group.

Purpose: The purpose of this study was to test the efficacy of a pilot intervention featuring a lay health worker to increase mammography utilization among African American women recruited from those waiting in the Emergency Department.

Methods: This study was a three armed pilot of a randomized controlled trial (n=96) comparing the effects of a brief motivational interview delivered by a lay health worker with those of a targeted brochure and a usual care control group, all given by a lay health worker in the ED while women were in the waiting room.

Results: The average age of the participants was 51.9, most women were not married (79.2%) and had an annual household income of $40,000 or less (84.1%). Thirty four percent of the women did not have health insurance or a primary care provider. All women enrolled in the study had not had a mammogram in the last year and were out of compliance with ACS guidelines. One quarter (23%) of the sample reported having never had a mammogram. More than a quarter of the sample received a mammogram during the study (27.4%). There was no group difference by mammography status at the 3 month follow up.

Conclusions: Using innovative venues and approaches are necessary to eliminating health disparities for African American women and other vulnerable populations. One such innovative venue is the Emergency Department where more than a quarter of the women surveyed had never had a mammogram. The use of lay health workers in this setting was effective in all groups that were contacted in this setting. This increase in mammograms in this hard to reach group is evidence of the efficacy of these innovations.

References

Contact
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Purpose
The purpose of the performance improvement project was to create an organizational structure to centralize all enterprise wide initiatives to decrease CAUTIs.

Target Audience
The target audience of this presentation include acute care hospital nurses, nursing leadership, Infection control staff and clinical nurse specialist.

Abstract
Purpose: Hospital acquired infection (HAI) is a critical patient safety concern. These infections are a reflection of hospital care provided to patients. The prevalence of HAI is widespread with catheter acquired urinary tract infections (CAUTIs) accounting for approximately 40% of HAIs with the highest rates in intensive care units. At the University of Kentucky we identified that our rates were higher than expected. It was determined that a support structure was needed to help direct and identify all the activities that would be necessary to decrease the CAUTI rate. The purpose of the performance improvement project was to create an organizational structure to centralize all enterprise wide initiatives to decrease CAUTIs.

Methods: An alliance was formed with senior leadership, clinical nurse specialists and our colleagues in Infection Prevention and Control. This alliance led to a workflow algorithm that outlined an organizational structure consisting of a CAUTI workgroup that reported up to a CAUTI Steering Committee, led by senior leadership. The work group met weekly and followed a systematic process that identified gaps in care, designed interventions and implemented the measures. The Steering Committee met monthly to review and examine the progress of the workgroup. The Steering Committee provided the leadership and oversight to support the interventions and the authority to move forward with the implementations. This organization structure was instrumental to guide and direct improvement measures.

Results: With the organizational support structure and the standardized workflow of the workgroup, our enterprise-wide monthly ICU CAUTI rates having been trending downward. In the first quarter of FY 2014 our rates ranged from 5.9 to 9.0. In October 2014 our rate decreased to 2.4.

Conclusion: Having a well-defined organizational structure to centralize identification and interventions provided the support needed to decrease our high infection rate. This model has shown very positive outcomes and has provided a clear line of communication between hospital administration, physician services, nursing leadership, clinical nurse specialist, staff development, staff nursing and Infection Prevention and Control. The model has been duplicated to direct our work with combating other nurse sensitive indicators; central line infections, pressure ulcers and venous thromboembolism.

References

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RSC PST 3 - Research Poster Session 3
Exploration of Poster Characteristics and their Influence on Knowledge Transfer

Sandra L. Siedlecki, PhD, MSN, BSN, RN, CNS, USA

Purpose
The purpose of this presentation is to share with the audience findings from an exploratory research study that examined the impact of specific poster variables on decisions to view a poster and the ability of the poster to transfer knowledge from researcher to attendee at a conference.

Target Audience
The target audience in this presentation is nurses who use a poster presentation as a method for transferring or sharing knowledge to attendees at a conference, and who would like to understand what things can be done to increase the likelihood that the poster will be viewed.

Abstract
Purpose: Dissemination of research evidence from the investigator to the user (clinical nurses) has traditionally been facilitated through publications and research conferences. Research conferences have the advantage of disseminating information more quickly than publication. At a conference, research findings are disseminated to the attendees via both oral (paper) and poster presentations. Oral presentations are afforded enough time at a conference for the investigator to provide detailed information about the study and its findings, while poster presentations provide a more limited view of the study relying heavily on visual impact and appeal to draw in the audience of attendees.

Transfer of knowledge from the poster presentations requires active, rather than passive participation from the attendee. Unless the poster is viewed by the attendee, no knowledge transfer can occur, so visual appeal (aesthetics) is an important criterion to consider when developing a poster presentation to disseminate research findings. Although numerous articles have been written in the past decade about how to create a “winning poster”, no nursing studies have actually been conducted to determine what poster specific variables promote poster viewing and transfer of knowledge from the researcher to the attendee.

The literature on the usefulness of poster presentations for knowledge transfer is limited and conflicting. In addition, while a few studies have been conducted at poster presentations at medical conferences, none have been conducted at a nursing research conference. So factors that promote poster viewing by nurses is unknown.

The purpose of this presentation is to describe the findings of a study that examined poster specific variables (aesthetics) that impact knowledge transfer by nurses attending a nursing research conference (N = 126); to identify content specific poster variables that impact knowledge transfer from researchers to nurses attending a nursing research conference and to explore the impact of specific poster and content variables and likelihood that nurses will use this knowledge in their practice.

Methods: Following IRB approval, an exploratory study using a survey methodology was employed to identify variables that impact knowledge transfer from researcher to attendee during poster presentations at a nursing research conference. The sample included 104 registered nurses attending a two-day nursing research conference who attended poster presentation sessions during the conference.

Results: The sample represented 52% of the attendees at the conference. In this sample most nurses held a BSN degree or higher and were clinical staff nurses or advanced practice nurses (60%). Findings from this study suggest that in order to transfer knowledge using a poster presentation format, the presenter must first attract the viewer with both visual appeal. After visual appeal nurses were most likely to view posters because of the topic and the title of the poster. What topics appealed to clinical nurses was different from what appealed to academic nurses, and thus knowing your audience is critical for maximum impact.

Factors that influenced decisions to view (or not view poster presentations) included aesthetics such as color(s), size of font, and symmetry of layout. Other important factors had to do with the wording of the title. Respondents preferred simple and direct titles that clearly indicated the topic and at times the findings. Both “Cutsie” titles, and titles that were overly scientific were factors affecting decisions to avoid or not view certain posters. Although aesthetics would draw a viewer, the respondents reported that they determined to read or not read all of the
poster content if the topic was likely to be useful in their current practice. Finally, although aesthetics were a factor in getting the viewer to the poster, nurse respondent reported that the most important factor affecting the intent to use the knowledge from the poster presentation in practice was their perception of the quality and rigor of the research study being reported.

**Conclusion:** This study was the first to address the gap in the literature between what is recommended for poster displays and the evidence to support the recommendations. The major limitation of this study was the small sample obtained at a single nursing research conference. It will be important to explore the behavior of nurses related to their poster viewing habits in different conference settings. Implications for this study provide information that will help all nurses improve their ability to use this visual medium (posters) to facilitate the transfer of knowledge from the presenter to the viewer.

**References**

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Purpose
The purpose of this study is to explore the job stress and burnout in relation to physical and mental health of nurses in the medical center and the regional hospital, as well as influence of job stress and burnout degree to physical and mental health.

Target Audience
The target audience of this presentation is staff nurse, nurse administrator, human resources administrator, and occupational health institutions.

Abstract
Purpose: The purpose of this study is to explore the job stress and burnout in relation to physical and mental health of nurses in the medical center and the regional hospital, as well as influence of job stress and burnout degree to physical and mental health.

Methods: A cross-sectional survey was conducted at the medical center and the regional hospital in southern Taiwan using a convenience sample of 472 nurses. Data was collected in a structured questionnaire that included: a demographic inventory (personal and work-related characteristics), Effort-Reward Imbalance (ERI) questionnaire, Copenhagen Burnout Inventory (CBI), and General Health scale (GH). Through SPSS for Windows 19.0 software, descriptive statistics, bivariate analyses, chi-square test, one-way ANOVA, t-test, Pearson correlation, and hierarchical regression analyses were used to analyze the data.

Results: The average score for physical-mental health was 45.69, with the highest mean score in the aspect of anxiety and insomnia (M=14.0), followed by somatic symptoms (M=13.41). This research found physical and mental health to be significantly associated with the effort-reward imbalance (r=0.383, p<0.001), over-commitment (r=0.443, p<0.001), and burnout (r=0.603, p<0.001). Hierarchical regression analyses demonstrate that demographics (including on-job education, unit, marriage, religion, workday per month), over-commitment, effort-reward imbalance, and burnout are predictors toward physical and mental health of nurses in the medical center and the regional hospital. For nurses’ physical-mental health, the independent interpretation variances among predictors are 9.9% by demographic variables, 24.4% by job stress (including 17.9% from over-commitment and 6.5% from effort-reward imbalance) and 12.5% by burnout.

Conclusion: The results of this study provide important strategic suggestions for human resources management and hospital management. It is anticipated to find out evidences of how to support positive and healthy work environment, as well as to develop health promotion strategies for the frontline nursing workers.

References

Contact
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Purpose
The purpose of this presentation is to inform others, specifically healthcare providers, on the end of life care for individuals of the Hindu and Buddhist cultures.

Target Audience
The target audience of this presentation is all healthcare providers working in the clinical setting, as well as the academic setting.

Abstract
Purpose: The purpose of this research was to learn more about end-of-life nursing care for individuals in the Hindu and Buddhist cultures, specifically in Nepal. The purpose of this presentation is to inform others, specifically the nursing community, of end of life care for Buddhist and Hindu cultures.

Methods: This study was based on reviews of research studies generated from Google Scholar and CINAHL, as well as from interviews of Buddhist and Hindu individuals. The data were gathered, reviewed, and included in the study.

Results: The studies and interviews reviewed showed that in general, Buddhists believe that the human body is only a temporary composite which dissolve at death, although some stream of consciousness undergoes rebirth. It is important that the dying individual be in a clear state of mind at time of death as it is believed their state of mind influences rebirth. Death is viewed as natural and inevitable; therefore they traditionally have more tranquil and accepting attitudes toward death.

The studies and interviews reviewed showed that in general, Hindus believe in cycles of being born and dying, karma, and a supreme being who exists in the universe and in the individual souls, and who is the ultimate end for all. Hope lies in making spiritual progress and moksha, or liberation from the cycles of rebirth. Preservation of life is balanced against the acceptance that dying is natural and a step closer to moksha. Family members are central in the decision making process and care during end-of-life care.

Conclusion: The studies described how end-of-life care should be handled for a Hindu and Buddhist patient and their family. The findings support engaging both the patient and their family in the planning of care and a peaceful and quiet environment during the time leading up to death. It was found that it is especially important to consult the patient and family concerning medications that can alter consciousness, as it is important for the dying to have a clear mind at death. It is also important to be respectful of after-death rituals and body removal practices.

References

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What Challenges and Experiences Do Immigrant Turkish Muslim Women Face When Acquiring Healthcare in America?

Janna Hackett, MSN, RN, USA

Purpose
The purpose of this presentation is to bring awareness to experiences of Muslim women when acquiring healthcare in America.

Target Audience
The target audience is nurses and healthcare workers who wish to enhance their cultural competence when interacting with female, Muslim patients.

Abstract
Purpose: The purpose of this study was to determine Turkish Muslim immigrants’ perspectives of the care received in the United States with emphasis on actions to improve cultural acceptance and understanding. Integration of transcultural nursing research enhances the provision of culturally competent, equitable care.

Methods: The study was conducted using a simple questionnaire based on available literature for Turkish Islamic women through the Raindrop Turkish House in Lubbock, Texas. Demographic data was attained including age, primary language spoken in the home, marital status, year moved to the U.S., highest level of education and Islamic denomination. Subsequently, questions were provided using a 7-point Likert scale to determine general information regarding healthcare perceptions. Successively, discussion occurred through two semi-directed focus group(s) for the participants to share experiences and respond to short, simple qualitative questions regarding personal experiences and perceptions. One female translator was chosen based upon bilingualism and willingness to assist with the study. The translator is also a member of the Turkish Raindrop House and is a Turkish Muslim woman. She is an expert regarding Turkish-English translation and has experience teaching Turkish to English-speaking persons. All individuals who participated spoke English and/or Turkish dialects translatable by this interpreter.

A modification of Whelan’s “Rapid Bilingual Appraisal Model” (Whelan, 2004) was used in real-time for information attained via female translator for all participants who did not speak English. Focus groups were recorded and their responses subsequently transcribed. The translator spoke English translations to the researcher to enhance the richness of the experiences and intercultural dialog. The translator examined the transcripts for cultural and literal meanings. Each participant was carefully screened and voluntarily signed both an established, Institutional Review Board (IRB)-approved Consent Form and a separate Confidentiality Statement. IRB approval was attained in advance for this study. Final sample size was five Turkish Muslim Immigrant women (n=5).

Results: Several findings reflected positive perceptions with most of the women reporting that nurses and doctors do not treat them differently due to race or religion. Participants primarily reported preferring healthcare workers to ask them about their beliefs when receiving care and all participants agreed that they would prefer a female healthcare worker. Most respondents reported that their husbands know the most about family healthcare needs and make the family healthcare decisions though consent for treatments and procedures is discussed and agreed upon between the spouses. The strongest survey responses occurred regarding the importance of eating only halal foods when hospitalized.

Conclusion: Overall, the majority of the participants reported feeling comfortable with many aspects of the American healthcare system. In Focus Group A, one participant stated that in Lubbock people are very welcoming and no-one treats her badly. The other group participants smiled and agreed. Another participant stated, “Things are very good here”. It is beneficial to recognize the responsive, transcultural care provided by many healthcare workers. Despite these findings, it is also imperative to recognize that one respondent reported feelings of discomfort and judgmental treatment. Respect and impartiality are key issues when assisting patients of different cultures, backgrounds and experiences. Healthcare workers must be aware of patient perceptions to improve the health and well-being of Muslim women in global communities.
References


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Differential Impacts of Family Factors on Psychological Disorders between Latina and Latino Americans

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Cara L. Pappas, ND, MSN, BSN, ARNP, FNP, ACNP, CCRP, USA

Purpose
The purpose of this presentation is to explore psychosocial protective (Family cohesion, social support, religious involvement, and racial/ethnic identity) factors and risk factors (Negative Interaction) for depression, anxiety, and suicidal ideation among Latinas.

Target Audience
The target audiences are mental/health care workers and researchers.

Abstract
Purpose: As one of the two fastest growing minority groups in the United States (US), Latino Americans are expected to count for an estimated 30% of the national population in 2050 (US Census Bureau, 2010). Despite a rapidly growing Latina/o American population, few studies have investigated modifiable psychosocial factors that could protect Latina/os against major psychiatric disorders. The present gender-specific study explored psychosocial protective (Family Cohesion, Social Support, Religious Involvement, and Racial and Ethnic Identity) and risk factors (Negative Interaction) for major depressive disorder (MDD), general anxiety disorder (GAD), and suicidal ideation (SI) among Latinas participating in the National Latino and Asian American Study (NLAAS). We expected that, among all psychosocial predictors, family relevant factors may stand out as one that would predict certain outcomes along the gender line, given their uniquely relevance to the family-centered collectivist Latino culture.

Methods: The NLAAS is first population-based national mental health epidemiological survey of Latina/os and Asian Americans living in the United States, designed in coordination with and as a part of the Collaborative Psychiatric Epidemiology Studies (CPES) that includes NLAAS, the National Survey of American Life, and the National Comorbidity Survey Replication. We conducted three sets of logistic regressions, predicting three diagnoses based outcomes for 1,427 Latinas and 1,127 Latinos, respectively, identified in the NLAAS. These analyses followed preplanned steps: For each set of regression, Model 1 used known predictors as controls, including socio-demographics (Age, Education Levels, Income and Employment) and acculturation variables (English Proficiency, US-born, Years in the US, Acculturation Stress, and discrimination). Model 2 added psychosocial risk and predictive factors beyond the known predictors.

Results: For each outcome examined, psychosocial risk and protective factors produced a significantly better model fit in Model 1 than socio-demographic and acculturation variables known to predict mental health outcomes in Model 1. The Latina model showed that Negative Interactions was associated with increased likelihood of GAD and SI, whereas Family Cohesion appeared to be protective against GAD. The likelihood of SI was also predicated by Length of Stay in the US and perceived Discrimination. No protective psychosocial factors predicted MDD for which the likelihood increased with Length of Stay in the US and perceived Discrimination. The Latino model, however, showed that Negative Interactions with family members significantly predicted the likelihood of MDD. Acculturation Stress was associated with that of both GAD (alongside Income and US-born) and SI (alongside Length in the US and English Proficiency) Acculturation Stress. Other potential protective factors (social support, racial/ethnic identity, religious involvement) were not influential.

Conclusion: As predominantly Catholics, the Latina/o population is characterized by the influence of collectivism in which family values play a central role in their ethnic identity and mental health. However, because traditional culture dictates the distinct gender role value in family, conflicts therein could predict different psychiatric disorders between Latinas and Latinos. Differential protective and risk factors in the two subgroups thus suggest that psychosocial assessment and intervention should address certain gender-specific components to improve mental health care and prevention for Latina/o Americans.

References

Contact
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Purpose
The purpose of this presentation is to reach out to providers about the needs of first time and experienced mothers with preterm and full term babies.

Target Audience
The target audience of this presentation is health care workers who educate patients.

Abstract
Purpose: The purpose of this literature review is to update the literature on how parents handle infants after hospital discharge and highlight show areas for which the needs of parents are not met through discharge planning, preparation and educational follow-up.

Methods: A limited search of PubMed and CINAHL was performed to identify English language published papers on patients' education on transition from hospital to home on newborn care from 1991 to 2014. Articles were excluded if they were not related to maternal knowledge and experiences with newborn after discharge from the hospital.

We found 15 articles (8 quantitative, 6 qualitative and 1 multiple design) with sample sizes ranging from 10-386. Of 15 articles included in this review, all but three articles were published within a ten year period. The 15 studies considered discharge teaching, mothers' readiness for discharge, and mother's emotional responses after discharge and sources of information. Eight of the studies examined mothers who had preterm babies. Three evaluated first time mothers and five studies examined mothers with full term infants.

Results: Transition from the NICU to home for mothers with preterm babies is met with mixed emotions: joy, anxiety, and relief. First time mothers reported not being prepared during the antenatal period for their babies’ discharge. They were initially fearful, with emotions transforming into excitement, confusion and surprise in the postnatal period. First time mothers may be over utilizing health services because of insufficient knowledge regarding how to handle problems that arise at home and when to contact a provider or ancillary services for support. First time mothers had unique needs related to breastfeeding, felt that they were inadequately prepared for breastfeeding, their needs for learning to breastfeed were unmet in the inpatient setting, and were most interested in being better prepared pre-discharge. Mothers with healthy infants were concerned about early discharge; they desired more time in the hospital to recuperate physically and emotionally before being discharged but they reported receiving quality teaching and were somewhat, although not entirely, ready for discharge. Mothers with preterm infants were separated from their newborns during NICU admission, and did not have the opportunity to care for their newborn in the presence of supportive and knowledgeable staff, and thus faced difficulties and strived to cope with infant care after discharge.

Conclusion: Mothers' perceptions of their needs and readiness to transition from hospital or NICU to home varied by parity, previous experiences with newborn care and the health of their babies. Health care providers providing prenatal care education and newborn discharge teaching should consider parity, preterm or full term birth, and breastfeeding to better prepare the mothers to safely and confidentially care for their babies at home.

References

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**RSC PST 3 - Research Poster Session 3**

**A Training Program for Clinical Nurses to Improve Child Abuse and Neglect Reporting**

*Pei-Yu Lee, PhD, RN, Taiwan*

**Purpose**
The objective of this study was to develop a training program for nurses and to evaluate the effectiveness of the training program to improve Taiwan nurses’ self-efficacy in reporting CAN cases.

**Target Audience**
The participants had to meet the following entry criteria: be a registered nurse; have the ability to speak and understand either Mandarin or Taiwanese; have at least one year of working experience in emergency-room or pediatric units; and be willing to participate in this study.

**Abstract**

**Purpose:** This study was to develop a training program for nurses and to evaluate the effectiveness of the training program to improve Taiwan nurses’ self-efficacy in reporting CAN cases.

**Methods:** A quasi-experimental research design was implemented, and the two groups’ pre-test, post-test and follow-up results were compared. The total number of participants was 80 clinical nurses: 40 in the experimental group and 40 in the control group. Moreover, an analysis of covariance (ANCOVA) was used to test the effectiveness of the training program after controlling for the effects of “age”, “marital status”, and “working years”. The experimental and control groups were compared according to their scores on each subscale of self-efficacy.

**Results:** The results indicated that the experimental and control groups differed significantly with respect to the outcome measures of all six subscales of CAN reporting self-efficacy (CANRSE) between the pre-test and post-test.

**Conclusion:** Therefore, the results supported the hypothesis that nurses’ self-efficacy in reporting CAN cases was enhanced after the Child Abuse and Neglect Training Program for Nurse (CANTPN) training program.

**References**


**Contact**

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Purpose
The purpose of the presentation will be discussion about the nursing outcome "Prevention of aspiration" from the Nursing Outcome Classification in patients after stroke. We chose this outcome in order to determine which indicators are more frequently compromised in patients with acute stroke requiring rapid nursing interventions.

Target Audience
The target audience of the presentation will be learner and nursing professionals.

Abstract

**Purpose:** To evaluate the indicators of the nursing outcome Prevention of aspiration in patients during the acute stage of stroke.

**Methods:** This is a descriptive, exploratory, and cross-sectional study. The population consisted of 146 patients in the acute stage of stroke, who were admitted to a neuro-intensive care unit. The study was conducted from January to July 2014 in the city of Fortaleza, Brazil. Inclusion criteria were (1) age over 18 years; and (2) being alert and able to provide the necessary information, or being accompanied by a caregiver who was able to provide information on the patient's health. Exclusion criteria included the presence of hemodynamic instability, risk of complications, or using an invasive ventilation. Ethical approval was received from the Federal University of Ceará Ethics Committee. A nurse who has been previously trained by the researchers conducted the data collection. Each patient was evaluated based on an instrument that was previously submitted to a face and content validation. This instrument contained questions about the socio-demographic profile (gender, age, marital status, education, and occupation), the patients’ current clinical condition (type, location, and number of episodes of stroke), the stroke severity evaluation based on the National Institutes of Health Stroke Scale - NIHSS (ranging from 0 to 21), and the functional capacity evaluation based on the Rankin scale (ranging from 0 to 6). For the Prevention of aspiration outcome evaluation, the nurse used an instrument containing a list of NOC indicators and their operational definitions. For each indicator, the nurse attributed a score ranging from 1 to 5. The higher the score, the better the health condition of the patient. For the presentation of descriptive statistics, data were compiled in Excel 8.0, and were analyzed in SPSS version 20.0.

**Results:** Patients were predominantly women (54.11%), living with a partner (64.38%), and unemployed (69.18%). The mean age was 60.97 years (SD=17.77), and the average years of education was 4.39 years (SD=4.38). Regarding the patients’ health status, 98.63% of the patients have had ischemic stroke, 28.77% have had totally compromised anterior cerebral circulation, 20.55% have had partially compromised anterior cerebral circulation, and 18.49% have had lacunar lesions. Regarding the number of stroke episodes, the average was 1.44 (SD=0.81), and the average length of hospital stay was 6.69 days (SD=6.71). Regarding the severity of the stroke, the average NIHSS score was 6.31 (SD=5.98). For the functional capacity, 35.86% of the patients have had moderately severe disability, 20% have had no significant disabilities, and 15.86% have had moderate disability. Regarding the Prevention of aspiration outcome, all NOC indicators were assessed. The indicators that were more compromised (scores below 4) were: Maintains oral hygiene (68.48%) and Remains upright for 30 minutes after eating (60.96%). The indicator Administers enteral tube feedings as recommended was assessed in only 39 patients and had good scores (4 and 5). The other indicators had high scores as follows: Identifies risk factors (3.94 ± 1.19); Positions self upright for eating and drinking (4.68 ± 0.86); Selects food and fluid of proper consistency (3.87 ± 1.67), and Uses suitable utensils to bring food to the mouth (4.81 ± 0.67).

**Conclusion:** The indicators Maintains oral hygiene, and Remains upright for 30 minutes after eating had the lower scores in patients during the acute stage of stroke. It is important for nurses to identify such situations and target early interventions. Thus, studies like this can be helpful to determine which outcomes are sensitive to
nursing care, and which outcomes can contribute to the effectiveness of the interventions. Further studies with this nursing outcome are needed, especially with patients in the rehabilitation stage, as the consequences can be different in this context.

References

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Experiences of Pre-Licensure and Post-Licensure Nurses Participating in Mindfulness Training: A Qualitative Study

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Purpose
The purpose of this presentation is to share qualitative findings from a study on mindfulness training.

Target Audience
The target audience of this presentation is nurses who have an interest in mindfulness.

Abstract
Purpose: The current healthcare environment burdens nurses with multiple demands on and of their attention. Nurses are faced with multiple requests from patients, families, and other health care providers that often leads to the need to resort to multi-tasking. Multi-tasking and interruption in the work place is associated with an increase in errors (Brooks, 2011). Further, present technological devices are altering human attention spans, and how they relate to one another (Goldstein, 2013). Studies have found that healthcare providers who are unfocused, and less attentive are more likely to rush to judgment and demonstrate faulty thinking (Rakel, Fortney, Sierpina & Kreitzer, 2011). Distracted health care providers have greater numbers of incorrect diagnoses and increased medical errors (Ludwig & Kabat-Zinn, 2008; Sibinga & Wu, 2010). In an effort to increase awareness, mindfulness practice has shown to be effective (Weitz, Fisher, & Lachman, 2012). Mindfulness training in healthcare providers is associated with improved empathy, increased attentive listening skills, decreases in provider burnout, and attitudes associated with patient centered care (Krasner, et al., 2009). Despite mindfulness practice being beneficial, many individuals struggle to successfully incorporate the practice into their lives on a long-term basis (Sitzman 2002). Practicing takes a strong commitment, and ongoing effort. Many people find that they struggle to find the time in their day to practice and become frustrated and deterred from continued practice when their minds continue to wander (Kvillemo, & Branstrom, 2011). Progress may be slow and contribute to feelings of wanting to give up (White, 2014).

Mindfulness is a state of paying attention in a non-judgmental way with an increased awareness of the present experience. Mindfulness has the goals of developing clearer thinking, and sustaining awareness of a moment by moment experience, all while separating oneself from judgment of the situation and from strong emotions. Teaching and practicing mindfulness in medicine has been shown to decrease stress levels, improve coping skills, increase empathy as well as improve patient outcomes and safety, however the implementation of mindfulness programs and research in nursing lags behind (White, 2013).

Methods: This study aimed to explore the experiences of pre licensure nursing students and post licensure nurses who participated in mindfulness training. Following IRB approval potential participants were recruited from a School of Nursing in the South Eastern United States to participate in an 8-week mindfulness training program. Participants included pre-licensure and post-licensure nurses. A mindfulness training program was developed by the principal investigators and a mindfulness expert. The sessions were previously recorded live audience sessions, and were shown at each of the meetings during the study. Each session was facilitated by trained faculty and consisted of education on mindfulness, guided practice, and discussions around participants’ feelings during practices. Sessions were held several times during the week and additional resources including self guided audio podcasts were provided. Sessions lasted less than 1 hour. Participants were provided with journals to record their thoughts, feelings, and emotions as they journeyed through the multi week study. In addition, the journals were used to have the participants record their responses to prompting questions that were provided following each session. The journal entries served as the qualitative data source for this study. A qualitative descriptive approach was used to describe the experience of participants as they took part in the mindfulness training. After each training session, each participant was asked to reflect on their thoughts, feelings, and sensations during the mindfulness practice, as well as to reflect on additional prompting questions asked for that session.
Results: A total of 27 participants completed the qualitative portion of the study. Participants were asked to describe the thoughts, feelings and sensations that arose during practice sessions. One key theme that was identified was an increase in participant’s self-awareness. Participants noted they were able to take a pause during stressful situations and avoid getting caught up in the turmoil. Another key theme was related to the process of mindfulness practice and the participant’s ability to over the obstacles. Positive consequences of mindfulness training reported by participants include feelings of relaxation and calmness following and during practice. Longitudinally as the weeks progressed, a trend in the participants’ awareness of their mind wandering and their improved ability to refocus was found. Participants were also asked to describe what they learned about themselves and others through the mindfulness training. The main findings included participants reporting living more in the moment, finding themselves less likely to overreact, and improvements noted in being able to stay calm in stressful situations.

Conclusion: Findings from this study indicate a need for mindfulness training and research in the nursing field. This study illuminated the benefits of a mindfulness practice. Participants articulated improvements in their ability to stay in the moment, react to stressful situations in a more thoughtful and calm way, and a decrease in tendencies to overreact. These realized improvements of attention to the moment, control of emotions, and stress coping may lead to better and more mindful provider–patient interactions, improvements in patient safety, and better patient outcomes. These findings provide evidence to support offering mindfulness training in academic and clinical settings. The key in offering this training will be to provide time, space, and support to bolster the chances that sustained efforts, and commitments to practice can be maximized.

References

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Purpose
The purpose of this poster presentation is to identify the findings of a systematic review addressing adolescent postpartum depression. Adolescent postpartum depression occurs at 2-3 times that of adults. If untreated, postpartum depression may negatively impact both mother and child lifelong, making it imperative to promote further research on this topic.

Target Audience
The target audience of this presentation includes RNs, Advanced Practice Nurses, Nurse Midwives, Doulas, Social Workers, Psychologists, Physicians and Nurse Educators.

Abstract
Purpose: Untreated postpartum depression (PPD) places adolescents at risk for chronic depression, poor parenting, and suicide. The purpose of this systematic review was to examine interventions designed to prevent or treat postpartum depression in adolescent mothers.

Methods: PubMed, MEDLINE, CINHAL and PsycINFO databases were searched. A total of 255 articles were identified; after title and abstract review, 43 articles remained for full text review. Inclusion criteria were: published between 2004 and 2014; randomized controlled trial or quasi-experimental study; English; and assessed interventions for postpartum depression in adolescents, ages 14-19 years. Five articles meeting inclusion criteria were compared using the matrix method to facilitate cross-study comparisons of population, methods, interventions, results, bias, and outcomes.

Results: The five studies reported interventions provided to 401 adolescents who were pregnant or parenting and at risk for postpartum depression. All studies were conducted in the United States and published between 2004-2014. The majority of the participants were aged 13-19 years old and comprised of various races including: American Indian, African American, Caucasian and Latino and ethnicities including Hispanic and Non-Hispanic. Study settings included a NYC public school, an unidentified urban prenatal clinic, a city in southern USA, an Apache Reservation in Arizona and an unidentified rural public school. The authors used various measurement instruments to assess depression, PPD, self-esteem, maternal gratification, social support and global functioning of participants. The most widely used depression-screening tools were the Center for Epidemiological Studies-Depression Scale (CES-D) with a sensitivity of .95 and specificity of .70 and the Edinburgh Postpartum Depression Scale (EPDS) with a .80 sensitivity and .87 specificity of identifying PPD in adults.

Four of five studies demonstrated improvement in outcomes of prevention of depression and reduction of depressive symptoms. The prevention and treatment interventions differed in each study. The interventions were provided by a variety of healthcare professionals and paraprofessionals. Background information on the qualifications of the person conducting the interventions was not uniformly provided. Two studies were conducted in a group setting and three were conducted in individual sessions.

While most interventions demonstrated improved depression scores in postpartum, one found higher levels of social support increased postpartum depression scores. Other variables that increased postpartum depression were low self-esteem and lower education.

This systematic review identified two distinctly different adolescent depression diagnoses: major depressive episode and postpartum depression. These terms differ from the most current diagnostic terminology: Depressive Disorder, with peripartum onset. Treatment options including pharmacotherapy, psychotherapy, social support and education are effective in treating Depressive Disorder, with peripartum onset. Available pharmacotherapeutic treatment studies did not meet the inclusion criteria therefore medication trials were not included in this systematic review.
Conclusion: There is a paucity of research focused on interventions to prevent or reduce postpartum depression in adolescents, despite their increased vulnerability. Most participants in interventional studies targeting postpartum depression are adults. There is a lack of pharmacotherapy research studies treating adolescents with postpartum depression. Given the increased incidence of postpartum depression in adolescents compared to their adult counterparts, further research addressing pharmacotherapy treatment modalities is essential.

References

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Development of a Performance-Based Clinical Competence Tool for Hospital Nurses in Taiwan

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Purpose
The purpose of this presentation is to introduce a valid performance-based competence tool for nursing professionals to use.

Target Audience
The target audience of this presentation is nursing related professionals including nurse staffs, administrators, and educators.

Abstract

**Purpose:** Clinical competence is important in patient safety and proving quality care. Cultivate nurses’ competence becomes a main issue. The purpose of the study was to develop a performance-based competence tool to both increase and evaluate nurses’ clinical competence. Additionally, nurses’ perceived competence was measured and the top skills that were unconfident performing were explored as well.

**Methods:** The study was a pretest-posttest descriptive design with convenience sampling. Sixty nurses were recruited from three hospitals in Taiwan. The mean age and work experience of the participants was 28.65 and 7.2 years, respectively. 39.79% of them were in their first employment year. 93.33% had a bachelor degree. 40% worked in teaching hospitals and 90% worked in medical-surgical related units. The Clinical Competence Scale (CCS) developed by the authors was used to evaluate perceived competence. The Cronbach's alpha for the CCS was .81. The content, construct, and concurrent validity of the CCS were supported in the study. Nurses were asked to fill out the CCS before and after they finished the performance-based competence tool. Descriptive statistics and paired t test were applied to analyze data.

**Results:** The performance-based competence tool consisting six case-based scenarios was developed based on eight steps of clinical reasoning proposed in the Clinical Reasoning Model. The developed performance-based competence tool was intended to train nurses' clinical reasoning/critical thinking abilities and examine their performance-based competence. In each scenario, sub-situations with questions, which are sequenced and focus on clinical reasoning/critical thinking abilities, were developed to reflect a patient’s changing condition or deterioration. The total score of all scenarios are 510. This tool is designed with a scoring system that nurses can understand their own performance in clinical situational care and they can train clinical reasoning/critical thinking abilities by repeatedly taking the program. The mean score of the CCS decreased significantly from pretest (M=3.55 on a 5-point Likert scale) to posttest (M=3.35, t=2.91, p<.01). The mean score of the performance-based competence tool was 317.76 which was under the requirement score 336 (reaching 70% of the total score is a satisfaction level). The top five unconfident clinical skills of performing for nurses were reading EKG, performing CPR, venipuncture, and performing blood transfusion.

**Conclusion:** Nurses’ posttest score of perceived clinical competence, which was taken immediately after finishing the performance-based competence tool, was significantly lower than the pretest score. This result implied that nurses over-estimated their actual performance abilities in the real world. After completing the developed tool, nurses can understand what their lack is in performing competent patient care and therefore can increase their knowledge or skills. Nurse administrators are suggested to train nurses on those skills that nurses are not unconfident performing. Further research in understanding nurses’ weakness of abilities is needed to provide information for nursing administrators to design appropriate continuing education/training for nurses.

**References**

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An Implementation Project to Improve Provider Recommendation of Immunizations in Adult Patients Receiving Biologic Agents as a Treatment for Psoriasis

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Purpose
The purpose is to improve provider recommendation of immunizations in specialty practices. Biologic agents are immunosuppressive in nature and increase patient vulnerability to otherwise preventable diseases.

Target Audience
The target audience is clinical nursing staff working in practices such as rheumatology, dermatology and gastrointestinal specialties, where biologic agents are prescribed and immunizations must be recommended.

Abstract
Purpose: Psoriasis is the most prevalent autoimmune disorder in the United States, affecting approximately 7.5 million individuals. Patients with psoriasis may suffer from painful and debilitating symptoms, including papulosquamous skin lesions and psoriatic arthritis. One effective psoriasis treatment is the use of biologic agents, which target psoriasis at the level of the immune system. One negative result of the use of biologic agents is the overall suppression of the patient’s immune system, making patients receiving biologic agents vulnerable to infection.

Guidelines released by the National Psoriasis Foundation (NPF) in 2013 recommend that patients remain up to date with immunizations to prevent infection. Currently, there is a gap in care, where primary care providers monitor immunizations and specialty providers prescribe biologic agents. One simple strategy to improve care is to implement a provider reminder to improve immunization recommendation rates. The purpose of this study is to disseminate research findings for implementation of a patient questionnaire that serves as a provider reminder to recommend immunizations to this vulnerable population, in accordance with new National Psoriasis Foundation guidelines.

Methods: An observational study was performed, where questionnaire was developed to determine whether patients received herpes zoster, influenza or pneumovax immunizations. This questionnaire also served as a provider reminder to recommend immunizations. Provider notes were then analyzed to determine whether or not a recommendation was made to the patient to get the necessary immunization.

Results: The preliminary results of this research study show that a provider reminder is an effective strategy to improve provider review of immunizations and to improve recommendation of influenza vaccine. Herpes zoster and pneumovax recommendations were not improved by use of provider reminder in preliminary data analysis.

Conclusion: In progress

References

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Purpose
The purpose of this presentation is to discuss nursing, law and communications students’ perceptions of human trafficking before and after completing a multidisciplinary course taught by nursing, law, and communications faculty members. An additional purpose was to describe the lived experience of participating in a service learning course.

Target Audience
The target audience of this presentation is nurse educators, clinicians, and researchers who are educating students and staff about the global health issue of human trafficking, providing care for victims, and conducting research on aspects of this form of modern day slavery.

Abstract
Purpose: The purposes of this study were to determine students’ perceptions of human trafficking before and after completing a human trafficking course, and to describe the lived experience of participating in a service learning project.

Methods: A mixed methods study was conducted using a researcher developed human trafficking survey and an open-ended interview question about the experience of participating in a service learning human trafficking course. The population for the study was adult female and male students with majors in the colleges of Nursing, Arts and Sciences, and the Law School. A convenience sample of 30 students over the age of 21 was recruited from two classes. After obtaining Institutional Review Board approval and each individual participant’s consent, the collection of the demographic data, the pre-test survey and post-test survey occurred in the college classroom. The data collection procedure encompassed the students being voluntarily surveyed at the beginning of the course, then surveyed and interviewed at the end of the course. The interviews were audio-recorded in a private, reserved, conference room. Thirty students completed the pre-test and post-test course surveys, and 20 participated in the interviews. The transcripts were analyzed using Colaizzi’s phenomenological methodology.

Results: The study findings indicated an increase in student knowledge and realistic perceptions about the issue of human trafficking. The t-test indicated that there was a significant difference in the pre and post-test scores (t = 2.36; p = 0.012). All the students rated their service learning experiences as positive and believed that their projects made a difference. There was recognition of the need for education, the economic and political issues related to human trafficking and the identification of the diverse needs of human trafficking victims. Four themes were identified from the qualitative data: 1) human trafficking happens here and everywhere, 2) awareness occurs through education, 3) everyone has a slavery footprint, and 4) solutions and victim services need to be developed. The students addressed how their projects enabled them to make a difference. Additional findings revealed students’ reactions to their naivety about human trafficking in the United States.

Conclusion: University students were stunned to discover this modern day slavery in their communities. After they began this course, they recognized how little they knew about the complexity of human trafficking. This service learning course raised the students’ consciousness and motivated them to create strategies for raising public awareness, form a student against human trafficking campus group, and educate health care professionals, law enforcement officials, and legislative aides.

References

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Purpose
Present findings of a research project to implement and determine the efficacy of team-based learning (TBL) in a BSN nursing leadership course related to outcomes of academic performance, critical thinking skills, leadership skills, overall course experience, accountability to learning, preference for lecture or team-based learning, and learner satisfaction with TBL.

Target Audience
Nursing faculty.

Abstract
Purpose: Team-based learning (TBL) is a theoretically based and evidence-grounded instructional strategy that utilizes active learning by fostering team decision-making skills in complex problem solving situations. It has been used successfully in educating various professional disciplines including business, law, engineering, medicine, and other healthcare fields, but has not been utilized at the authors’ school of nursing. TBL has the potential to improve academic performance and skills critical to the development of nursing leadership roles. The purpose of this project is to implement and determine the efficacy of TBL in a required, undergraduate nursing leadership course. Outcomes of concern are academic performance, critical thinking skills, leadership and management skills, overall course experience, accountability to learning, preference for lecture or team-based learning, and learner satisfaction with TBL.

Methods: The undergraduate nursing leadership course will be revised; face-to-face classroom activity will be changed from traditional lecture classes to the TBL process. The TBL course will include pre-assigned class preparation, followed in class with a readiness assurance process that includes individual and team tests, and team-based analysis of case studies. The outcomes of TBL will be compared to the previous lecture-based course. The differences between the TBL and previous lecture-based course outcomes including students’ overall course experiences and perception of the course engaging critical thinking and developing leadership and management skills will be evaluated using psychometric instruments, including standardized and faculty-created exams, and compared statistically using the independent samples t-test (two-tailed) for each outcome individually. Accountability to learning, preference for lecture or team-based learning, and learner satisfaction with the TBL approach will be measured using the Team-Based Learning Student Assessment Instrument, a psychometric instrument that demonstrates acceptable levels of validity and reliability, and reported by the mean scores and standard errors. The authors secured institutional review board approval. It is anticipated that learners in the TBL course will perform significantly better than learners in the lecture-based course with higher exam scores, more engagement in critical thinking, development of leadership and management skills, and higher overall course experience. In addition, the authors anticipate that learners in the TBL course will report high levels of accountability, a preference for TBL, and satisfaction with the TBL approach.

Results: Project will be accomplished during the spring 2015 semester; full results will be provided in the poster presentation at the conference. Results of the study will inform the application of TBL in future nursing courses.

Conclusion: Project will be accomplished during the spring 2015 semester; conclusions and recommendations will be provided in the poster presentation at the conference.

References
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Changes in the Participation Status of Laryngectomized Patients in a Self-Help Group during the First Year after Hospital Discharge

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Purpose
The purpose of this presentation is to elucidate the participation of laryngectomized patients in a self-help group during the first year after hospital discharge.

Target Audience
The target audience of this presentation is persons who research about nursing/support of cancer patients, in particular, support of the head and neck cancer patients.

Abstract
Purpose: To elucidate the participation of laryngectomized patients in a self-help group during the first year after hospital discharge.

Methods: Twenty-four patients (20 men [83%] and 4 women [17%]) aged 61 (range, 54–76) years who underwent total laryngectomy for cancer in or near the larynx and consented to participate in the study responded to a questionnaire survey regarding registration and participation in a self-help group. The questionnaire was administered before and 3, 6, and 12 months after hospital discharge. Survey items were basic attributes (age at surgery and sex), self-help group registration and participation status, and reasons for not joining the group. The questionnaire sheet for the predischarge survey was handed to each patient and collected from the patient before discharge. For the postdischarge survey, questionnaire sheets were distributed and returned by mail. Basic attributes in the data were analyzed using descriptive statistics. Registration, participation status, and reasons for nonparticipation in each patient were chronologically listed to look for any changes in participation status and associated factors. This study was approved by the Ethics Committees of Juntendo University and the affiliated hospital. The participants were informed in writing that their participation in the study is voluntary, that they would not be treated unfairly due to their refusal to participate in the study, and that completing the consent form or returning the survey form would be considered as agreement to participate in the study.

Results: Mean age at surgery was 61 years. None of the patients were registered with the self-help group before hospital discharge, and “thinking of joining the self-help group after discharge” was the reason given by most patients. Thirteen patients (54.2%) registered with the self-help group by the end of the first year after discharge. Of those, 7 patients (29.2%) completed their registration during the 3-month period after discharge and 2 did so during the 3–6-month period. One of the latter could not register before the end of the 3-month period because the self-help group was closed for summer vacation. Another patient was waiting and contemplating the time to register at postdischarge month 3, became a member of the self-help group at postdischarge month 6, but was no longer a member at postdischarge month 12 because of poor physical condition. The remaining 4 patients (16.7%) registered with the self-help group between 6–12 months after discharge, because they had all postponed the registration due to poor physical condition, noting that they were “waiting for the recovery of physical strength” or “feeling that the recovery of the throat was not sufficient.” Eleven patients (45.8%) never attended the self-help group during the first year after discharge. Of these patients, 1 (4.2%) noted “no need to join the group because I live alone and don’t have opportunities to talk to others” and “it’s just not in my nature,” indicating a lack of necessity. Another 3 patients (12.5%) pointed out the long distance of the commute to the meeting place as the reason for nonparticipation. On the other hand, 8 patients (33.3%) mentioned before discharge that they were “thinking of joining the self-help group after discharge as soon as they regain physical strength,” showing their intention to join the group, but they had not felt fully recovered and thus had not yet registered with the group.
**Conclusion:** In these patients who underwent total laryngectomy, participation status in the self-help group during the first year after discharge strongly depended on their physical recovery, regardless of the time during the year. The reason for not yet feeling fully recovered despite the passage of time after the surgery and the stabilized incision site may involve eating and swallowing difficulties, which take up all their physical strength, and the adverse effects of postoperative chemotherapy. To support laryngectomized patients who are willing to join the self-help group, it is important to develop a continuous support system that meets the physical needs of individual patients. Although acquisition of esophageal speech is the major activity provided by self-help groups in Japan, the findings in this study suggest that the content and methods of the current activities should be reviewed to meet the wide range of needs that laryngectomized patients develop after hospital discharge.

**References**


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Purpose
Studies suggest that screen use in youth may be related to both self-esteem and health habits. This study builds on existing studies by exploring the sources of health information on youth, and examining whether self-esteem confounds the relationship between sources of health information and health habits.

Target Audience
Researchers, health professionals working with youth, policymakers

Abstract
Purpose: Adulthood health habits among individuals develop in our youth. What are the influences that create our health habits such as eating healthy foods, engaging in exercise and not smoking? In our complicated society, Uri Bronfenbrenner’s Bioecological theory suggests a systematic approach at examining the layers of influence that surround us and shape our behaviors. The theory views the child as encased by a concentric series of layers, each layer having an impact on the next and all layers exude direct or indirect influences on the child at the center. At the center are the unique characteristics and traits of the child, which in turn are reflected by the child’s behaviors. The first layer of influence, closest to the child at the center, has the most influence on the child. Distal to the parents’ layer of influence is the layer of peer influences, which may include social and online networks. More distal to those layers of influence are those from teachers, and the community. The more proximal these influences are to the child at the center, the more likely they are to affect the child. Proximity of these influences also depends on exposure. That is, some youth may watch television or engage in social networking at a much higher frequency than other youth; consequently, their influences may be higher on youth’s behavior. Already some studies found that certain types of “screen use” (i.e., television, 3rd generation telephones, the internet) are associated with health status. It may be that youth choose to engage in screen use rather than engage in physical activity. Or perhaps, screen use is a refuge for those with poor self-esteem. This latter hypothesis has received considerable attention. This study sought to build on the existing information by (1) examining sources of health information among youth (i.e., parents, screen use, others), (2) measuring the association between hours of screen use and health habits, and (3) determining whether self-esteem confounds or interacts with the relationship between screen use and healthy habits.

Methods: This cross-sectional study consists of a paper-and-pencil survey and will be administered to a large sample of youth, ages 15-18 (n=600). Currently, this study is in the process of data collection. Preliminary data were used to examine the relationship between sources of health information, existing health habits and self-esteem.

Results: Youth have many sources of health information including parents, teachers and friends, as well as screens such as television, 3rd generation telephones and the internet. The vast majority of youth have access to the internet, television or cell phones (98%); but the amount of screen use varies between 1-19 hours per day (mean=5.41, SD=4.39). Hours of screen use are significantly related to health habits (p<0.001); however, self-esteem appears largely unrelated to health habits for both boys and girls.

Conclusions: Youth use health information from many sources available to them. Although these preliminary data support previous studies’ findings that longer hours of screen use are associated with poorer health habits, there was no evidence to support the belief that self-esteem influenced the relationship between screen use and health habits. Health professionals interested in designing materials to influence youth will need to disseminate information to parents, teachers and through the internet, as youth glean information from all these sources. Moreover, the importance of youth self-esteem must be in the forefront of efforts to promote healthy habits.

References
References

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Purpose
The purpose of this study was to clarify the relationship between the psychological adjustment laryngectomized patients and changes in their working situation.

Target Audience
The target audience of this presentation is clinical nurses, home care nurses, medical coworker, and nursing teacher etc.

Abstract
Purpose: The purpose of this study was to clarify the relationship between the psychological adjustment laryngectomized patients and changes in their working situation.

Methods: Subjects were recruited from a population of candidates scheduled to undergo laryngectomy for perilaryngeal cancer at the head and neck wards of a Cancer Hospital and three Fukuoka regional Hospitals, which serve residents of Tokyo and south of Tokyo. A total of 27 participated in the study. Surveys were conducted at four times: before surgery (face-to face), and three months, six months, and a year after discharge (by mail).

The measure was the Nottingham Adjustment Scale Laryngectomized Patients version of the Psychological Adjustment Scale, consists of 26 items categorized into seven subscales measuring anxiety and depression, self-esteem, self-efficacy, acceptance of disability (active positive, awareness), attitudes to loss voice who larynx (attitude), and Locus of control (LOC). Each item uses a 4-5 point Likert scale.

Subjects were asked about their occupations, whether they were currently working, and the reason for retirement if they were retired, as well as basic attributes, such as age, gender, family structure, diagnosis, surgical procedure, and psychological problems at discharge such as difficulty swallowing and constipation.

The relationship between psychological adjustment and occupation was evaluated using a repeated measures GLM method. Psychological adjustment was taken as the dependent variable, and occupation the independent variable. Psychological adjustment was rated using a top score of 100 points.

Age, family structure (living alone, or with two, three or more people) were used as adjustment factor variables, confirmed the interaction between occupation and basic characteristic by using the minimum mean square value. Interactions were measured between occupation and age, and the variables of occupation and family structure.

Gender was excluded as a control factor, because only four of the respondents were women.

Results: The mean age of patients was the 62.9 ± 6.4 years of age, of all respondents 23 patients were male and four were women. In terms of family structure 14 subjects were living with one other person, nine were living with three or more people, and five were living alone. Before surgery, nine subjects were working (33.3%), compared with eight three months after discharge (29.6%), and nine six months after discharge (33.3%), and seven one year after discharge (25.9%). The change in occupational status over time was not significant difference. The retired reasons were loss of voice, the disease and depression for cancer for a year (29.6%).

The patients were diagnosed with hypolarynx cancer (66.7%), who undergo esophageal reconstruction surgery and laryngectomy (81.5%).
All six subscales of the psychological adjustment were not significant between occupations and four times.

Main effect were observed between occupation and self-efficacy ($p = .018$), families and anxiety/depression ($p = .0006$) or attitude ($p = .04$) and gender and LOC ($p = .04$). Self-efficacy of the working (47.7 points) was lower than unemployed (70.2 points). Anxiety/depression of two-person households (68.1 points) was lower than living alone (92.1 points). Attitude of three or more-person households (41.6 points) was lower than living alone (92.1 points). LOC of females (43.9 points) was lower than males (59.6 points).

The main interaction was observed as follows.

Anxiety/depression was significantly lower in those working in two-person households (60.3 points), compared with those who were either working or unemployed and living alone (90 points table, $p = .027$).

Self-esteem in younger working patients was lower than in elderly patients ($p < .0001$).

Moreover self-efficacy of solitary working patients (47.7 points) was lower than that of solitary unemployed patients (70.2 points, $p = .006$). In addition, the younger working patients were low ($p = .041$).

LOC in two-person households working patients (45.5 points) was lower than solitary working patients (62.4 points).

Positive affirmation of acceptance in younger working patients was low ($p = .019$), two-person households working patients (38.8 points) was lower than solitary unemployed patients (60.9 points, $p = .002$).

**Conclusion:** The difference in occupational status over time was not significant. Some of retirees have depression or cancer recurrence. In addition, self-efficacy was particularly low in solitary working patients, while psychological adjustment outcomes were lower in working patients living in two-person households. Patients living alone did not derive a sense of reward from work, while younger patients experienced a decrease in self-esteem. For working patients living in two-person households, there is the possibility of a sense of loss in being able to hold a social role. Also, results suggested that compared with solitary persons, patients living in multiperson households experience more problems, including economic problems, given the responsibility for supporting the family.

**References**

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Purpose
The purpose of this presentation is to measure knowledge and attitudes about older adults in graduate students pre- and post- gerontological content and experience in an advanced nursing education curriculum.

Target Audience
The target audience of this presentation: nurse educators at both the undergraduate and graduate level; nursing curriculum planners; gerontologic program advocates; advanced practice nurses.

Abstract
Purpose: Knowledge about normal aging, and conditions common to older adults, is often both lacking and not seen as interesting or compelling. In addition, attitudes about older adults, whether the result of inherent age bias or real experience, may impede their quality of care as well as quality of life. This ongoing study explores the relationship between required gerontology curriculum content and measures of knowledge and attitudes about aging in advanced practice nursing students.

Methods: Standardized measures (Facts on Aging Quiz; Attitudes Toward Old People Scale) and a demographic questionnaire, are conducted pre- and post-graduate program content. An individual analysis of each student’s clinical experience and academic topics is conducted.

Results: Changes in knowledge and attitude about aging correlate positively with participation in specific curriculum content and experiences.

Conclusion: Educational content and clinical experience related to aging are essential to address gaps in knowledge and attitudes among graduate nursing students.

References

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**Purpose**
The purpose of this presentation is to develop and evaluate an evidence-based clinical practice guideline of forensic examination of sexual assault for female victims.

**Target Audience**
The target audience of this presentation is healthcare providers who are in the disciplines of medicine or nursing.

**Abstract**

**Background:** Sexual assault is a crime, and causes devastating impacts on victims. The number of reported cases of female sexual assault victims is steadily increased for the last 5 years in Taiwan. The current guideline from the Ministry of Health and Welfare, Taiwan provides limited information focusing on the process of forensic evidence collection. No evidence-based clinical guideline with state of art is available for forensic examiners to provide better and competent care to female victims of sexual assault.

**Purpose:** This study aims to develop and evaluate an evidence-based clinical practice guideline of forensic examination of sexual assault for female victims.

**Methods:** The seven steps by Bowker et al. (2008; 2010) were used for the development phase of the evidence-based clinical practice guideline: (1) establishing a guideline development team in the emergency department of a southern Taiwan medical center; (2) analyzing the existing guidelines on sexual assault forensic examination; (3) forming PICO (population, intervention, comparison, outcome) questions; (4) undertaking systemic reviews for clinical questions, and critically appraising published articles using Critical Appraisal Skill Program (CASP) (5) drafting a guideline; (6) conducting a 3-round Delphi study 30-50 experts in health care, social welfare, and jurisdiction; (7) inviting 3 methodology experts to evaluate the newly developed guideline according to Appraisal of Guideline for Research and Evaluation II (AGREE II). For the implementation and evaluation phase, 10 clinical nurses in emergency department will be invited to evaluate the clinical applicability and feasibility of the guideline, and 10 victims of sexual assault will be invited to rate their satisfaction of the care by the newly developed guideline.

**Results:** The guideline provides forensic examiners including nurses and physicians with up-to-date, evidence-based strategies and consistent methods to provide optimal, sensitive and competent care to female victims of sexual assault. The process of developing and evaluating an evidence-based clinical guideline can also provide an example for clinicians to use scientific strategies to provide evidence-based practice.

**Conclusion:** This guideline will forensic examiners in their efforts to respond to sexual assault victims in the most competent, compassionate and understanding manner possible.

**References**

Contact
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Purpose
The purpose of this presentation is to present research findings on the quality of life and clinical indicators associated with the quality of life in individuals with DM.

Target Audience
The target audience of this presentation is individuals who are interested in diabetes-related quality of life and factors associated with quality of life in individuals with diabetes.

Abstract
**Purpose:** The purpose of this study was to explore the quality of life and its related factors in individuals with DM.

**Methods:** A cross-sectional correlational study design was used. Using a purposive sampling approach, adult individuals with DM were invited to participate in this study. Participants were interviewed using the Taiwan-version Diabetes-39 questionnaire to assess their health-related quality of life. Demographic data were also collected. In addition, chart reviews were conducted to collect other disease-related information. Measures of central tendency were used to describe the profiles of participants; $t$-test, one-way ANOVA and regression analyses were used to test hypotheses of this study.

**Results:** Study found that the quality of life of participants was related to (a) age, (b) duration of DM, (c) level of education, (d) marital status, (e) living situation, (f) job status, (g) income status, (h) HBA1C, (i) treatment modalities and (j) complications. These factors explained 60.7% variance of DM-related quality of life.

**Conclusion:** The results of this study can provide health professionals to learn more about individuals with DM, their health-related quality of life and its related factors. Healthcare professionals may base on these understanding to provide holistic care to individuals with DM.

**References**

**Contact**
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Purpose
To examine, the transition from doctoral nursing student to nurse faculty role. The aims are: (1) to describe the pre-transition to post-transition preparation; (2) to examine and compare the interrelationships among demographic characteristics, pre-transition, and post-transition preparation that influence faculty adaptation; and (3) to examine significant predictors for faculty retention.

Target Audience
doctoral nursing program directors/chairs/Deans, doctoral students, and new faculty.

Abstract
Purpose: The purpose of this study is to examine, on a national level, the transition from doctoral nursing student to the nurse faculty role. The specific aims of this study are: (1) to describe transition to the faculty role from pre-transition (doctoral teaching preparation) to post transition (institutional support); (2) to examine the interrelationships between pre-transition, post-transition, and individual characteristics on level of adaptation; and (3) to examine predictors of faculty intent to leave.

Methods: A descriptive correlational survey research design will be used to describe doctoral teaching preparation and institutional support available, examine the relationships among the key study variables, and identify the most significant factors related to faculty retention. An email database of chief nurse administrators as listed by American Association of Colleges of Nursing 776 accredited departments/schools/colleges of nursing will be generated. A blinded mass email will be sent to all chief nurse administrators in the database inviting them to participate in the study by disseminating the online survey to faculty members. A minimum of 570 full-time nurse faculties who have earned a PhD or DNP degree in nursing and have four or less years of teaching experience will be recruited. The study survey examines key variables including: doctoral teaching coursework, teaching experience, institutional/department support, teaching competency, burnout, job satisfaction, intent to leave nursing faculty, and demographics. Logistic regression will be used to determine factors predicting intent to leave academia.

Results: Forthcoming.

Conclusion: Forthcoming.

References

Contact
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The Importance of Spiritual Approach in Health Promotion and Disease Prevention: Systematic Review

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Purpose
The purpose of this study was to identify the extent to which spiritual approach in health promotion and disease prevention were measured in all quantitative and qualitative research articles published in Research in Nursing.

Target Audience
The target audience of this presentation is clinical nurses and health care professionals.

Abstract
Purpose: Spirituality has been known as an important component of holistic patient care and also is a complex and subjective concept that can be applied in health promotion and disease prevention. Spirituality is the core of a human being and is usually conceptualized as a ‘higher’ experience or a transcendence of oneself. World Health Organization (WHO) Executive Board recommendation to add a spiritual dimension to the definition of health, spirituality is now taken into consideration as a component of quality of life. Recognition of the need to care for the whole person is increasing and according to the holistic vision of care, all health care workers, especially nurses, should pay attention to the spiritual dimension of care. Spirituality has been shown to have a potential impact on physical health, be a potential protection factor in preventing diseases progressing in a previously healthy population. The purpose of this study was to identify the extent to which spiritual approach in health promotion and disease prevention were measured in all quantitative and qualitative research articles published in Research in Nursing.

Methods: In October 2014, the MED-LINE, SCIENCE DIRECT, and WEB of SCIENCE search engines were screened with the words "spiritual and health promotion, disease, prevention, nursing" to find studies conducted between 2011 and 2014. According to the criteria, 16 studies were examined and used in this study.

Results: In these studies shown that spiritual was important individual’s health promotion behaviors and people with greater religiosity or spirituality have a greater general well-being and disease prevention attitudes.

Conclusion: Spirituality is widely used in individuals for coping negative conditions and promoting health, but nursing are not aware of it. So it is very important to effectively manage improving health behavior and disease prevention. Nurses should consider the spiritual needs of improving the health of individual’s behavior.

References

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**RSC PST 3 - Research Poster Session 3**

**Effectiveness of Home Nursing Intervention in Healing Diabetic Foot in Older Adults Compared to Treated in Hospital**

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Maria Magdalena Delabra-Salinas, MSN, RN, Mexico  
Daniel Sifuentes Leura, RN, Mexico  
Sandra Cecilia Esparza Gonzalez, PhD, Mexico  
Raul Castillo Vargas, MSN, RN, Mexico

**Purpose**
To determine the effectiveness of an intervention nursing home in healing diabetic foot elderly, compared with elderly treated in hospital.

**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**

**Purpose:** To determine the effectiveness of a nursing intervention in training diabetic foot's elderly patient in comparison with the hospital cares.

**Methods:** A quasi-experimental study with a quantitative longitudinal prospective design. The sampling will be randomly with a sample size of 30 diabetic foot's elderly patients for the experimental group, calculating a 95% acceptance and 5% error. The nursing outcomes will be compared with a control group for identifying the differences between both groups. The intervention will take place at a government Hospital of Saltillo, Coahuila, Mexico.

**Results:** The aim is to demonstrate the effectiveness of a nursing intervention for older adults with diabetic foot treated at home.

**Conclusion:** the results of the nursing intervention based on the literature will be discussed to improve self-care of the elderly and their families in healing diabetic foot.

**References**

**Contact**
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Purpose
The purpose of this study was to explore interactions between cultural identity, cultural concepts of sexual behavior, sexual communication, gender roles, perceptions of risk for HIV infection and culture-specific factors among adult men and women who reside in the US and identify as African-American, Black-Caribbean or African.

Target Audience
The target audience of this presentation is nurse clinicians, researchers and policy makers who are involved with HIV related care and/or initiatives for groups from the African Diaspora.

Abstract
Purpose: Much of the epidemiological data of HIV infection trends among black men and women in the United States is reported using historical racial classifications only. There is a dearth of comparative studies that examine cultural identity across immigrant groups and across different societies of the African Diaspora. An understanding of the influence of cultural identity within the context of HIV risk behavior and culture-specific factors among African-American, Black-Caribbean and African groups is absent. With a 30 year migration history and opportunities to maintain strong cultural traditions through travel and communication, levels of acculturation and adaptation may vary across foreign born, first generation and second generation black men and women who identify as African-American, Black-Caribbean or African in the US, thereby leaving precise intraethnic and interethnic similarities and variations in HIV risk factors unknown. The purpose of this study is to explore interactions between cultural identity, cultural concepts of sexual behavior, sexual communication, gender roles, perceptions of risk for HIV infection and culture-specific factors among adult men and women who reside in the US and identify as African-American, Black-Caribbean or African.

Methods: African-American, Black-Caribbean and African men and women between the ages of 18-55 years were recruited via ads placed on Facebook and Craigslist. Participants completed an online questionnaire that collected data on cultural identity, cultural concepts of sexual behavior, sexual communication, gender roles, perceptions of risk for HIV infection and culture-specific factors.

Results: Descriptive statistics, bivariate analysis and ANOVA was used to analyze data. The analysis was completed using Statistical Packages for the Social Sciences (SPSS) version 22.

Conclusion: Knowledge of cultural variations of identity and factors that influence HIV risk will provide valuable insight to the HIV epidemic affecting Black populations in the US.

References

Contact
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Purpose
The purpose of this presentation is to report on the state of the science of medical-surgical acute care nurses’ practices with blood transfusion therapy. Hospitals from across the U.S. were randomly selected with 143 valid responses used to describe nurses’ transfusion practices. Transfusion practices and use of technology are described.

Target Audience
The target audience of this presentation includes hospital nursing staff development, administrators, and transfusion nurse specialists.

Abstract
**Purpose:** The purpose of this presentation is to report on the state of the science of medical-surgical acute care nurses’ practices with blood transfusion therapy. Hospitals from across the U.S. were randomly selected with 143 valid responses used to describe nurses’ transfusion practices.

**Methods:** Four of the seven research questions addressed the comprehensive scope of nurses’ involvement with blood transfusions. A valid and reliable web-based survey developed by the author, *Nurses’ Practices with Blood Transfusions: Medical-Surgical Acute Care*, was used to report the practices related to medical-surgical nurses of that hospital; only one survey was completed per hospital. A random selection of U.S. hospitals with a nurse executive or leader who was a member of the American Organization of Nurse Executives (N = 2082, n = 807) were contacted by postal letter to participate in the study. The data was collected via the web-based survey administered via PsychData. Following four months of data collection, 148 valid responses were obtained in PsychData yielding a response rate of 18.3%.

**Results:** The overarching theme of this descriptive study of the nurses’ practices with blood transfusions in medical-surgical acute care units the research was patient safety. The hospital’s transfusion policy was the most influential source of information for nurses because it detailed and therefore prescribed nurses’ transfusion practices. Surveillance of the patient was challenged due to the lack of current information included in the education programs, delegation of transfusion vital signs to non-licensed staff who were not educated on symptoms of a transfusion reaction, and transportation of a patient with blood infusing to tests and procedures. Innovations in technologies and processes were designed to promote safety. Hospitals in this study were in the process of adopting electronic technologies to reduce or eliminate wrong-blood-in-tube errors or wrong blood administered mistransfusion errors.

**Conclusion:** The implications for nursing emanating from this study were the need to collaborate with the transfusion service to update information in the policy and the blood transfusion education programs; include non-licensed staff and other test and procedure staff in compulsory blood transfusion education; and closely evaluate the capabilities of an electronic documentation system to truly match the patient to the blood product. This descriptive study provided a foundation for future research focused on nurses with blood transfusions.

**References**

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The Relationships between Spiritual Well-Being, Quality of Life and Depression among Taiwanese Elderly

Yi-Hui Lee, PhD, 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 the most current research findings regarding the spiritual well-being, quality of life and depression among Taiwanese elderly in hope to enhance nurses’ awareness and competency to care for culturally diverse population.

Target Audience
The target audiences of this presentation are nursing researchers and clinicians.

Abstract
Purpose: Depression is a mental health problem commonly impacting elderly people. Elders with Chinese cultural background have a high prevalence of depression. While spirituality was revealed to have a significant association with depressive symptoms, literatures also have documented that spiritual well-being is associated with health outcomes and health promoting behaviors. However, the spiritual well-being and its relationship with quality of life and depression in the Chinese elders have not been addressed in the literature. The purpose of this study was to examine the relationships between spiritual well-being, quality of life and depression among Taiwanese elders.

Methods: A convenience sample of 150 Taiwanese elders who are 65 years-old or older participated in this cross-sectional study. Concepts of the study were measured by the Center for Epidemiologic Studies Depression Scale (CES-D), the Spirituality Index of Well-Being Scale (SIWB), and a SF-12v2.

Results: This study revealed that spiritual well-being was positively related to quality of life (PCS: r =0.418, p<0.01; MCS: r=0.531, p<0.01) but negatively correlated with depression (r= -0.456, p<0.01), and Taiwanese elders who had higher scores on both PCS and MCS reported lower scores on the depression scale (r = -0.513, p<0.01; r= -0.452, p<0.01).

Conclusion: Findings from this study can enhance nurse’s understandings and competences to improve elders’ health in the future.

References

Contact
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Purpose
The purpose of this presentation is to determine the prevalence and relationship of depression, cognitive impairment and functional dependence in older adults users of a Geriatric Center in the city of Saltillo, Mexico.

Target Audience
The target audiences of this presentation are: nurse researchers and clinical nursing interested in the functionality of the older adult and the global attention in nursing.

Abstract
Purpose: To determine the prevalence and relationship of depression, cognitive impairment and functional dependence in older adults users of a Geriatric Center in the city of Saltillo, Mexico.

Methods: Retrospective descriptive correlational design. The sample was formed by 360 clinical expedients of older adults, users of a Geriatric Center, selected randomly with systematical sampling (k=16). Social-demographic data was collected and the evaluations were done with 4 instruments: Yesavage’s Geriatric Depression Scale; Minimental State Examination MMS-E; Katz Scale. Basic Activities of Daily Living; Lawton y Brody Scale. Instrumental Activities of Daily Living. The analysis of data was completed using the statistical package SPSS V21.

Results: The mean age of the participants was of 73 years and 5 of education. Most of them are women (62%) and married (54%). The prevalence was of 54% on depression; 21.7% on cognitive impairment; 33.6% on dependence to complete basic activities of daily living and 58.6% on dependence to complete instrumental activities of daily living. It was found that older adults with the most age, reported less educational years (r=-.270; p<.001); less income (r=-.154; p = .008); greater depression levels (r=.217; p<.001) and cognitive impairment (r=.360; p<.001); they were more dependent when doing basic activities (r=.290; p<.001) and instrumental activities on daily living (r=.320; p<.001).

Conclusion: The results of this study confirm that depression and cognitive impairment are associated to the functional dependence in Mexican Older adults. This also demonstrates that older adults with highest age and least income form the most vulnerable group. It is necessary go deeper in the research of functional dependence, taking into consideration the differences in gender, presence of chronic diseases and mobility. It is also important to sensitize nursing professionals about the necessity to rate systematically older adults when they assist to check-ups or when they ask for health services, even when they have not presented health related problems, in order to identify the factors that affect their health, as well as the complex needs of care demanded by this segment of the population.

References

Contact
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**Purpose**
The purpose of this presentation is to design an evidence-based IAD care improvement project and reduce IAD incidence via the implementation of the project.

**Target Audience**
The target audience of this presentation is clinical nursing staff, in particular critical care nurses.

**Abstract**

**Purpose:** Incontinence is a common problem for intensive care unit patients. Incontinence associated dermatitis (IAD) is the skin inflammation response after exposure to urine or fecal secretion, which is also a kind of moisture-associated skin damage (MASD). After the occurrence of IAD, local skin prone to infection, such as Epidermis Candidiasis, especially occurred in elderly patients with immune compromised.

This unit is a 10-bed emergency ICU, over 50% patients were over 65 years old, most of them have urinary and fecal incontinence problem or with both. A preliminary investigation during May and June in 2014, the IAD incidence rate was 46.9%, higher than the incidence of the literature survey. Therefore we expect to design an evidence-based IAD care improvement project to improve the IAD occurrence.

**Methods:**

**IAD care improvement project:** According to the causes of IAD, members of this project developed IAD care standard refer evidence literature, include high risk assessment within 24 hours after admission, reminder card marked on the head of bed for IAD high-risk patients, and provide skin care in accordance with IAD grading. In addition, probiotics were prescribed to IAD high-risk patients for improving stool properties if they have no white blood count (WBC) lower than 500, not immune compromised or fasting.

**Project implementation:** After the development of IAD care standard, four times in-service education were held to make sure all staff of this unit attended at least one disseminating course. During the course, the IAD introduction and content of IAD care improvement project was disseminated to nursing staff. IAD assessment tool was also incorporated into new staff training program. The outcomes of this project were audited by team members of project monthly.

**Results:** A total of seventy-five patients hospitalized, 49 males (65.3%), mean age 68.27±15.67 years old. Eight patients were occurred IAD during ICU stay, the incidence rate was 10.7 percent, lower than that before project execution significantly ($\chi^2 = 17.426$, $P = 0.000$). There are relationships between IAD occurrence and patient age, nutrition status, IAD high risk assessment scores of immediate ICU admission, and disease severity. However, IAD incidence was significant related to IAD high risk reassessment scores one week later ($t = 2.576$, $P = 0.014$).

**Conclusion:** IAD improvement project can effectively improve the incidence of IAD, and IAD did not significantly associated with the occurrence of high-risk assessment on admission, but there are significantly associated with the re-evaluation after a week, it may be due to multiple treatments, such as tube feeding diet and the use of antibiotics which increases the risk of incontinence. That is why reassessment scores one week after ICU admission is associated with and may predict IAD occurrence.

**References**


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RSC PST 3 - Research Poster Session 3
A Program to Build the Healthy Dietary Habits of Preschoolers Based on Social Cognitive Theory

YunHee Shin, PhD, RN, South Korea

Purpose
1. The purpose of this presentation is to develop a program to build the healthy dietary habits of preschoolers based on Social Cognitive Theory. 2. The purpose of this presentation is to explore the effects of a theory based and developmentally appropriate program.

Target Audience
1. The target audience of this presentation will be able to identify the effects of a program as a developmentally appropriate intervention to build the healthy dietary habits of preschoolers. 2. The target audience of this presentation will be able to identify the positive effects of a theory based program.

Abstract
Purpose: The purpose of this study is to develop a program to build the healthy dietary habits of preschoolers based on Social Cognitive Theory, and to explore the effects of a theory based, developmentally appropriate program.

Methods: A non-equivalent control group, pretest-posttest design will be used in this study. The independent variable will be a theory based and developmentally appropriate program. The dependent variables will be knowledge and performance related to dietary habits among the preschoolers’ parents and the teachers at the day care centers where the participants are enrolled, as well as the preschoolers themselves. The study participants will be preschoolers who are at the most important age of life for building lifelong dietary habits. The study will be approved by the Research Ethics Committee of the researchers' university. The program will be developed based on the researchers’ prior experience and various methods will be used to develop the program and make it more responsive to the needs of parents and teachers as well as the needs of preschoolers. Further, the program will be developed considering Social Cognitive Theory with knowledge and performance related to dietary habits as the behavioral factors of the theory, and the preschoolers themselves as the personal factors of the theory. In addition, the homes and day care centers of the preschoolers as well as their parents and teachers will be considered as the environmental factors of the theory. The program will be conducted between February and May, 2015 in day care centers in Wonju, South Korea. The data will be analyzed using Statistical Analysis System (SAS). The equivalence between the intervention group and control group will be analyzed using Chi square test and t test. Comparisons of the dependent variables between the two groups after the program will be analyzed by repeated measures analysis of variance or Mann-Whitney Utest.

Results: At follow-up, the program is expected to show significant effects on knowledge and performance related to dietary habits among parents and teachers of preschoolers as well as the preschoolers themselves.

Conclusion: It is expected that this program will be shown to have potential as a theory based and developmentally appropriate intervention to build the healthy dietary habits of preschoolers and confirm the necessity to focus on children at a much earlier age in order to build healthy dietary habits for their lifetime. The program will suggest the value of a theory based systematic nutritional program to build the healthy dietary habits of preschoolers and will confirm the significant relationship between theory and research in contributing to the advancement of nursing science.

References

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Effectiveness of Individualized Intervention on Elderly Residents with Constipation in Nursing Home: A Randomized Controlled Trial

Tzu-Ting Huang, PhD, RN, Taiwan

Purpose
The purpose of this presentation is to share the experiences of an individualized intervention reducing constipation amongst elderly adults in nursing homes.

Target Audience
The target audience of this presentation is clinical nurses, Nursing faculty and student nurses.

Abstract

Purpose: To develop and examine the effectiveness of individualized intervention reduce constipation amongst elderly adults in nursing homes.

Methods: A prospective, randomized control trial conducted in northern Taiwan. Nursing home residents (n =43) were randomly assigned to either the control group (CG) or the experimental group (EG). The CG received no extra care by the researcher while the EG received an individualized intervention and an 8-week follow-up. Participants were assessed using the Bristol Stool Form Scale, the Patient Assessment of Constipation Symptoms, types and dosages of laxative, and by observing bowel sounds. Data was taken at baseline, 4 weeks in, as well as 8 weeks after the intervention.

Results: The participants in the EG had significantly higher frequency of defecation, bowel sound, and less numbers of laxative use than those in the control group. The participants in both groups had less constipation symptoms at posttests. The two groups did not differ significantly in Bristol Stool Form.

Conclusion: The results of this trial suggest that the individualized intervention decreased the constipation among nursing home residents.

References

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Evidence to Support Faculty Development in Japan: Development of the Self-Evaluation Scale of Teaching Behavior in Nursing Lectures

Tomoko Miyashiba, DNSc, RN, Japan
Naomi Funashima, DNSc, RN, Japan
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Purpose
The purpose of this presentation is to evaluate methods for testing the validity and reliability of the Self-Evaluation Scale of Teaching Behavior in Nursing Lectures, and discuss the usefulness of this scale to support faculty development.

Target Audience
The target audience of this presentation is faculty members who have teaching experience in nursing lectures.

Abstract
Purpose: Lectures have been used in nursing education as an effective means to teach nursing knowledge and theory, and to connect these to practice. However, lectures tend to make students passive and limit their use of reflection. These limitations require faculty members to maintain and enhance the quality of their teaching activities in nursing lectures. Yet, no scales have been developed for faculty self-evaluation of teaching activities in this area. Using such a scale would enable the assessment of the quality of teaching activities and support faculty development. The purpose of this study was to develop and evaluate the Self-Evaluation Scale of Teaching Behavior in Nursing Lectures.

Methods: The study consisted of four phases: a) item generation based on the findings of qualitative and inductive research (Goto et al., 2010) that conceptualized faculty’s behavior in nursing lectures, b) assessment of content validity and refinement of the scale by a panel of experts and a pilot study, c) item analysis and selection through a survey, and d) evaluation of the scale’s validity and reliability.

Results: A 5-point Likert scale was used, comprising 63 items classified into 9 subscales that were based on 9 concepts of teaching behavior in nursing lectures. In the first survey, the instrument packets were mailed to 1373 faculty members of 116 randomly sampled nursing schools in Japan. In total, 652 (47.5%) scales were returned, and 574 valid datasets were analyzed. From the data, 36 items were selected based on the results of an item analysis. A factor analysis of the 36 items extracted 9 factors that were reflective of the 9 subscales. The known-groups technique was used to examine construct validity. Faculty members with teaching experience of more than 20 years had higher scores on the scale than faculty members with teaching experience of 2 years or less (t = -4.27, p < .001). Cronbach’s alpha of the scale was 0.95 and Cronbach’s alpha of the ten subscales ranged from 0.71 to 0.83. In the second survey, the same instrument packets were mailed to 71 faculty members (using convenience sampling) to examine test-retest reliability. In all, 21 (29.6%) scales were returned, and 21 valid datasets were analyzed. The test-retest reliability was 0.80 (p < .001).

Conclusion: The results indicate that this scale possesses good construct validity, high internal consistency reliability, and high stability. It is useful for supporting faculty development.

References

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RSC PST 3 - Research Poster Session 3
Nursing Students for Nursing Students: Creative Teaching for One’s Peers

Dalit Wilhelm, MA, RN, Israel

Purpose
The purpose of this poster is to share the strategies for promoting creativity in nursing practice.

Target Audience
Educators, Nurses in the Field

Abstract
Purpose: In traditional classrooms, many students remain passive, unmotivated and uninvolved. Such highly structured environments do not facilitate the learning that often accompanies experiential learning situations where students work and learn from one another. The focus of experiential learning is placed on the process rather than the outcome. Games can be used for learning and not simply as entertainment. Learning from games can develop skills, improve understanding and increase retention of material in a relatively risk free environment. Games and simulations are used to instruct in several areas: higher order thinking, complex decisions, practical skills, team building and developing expertise. Studies have shown that in nursing education, students who used educational games had better learning outcomes, were more engaged, and had more fun than students taught with traditional methods.

Methods: A two-semester course was developed for nursing students (n=30) enrolled in a BA program. This blended course (i.e., part face-to-face and part on-line) was used to promote individual competences in creativity connected to nursing practice. All assignments used project-based learning. After learning about the theory and practice of creativity in health care, students produced an online course on a specific topic. Additionally, student groups developed a new and creative game to teach peer students about something relevant to their work with patients, with staff or within the organization.

Results: There were many outstanding and innovative examples of creative games designed by students groups.

* One group of nursing students created a game encouraging other students to provide patient education using "Ready-made" art.

* One group of nursing students created a game to teach patient assessment and diagnosis in the ER. This game used the format of the British TV show "Cash Cab". The students called their game – "Cash Ambulance".

* A third group of nursing students taught about the importance of using humor in nursing care by creating a game based on the famous Snakes and Ladders game.

Conclusion: In this type of course, nursing students benefit in three ways: (1) they have more fun and enjoy learning about creativity; (2) they have the opportunity to use these creativity skills; and (3) they gain competence by assessing the implementation of their projects.

References

Contact
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Purpose
The purpose of this presentation is to examine factors associated with care for patients with dementia conducted by nurses working at acute hospitals in Japan.

Target Audience
The target audience of this presentation is researchers and nurses who are interested in improving their care for patients with dementia at acute hospitals.

Abstract
Purpose: As the elderly population increases, the number of patients with dementia being admitted to acute hospitals is increasing year by year. Understanding and adequate assistance for patients with dementia will become more important for nurses at acute hospitals in the days ahead. The purpose of this study was to investigate factors associated with care for patients with dementia conducted by nurses working at acute hospitals.

Methods: Cross-sectional exploratory research design was applied using self-description questionnaires. Participants were nurses working at Tokyo acute hospitals possessing more than 300 beds. The contents of the questionnaire included demographic information assessment and nursing practice for patients with dementia, family support, consideration of privacy, safety and dignity of patients with dementia, allowance of mind and mental health, and interest in dementia care. This research was conducted after approval from the first presenter’s Institutional Review Board. Data were analyzed using SPSS Version 22.0.

Results: Respondents were 362 nurses, from 14 hospitals and the collection rate was 33.8%. Mean average length of the hospital stay was 12.5 (SD=1.6) days. In total, 344 respondents were women and mean age and mean nursing experience of respondents were 35.1 (SD=8.3) and 11.4 (SD=8.2) years, respectively. The data demonstrated that nurses more interested in dementia care performed more assessment of underlying diseases and medications that affect the patient’s cognitive functioning ($r = .205, p = .000$), assessment of the patient’s communication abilities ($r = .200, p = .000$), and active communication with patients with dementia ($r = .202, p = .000$). The data also demonstrated that nurses taking care with allowance of mind and mental health more frequently advise patients’ family members ($r = .147, p = .006$), assess and provide care for pain felt by patients with dementia ($r = .176, p = .001$), and talk to the patients using words and a speaking speed that are easy to understand ($r = .187, p = .000$). It was also demonstrated that more experienced nurses more frequently value the patient’s dignity ($r = .129, p = .015$), respond to the uncertainties and requests of the patient’s family members ($r = .115, p = .030$), and provide the patient with high-quality care ($r = .145, p = .006$). Nurses who experienced care for patients with dementia during the clinical practice in their basic education showed significantly low scores compared to ones without such experience in the assessment of family members ($p = .018$), involvement with dignity ($p = .017$), and diligence about privacy ($p = .044$). Nurses who experienced care for patients with dementia during the clinical practice in their basic education also showed significantly low scores compared to ones without such experience in age ($p = .000$) and nursing experience ($p = .000$).

Conclusion: The results indicate that nurses having more interest in patients with dementia, allowance of mind and mental health, and nursing experience perform more assessments and care for patients with dementia. Dementia care experience during the clinical practice in the basic education negatively affected current care for patients with dementia, but it was considered that the negative effects arise from the differences in their amount of experience, as they were significantly younger and had less nursing experience than nurses without clinical practice for patients with dementia in their basic education. This research was supported by a JSPS Grant-in-Aid for Scientific Research (B) (Grant Number 24406037).
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Self-Management Experiences in Transition of Newly Diagnosed Chronic Kidney Disease Patients

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Purpose
The purpose of this presentation is to display the adaptation process of living with chronic kidney disease, then how they play patient roles to do self-management to improve health outcome.

Target Audience
The target audiences are the people who are interested in chronic disease care and self-management.

Abstract
Purpose: To explore the self-management experiences and adaptation process of patients in the transition of playing the new roles suffering from chronic kidney disease.

Methods: This was a qualitative descriptive study. In-depth interviews were conducted with 45 CKD patients in the nephrology outpatient units of four hospitals. Data were collected from October 2013 to May 2014, and then analysed using content analysis.

Results: By conducting qualitative interviews regarding patients’ self-management experiences and adaption process, two themes emerged. Theme I: The unsayable feeling of suffering from the chronic kidney disease included the following: “Coming quietly but affecting heavily, Vulnerable people live under medical professionals; life sucks: facing the constraints of disease and losing control over daily life, living fearfully that grenades will explode at any time, getting into a dilemma: rational and perceptual emotions, and the self is the key to fighting renal disease.” Theme II: The expectations and needs during the process of disease self-management included the following: “Looking forward to having a normal life: to stop being a burden to family, having the information and a guide for melting away life’s cares, having a navigator to help us sketch the contours of the future, having friendly partnership with health care providers, having the stamina of a marathon runner, and having the tire pump and gas station close by.”

Conclusion: Improving patients’ and health care providers’ kidney disease awareness to avoid late referrals and treatment can minimize the negative effects of kidney disease in patients. Self-management is a crucial task in kidney disease care. People who are elderly, who do not live with their families, and have inadequate social support were the low health-literacy population and the high risk population; therefore, they must be prioritized when administering disease care interventions. Kidney disease care competency can be improved among the high-risk population by coordinating effective social support networks. The ideal CKD care concept is person-centered, family-oriented, and community-driven, and an adaptive care model must be designed based on the progress of the disease and the level of health literacy to provide a service appropriate for patients’ needs. Consequently, patients can effectively learn disease care skills and efficiently implement self-management.

References

Contact - ycchen2@ym.edu.tw
Purpose
To compare the knowledge and exact conduction rate of nursing staff for glutaraldehyde protection before and after our intervention.

Target Audience
To compare the knowledge and exact conduction rate of nursing staff for glutaraldehyde protection before and after our intervention

Abstract
Purpose: To compare the knowledge and exact conduction rate of nursing staff for glutaraldehyde protection before and after our intervention.

Methods: We chose 42 operation room nursing staff from one teaching hospital by purposive sampling. Through questionnaires and behavior observation, we evaluated the knowledge and exact protection rate for glutaraldehyde of the nursing staff before and after our intervention.

Results: After our intervention, the exact protection rate increased from 62.1% to 94.3%. The protection knowledge was promoted from 56.3% to 95.3%. Both reached significant difference statistically. Before the intervention, the item with lowest exact rate is “Staff would wear protective glasses and isolated clothing while contacting chemical agents”. After the intervention, the item with highest exact rate is “Instruments should be sunk into the disinfectant totally and the lid should be closed tightly”.

Conclusion: Our results clearly indicated that after the intervention, the exact protection rate of staff was significantly increased. We thus suggest this kind of protective training be listed as routine training programs, thus creating a safer working environment.

References

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RSC PST 3 - Research Poster Session 3
Nurse-Led Patient-Centered Advance Care Planning: A Pilot Study

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Purpose
The purpose of this presentation is to determine the feasibility and acceptability of study procedures for advance care planning by Nurse Care Coordinators with their patients in primary care when using one of three interactive web-based programs or an educational brochure as an Advance Care Planning decision aid.

Target Audience
The target audience of this presentation is nurses in primary care settings who may be increasingly involved in upstream/proactive advance care planning rather than at end of life for their patients with multiple chronic conditions.

Abstract
Background/Significance: Advance care planning (ACP) is necessary for aligning patients’ treatment preferences with healthcare they receive when they are unable to speak for themselves. Undesired, burdensome treatment, the most troubling outcome when ACP has not occurred, will persist as long as patients are not proactively engaged in ACP before it is needed. Although ACP continues to be a growing United States national imperative and after 20 years of legislative support (Patient Self-Determination Act, 1991), ACP participation rates remain low – likely due to a somewhat narrow focus on just completing a legal document. There is a critical need to identify an approach to the ACP process that promotes acceptance of, and participation in, high-quality ACP. We propose an ongoing process of identifying and communicating values and preferences as foundational for ACP.

Several opportunities for meaningful discussion of ACP between patients and clinicians have been identified. However, due to numerous patient and clinician barriers, proactive engagement in the primary care setting rarely occurs, despite the fact that this setting is the locus of preventive healthcare delivery. ACP decision aids (i.e. interactive web-based programs or educational brochures) are available to enhance the ACP process. Two web-based decision aids guide patients through the ACP process, provide education, assist with values clarification and discussing wishes with family and clinicians (Making Your Wishes Known and PREPARE. Another, MyDirectives, is a proprietary, web-based system in which individuals create and update ADs (www.mydirectives.com). An interactive, evidence-based educational brochure has been developed and implemented at the study site as an ACP decision aid. But these tools have only been designed for use by patients independently and have not yet been evaluated for their utility in facilitating patient/clinician discussions and patient decision making.

Purpose: A promising ACP engagement approach is for nurses in primary care settings to initiate the ACP process using decision aids to help patients begin, continue, and complete the ACP process. Nurse Care Coordinators (NCCs) in primary care are well-positioned to engage patients in ACP, since they have long term relationships with their patients and frequent opportunities to help patients work through incremental life changes or evolving treatment plans. While the long term goal of our research is to enhance the patient-centered ACP process in primary care to realize improved cost and quality outcomes, the purpose of this pilot study is to determine the feasibility and acceptability of study procedures in comparing the effectiveness of four ACP decision aids when used by NCCs to initiate ACP with patients in primary care. The central hypothesis is that ACP by NCCs in collaboration with patients in primary care settings is feasible and effective when supported by a decision aid.

Methods: Design: Guided by the Individual and Family Self-Management Theory, a four-arm, prospective, comparative design was used. Setting/Sample: Forty patients from a large primary care setting in the Midwest United States who do not have an advance directive on file will be recruited from 4 NCC caseloads. If a Surrogate Decision-Maker/Health Care Agent (SDM/HCA) is identified by the patient, the SDM/HCA will also be recruited for a total of 80 participants.
Procedures: Following institutional review board approval, NCCs were trained in the ACP process and use of the decision aids. Patients will be recruited by the NCCs and consented by the study coordinator. After providing consent, patients will be randomized to one of the four intervention arms. Outcomes will be measured after ACP intervention sessions are completed.

ACP Intervention. The intervention involves discussions between patients and NCCs using 1 of the 4 decision aids to clarify values, goals, and preferences and to promote goal-sharing with family, SDM/HCAs, and providers. The intervention is designed to occur within at least 3 NCC/patient visits over approximately 4 weeks.

Instruments: Acceptability and feasibility of study methods will be measured - including an ACP satisfaction instrument and augmented by interviews. The effects of the ACP decision aids will be evaluated by the ACP Engagement Survey, formal identification of a SDM/HCA, and completion of an advance directive documented in the health record. SDM/HCA perceived knowledge of the patient’s wishes will also be explored.

Analysis: Feasibility and acceptability measures will be summarized by counts and proportions. A Patient Satisfaction with ACP Survey average score will be calculated. Interview data will be content analyzed. Patient ACP Engagement Survey scores, proportions of formally identified SDM/HCAs and ADs, and SDM/HCA scores on the Perceived Knowledge of the Patient’s Wishes survey will be compared among the four groups using analysis of variance, Kruskal-Wallis, chi-square, and Fisher exact tests as appropriate.

Results: An outline of the training program led by the lead investigators that includes the topics of the ACP process, ACP communication skills, and the use of the decision aids and the results of this ongoing study will be available for poster presentation at the conference.

Conclusion: Utilizing nurses to facilitate the ACP process is a significant opportunity to improve health care and patient outcomes. This study supports full-scope nursing practice in the transformation of health care, it supports patient-centeredness in primary care settings, and it is innovative in that it leverages the NCC role to refocus ACP from mere document completion to a meaningful process.

References

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A Pilot to Improve Professional Competence and Safety through the Use of Clinical Information Systems and Healthcare Technology in Nursing and Allied Health Clinically-Based Courses

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Purpose

to disseminate information regarding a pilot study related to pre-licensure baccalaureate nursing education, in which an innovative teaching strategy was designed utilizing a simulated electronic health record (EHR) within the classroom, simulation lab, and clinical environments.

Target Audience

administrators, clinicians and educators interested in the development of simulation activities that include the electronic health record.

Abstract

Purpose: The goal of this project is to develop, implement, and evaluate an innovative teaching strategy designed utilizing a simulated clinical information system (CIS), specifically a simulated electronic health record (EHR), within the classroom and simulation lab. Concepts central to utilization of clinical information systems are introduced early in the program, but hands on experience with these technologies is limited. Providing access to and experience in the use of a simulated EHR as part of the curriculum will allow faculty to guide students in developing the skills necessary to become safe, competent practitioners. Although simulation has been used in medical and nursing education, the use of the EHR as part of that educational experience is just beginning to be explored. The proposed integration of the EHR technology into the curriculum has the potential to decrease student anxiety and increase student confidence. Preparing students to care for patients in a variety of clinical settings through experiences that are focused on improving their knowledge, skills, and attitudes has the potential to demonstrate a positive impact on patient safety and quality of care now, as well as after graduation.

Methods: This interprofessional pilot is being implemented in the fall and spring semesters of the 2014-2015 academic year. Junior level nursing and respiratory students will receive access to a web-based, simulated EHR system for one academic semester. The EHR may be accessed from any computer or smart device and will be utilized within the classroom and simulation lab. Within the classroom the EHR will be used in conjunction with assignments designed to guide students in preparing for lecture. In the simulation lab students will experience a simulation session each week for 10 weeks. The EHR will be incorporated into each patient scenario and will focus on common conditions not often experienced or managed by undergraduate students in the clinical setting. Each scenario will require student utilization of the EHR to enhance assessment of the patient through accessing Past Medical History (PMH), current orders, and lab/test results. Students will use this information to guide patient care, safely administer medications, and refine documentation skills. Additionally, faculty is developing a senior-level special topics healthcare course (3 credit hours) which will be implemented during in fall 2015. Students enrolled in this pilot will be given the option to enroll in the healthcare course. The capstone project for these students as seniors will include the development and implementation of their own unfolding case study.

Evaluation includes a pre-post test on navigation of the EHR system in the form of a scavenger hunt developed for Neehr Perfect®. The Lasater Clinical Judgment Rubric will be utilized by faculty viewing video of the lab simulation to determine if students are showing continued improvement in the development of their clinical judgment. Use of this tool will also provide students with an understanding of expectations within a simulation experience and faculty with a means of discussing with students their progress towards developing this essential skill. The last evaluation method will be a faculty developed satisfaction survey related to the experience of utilizing the EHR in the classroom and simulation lab settings. This survey will be utilized to gather data from students in a focus group format led by a faculty member not directly involved in the simulation portion of the study.

Results: This is an ongoing study. Data from the first semester has been collected. Recordings of the focus groups are currently in the process of being transcribed. Data analysis will occur in May 2015 and the results
from phase one of this pilot (implementation of the ERH in the 2014-2015 academic year) will be available in June 2015.

**Conclusion:** This is an ongoing study. Conclusions from phase one of this pilot will be available in June 2015.

**References**

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Purpose
The purpose of this presentation is to analyze the way researches evaluate the effectiveness of using printed educational material in preoperative education.

Target Audience
nurses and academics

Abstract
Purpose: Health education has contributed to the prevention and control of diseases in the last 20 years, especially when associated with the costs to health, which can be minimized by using this strategy. It aims to providing knowledge intended to encourage patients to make changes in their behavior and life habits. Among the various scenarios in which the use of educational materials takes place emphasis on the surgical patient who can have their physiological and psychological needs compromised because of the surgery.

Objective. Analyze the methodologies used in studies to assess the effectiveness of printed educational materials to surgical patient.

Methods: Integrative literature review through the portals and / or databases: ISI Web of Science, BVS, PubMed, Scopus and Cochrane. The guiding question to the search was: What is the method used by the researchers to assess the effectiveness of printed educational material to surgical patients? The search involved articles published from 2000 to 2013. Data collection was performed using an instrument adapted to the purpose of the present investigation, containing the following items: identification of the article and methodological characteristics of the study.

Results: The search obtained a total of 422 items, and after applying the inclusion and exclusion criteria, 35 articles were remaining. Then, it was chosen to include only clinical trials and case-control studies because they have better level of evidence so, 10 studies were actually analyzed. Sixty percent (6) of interventions used in the studies, used printed material (brochure) containing information about the surgical procedures and how the patient should behave in the postoperative period, followed by an oral explanation and, in only one the orientation was conducted over the phone. Some studies have used additional procedures, 20% (2) used, beyond the printed material, an explanatory video, reaffirming the steps of the procedures and actions that the patient should be carried out in the postoperative period; 20% (2) used the printed material followed by a pre-consultation over the internet or a multimedia to enhance the information contained in the printed material.

Conclusion: Few studies get to show the effectiveness of preoperative education using printed materials through quantitative tools; on the other hand the positive effects of the intervention appeared frequently when the studies analyzed the patient’s perception. Although present in only one study, it is possible that the development of specific assessment tools including postoperative signs and symptoms related to educational material contents are deemed more effective to evaluate the effectiveness of interventions in preoperative patient education.

References

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Distress and Type 2 Diabetes: An Integrative Review

Joshua T. Minks, MSN-FNP, BSN, RN, USA

Purpose
The purpose of this presentation is to describe the potential relationship between distress and the development of type 2 diabetes, as well as the challenges with finding research that examines the relationship prior to the development of the disease.

Target Audience
The target audience of this presentation is nursing personnel and providers that care for patients with, or at risk for, type 2 diabetes.

Abstract
Problem: Half of all Americans are projected to be diagnosed with diabetes mellitus (DM) or prediabetes by 2020; and 2050 projections indicate that 1 in 3 Americans will develop DM. It is imperative to increase attention on the prevention of DM by identifying factors that contribute to its occurrence. While some evidence suggests that genetic predisposition and environmental factors contribute to the development of type 2 DM (T2DM), the evidence underlying the influence of distress remains inconclusive.

Purpose: The purpose of this integrated review was to identify the state of the science for the relationship between distress and insulin resistance (IR) as a precursor to the development of T2DM.

Methods: Over 1,600 articles were screened from three databases and one search engine: Cumulative Index to Nursing and Allied Health Literature, Ovid, PsycInfo, and Google Scholar. Keywords included distress, depression, stress, psychosocial stress, insulin, prediabetes, diabetes prevention, and IR. Inclusion criteria were articles published within the last 10 years involving men and women > 18 years of age who were at risk for prediabetes or T2DM. Studies of distress post-T2DM diagnosis were excluded.

Results: Abstracts of > 60 articles were reviewed; approximately 30 full articles were read. Nine articles remained after screening: one randomized control trial (level 1 evidence) and eight cohort studies (level 2 evidence). Synthesis of Evidence: Distress resulting from a variety of sources may be a risk factor for T2DM. Depression and work stress increased the risk for T2DM approximately twofold (OR=2.56 [1.27-5.15] and OR=1.94 [1.17-3.21], 95% CI, respectively). Insomnia and smoking >10 cigarettes per day increased the risk for pre-diabetes secondary to insulin resistance (F[3, 199]=4.79, p=.004 and OR=2.63, 95% CI [2.04-3.39], p<0.05, respectively). The evidence available is highly dependent on how researchers define distress.

Conclusion: Some evidence is available for educating patients at risk for T2DM, particularly related to commonly accepted types of distress. To better guide preventive interventions, more research is needed that refines the concept of distress and tests its relationship with the development of T2DM.

References

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Purpose
The purpose of this review is to advance what is known about parent-child sex communication by appraising and synthesizing literature published from 2003 to 2013.

Target Audience
The target audience of this presentation includes nurses who work with families and children, particularly those who specialize in adolescent sexual health.

Abstract
Purpose: Conversations between parents and children about sex can result in the transmission of family expectations, societal values, and role modeling of sexual health risk reduction strategies. Parent-child sex communication’s (PCSC) potential to curb negative sexual health outcomes has sustained a multidisciplinary effort to better understand the process and its impact on the development of healthy sexual attitudes and behaviors among adolescents. Studies that include novel theoretical and empirical findings have been published recently and now require critical analysis and synthesis. The purpose of this review is to advance what is known about PCSC by summarizing descriptive studies and appraising literature published from 2003 to 2013.

Methods: Using Cumulative Index to Nursing and Allied Health literature (CINAHL), PsycINFO and Pubmed, the key-terms “parent child” AND “sex education” were entered for initial query; 130 original articles were included for analysis. Study findings were abstracted into a matrix to determine the content, process, and predictors of PCSC, including its effects on adolescents.

Results: Parent and child gender, race, parental education, prior communication from their own parents, and embarrassment continue to determine the process and content of sex conversations in the home. Mothers talk more to their children about sex than fathers and parents are more inclined to talk about sex only after physical and behavioral changes in their children have been observed. Messages for sons are seen as more permissive about sex while daughters receive more restrictive instructions. Parents report a sense of responsibility to educate their children about sex, yet worry that PCSC may imply parental permission. Children want more discussions about emotions and how to deal with the opposite sex, yet mostly receive instructions on delaying sex. African American and Latino/Hispanic parent-child dyads report more ease with PCSC, while Asian American children report receiving the least amount of PCSC. There is discrepancy in parent and child reports about PCSC frequency and quality.

Conclusion: Findings confirm that variability in how PCSC occurs may be lost opportunities in helping children transition into young adults with normative sexual needs. Understanding PCSC typologies based on familial intricacies may assist with formulating ways to facilitate these discussions. Areas for future research will be discussed.

References

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Effective Teaching on Techniques for Safer Patient Handling

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Purpose
The purpose of this study was to investigate the method in teaching nursing students to learn standardization transfer and repositioning nursing skills. The discussion of students’ cognition, affection, and skills on target lesson was included in the study.

Target Audience
The target audience of this presentation is nurse，educator or researcher。

Abstract
Purpose: When a nurse carried out a medical treatment, he/she used a lot of body strength to transfer or moving patients. Without proper skills, moving patients could be a heavy loading for staffs’ physiological lumbar and also hurt staff’s Musculoskeletal. (Kim, Dropkin, Spaeth, Smith, & Moline, 2012; Ngan, 2010). According to Chen, Mao, Zheng Yan, Wang (2014) found that 90 percent of nurses’ daily activities were transfer and repositioning. However, there was not enough studies related to the Standard Operating Procedure and related researches. Thus, the purpose of this study was to investigate the method in teaching nursing students to learn standardization transfer and repositioning nursing skills. The discussion of students’ cognition, affection, and skills on target lesson was included in the study.

Methods: Purposive sampling approach was selected as the method of the study. Students in long-term care in a nursing program in New Taipei city were recruited as the participants of the study. Adaption from the literature review, the researchers design a scale of position change and the transition. The evaluation included three aspects: cognitive, affective, and skills. The validity of the evaluation was expert’s validity and face validity. The scales of this study were given to the participants both before and after programs. The collected data were analyzed by SPSS 20.0 statistical software, descriptive statistics and pair -T test conducted data analysis. The results of the study showed students’ learning achievement.

Results: 92 fifth-grade students were recruited in the study. The average age of participants was 20 years old. These students were required to have the credit of long-term care program. 87(94.6%) of participant had experience in changing patients’ position. 70 (76.1%) of participants had experience in position transferring. In five-year nursing eduction, only 8.7% of students had not been taught to learn changing position skills, 25 % of students had not learned repositioning skill. In the pretest, the results of cognitive survey of changing position and reposition showed that the students’ scores on cognition were (0-100 points) 82.27 ± 12.10 points; affection scores were 67.10 ± 9.12 points; and skill points scores were 78.94 ± 11.05. Merely 24 % of the students are quite familiar with the skills of changing patients’ position. These students were also satisfied with their performance. In the posttest, students’ score on cognitive, affective and skills were: 93.87 ± 10.08 points, 93.10 ± 10.38 minutes and 93.18 ± 10.35 points. In comparision of the average scores of pretest and posttest were up to a significant difference (p <.01). The skill of changing patients’ position and repositioning skills of 78.3% of the students were increased. 75% of the students found it was easier to help patients change position and reposition. According to their course feedback, students could perform skill of postion change and reposition easily. Also, it could protect both staffs and the patient.

Conclusion: The results of the study showed that ninety percent of the students had learned the skills of change position and reposition before the class, but they were not fully satisfied with their performance. The results were correspondence to the results of students’ pretest. In the rest of pretest, students gained high score on cognition but they got low score on affectiveness. In the results of posttest, the score of cognition, affective and skill were up to 93 points. 80 percent of students were recognized the important and necessity of the course. The study suggested that the learning correct skills on their performance of position change and reposition effectively should be included as the content of teachers’ teaching in students’ internship. Thus, students will be able to build up the correctness on how to assist patients to change position and reposition effectively and then low down their injury in future workplace.

References

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Perceptions Contributing to Cervical Cancer Screening Decisions in African Born Immigrant Women

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Jennifer Hatcher, PhD, MSN, BSN, RN, USA

Purpose
The purpose of this presentation is to report findings from a qualitative study that examined perceptions contributing to cancer screening decisions in African women living in Kentucky. The objectives of this study included determination of barriers to cervical screening and the attitudes of African-born immigrants towards cervical screening services.

Target Audience
The target audience for this presentation are a wide variety of professionals involved in work to improve cancer prevention, health promotion and wellness, and improve health outcome. These professionals include nurses, health care providers, health sciences students, health disparity researchers, policy makers, and public health professionals to mention a few.

Abstract
Purpose: Disparities in cervical cancer screenings exist for foreign born women in the United States (Hurtado-de-Mendoza, Song, Kigen, Jennings, Nwabukwu, and Sheppard (2014). Immigrants have lower screening rates compared to non-immigrant population in the United States (Harcourt, Ghebre, Whembolua, Zhang, Osman and Okuyem (2014) despite availability of screening test which allows for detection and treatment of precancerous lesions. African migrants represent one of the fastest growing groups of immigrants to the United States. However, there is a scarcity of information about the attitudes and barriers contributing to preventive healthcare practices of African migrants in the United States. This study sought to have an in-depth understanding of perceptions contributing to cervical cancer screening practices in African immigrants in Kentucky and to explore the barriers experienced by this population in utilizing cervical cancer screening.

Methods: This is a qualitative descriptive study. The health belief model was used as the conceptual underpinning for this study. The study participants were females self-identified as African born, aged 18 years and above, English speaking who have lived in the US for more than one year. The women were recruited through African churches and by words of mouth after approval was received from the University of Kentucky Institutional Review Board. Data were gathered through in-depth focus group sessions and socio-demographic questionnaires. The interview sessions were digitally recorded and transcribed verbatim. Transcripts were analyzed to identify emerging themes.

Results: 22 women aged 24-65 years were interviewed during focus group. Duration of stay in the US ranged from 2- 26 years. The major barriers to screening utilization identified by participants included low knowledge of cervical cancer screening, cost, language and communication problem, and low priority on health to-do list. Even though, many participants are not up to date on screening, they belief that they are susceptible to cervical cancer and screening may be beneficial for early detection and treatment outcome.

Conclusions: Participants identified numerous barriers to screening utilization and have intention to screen if these barriers can be alleviated. Participants suggested that subsidized cost of screening, increased awareness, provider’s recommendations and reminders will be helpful in adherence to screening recommendations.

Implication for practice: To increase utilization among African migrant women there should be improved grassroots awareness programs in a culturally sensitive manner. Providers have the opportunity to influence screening attitudes of African born women by providing patient targeted sensitive education and cues to action.

Global implication: Improved cervical cancer screening will lead to early detection and improved treatment outcome, which will decrease the global cervical cancer burden.

References

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Breastfeeding Knowledge, Attitudes, and Self-Efficacy among Inpatient Health Care Providers

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Imelissa S. Blancas, MS, BSN, RN, CPN, USA
Andrea Rocha, BSN, RN, CPN, CLC, USA

Purpose
To describe the breastfeeding knowledge, attitudes, and self-efficacy among inpatient health care providers caring for mothers and children in a large metropolitan community hospital.

Target Audience
Maternal Child health care providers - direct care nurses, physicians, nurse practitioners.

Abstract
Purpose: The purpose of this study is to describe breastfeeding knowledge, attitudes, and self-efficacy among inpatient health care providers caring for mothers and infants in a large metropolitan community hospital.

Methods: In this cross sectional study, 136 direct care nurses, nurse managers, nurse practitioners, physician assistants, and physicians within the Maternal-Child Health (MCH) division (i.e., Labor & Delivery, Postpartum, Well Baby Nursery, Neonatal Intensive Care Unit, and Pediatrics) completed a 27-item survey measuring knowledge about breastfeeding, and attitudes (α = .79) and self-efficacy (α = .93) towards breastfeeding in patient care. Differences by unit, type of provider, and professional experience were examined using tests of ANOVA.

Results: 79.6% of the sample were direct care RNs. 28.7% had <5 years experience; 22.6% >30 years. Overall attitudes towards breastfeeding were positive (M=40.97±4.6, range 0-50). There were significant differences in knowledge by unit (p=0.001), and in self-efficacy by unit (p = 0.017) and type of provider (p=0.001).

Conclusion: Findings will be used to develop a multidisciplinary education program that will improve the accuracy and consistency of teaching and assistance provided to new mothers.

References

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Purpose
The purpose of this presentation is for distribution of our research results which found the association factors of Gastroesophageal Reflux Disease (GERD) among women working as hospital nurses.

Target Audience
The target audience of this presentation is international nurses, nursing academic faculty and nursing students who were interested in women's health and Gastroesophageal reflux disease.

Abstract
Purpose: The purpose of this research was intended to assess Gastroesophageal Reflux Disease (GERD) of women working as hospital nurses and to investigate its related factors. Factors were composed of four factors as like demographic characteristic’s factors; age, education level, marital status, physiological factors: BMI, sleep disturbance, fatigue, psychological factors; depression, anxiety, and perceived health status factors; smoking status, drinking status, perceived health status.

Methods: Data were collected from July, 2013 to Oct, 2014 by the Korea Nurses’ Health Study (KNHS). A total 15,237 data were analyzed using SPSS PC+ win 20.0 according to aim of statistical analysis as descriptive analysis, χ2 test, multivariate logistic regression analysis.

Results: Women having GERD were 2219 nurses (14.6%) of total 15237 nurses. Multivariate logistic regression found significant effects for GERD at age of thirties (OR 1.5 [95% confidence interval 1.3-1.7], p=.000) and forties (OR 1.9 [95% confidence interval 1.6-2.4], p=.000), marital status as married (OR 1.2 [95% confidence interval 1.0-1.3], p=.008), divorce and bereaved status (OR 1.9 [95% confidence interval 1.1-3.3], p=.023), stop smoker (OR 1.6 [95% confidence interval 1.3-2.2], p=.000), and perceived health status (OR 1.5 [95% confidence interval 1.4-1.6], p=.000).

Conclusion: This study showed that the major factors influencing on GERD among women nurses were age, marital status, stop smoker, perceived health status. For evidence based practice, the educational program that prevent GERD of women considering risk factors will be developed.

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References


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Changing the Skin Care Protocol for External Beam Radiation

Rose Marie Reilly, BSN, RN, USA

Purpose
The purpose of this presentation is to describe a nurse-driven, evidence based protocol to standardize skin care for the breast in women receiving external beam radiation.

Target Audience
Nurses Nurse Practitioners Nurse Leaders Nursing Students

Abstract
Radiation induced skin reaction effects 85% of patients receiving radiation therapy (Glover and Harmer, 2014). Current medical and nursing literature identifies that there is not a standardized protocol followed for skin care during radiation therapy (Dendaas, 2012). Over the past three decades, radiation technology and treatment techniques have progressed, thus allowing minimal dose to the skin when possible (Gosselin, 2010). Even with these advances patients undergoing radiation therapy can expect to develop some degree of radiation –induced dermatitis (Iwamot, 2012). Skin reactions vary depending on individual factors, such as total dose, type of radiation and energy used, treatment volume, and size of daily fraction (Gosselin, 2010). At White Plains Hospital, we explored current oncology guidelines to develop a guide to use in defining an appropriate skin care protocol for women receiving external beam radiation to the breast. Designated as a Performance Improvement, our study compared and evaluated axillary, and breast skin reaction during breast external beam radiation, while using aluminum based deodorant or aluminum free- deodorant. Sources of data collection include chart review, and observation baseline, and with weekly status checks. Degree of reaction was rated as 0-for no reaction, 1- for minimal erythema, and 3-for brisk erythema based upon the Oncology Nursing Society (ONS) Toxicity Scale. After three weeks 50% of patients had a skin reaction of 1 to the treated breast, and no axillary reaction with the use of aluminum free deodorant. 50% of patients had a skin reaction of 1 to the treated breast, and no axillary reaction with the use of aluminum based deodorant. At four weeks 50% of patients had a skin reaction of 1 to the treated breast and no axillary reaction with the use of aluminum free deodorant; 70% of patients had a skin reaction of 1 to the treated breast, and no axillary reaction with the use of aluminum based deodorant. After five weeks 80% of patients had a skin reaction ranging from 1 to 2, to the treated breasts and, 20% had a skin reaction of 1 to the axilla with the use of aluminum free deodorant. 80% of patients had a skin reaction ranging from 1 to 2, to the treated breasts, and 10% had a skin reaction of 1 to the axilla with the use of aluminum based deodorant. Finally, after six weeks 90 % of patients had a skin reaction ranging from 1 to 2, to the treated breasts, and 10% had a skin reaction of 1 to the axilla with the use of aluminum based deodorant. Further, 90% of patients had a skin reaction ranging from 1 to 2, to the treated breasts, and 10% had a skin reaction of 1 to the axilla with the use of aluminum base deodorant. Our protocol, therefore, was found to be safe, effective, and useful to women across the lifespan. Moreover, based upon these findings, this study concluded that an appropriate, patient centered protocol designed for specific at risk populations, such as women with breast cancer receiving external beam radiation could be developed.

References

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**RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1**  
**Antepartum, Intrapartum, Postpartum Predictors and Outcomes of Readiness for Hospital Discharge**

Gabriella Malagon-Maldonado, DNP, MSN, BSN, RN, CNS, NEA-BC, USA

**Purpose**
The purpose of this presentation is to discuss the antepartum, intrapartum, and postpartum predictors of mothers' readiness for hospital discharge and the related post-discharge outcomes.

**Target Audience**
The target audience of this presentation includes maternal/child clinical nurses, advanced practice nurses, case managers, nurse educators, nurse researchers, and nurse leaders.

**Abstract**
**Purpose:** The antepartum, intrapartum, and postpartum periods are considered to be a time of critical adjustment in physical, psychological, and social well-being with considerable adjustments that occur at each phase in transitioning to new family dynamics. According to the World Health Organization, preparation for hospital discharge after birth became a global concern when hospitals in many developing countries began implementing shorter lengths of stay for uncomplicated deliveries. Of concern was the insufficient discharge preparation time to address the mother's learning needs regarding self-care and infant-care influencing the readiness for hospital discharge? Although a mother's perceived readiness for hospital discharge may be influenced by many factors, research suggests the quality of discharge teaching may be a predictor of readiness for hospital discharge. Additional research is needed to identify the predictors of readiness for hospital discharge and post-discharge outcomes taking into consideration transition factors that may influence a mother's ability to apply discharge information. Therefore, the purpose of this study was to explore the antepartum, intrapartum, and postpartum predictors of readiness for hospital discharge and post-discharge outcomes. The Adaptation to Transitions conceptual framework composed of conceptually-related variables was used to study factors associated with transition processes that influence discharge readiness in the antepartum, intrapartum, and postpartum periods and the impact of nursing interventions.

**Methods:** This is a descriptive correlational repeated measure design study. A purposive sample of English and Spanish-speaking postpartum mothers who experienced a vaginal or cesarean birth of a healthy infant (N = 185) completed demographic, quality of discharge teaching, and readiness for hospital discharge questionnaires prior to discharge. Items were related to the nature of transition and transition conditions effecting patterns of response during labor and postpartum as described in the conceptual framework. Discharge teaching was the nursing therapeutic process under investigation during hospital transitions to home. Four weeks post-discharge, participants completed a coping difficulty questionnaire consistent with postpartum patterns of responses and modes of adaptation, and the quality of discharge teaching questionnaire, to compare pre- and post- hospital discharge perceptions of teaching.

**Results:** A final model was computed with all significant predictors for readiness for hospital discharge and post-discharge coping difficulty. The delivery of education was the only significant independent predictor, accounting for 33% of the variance in readiness for hospital discharge ($R^2 = 0.33$, $R^2_{adj} = 0.32$, $F (8, 185) = 88.08$, $p=0.01$). Mother's perceived readiness of hospital discharge was the only significant independent predictor accounting for 27% of the variance in post-discharge coping difficulty ($R^2 = 0.27$, $R^2_{adj} = 0.26$, $F (5, 67) = 62.89$, $p=0.01$). A statistically significant difference in the quality of discharge teaching between pre- and post- hospital discharge was noted ($t (66) = 2.60$, $p=0.01$) where the quality of discharge teaching mean score decreased from pre-hospital discharge to post-hospital discharge (mean change = -0.485, 95% CI=0.857-0.113).

**Conclusion:** The relationship between quality of discharge teaching and the antepartum, intrapartum, postpartum factors, readiness for discharge, and post-discharge coping, provides evidence of nurses’ critical role in educating patients in caring for themselves and their baby. Patient perception of discharge readiness may be both a process measure, to identify patients in need of additional interventions before and after discharge, and a nurse-sensitive outcome measure of the postpartum hospitalization experience. Building systems of care that routinely assess quality of discharge teaching and discharge readiness will promote optimal outcomes of the post-childbirth experience.
References

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Factors Influencing Acute Pain Trajectories after Lower Extremity Trauma: A Pilot Study

Mari A. Griffioen, MS, RN, USA  
Meg Johantgen, PhD, RN, USA  
Kathryn Von Rueden, MS, RN, USA  
Susan G. Dorsey, PhD, RN, USA  
Cynthia Renn, PhD, RN, USA

Purpose
The purpose of this presentation is to inform the public about pre-hospital and in-hospital characteristics associated with improved and not improved pain following lower extremity trauma.

Target Audience
The target audience for this presentation is health-care professionals caring for patients in pain.

Abstract

Introduction: Up to 62% of patients report chronic pain at the site of injury six to twelve months after blunt trauma, with pain from lower extremity (LE) fractures exceeding those from other injury sites. Factors reported to correlate with the development of post-trauma chronic pain include older age, being female, untreated preinjury anxiety or depression, fewer years of education, and high pain intensity at the time of injury. It is currently not clear what trauma patient characteristics, the minimum pain intensity level, or severity of unrelieved pain leads to chronic pain for patients with LE trauma. Plotting pain scores over time – trajectories - allows for the classification of patients into groups of those whose pain improved and did not improve during hospitalization, which can then be used to predict chronic pain status particularly when associated with pre-hospital trauma patient characteristics and in-hospital factors.

Objective: The purpose of this pilot study was to examine differences in LE trauma patient characteristics classified by those who have improvement in pain scores during hospitalization compared with those who do not have improvement in pain scores.

Method: This descriptive study retrospectively reviewed medical records of 18 randomly chosen patients admitted to a large academic urban trauma center. Pre-hospital variables collected included gender, age, race, abbreviated injury scale (AIS) scores, toxicology screen, smoking status and height and weight for body mass index (BMI). In-hospital variables consisted of pain scores recorded in the trauma resuscitation unit (TRU), the patient care daily record (PCDR), pain medication administered with associated pain scores, acute pain management consult (APMS) and patient controlled analgesia (PCA). The PCDR pain scores were used to calculate the pain trajectory. The intercept was the first pain score recorded and the slope was the pain scores over time. A patient was classified, as having improved pain when the slope (pain trajectory) decreased over time and the 50% confidence interval did not include zero.

Results: The study sample was mostly white (67%), male (72%) and with a mean of 41 years (SD = 15). Patients’ sustained injuries in motor vehicle and motorcycle accidents 61% of the time. The shortest length of stay was 1.7 days and the longest was 5.7 days with an average length of stay 3.7 (SD = 1.2) days. Pain scores did not improve during hospitalization in 55% of patients. Pre-hospital factors associated with patients whose pain did not improve included, younger age, current smoker, positive toxicology screen, and normal weight. In-hospital factors associated with not improved pain included slightly shorter hospital stay; higher mean pain scores in the TRU (6.4 vs. 8.3), PCDR (4.6 vs. 6.4) and a higher opioid equianalgesic dose averaged over 24 hours (61.3 mg vs. 57.7 mg).

Discussion: Despite the emphasis on frequent pain assessment and pain control in patient care, half of patients with LE trauma in this sample had no improvement or worsening pain during hospitalization. Further exploration of certain trauma patient characteristics such as admission pain score, positive toxicology screen, BMI and amount of opioid received is warranted, as these may be predictive of in-hospital pain thus influencing pain management strategies. Phase two of this study will follow patients after discharge to examine factors leading to chronic pain.
References

Contact
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Purpose
The purpose of this project is to describe reliability testing of the Covenant Health Modified Early Warning Scoring (MEWS) tool.

Target Audience
Registered nurses, nurse educators and leaders using MEWS tools.

Abstract

Purpose: Internationally there is a lack of consensus on what should be included in modified early warning scoring (MEWS) tools. Furthermore, few studies have reported reliability and validity testing of MEWS tools. Further, few studies have reported reliability and validity testing of MEWS tools. The purpose of this study researchers sought to report reliability testing of the Covenant Health MEWS tool for use in an adult medical-surgical population.

Background: Vital sign and assessment findings recording by nurses do not necessarily translate into rapid recognition of a patient’s deteriorating condition. With signs of health condition declining evident hours before an adverse event occurrence, clinical MEWS tools quantify and rank physiological assessment findings triggering life-saving care. MEWS assessment tools can assist healthcare providers in the rapid detection and recognition of subtle changes in patient condition signaling clinical deterioration. Comprehensive literature review findings indicated the need for more rigorous testing and reporting of the reliability of MEWS tools in relationship to patient outcomes. The development of the MEWS instrument was initiated from shared governance committee responsible for patient safety. The MEWS tool was developed following a comprehensive literature review and a plan-do-check-act (PDCA) cycle process for improvement and preliminary testing of the tool. The purpose of this study is to test reproducibility of the Covenant Health MEWS tool using a test-retest design.

Methods: A convenience sample of critical care nurses (n=32) from a nonprofit acute care facility (881 licensed beds) were recruited for reliability testing of the Covenant Health MEWS form. At time one, testing will be conducted in a simulation laboratory adjacent to the hospital using four low-fidelity mock hospital simulation scenarios developed from clinical data from hospitalized patients who died from sepsis. Each scenario represented one of four levels of clinical concern based on a total calculated MEWS score. Physiologic assessment findings were written out in the simulated rooms for research subjects to assign a score directly onto the MEWS instrument. Each assigned score was added together to compute a total MEWS score and recorded on the tool. Total scores were translated by test subjects into assignment of a MEWS color and associated algorithm. Higher scores represent worsening patient conditions. The derived color recording and steps to alert other clinicians of concern for declining condition were documented on the paper tool. After an approximate three-week interval, subjects will repeat the procedure at time two. The ordinal level paired scores at time one and time two will analyzed using Spearman’s Rho to compute test-retest reliability of the MEWS tool for use in this sample.

Results: The results are pending testing.

Conclusion: The proposed study will establish reliability and validity of an EWSS tool modified for institutional use. Publishing of research findings add to nursing body of knowledge available to guide institutional modification and adoption of EWSS clinical tools. With a paucity of published reliability testing and established validity of MEWS instruments, this research attempts to address identified research gaps. Simulated scenarios can help establish reliability of a MEWS tool through preplanning confounding variable control measures.
References
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RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1
Creating a Culture of Teamwork through Implementation of TeamSTEPPS

Andrea M. Smith, MSN, CRNP, FNP-BC, USA

Purpose
The purpose of this presentation is document the usefulness of utilizing the TeamSTEPPS framework to improve teamwork and communication among healthcare teams.

Target Audience
The target audience of this presentation is any healthcare professional, clinician, administrator or educator interested in inter-professional education and improving teamwork within their organization.

Abstract
The Institute of Medicine's (IOM) 1999 publication of To Err is Human raised awareness of medical errors in the United States. This report estimated that preventable medical errors are associated with upwards of 98,000 deaths annually. Communication breakdowns among healthcare teams are noted to be a leading cause of errors. Since the release of this IOM report numerous organizations, including The Joint Commission (TJC), Institute for Healthcare Improvement (IHI), the National Quality Forum (NQF), and the Accreditation Council for Graduate Medical Education (ACGME) have documented the significance of teamwork and communication on improving patient safety. In 2006, the Agency for Healthcare Research and Quality (AHRQ), in collaboration with the Department of Defense (DOD) released Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) as the gold standard for team training in health care. TeamSTEPPS is an evidenced-based teamwork system geared to optimize patient outcomes by improving communication and teamwork skills among healthcare professionals. The purpose of this process improvement project was to implement and evaluate the effectiveness of TeamSTEPPS training and tools in promoting a culture of teamwork in the University of Maryland’s Adult Emergency Department (AED).

References

Contact
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Purpose
The purpose of this presentation is to describe the barriers and promoters for nurses’ participation in cancer treatment decision making process and patient satisfaction with treatment decision.

Target Audience
Nurses, nurse practitioners, nurse administrators, nurse educators

Abstract
Purpose: To examine the barriers and promoters for nurses' participation during cancer treatment decision making (TDM) process and to describe the nurse and nurse practitioner's (NP) perspectives on their personal beliefs, values, and attitudes relevant to their participation in cancer TDM.

Study Design: Descriptive, cross-sectional study using a semi-structured interview schedule.

Setting: Inpatient and outpatient oncology settings.

Sample: The study sample consisted of thirty nurses and nurse practitioners who are actively involved in direct patient care (see Table 1 for further demographic description). All thirty participants have completed the interviews, but only 21 interviews have been transcribed and verified and they are included in this preliminary analysis. Complete analysis of data from all thirty participants is expected to be completed in March 2015 and full data analysis and findings will be reported in the July 2015 conference.

Main Research Variables: Barriers and promoters for nursing participation in cancer TDM, nurse's values, beliefs, attitudes related to participation in the decision making process.

Analytic Procedure: Directed content analysis procedures were used to develop major themes from the nurse and nurse practitioner participant interviews. Initial categories and their definitions were developed based on a literature review on factors influencing cancer treatment decisions and integrative review on barriers for nursing advocacy. Transcriptions of digital audio files were completed by three trained graduate students, SPM, NYS, EM and transcription verification was conducted by the lead researcher, JDT. Interview text was read line by line by JDT and then imported to NVivo 10 (QSR International, Victoria, Australia), a qualitative data software analytic program. Initial categories and definitions were also imported to NVivo. Data coding were performed by two trained graduate students, SPM and NYS. Initial and emerging categories were reviewed and discussed again among four members of the research team, JDT, SPM, NYS and EM after coding 50% of the preliminary data. Coding comparison query was completed to check for at least 80% agreement between two coders as required by consensual validation process. Full agreement between SPM and NYS in terms of coding scheme and their definitions was reached utilizing the process of consensual validation. The overall project coding agreement was excellent at 94.3%. Ongoing in-depth discussions and agreement about the wording of final themes, factors encompassed by major themes and definitions were carried out by the entire research team.

Results: The following major themes relate to the barriers for nurses and NPs' participation in cancer TDM:

1. Practice barriers - non-nursing responsibilities take away time from patient; no representation of nursing in tumor boards or grand rounds; lack of uniform practice standards for nursing participation in cancer TDM; participation varies from one practice to another practice; nursing perspective is not being
seek out by other health care team members; not having enough nursing input in treatment decision making.

2. Patient barriers - lack of patient's emotional and mental readiness to participate in cancer TDM; patient's high anxiety level due to new diagnosis of cancer makes it difficult for patient to participate in TDM process; patient simply lacks willingness to learn.

3. Institutional policy barriers - presence of institutional policy that restricts the role of nurse practitioners in relation to clinical and treatment decision making; policy requiring physician supervision instead of collaboration between physician and nurse practitioner. Existence of policy that represents misinterpretation of scope of practice for NP. Lack of institutional policy that allows specific block of time for nurses to provide patient education about therapy.

5. Professional barriers - lack of professional training and experience; when nurse practitioners are not having formal training regarding their job and lack professional experience, they are less likely to participate in cancer TDM; nursing colleagues holding nurse practitioners back from being autonomous practitioners; nurses not fully understanding the advanced role of nurse practitioners. When nurses are less valued by other health professionals and their opinions are dismissed because they are not evidence-based.

6. Scope of practice barriers - when nurse practitioners can't initiate new cancer therapy due to state or federal laws prohibiting it; when scope of nursing practice for NP is not autonomous and requires physician's supervision; when state or federal laws limit prescriptive authority for NP.

7. Insurance coverage as a barrier - when insurance does not cover certain therapies; when insurance does not reimburse or provide payment for nurses providing treatment education; when insurance payment for service is low, NP has to see more patients and will be forced to spend less time with patients due to high patient load.

8. Administration as a barriers - when administration does not provide adequate support staff to nurses and nurse practitioners; administration limiting the scope of practice of NPs.

The following major themes relate to promoters for nurse and NP's participation during cancer TDM:

1. Multidisciplinary or team approach - nurses and NPs participate more in cancer TDM when there is consistent multidisciplinary or team approach in the practice.

2. Nurses having a voice - when nurses and NPs believe they have a voice and feel that they could have an influence with the physician who ultimately makes the treatment decision, they are more likely going to participate in the decision making process.

3. Level of knowledge about the disease and its therapy - when nurses have adequate level of knowledge about the disease and its therapy, they are more likely going to have active, participatory role in decision making.

4. Nurse's personal value influences participation in cancer TDM - nurses who personally value participation in cancer TDM are more actively involved in the decision making process.

**Conclusion:** There are many barriers to the nurse and nurse practitioner's participation during cancer TDM. Nurses and NPs must continue to work rigorously in removing these barriers and they must strive to attain full level of participation during cancer TDM. Barriers must be addressed regularly to improve clinical outcomes related to cancer TDM, especially patient's satisfaction with treatment decision. Nursing interventions, nursing staff education and training, and policies that address these barriers must be developed in order to improve the level of participation among nurses and NPs during cancer TDM.

**Table 1. Demographics of Participants (N=21)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Response</th>
<th>%*</th>
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<tr>
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<td></td>
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<tr>
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<td>Not Working</td>
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<td>30-39</td>
<td>4.8</td>
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<td></td>
<td>40-49</td>
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<tr>
<td></td>
<td>50-59</td>
<td>42.9</td>
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</tr>
<tr>
<td></td>
<td>60+</td>
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<tr>
<td>Age</td>
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<td>4.8</td>
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</tr>
<tr>
<td></td>
<td>6-9 years</td>
<td>19.0</td>
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</table>

*% and N values based on the number of participants (N=21).*
<table>
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<th>Education (highest complete)</th>
<th>10 years and above</th>
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<td>Bachelor</td>
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<td>OP NC</td>
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<tr>
<td>NP</td>
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<td>Research RN</td>
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<td>OP RNC</td>
<td>19.0</td>
</tr>
<tr>
<td>Inpatient RN clinician</td>
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<table>
<thead>
<tr>
<th>Job title</th>
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<tbody>
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<td>OP NC</td>
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<tr>
<td>NP</td>
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<td>Inpatient RN clinician</td>
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</tbody>
</table>

Abbreviations:
OP – outpatient
NC – nurse clinician
NP – nurse practitioner
CNS – clinical nurse specialist
RNC – registered nurse coordinator

References

Contact
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Purpose
The purpose of this presentation is to discuss the effectiveness of using a modified early warning scoring (MEWS) tool adapted to include systematic inflammatory response syndrome (SIRS) criteria to decrease mortality, length of stay, and cost to treat septic patients.

Target Audience
The target audience of this presentation is registered nurse educators, administrators, and acute care bedside nurses with an interest in evidence-based practices related to improving patient outcomes by decreasing mortality, length of stay, and cost to treat septic patients.

Abstract
Purpose: The incidence of sepsis is increasing worldwide. Early identification of sepsis is critical to patient survival. Despite advances in the identification and treatment of sepsis 35-50% of patients still die (Cildir et al., 2012). Few tools developed from sound research have been introduced to address acute declines in patient condition outside of the intensive care unit (ICU). Testing of MEWS tools has been mostly retrospective and gaps exist in data related to reliability and validity testing and outcome measurement. Septic patients may experience sudden changes in status and quickly deteriorate requiring emergent medical management or cardiopulmonary resuscitative efforts. A modified early warning scoring (MEWS) tool incorporating crucial sepsis indicators could save lives. The purpose of this project is to determine if a modified early warning scoring (MEWS) tool adapted to include systemic inflammatory response syndrome (SIRS) criteria, can decrease mortality, length of stay, and cost to treat septic patients.

Methods: This study will use a comparative descriptive design. The charts of all patients diagnosed with sepsis will be evaluated during the six-month period from January 2014 to July 2014 prior to implementation of a MEWS tool with SIRS criteria and the charts of all patients diagnosed with sepsis from August 2014 to January 2015 after implementation of a MEWS tool with SIRS criteria will be evaluated. The research questions for this study are: 1) Is there a difference in mortality in sepsis patients scored using a MEWS tool as compared to sepsis patients who did not use the MEWS assessment tool? 2) Is there a difference in length of stay for septic patients post MEWS implementation? 3) Does use of MEWS tool decrease cost to treat septic patients? Descriptive statistics will be collected and reported on the mortality rates, length of stay, and cost to treat in both groups. A Chi-square test, alpha 0.05, will be used to determine if a proportional difference exists between the groups for each of the study variables.

Results: Data collection for this project is in progress.

Conclusion: Early warning systems facilitate identification of all at-risk patients. Nurses accurately identifying and regularly assessing patient vital signs, laboratory data, and other physiological findings are essential to a successful sepsis recognition tool. The researcher expects to find a MEWS tool which incorporates SIRS criteria will be effective in identifying adult hospitalized patients at-risk for clinical decline from sepsis and will decrease mortality, length of stay, and cost to treat.

References

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RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1
Job Satisfaction and the Impact of Immediate Recognition: Pilot Testing the Effectiveness of a KUDOS Program

Crystal Pellam, BSN, RN, USA
JoAnn D. Long, PhD, RN, NEA-BC, USA

Purpose
The purpose of this poster is to determine the effectiveness of a KUDOS program with a focus on nursing job satisfaction.

Target Audience
The target audience of this poster presentation includes nursing administrators, educators, and nurse researchers to evaluate the reliability of an immediate recognition program and to facilitate, transform, and strengthen job satisfaction of nurses.

Abstract
Purpose: Job satisfaction of nurses remains a global concern. Research suggests 42% of nurses perceive their skills and experience unrewarded. Despite knowledge of benefits arising from employee recognition, a gap exists informing how to best reward nurses. To effectively tackle the issue surrounding nurse job satisfaction, researchers must focus on reshaping current recognition programs supporting nurses in delivering comprehensive care. This research project examines factors enhancing job satisfaction emphasizing immediate recognition of nurses. Research suggests up to 35% of nurses are dissatisfied and intend to leave their current position. Kanter’s theory of structural empowerment and Hertzberg’s motivation theory assisted the current research to explain nursing influences on job satisfaction. The purpose of this poster presentation is to determine the effectiveness of a KUDOS immediate recognition program with a focus on nursing job satisfaction.

Methods: The pilot study will use a quasi-experimental pretest/posttest mixed methods survey design over a thirty-day period. The research questions for this study are: 1) What is the content validity of the PNJSS? 2) What is the reliability of the PNJSS? 3) Does the use of the KUDOS immediate recognition program increase nurse empowerment, teamwork, recognition, communication, and leadership as measured by the 1-7 point Likert-type PNJSS? The item level content validity index (I-CVI) was determined using (n=11) content experts employed in clinical nursing leadership. 2) Test-retest reliability using Pearson’s r correlation will be determined from a convenience sample of (n=30), and 3) Pilot testing of the KUDOS program will be conducted on a 38-bed unit with (n=65) nurses. Difference in the mean scores of the PNJSS at time 1 and time 2 will be analyzed using a paired t-test with an alpha level of < 0.05.

Results: Content validity index (I-CVI) was computed by counting the number of experts giving a rating of either a 6 (agree) or 7 (strongly agree) for each of the 13 items on the PNJSS. Three items with an I-CVI of .55 were subsequently deleted from the PNJSS. The remaining ten items ranged by subscale: Empowerment: .73-.82, Teamwork, .82-.91, Recognition, .64-.91, Communication, .91, and Leadership, .91. The scale-level index (S-CVI) was computed by calculating the proportion of the ten items given a rating of either a 6 or 7 by all of the eleven experts and was determined to be .86. Data collection for research questions 2 and 3 are currently in progress.

Conclusion: Evidence-based research suggests guided implementation of a KUDOS immediate recognition program may strengthen job satisfaction of the professional nurse. The findings from this pilot study will lay the groundwork for more extensive research in the future.

References

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Purpose
The purpose of this presentation is to describe our proposed study which will examine the process of the female sexual health assessment by Advanced Practice Nurses in a primary care setting to identify challenges and facilitators that prevent or empower adequate assessment of sexual function for female patients.

Target Audience
The target audience of this presentation is Advance Practice Nurses, more specifically Family Nurse Practitioners and Adult Nurse Practitioners. The valuable information has the potential to improve providers’ clinical practice and will contribute to better health outcomes for all female patients in the primary care setting.

Abstract
Purpose: Female Sexual Dysfunction (FSD), persistent, recurrent problems with sexual response or desire, affects an estimated 43% of women in the United States. Assessment of female patients’ sexual health is infrequent and inadequate among Advance Practice Nurses (APNs). Research suggests that limited time and inadequate communication skills are barriers APNs face when initiating and completing sexual health histories. Female sexual health history assessment is important because it could be a sign of underlying medical conditions and sexual health and satisfaction is vital for the patients’ overall well being. This study will examine primary care APN practice as it relates to the assessment of female sexual health. In particular, the study will explore (a) barriers preventing APNs from initiating and completing sexual health assessments, (b) facilitators to successful completion of assessments, (c) frequency of female sexual health history assessments by APNs in the primary care setting, and (d) perceptions of the assessment from the providers’ perspective.

Design: Grounded theory will be used to explore and describe the process of the female sexual health assessment by APNs from the perspective of APNs and develop a substantive grounded theory.

Methods: Setting: This study will be conducted at a minimum of three community based primary care health centers in New York City with ethnically and socioeconomically diverse populations. Sampling plan: Convenience sampling will be employed by sending invitations via email and postal service to members of the Nurse Practitioner Association New York State (the NPA NYS) Brooklyn/Queens Chapter and American Academy of Nurse Practitioners (AANP) practicing in Brooklyn, NY. Sampling will occur serially and will be ongoing. Maximum variation sampling will be employed to seek variability in the APNs gender, age, ethnicity, years of experience, average patient load, and diverse zip codes of Brooklyn based clinics where samples are recruited. Theoretical sampling will be used to ensure sufficient numbers of APNs are recruited. The sample size will be adjusted until data saturation is reached. Sample descriptors: Inclusion criteria for APNs are: (1) New York State certified; (2) Practice at community-based health clinics in Brooklyn, NY; (3) Care for cis-gendered female patients ages 18 and older receiving their primary care from the APN. Because continuity of care and related opportunity to establish therapeutic relationships is not generally possible with APNs who work per diem without regularly paneled patients, these APNs will be excluded. Data collection and analysis: Participants will complete a brief self-administered paper-and-pencil survey developed by the investigators to measure demographic characteristics (i.e., gender, age), clinical background (i.e., years in practice), working conditions (i.e., average patient load, health center zip code), and sexual health assessment experience (i.e., frequency). Semi-structured interviews will be conducted using an interview guide to assess whether and what barriers exist regarding the sexual health assessment, what facilitators assist with the process, and the perceptions of their assessments. Interviews will be conducted in a neutral and confidential environment and will be digitally recorded and transcribed verbatim. The data will be collected and stored responsibly to ensure confidentiality and anonymity for all participants. Initial data analysis, constant comparison of transcribed interviews, coding, categorizing, and memoing will determine if more data needs to be collected throughout the process. Data will be analyzed until themes emerge.
Findings: This study is in the proposal stage and thus findings are not yet available, however it is anticipated that findings will reveal that APNs do not adequately assess female sexual history in the primary care setting due to personal and system barriers despite widespread recognition of sexual health history as an important part of comprehensive health history.

Clinical relevance: The results of this study will be used to promote APNs self-reflection of their current practice as well as to understand common barriers APNs face while conducting female sexual health histories. Identifying the problem and its key elements is an essential step for the development of future studies with the focus on generating strategies to enhance APN clinical practice as it relates to sexual health, and as a result, improve health outcomes for female patients.

References

Contact
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Purpose
The purpose of this presentation is to inform nursing and healthcare professionals regarding sexually transmitted infection (STI) health literacy levels among emerging adults within an urban community setting.

Target Audience
The target audience of this presentation is registered nurses, advanced practice nurses, and educators - especially those who specialize in public health, pediatric/adolescent health, sex education, and family planning.

Abstract
Emerging adults, ages 18 - 29, hold the greatest number of changes in sexual partners and the highest rates of new Human Immunodeficiency Virus (HIV) and Sexually Transmitted Infections (STI) contractions when compared to all other age groups (CDC 2011). Unfortunately, the majority of existing STI and HIV contraction research focuses on the adolescent period of development, ages 14 to 18. Thus, current research does not address the disparities facing emerging adults. This study has targeted STI health literacy among emerging adults in hopes of identifying possible gaps in STI knowledge. Three groups of students were surveyed from the following adult education centers and university in San Jose, California: The Center for Training and Careers (CTC), Metro Education District – Silicon Valley Adult Education (SVAE), and San Jose State University (SJSU). A heterogeneous sample of 86 Students (63% Hispanic, 10% Asian, 7% multiethnic, 7% Black/African American, 3% White/Caucasian, 3% unknown, 2% American Indian/Native American/Native Alaskan) between the ages of 18-29 were recruited from three educational institutions in San Jose, California. Quantitative data were collected from participants using two instruments, a Knowledge scale (originally adapted from the AIDS Risk Reduction Model) and a Demographic survey. The Demographic survey was created to include factors that may influence STI contraction and sexual risk behaviors such as: education level, previous STI contraction, socioeconomic status, criminal background, ethnicity, and various parental information. Results, related to the small sample size (N=86), did not display statistical significance for the majority of the demographic information. Data analysis revealed that there were no distinct discrepancies in STI health literacy between gender [99% confidence interval (CI); p = 0.588] or ethnicity (CI= 99%; P = 0.498). Among the participants, there were large gaps in socioeconomic status and education, with 70% of participants living under the poverty line, and only 50% possessing a high school diploma. The sexual risk survey revealed that 50% of participants “did not know” if they had received the human papilloma vaccine (HPV). Additionally, participants who stated that their community was at no risk of STI contraction scored significantly lower on the Knowledge Assessment than their counterparts who stated that their community was at risk (CI= 95%, P = 0.027 for the total sample and CI= 99%, P = 0.004 for females). The data revealed knowledge deficits in regard to the spread of HIV/AIDS, HIV testing, HPV, and HPV implications. The results regarding risk perception and knowledge deficits are important to the construction and design of future STI health education courses and the evaluation of current programs.

Keywords: STI, Health Literacy, Emerging Adulthood, HIV/AIDS

References

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Diabetes Prevention for At-Risk Puerto Rican Adults in a Faith-Based Setting

Sylvia Torres-Thomas, PhD, RN, USA

Purpose
The purpose of this poster is to present preliminary findings of a faith-based, culturally-tailored diabetes prevention intervention for at-risk Puerto Rican adults that used health threat messages and dietary skill-building exercises to motivate health behavior change.

Target Audience
Nurses and other public health educators interested in community-based disease prevention interventions for Hispanic populations, particularly Puerto Ricans.

Abstract
Purpose: Diabetes is a growing health threat among Hispanics living in the United States (US), and ranks as the fifth leading cause of death (Heron, 2013). Current evidence supports diabetes prevention programs for individuals who are at increased risk for diabetes. However, few interventions exist for Hispanics, and even fewer have focused on Puerto Ricans (Rosal, Borg, Bodnelos, Tellez, & Ockene, 2011), who have the highest rate of diabetes among Hispanics (Centers for Disease Control and Prevention, 2014). This faith-based study evaluated the impact and feasibility of two key diabetes prevention components—a diabetes health threat message and dietary skill-building exercises—that were culturally-tailored and incorporated spirituality for Puerto Rican adults, who were at-risk for diabetes.

Methods: A pretest-posttest, concurrent mixed methods design was used to gather data on a purposive sample of 24 Puerto Rican adults, who had a family history of diabetes or believed they were at-risk for diabetes. Quantitative data included demographic surveys and measures of acculturation, spirituality, health threat perceptions, dietary self-efficacy, and dietary patterns, and biological measures of weight, body mass index, and fasting blood glucose levels. Qualitative observational data were collected in field notes during each meeting and during focus group interviews. This faith-based study was conducted in a Spanish-speaking church in the Orlando, Florida area. The 6-week intervention infused Puerto Rican cultural elements and scriptural, faith-based messages into a diabetes health threat message about the consequences of diabetes, and into dietary skill-building exercises aimed at improving dietary behaviors. The study concluded with a dinner of adapted traditional recipes prepared and shared by the participants.

Results: Analysis of the quantitative data showed significant increases in participants’ perception of diabetes severity, and there were significant improvements in dietary self-efficacy and dietary patterns at posttest in comparison to baseline. There were also significant moderate correlations between perceptions of diabetes severity and weight loss, dietary self-efficacy and improved dietary patterns, and also between dietary self-efficacy and fasting blood glucose levels. Analysis of the field notes indicated that the intervention was well received. Moreover, the data support feasibility for the intervention that had no attrition and a weekly attendance rate of 58%.

Conclusion: Study findings support diabetes prevention intervention strategies that incorporate cultural elements and spirituality into a diabetes health threat message and dietary skill-building exercises to motivate positive dietary behavior change in Puerto Rican adults who are at-risk for diabetes.

References

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Purpose
The purpose of this study is to demonstrate an innovative education delivery model of the triage process to increase knowledge of registered nurses in the emergency department. This curriculum development will improve knowledge base of nursing staff, improve staff satisfaction and competency of care.

Target Audience
The target audience for this presentation are registered nurses in the emergency department. This presentation is also intended for educators throughout all disciplines in the use of innovative models to foster education of the adult learner.

Abstract
Background. Hospitals in recent years have shown an increase in overcrowding in their emergency departments due to hospital closures, lack of primary care and an aging population. Many patients are not receiving appropriate timely care, which may result in delays in treatment, adverse events, and even death. "Triage is defined as the process of sorting and prioritizing patients for care" (Moller et al., 2010, p.746) Critical thinking is necessary for the triage or "sorting" and the identification of the ill patient is an important process to avoid adverse events.

Purpose. The purpose of this study is to demonstrate an innovative education delivery model of the triage process to increase knowledge of registered nurses in the emergency department. This curriculum development will improve knowledge base of nursing staff; improve staff satisfaction and competency of care.

Theoretical Framework. The adult learning theory model by Malcolm Knowles is used in this educational program. In this learning theory, Knowles examined adults learners and described the difference from children. Knowles believed education should be adapted to their learning process. Knowles identified 5 characteristics: self-concept, experience, readiness to learn, orientation to learning and motivation to learn. This model can be used in the educational model as they approach learning a problem-based manner through collaboration with educators and learner. This approach fosters the learning of the population of interested, emergency department registered nurses. These are adult learners who are required to use critical thinking skills to provide care for patients in need. This learning model is necessary for the education of triage in the emergency department.

Review of Literature. The review of the literature provides evidence of the Emergency Severity Index (ESI), as refined and validated triage method which helps assess, carefully allocated and plans on the amount of resources needed to care for patients. Studies showed that triage nurses are often faced with many challenges such as lack of formal training, high patient volume, staffing, rate of ED occupancy, inpatient bed availability, interruptions, and lack of privacy. (Fernades et al., 2005) Many studies proved "formal education, emergency nursing experience for new triage nurses, and positive reinforcement from management for timely and accurate decision making" showed positive outcomes for patients and staff satisfaction. (Cone and Murray, 2002) Standardized training for assessment, documentation, and ESI implementation is critical to provide consistent care." (Dateo, 2013) Several studies have continued to recognize a combination of education in simulations, thinking aloud, reflection, and incorporation of decision rules lead to a more accurate triage decisions. (Cioffi, 1999)

Methods. Nurse Practitioner will educate Registered Nurses in the emergency department on the evidence-based practice of 5 tier triage system. Education will occur via mix educational methods of a PowerPoint presentation, role-play with use of paper models, case study and preceptorship. This will be a prospective or cohort study to study the effect of nurse practitioner led educational program for registered nurses. A convenience sample of (n=30) will be used. Registered nurses will perform two exams one prior education intervention and a post-test after intervention. They will also complete a survey via Likert scale to evaluate
satisfaction and effectiveness of program. Finally, participants will be observed for accuracy of triage of patients in the Emergency Department to complete necessary competency of care of patients. Throughout the entire educational process registered nurses will be able to ask questions and be involved in an open discussion forum. Nurses will be allowed to debrief events in case studies and observational assessments of patients. Evaluation of program will occur through post-test, survey of program, appropriate triage level and disposition of patient.

**Results.** Pending. Preliminary data suggests improvement in nurses’ knowledge of triage system and satisfaction in program.

**References:**


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References


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Academic Leadership in Baccalaureate Nursing Programs: A Literature Review

Amanda C. Reichert, MS (NEd), MS, RN, USA

Purpose
The purpose of this presentation is to explore the evolution of the baccalaureate nursing school dean within the academy of higher education. A better understanding of the dean’s internal and external demands is needed to facilitate efforts directed at the recruitment and retention of 21st century academic leaders.

Target Audience
The target audience for this presentation consists of nurse educators, nurse researchers, and clinicians.

Abstract
Background: The aging population, lack of succession planning and leadership development in health care, and long term effects of America’s economic down turn in 2008, have been identified as factors contributing to the imminent health care leadership crisis forecasted in the coming decades (Balogh-Robinson, 2012; AACN, 2014). By 2025, a shortage of between 300,000 and one million nurses is predicted (IOM, 2011). As a result of the aging workforce, seventy-five percent of nursing’s current leaders will leave nursing by 2020 (IOM, 2011). Recruiting and retaining faculty is a major challenge facing nursing education leaders (Balogh-Robinson, 2012). Without the recruitment and retention of faculty, opportunities for new faculty to advance into leadership positions are limited.

As deans are charged with the creation and evolution of successful nursing programs, a dire need continues to exist for the discipline to foster the advancement of more academic nurse leaders from within the ranks of nurse faculty. Baccalaureate nursing school deans are essential in this development and are needed to foster positive, supportive, and intellectually rewarding work environments. As the current health care system demands more from the nursing workforce, nurse researchers must examine the evolution of the dean’s role and develop a deeper understanding of the qualities and characteristics of effective leaders.

Aim: The literature review presents a synthesis of published literature related to leadership within the academic deanship in nursing education, issues deans face, and proposed suggestions for the recruitment and retention of academic nurse leaders.

Method: The framework for conducting the literature review was based on Polit & Beck (2012) guidelines for evaluating evidence. Approximately 225 articles related to the effectiveness of academic administrators, role preparation of deans and socializations of deans were reviewed. The publications were located utilizing the CINAHL, EBSCO Host, ERIC, and ProQuest online databases.

Conclusion: Academic leadership in nursing requires careful reflection of the skill set needed to lead a dynamic workforce in a complex and challenging health care environment. Limited available research yielded few studies outlining the roles and responsibilities of the nursing dean. Further research is needed to identify how nursing deans evolve in their role and what role preparation and other experiences deans perceive as essential for becoming effective academic leaders.

References

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RSG STR 2 - Rising Stars of Research and Scholarship Invited Student Poster Session 2
Narrowing the Digital Divide: Best Practices in Group Work

Ryann D. Fierro, BSN, RN, USA
Diane B. Monsivais, PhD, RN, CNE, USA

Purpose
The purpose of this presentation is to present an integrated literature review of best practice and/or recommendations for successful online group work.

Target Audience
Online educators and students.

Abstract
Problem/Background: Online learning provides students with an unprecedented flexibility for higher education opportunities, but also may often be accompanied by stressful challenges specifically related to the online environment. Without proper management of stressful online 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.

A recent survey (Incivility in Online Learning Environment (IOLE) survey (Clark, 2012)) at The University of Texas at El Paso (UTEP) School of Nursing was used to measure 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. The survey was completed by 100 participants (Faculty, n=23 and students n=67).

For students, group work was identified as one of the most common stressful challenges. Group work is defined as being assigned to work with a subset of the online class (typically 3-5 students) to complete an assignment. Reasons given by the students for the dissatisfaction included the perception that there was usually a group member who did not do his or her share of the work, or did not produce the work at an acceptable level. The other group members then had to work harder to earn a good grade which the underachieving group member then benefited from.

Additionally, communication problems related to work schedules or appropriate document sharing tools created further difficulties. These stresses produced instances of uncivil behavior toward each other which interfered with the learning environment, creating a “digital divide” among online group members.

Because group work has been shown to be an effective way of building collaborative online communities, we sought to find best practice strategies for implementing group work that would promote civil, successful learning environments and narrow the digital divide among students.

This presentation will present best practices/recommendations in the literature for managing the challenges related to group work, and how those practices can be used to create civil and successful learning environments.

Objective: Integrative literature review of best practice and/or recommendations for successful group work activities in the online education

Methods: The following PICO question guided the literature search.

Population: Graduate students in online programs

Issue of interest: Strategies for group work that facilitate civil and successful learning environments
C: Current practice

Outcomes: Recommendations from students and faculty about creating effective group activities

A librarian was consulted to assist with setting up the search

Databases searched were: CINAHL, ERIC, Academic Search Complete, Business Source Complete, Education Full Text-H.W. Wilson, Cochrane Library

Other sources: Campbell Collaboration, Best Evidence Medical Education (website), Faculty Focus Newsletter

Search terms: Online education, distance education, virtual education, group work, collaborative learning, best practices, guidelines or evidence based strategies.

Inclusion: Quantitative and qualitative articles from 2000 and later dealing with online education and group work experiences

Some of the most commonly recommended findings include

Emphasize value of group work

Provide guidance on skills needed to be successful

Limit group size

Allow students to self-select their groups

Provide means of reporting individual contributions as well as peer evaluations

Create clear timeline for phases of project

Establish goals and outcomes

The addition of specific school or university data (population-specific data), to best practice guidelines will allow the development of targeted, instead of general, strategies for managing the challenges inherent in online education and decrease the potential for uncivil classroom behaviors that interfere with student success.

References


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RSG STR 2 - Rising Stars of Research and Scholarship Invited Student Poster Session 2
An Inquiry into the Undergraduate Nursing Students’ Development of Clinical Judgment

Martha Kay Lawrence, MSN, RN, CCRN, USA

Purpose
The purpose of this presentation is to examine conceptualizations and practices around clinical judgment within the context of undergraduate nursing education; identify gaps in the nursing education literature related to clinical judgment. teaching/learning strategies; and propose directions for future research on strategies to enhance nursing students’ development of clinical judgment.

Target Audience
The target audience of this presentation is nurse educators, clinical preceptors, and researchers.

Abstract
Nurse educators strive to produce new graduate nurses with the competencies of the advanced beginner (Benner, Sutphen, Leonard & Day, 2010). Yet there is widespread recognition that recent graduates initially enter practice with limited preparation for providing safe nursing care to complex patients (Welding, 2011). Sound clinical judgment is an important aspect of providing safe care. Clinical judgment involves the nurse’s grasp of patient needs and the decision to take action (Tanner, 2006). The nurse with sound clinical judgment skills views the patient holistically, readily grasps salient patient needs, and anticipates potential changes in the patient’s condition in a timely manner (Hart, Maguire, Brennan, Long, Robley & Brooks; 2014). Inadequate clinical judgment skills may contribute to the nurse’s lack of self-confidence, leading to anxiety and hesitancy to communicate with other members of the health care team. Inadequate clinical judgment skills, including a failure to recognize crisis situations early enough to intervene, may contribute to adverse patient outcomes.

Better understanding the processes involved in the development of clinical judgment as an integral component of expert nursing practice is foundational to the implementation of effective teaching/learning approaches. To effectively teach clinical judgment, nurse educators need a clear understanding of the skills and processes involved. Tanner (2006) identified four aspects of clinical judgment: noticing, interpreting, responding and reflection. Each of these aspects presents opportunities for improvement of clinical judgment skills. Nurse educators have endeavored to take advantage of these learning opportunities through the use of numerous pedagogies. Among more recent methods are concept maps, high fidelity simulation and guided reflection.

Concept maps are visual representations of relationships between and among various aspects of patient information and care (Wilgis & McConnell, 2008). Gerdeman, Lux & Jacko (2013) studied students in their junior year of a BSN program using concept maps in combination with a self-evaluation rubric based on Tanner’s four aspects of clinical judgment. They reported that students found concept maps helpful in identifying areas of knowledge deficit, developing priorities, connecting knowledge to practice and developing a more holistic view of the patient. Each of these outcomes was in turn thought to enhance clinical judgment development. In both traditional clinical post-conferences and structured debriefings in simulation laboratories, guided reflection is a widely used teaching/learning approach in clinical nursing education.

According to Tanner (2006), reflection, the fourth aspect of clinical judgment, encompasses both reflection in action and reflection on action. Reflection in action enables the nurse to notice patient responses and adapt their interventions while reflection on action enables the nurse to develop expertise and knowledge for future use. For practicing nurses this reflection often occurs when there has been a breakdown in clinical judgment (Tanner, 2006), yet reflection on action is essential for the development of nursing expertise. In both traditional clinical post-conferences and structured debriefings in simulation laboratories, guided reflection is a widely used teaching/learning approach in clinical nursing education. In their investigation of reflective debriefing following simulation, Lavoie, Pepin & Boyer (2013) found that novice nurses reported improved prioritization and better understanding of how they arrived at decisions regarding patient care following reflective debriefing of a high fidelity simulation experience. Faculty can encourage reflection on the part of students by modeling this behavior themselves and guiding students by questioning them both individually and as a group in post clinical post conferences or simulation debriefings.
High fidelity simulation is a means of education that is becoming increasingly popular, with many nursing programs investing time and money in space, simulators and personnel (Lasater, 2007). Static manikins are a standard means of technical skill development for beginning nursing students. Since the early 2000s, the use of high fidelity simulation has grown, along with the notion that this clinical teaching method may have a number of advantages. These advantages include: an increase in students’ confidence, opportunity for faculty to validate students’ knowledge and skills, and enhanced acquisition of clinical judgment in a safe environment for students (Lasater, 2007). Various researchers have reported improved clinical judgment and increased student confidence as the result of use of high fidelity simulation (Kirkman, 2013; Lasater, 2007; Rhoden & Curran, 2005).

Concept mapping, structured reflection, and high fidelity simulation are examples of teaching strategies aimed at enhancing the development of clinical judgment in nursing students. All of these methods of enhancing clinical judgment show promise but there remain some additional areas to be addressed to further our understanding of this complex phenomenon. There are several gaps in the current literature. Foremost, there is little evidence about how simulated clinical judgment activities transfer to the clinical practice arena; the trajectory and persistence of gains in clinical judgment skills as nursing students graduate and transition into nursing practice, and the continued practice of reflection among practicing nurses. There is also a lack of information about how various pedagogies can be combined most effectively to enhance clinical judgment development in nursing students.

Most educational interventions involving nursing students are evaluated soon after they are implemented, while students are still in their educational program. There is a lack of research on translation to the clinical area for student nurses participating in clinical education, and there is little information regarding the clinical judgment abilities of practicing nurses who were educated using various pedagogies. High fidelity simulation in particular is complex. There are large areas unexplored ranging from scenario design to methods of enacting simulations to best practices in debriefing. In addition, a single pedagogy is rarely used in isolation. Exploration of how these methods are most effectively combined would be of great interest to educators. Potential questions for future research include: 1. What is the trajectory and longevity of gains in clinical judgment as students transition into practice? 2. To what degree are students who are observed to demonstrate improved clinical judgment in the simulation environment also observed to demonstrate improved clinical judgment in the clinical setting as students? 3. What experiences do identified expert nurses identify as major contributors to their development of expertise? 4. What are best practices for faculty to encourage reflection as a lifelong habit?

Building on the existing research in the areas of nursing expertise and clinical judgment, there is still a need to further research and understanding of best practices regarding the teaching and learning of clinical judgment. Such research would not only enhance nursing practice but contribute to improved patient care.

References

Contact
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The purpose of this presentation is to describe how to use interpretive phenomenological inquiry with a Gadamerian hermeneutic lens to explore the experience of fathering a premature baby. This presentation will describe how this approach will guide understanding of the paternal lived experience of having a premature baby.

The target audience of this presentation are nurse clinicians and nurse researchers. This presentation will describe how phenomenological inquiry will allow the researcher to explore the lived experience of fathering a premature baby. This knowledge will enhance understanding of the experience in order to provide family-centered care in the NICU.

Abstract

**Background:** Phenomenology is a perspective that helps researchers to explore and understand everyday experiences without having previous knowledge or personal insight about those experiences (Converse, 2012). It allows a process of reflective discovery as understanding takes place during the experience. Fathering a premature baby is a unique experience for men. Dialogue about the lived experience between the researcher and each father is considered a major event. Language is a way in which understanding and interpretation of an experience occurs and “all thinking is confined to language, as a limit as well as a possibility” (Gadamer, 1976, p. 127). Without someone to hear and understand another’s experience it could be said an experience did not occur. Language is so much more than an object in one’s hands; indeed, it truly holds traditions of a culture and is the medium in and through human existence and perception of the world (Gadamer, 1976). Meaning is not about the interpretation by the researcher, but more about meaning within the text of the experience and helps to resolve differences in understanding.

**Aim:** To describe the use of interpretive phenomenology, through the lens of Gadamerian hermeneutics, to explore the lived experience of fathering a premature baby.

**Methods:** Gadamerian hermeneutics can be used to understand the paternal lived experience of fathering a premature baby. The use of dialogue and language allow others to share their experiences or meanings while establishing new ideas or thoughts. The goal of research utilizing phenomenology and hermeneutics is to understand a phenomenon as experienced by a particular group of people, in this case the paternal experience.

**Results:** The importance of the findings of this type of research is to help nurses provide more meaningful patient care based on the lived experience of patients and their families.

**Conclusion:** A need exists for a deeper understanding of the paternal experience during the birth of a premature baby and effective interpretation of this experience must be gained. Therefore, the use of interpretive phenomenology, through the lens of Gadamer, is the most appropriate method for the investigation into this phenomenon.

**References**


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Purpose
The purpose of the presentation is to provide education about vitamin D deficiency in an at-risk patient population along with the incidences of comorbid conditions in childbearing women. In addition, it is to provide education about the importance of vitamin D education and intervention in childbearing women.

Target Audience
Nurses and Advanced practice nurses providing care for childbearing women

Abstract
Vitamin D deficiency is associated with many chronic health conditions such as osteoporosis, hypertension, and diabetes. Persons who are obese have low vitamin D levels. Low vitamin D levels have also been observed in persons who have depression and have potential adverse effects in pregnancy. African Americans have typically lower levels of vitamin D than Hispanics, but wanted to see if this held true in a predominantly Medicaid patient receiving care at an underserved health care center. A descriptive study was conducted to determine if there are any ethnic differences in the levels of vitamin D and the comorbid conditions (hypertension, diabetes, prediabetes, obesity, and depression) and associations among these variables in a low income population (45% AA, 55% Hispanic). Retrospective de-identified electronic medical record (EMR) data collected from June 2008 to June 2014 was utilized for this study. Inclusion criteria were: women aged 15 and 50 years of age, a serum vitamin D level in the EMR, and a current or previous diagnosis for pregnancy. Other variables included: age, ethnicity, type of insurance, body mass index, and comorbidities. The total sample size was 302 women who were classified using vitamin D guidelines as severely deficient (vitamin D < 10 ng/ml), deficient (vitamin D level 11 to 19 ng/ml), insufficient (vitamin D level 20 to 30 ng/ml) and sufficient (vitamin D level > 30). Findings indicated that 12% were severely deficient, 47% were deficient, 29% were insufficient, and 12% were sufficient. Although 88% of women had insufficient or deficient levels of vitamin D, only 5% had hypertension, 3% had diabetes, 12% had prediabetes, 28% had depression and 16% had anxiety. The major finding of the present study is that even though the percentage of comorbidities was relatively low, women who had a vitamin D level < 30 had a higher frequency of having the comorbid condition. African American women were more likely to be vitamin D deficient and had lower levels of vitamin D, and were more likely to be depressed, have prediabetes and have obesity when compared with Hispanic women. For example, 25% (34/138) of African American women had a severely deficient (vitamin D < 10 ng/ml) level compared with 7% (12/164) of Hispanic women. This study provides evidence for the prevalence of Vitamin D insufficiency/deficiency in the African American and Hispanic patient population but also recognizes ethnic differences in vitamin D deficiency which should be considered when caring for this vulnerable patient population.

References

Contact
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Purpose
The purpose of this presentation is to 1) identify whether differences exist in evidence-based cancer pain treatment practices in an age- and gender-matched sample of older African- and European-American hospice patients at the end-of-life and 2) suggest practice changes reflective of the Institute of Medicine (2011) recommendations.

Target Audience
The target audience for this presentation represents nurses from a range of specialties and care settings such as the following: oncology, geriatrics, transcultural nursing, hospice, long-term care, and home health care.

Abstract
Differences in the experience and treatment of cancer pain between African American and European American adults in community settings are noted in the literature. However, little is known about the treatment experience of older African Americans and European Americans in hospice settings at the end-of-life. Evidence shows that African Americans utilize hospice services less often, and report higher cancer pain intensities but receive less optimal treatment despite the availability of best practices for cancer pain management. The purpose of this study is to determine if there are differences in best practice cancer pain treatments in a matched sample of older African Americans and European Americans in hospice at the end-of-life. To determine this we asked the following questions: Are there racial differences in non-drug and pharmacological treatments ordered and taken? Are there differences in implementation of best practices for cancer pain treatment? To answer these questions, we will conduct a secondary data analysis of a robust data set from a translating research into practice (TRIP) cancer pain management intervention study. Our sample includes 134 older African American and European American hospice patients with various types of cancer matched by age (±1 year) and sex. Based on the literature, we hypothesize that there are differences in pain intensity, treatments ordered and taken, and implementation of evidence-based practices for cancer pain management between African Americans and European Americans.

References

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RSG STR 3 - Rising Stars of Research and Scholarship Invited Student Poster Session 3
Maternal Feeding Practices in the Border City: A Secondary Data Analysis

Juan Antonio Lira, BSN, RN, USA
Victor Ramos, BSN, RN, USA

Purpose
To present results from a secondary data analysis on the relationships among income, WIC participation, and acculturation on infant feeding practices.

Target Audience
Our target audience is nurses, nutritionists, health care providers, nurse educators.

Abstract
Purpose: To examine the relationships among family income; Women, Infant, and Children (WIC) participation; and acculturation with infant feeding practices.

Methods: A secondary data analysis was conducted from an original cross sectional study data set. Using convenience sampling, data were collected from a sample of $n = 116$ subjects drawn from three study locations in South Texas. Multiple linear regression analysis was used to analyze the data.

Findings: We found that mother’s WIC participation was inversely associated with infant feeding practices. Family income and acculturation did not show any significant relationship with infant feeding practices.

Conclusion: Our findings indicate that mother’s participation in WIC programs is likely to influence infant feeding practices. We recommend that WIC programs be tailored to enhance infant nutrition to curtail child obesity.

References
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Effectiveness of Abstinence-Only Education and Comprehensive Sexual Education in Reducing Teenage Pregnancy in the U.S.

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Purpose
Sex education has been incorporated into the US school system in efforts to reduce teenage pregnancy, yet the efficacy of the teaching methods to deliver such programs remains unclear. The purpose of this presentation is to examine if teaching delivery methods of sexual education are linked with decreased teenage pregnancy.

Target Audience
This presentation is designed to address a target audience of school nurses and policy makers at the school system level who are in charge of sex education curriculum development and program implementation in the school settings.

Abstract
Purpose: Although the United States is considered one of the developed countries, the high incidence of teenage pregnancy in this country continues to remain a significant health concern. Although formal sex education has been incorporated into the United States school system, the method by which such a program is being presented continues to be a topic of debate. Abstinence-only sex education and comprehensive sex education are the two predominant methods of delivering sexual health education to US teens. However, it is not known which of these methods are associated with reduced teen pregnancy. Using the PICO (Problem, Intervention, Comparison, Outcome) framework, we examined which of the above delivery methods of sex health education are associated with reduced teenage pregnancy.

Methods: A search of the literature using the CINAHL, MEDLINE and PUBMED databases was conducted. Specific keywords such as “teenage pregnancy”, “adolescent pregnancy”, “teenage girls”, “abstinence education”, “abstinence counseling”, “sexual education”, “comprehensive sex education”, “sexual health”, “birth control”, “U.S. schools”, and “school role” were used in the search of the literature. Studies that were conducted among US teenagers between ages 13 and 19, and were published between the years 2004 and 2014 were included in the review. The initial search yielded 252 research articles. Articles that did not meet the inclusion criteria were excluded.

Results: The comprehensive sex education method was found effective in reducing teenage pregnancies. Such teaching method was found to provide more complete and accurate information to teenagers on sexual health.

Conclusion: The comprehensive sexual education method was found most effective in reducing teenage pregnancies in the US when compared to abstinence-only sex education method. Such methods designed to cover all topics of sexual health including various forms of contraception, awareness and education related to the transmission of sexually transmitted infections, and abstinence as a choice rather than the only option available to adolescents was associated with reduced teenage pregnancy rates. For such programs to be effective, it is recommended that these be delivered by trained school nurses.

References
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RSG STR 3 - Rising Stars of Research and Scholarship Invited Student Poster Session 3

Which Cardiac Catheterization Procedure is Associated with Fewer Complications: Transradial or Transfemoral?

Crystal Botello, BSN, RN, TNCC, ENPC, ACLS, PALS, USA
Jesse Coe, BSN, RN, ACLS, BLS, USA

Purpose
The purpose of this presentation is to provide a comparison in terms of patient outcomes between transradial and transfemoral cardiac catheterization approaches among adult patients over the age of 40 requiring cardiac catheterization or percutaneous coronary intervention.

Target Audience
The target audience of this presentation is geared towards nurses, nurse educators, nursing/hospital administrators, and nursing students.

Abstract

Purpose: To determine which approach between the Transfemoral approach (TFA) and Transradial approach (TRA) is associated with fewer clinical complications in adults over the age of 40 requiring cardiac catheterization or percutaneous coronary intervention.

Method: The Population, Intervention, Comparison, and Outcomes (PICO) framework was used to answer the aim of the project. Databases such as CINAHL and PubMed were used to retrieve pertinent literature spanning the years between 2009 and 2014. Articles were searched by using specific keywords such as “cardiac catheterization approaches” and “percutaneous coronary intervention approaches.”

Results: The TRA showed reduced time of patient immobility, and a decrease in common complications including: bleeding at access site, formation of hematoma, and vascular complications. Likewise reduced morbidity, length of hospital stay, and costs were found using the TRA approach. Although the TFA was associated with less cannulation time, less use of contrast media, and a greater success rate at site of puncture, the TRA is associated with better patient outcomes.

Conclusion: The TRA was associated with fewer clinical complications among adults undergoing cardiac catheterizations or percutaneous coronary interventions. Although this approach was associated with better patient outcomes, the inadequate use of the TRA in the US may be due to the learning curve of interventional cardiologists.

References

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RSG STR 3 - Rising Stars of Research and Scholarship Invited Student Poster Session 3
Centering Women and Newborns in Health Human Resources Planning: A Needs-Based Approach to Inform Innovative Care Delivery in Primary Maternity Health Care

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Gail G. Tomblin Murphy, PhD, MN, BN, RN, Canada

Purpose
to describe theoretical underpinnings, design, results and policy, practice and planning implications of a sequential quantitative-qualitative mixed methods study aimed at identifying the primary maternity health care needs of women and newborns in Nova Scotia, Canada.

Target Audience
nursing and health researchers, policy and decision-makers involved in health human resources and/or maternal-newborn primary health care planning, mixed methods researchers, nurses, perinatal and primary health care team members who care for women and newborns, health professional students involved in research and/or the care of women and newborns

Abstract

Background: In the midst of a global health human resource crisis and with increasing health needs, decision-makers are seeking new ways of designing health care in all clinical settings, including primary health care. Evidence is mounting in support of creating collaborative service delivery models as effective and efficient health human resources (HHR) strategies. The intent is that new models of care delivery will ensure an adequate supply and appropriate mix of healthcare providers to meet health needs and to improve patient, provider and system outcomes. In maternity care, there is not only a shortage of maternity care providers, including nurses, internationally and within Canada there are also increasing maternal and neonatal health needs. Although new models of primary care delivery have begun to emerge to address both the shortage of care providers and to meet perinatal health needs, implementation of these models have been typically based on utilization patterns, supply of providers or costs. For primary care in general and maternity care, specifically, most of the planning for HHR has used age and gender standardized provider-to-population ratios that assume that the number of providers determines services and that levels of service are optimal or that health needs of populations will not change. Although some research has included needs-based planning for perinatal services as part of planning for specific provider groups or for health services in developing countries, no study has used needs-based health human resources planning to plan for human resources specifically for maternal and newborn care in Canada generally or in Nova Scotia specifically. Therefore, research to determine primary maternity health care needs is warranted to inform future maternity primary health care transformation. The purpose of this ongoing research is to identify the primary maternity health care needs of women and newborns in Nova Scotia. The purpose of this presentation is to describe the theoretical underpinnings, design, results and policy, practice and planning implications of a sequential quantitative-qualitative mixed methods study aimed at identifying the primary maternity health care needs of women and newborns.

Methodology: This sequential explanatory quantitative-qualitative study is informed by General Systems Theory, the Conceptual Framework for Needs-Based HHR and Health Systems Planning developed by Tomblin Murphy & O’Brien-Pallas and the related HHR Analytical Framework. The aim of the HHR Conceptual Framework is to guide the associations between relevant HHR and health system variables to determine the impact of those associations on system, health and provider outcomes. The aim is to determine whether efficient and effective human and non-human resources are achieved within broader health and social systems taking into account multiple contextual and processual factors. This is in keeping with General Systems Theory that focuses on the interconnectedness and interdependence of multiple large and small systems that are embedded within and also influencing each other.

Methods: Informed by established HHR frameworks, data from two data sources, the Canadian Community Health Survey (CCHS) (n=288; randomized stratified sampling) and the NS Atlee Perinatal Database (NSAPD) (n=17,824; entire 2009-10 population) were analyzed using univariate and multiple regression techniques to determine the health needs of women and newborns based on various health needs indicators. After data cleaning and imputation for missingness, the final sample from the NSAPD was n=10,812. Multi-level, backward stepwise regression was used to determine predictors of health needs based on age, income, area of residence,
maternal education, parity, method of delivery and race/ethnicity using evidence-informed health needs indicators. Through purposive sampling and using email and poster recruitment techniques, two focus groups and two interviews were conducted with women (n=22), 18 interviews with health care providers and 16 interviews with health leaders. A comprehensive codebook was created first containing ‘a priori’ codes based upon relevant evidence, the research purpose and questions and the related theoretical and conceptual frameworks. Additional (emergent) codes were added once a random sampling of transcripts was coded. Inter-coder reliability was completed with three research team members and minor changes to the codebook were incorporated. Qualitative data were analyzed using content analysis and an interpretive thematic analysis approach. Prior to the study commencement, ethical approval was received from the appropriate ethics committees.

Results: Relationships between specific determinants of health and maternal and newborn health needs were identified in the initial quantitative analysis and used to inform data collection and discussions in the qualitative phase. In the advanced analysis, a number of predictors (rurality, maternal education, maternal race/ethnicity and income) associated with a broad definition of health were found to increase maternal and newborn health needs. The needs varied in each phase of perinatal care—prenatal, intrapartum and postpartum/postnatal. Qualitative analysis identified that women, health leaders and providers recognize a lack of patient-centredness in our current system influenced by differing philosophical approaches, professionalization and health care funding models as well as a need for interprofessional and full scope practice. Qualitative findings contextualized and humanized the experiences of women, health care providers and health leaders while the quantitative analysis provided statistically significant and generalizable findings. Together, the integrated findings provided a comprehensive understanding of maternal and newborn health needs.

Nurses in both public health and acute care as well as those in leadership positions were included as participants in this study. Participants from all groups—health leaders, health care providers (nurses, midwives and physicians) and women provided examples of various ways in which nurses were and were not meeting the primary maternity health care needs of women and newborns in Nova Scotia. Therefore, the findings from this study support the need for ongoing support for nursing practice that is patient/woman-centered and that considers all the factors and determinants that influence the health of women and newborns. Moreover, participants in the study shared strategies that can be used for enhanced perinatal nursing practice.

The methods used and the findings from this study also highlight the need for improvements in how we measure health and health needs to inform how we design health human resources and deliver primary maternity health care.

Conclusion: It is anticipated that the integrated findings from this research will inform health human resources and primary maternity health care planning in Nova Scotia by identifying the health needs of women and newborns and in turn, informing different maternal and newborn care delivery models. From a nursing perspective, participants identified strategies to improve the care of women and newborns. Such strategies included recommendations to enhance relational and culturally competent and safe care as well as for collaborative practice models that support and/or expand nurses’ scope of practice. Practicing to full scope and being engaged with their health colleagues, increases nurses’ autonomy, improves nurses’ satisfaction with practice and has the potential to increase nursing recruitment and retention.

References

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Evidence-Based Symposia
A 14 - Integrating Active Learning and Innovative Teaching Strategies in a BSN Program to Support Success for Students and Graduates

NCLEX© Olympics: An Innovative and Interactive Approach to NCLEX© Preparation

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Purpose
The purpose of this presentation is to share an innovative and interactive strategy to assist graduates in preparing for NCLEX-RN© and prepare for transition into nursing practice. Outcomes include: • Reconnect with graduates waiting to take their NCLEX • Increase graduate confidence • Demonstrate support and care for recent program graduates

Target Audience
The target audience for this presentation is nurse educators who have the desire to develop innovative and interactive strategies to support their graduate's success.

Abstract
A challenge identified for Baccalaureate in Nursing (BSN) programs is to keep graduates engaged in preparing for the National Council State Boards of Nursing exam (NCLEX-RN©) in the weeks between graduation and taking the exam. One BSN program developed the “NCLEX Olympics” as an interactive, participative one-day event, with several intentions for this strategy. First, the faculty felt it was important to keep students engaged with their instructors in a learning environment immediately after graduation. Secondly, faculty wanted to increase graduate’s confidence as they prepared to answer multiple choice, alternate format, and innovative-style questions. The third aim was to demonstrate to graduates that their faculty truly cared about them and their success. By inviting graduates to return to campus for a fun, interactive day, faculty hoped to facilitate engagement in identified weak and challenging curricular areas, test-taking strategies, and provide a “high-touch” environment with a caring, collaborative atmosphere.

Prior to graduation, all graduates were required to achieve a benchmark score on the HESI Exit Exam. For each graduating group, faculty analyzed HESI Exit Exam results, particularly at the comparison of institutional results to national results. The faculty identified each high-risk, specialty areas. Four high-risk categories areas were recognized, categorized, and developed into fun interactive, mini simulation stations. Graduates were provided guidance and criteria, and asked to work through each scenario individually, with no prompting. At each simulation station, the graduates were awarded stars on a scorecard by a faculty, based on previously-established criteria. At the end of the day, the student’s scorecards were tallied and a gold, bronze, and silver medalist was awarded on an Olympic-like podium.

The “NCLEX Olympics” was a high energy day, with faculty “pumping-up” and interacting with the graduates. After the “NCLEX Olympic”, graduates were paired with a coach who contacted their graduates weekly to offer encouragement and support leading up to taking the NCLEX-RN©. By creating a learning environment that was engaging, fun, and non-threatening, graduates were able to address critical areas needed for NCLEX-RN© preparation and entry into nursing practice. For this campus, the NCLEX-RN© first time pass rates increased significantly as compared to the NCLEX-RN© pass rates prior to this intervention.

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Comparison of HESI Pharmacology Exam Scores Utilizing “Active Learning Classroom Techniques” in a Baccalaureate Nursing Program

Pamela L. Keys, MSN, RN, USA
Mary Judith Yoho, PhD, MSN, BSN, RN, CNE, USA

Purpose
The purpose of this presentation is to demonstrate the use of active learning strategies incorporating an active learning environment (active classroom) promote student engagement with opportunities for students to be motivated to learn course materials, have a sense of accomplishment, and take ownership in their learning experience.

Target Audience
The target audience for this presentation is faculty who are interested in developing critical thinking skills amongst nursing students by moving from traditional power-point lecture to incorporate engaging active learning strategies in an active learning environment.

Abstract
The use of active learning environments have been identified as settings which promote student engagement with opportunities for students to be motivated to learn course materials, have a sense of accomplishment, and take ownership in their learning experience. The purpose of study was to evaluate if nursing students taking a pharmacology course utilizing innovative teaching strategies in an active learning classroom environment would demonstrate increased HESI Pharmacology exam scores as compared to students who completed the pharmacology course in an online platform. The research question is: Do traditional nursing students taking a pharmacology course utilizing active learning teaching strategies/techniques demonstrate higher scores on the HESI Pharmacology specialty exam than students who completed the pharmacology course in an online platform?

This comparative study utilized a convenience sample of baccalaureate nursing students in their second semester of nursing that completed the Pharmacology course during the spring session (2014) after completing both sessions of pharmacology. The entire research group was composed of N=39 students both traditional and online students as participants of this study. The active learning classroom group had (N=24) students and online platform group had (N=15). The overall HESI outcome score of the active learning group (N=24) was compared to the online platform group (N=15) to note overall HESI score outcomes/differences. All the students completed this normalized computer-based pharmacology exam from a national testing company at the end of the course of which the scores were evaluated and assessed.

An independent t-test was used to compare the mean scores on the national normalized computer-based pharmacology test for the active learning group and the online platform group. The mean score for the active learning group (954, n=24) and (online instruction group 866, n=15) which showed a scoring difference of 88 points. To establish Homogeneity of Variances, using Minitab 17, demonstrated significance (p<0.046), indicating that the variances, were statistically significant at (alpha=0.05). This further shows the homogeneity of variance assumption for the t-test was supported. The conclusion for this study shows pharmacology students engaged in active learning teaching strategies (M=953, SD =140.76) had significant higher HESI scores than those who took the pharmacology online (M = 856, SD = 218.94), t (21 = 1.38, p< .05, d = .53). Summary aggregate data showed active learning group (N=24) had a range of HESI scores (707-1295) and online platform group (N=15) had a range of HESI scores (478 – 1186).

Preliminary data from this study supports the use of active learning teaching environment and teaching strategies to enhance student success while providing better preparation for the Pharmacology HESI specialty exam. With this small sample size, the results cannot be generalized until future studies with larger cohort groups can be analyzed. This study will hopefully inspire faculty to utilize teaching methods that will develop critical thinking, encourage ownership of learning from the students, and give new opportunities for engagement and excitement in the classroom. Active learning provides an experience that can be shared by the faculty and student, and further will shift the focus from faculty as lecturer to facilitator. Continued ongoing assessment and evaluation of future exam scores between the two groups of pharmacology sections (traditional active learning and online platform) will need to be examined to identify future nursing education implications and considerations.

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Exploring Creative Tinkering as a Pedagogical Instructional Methodology to Improve Success on NCLEX-RN©
Purpose
The purpose of this presentation is to share an innovative teaching strategy which includes the application of the Smart board Notebook technology as the strategy to integrate the philosophy of creative tinkering to build students’ knowledge of alternate format item success.

Target Audience
The target audience of this presentation is faculty, nurse tutors, and success coaches interested in expanding their teaching strategies by incorporating technology to teach students how to successfully answer alternate format and innovative test items.

Abstract
In 2000, the National Council for State Boards of Nursing (NCSBN), introduced alternate format item questions as part of the National Council Licensure Examination (NCLEX). Through the Chamberlain Care Student Success Model we identified student’s lack of experience with alternate format style questions. Our aim was to evaluate student preparation for NCLEX-RN© style questions using instructional technology to improve their performance. In addition, explore creative strategies guided by the Bricolage philosophy to integrate creative tinkering as a teaching methodology. This study used an exploratory method design. A retroactive data analysis was conducted using the results of the Assessment Technology Inc. (ATI) custom assessment. The assessment was administered over six months on 13 Chamberlain College of Nursing campuses across the nation to 645 bachelor’s degree nursing students in their junior year. The custom Assessment findings provided the impetus to determine an instructional technology that would serve to increase exposure to alternate items style questions. The researchers elected to apply Smart board Notebook technology as the strategy integrating the philosophy of creative tinkering to build students’ knowledge of alternate format item success. The results of this study provided nurse educators with strategies to improve NCLEX-RN© preparation on alternate format items by a substantial percentage. The results of this study provide nursing educators with strategies to improve NCLEX-RN© preparation using instructional technology that is creative and innovative.

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Purpose
This presentation will discuss: 1) the steps needed to build a program of transnational nursing research addressing issues of immigration health and 2) how to avoid/overcome potential barriers and enhance opportunities for learning and cross cultural understanding.

Target Audience
Nursing faculty, administrators and students who are interested designing and conducting transnational research.

Abstract
Introduction: The city of New Brunswick, NJ sits at one end of a transnational migration stream that begins in southern Mexico. Following an unprecedented influx of immigrants in the 2000s, 40% of the current full-time residents of New Brunswick are immigrant families from the poorest indigenous Mexican states, especially Oaxaca. Many of these immigrants are of indigenous ancestry, undocumented, and have limited access to health care services. In the spirit of transnational unity, Rutgers University established a Memorandum of Understanding (MOU) in 2009 with the State University of Oaxaca (SUNEO), Mexico to facilitate future academic and research cooperation and collaboration. Since that time, there have been a number of partnerships between the two schools developed to foster a greater understanding of issues concerning immigration health.

Program Development: In 2003 and 2008, Rutgers University sponsored two bi-national conferences with faculty from SUNEO to discuss issues of health across borders. Rutgers then reached out to leaders of New Brunswick's Mexican community, who subsequently developed relationships with faculty and staff of various departments and schools at Rutgers. In 2008, Dr. D'Alonzo partnered with Lazos America Unida, a community based organization, in a NIH-funded research study to train local Mexican immigrant women as promotoras de salud to facilitate a physical activity intervention for immigrant women. Dr. D'Alonzo also worked with the Mexican Consulate of New York and the National Alliance for Mental Illness (NAMI) to train men as promotores, to work with the Consulate to develop primary prevention programs to combat depression among immigrant Mexican men in NJ. In 2014, Rutgers faculty and students travelled to Oaxaca for the first Study Abroad trip. It was during this trip that tentative plans for a collaborative research project were introduced. Grant proposals have been submitted which would permit a small group of nursing students from SUNEO to visit Rutgers in the fall of 2015 and study with Rutgers students who plan to travel to Oaxaca in the spring of 2016.

Research and Learning Opportunities: Noting rapid weight gain among these Oaxacan immigrant women following immigration to the US, Dr. D’Alonzo developed plans to conduct a pilot binational study to explore the effects of acculturation stress on weight gain and allostatic load among Oaxacan immigrant women in NJ. Four students in the SUNEO nursing program

References:


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Colaboración Significativa: Preparación de Investigación y Oportunidades Educativas
(Meaningful Collaboration: Research and Educational Opportunities)

Corina M. Alba, PhD, RN, Mexico

Purpose
This presentation will provide insight on how to establish a transnational research and education project. Presenters will discuss the logistics around provide realistic solutions for challenges.

Target Audience
Nursing faculty, administrators and students who are interested developing transnational experiences for research, education, and practice.

Abstract
Introduction: The State University of Oaxaca (SUNEO) is a well-established university system that prepares professional nurses to meet the health care challenges and needs of the country. Nurses in Mexico understand that evidence based practice is essential to address the health care needs of citizens. The Global Forum for Health Research introduced the concept of the 10/90 gap. They note that only 10% of the global resources for health and healthcare resources are available for developing and low income countries that bare 90% of the global healthcare burden. Transnational research is a vital part of improving global health. Mexico is a middle-income country in the Americas and enjoys an established medical system. According the World Health Organization there are 88,678 professional nurses in Mexico. This translates to a nurse to patient ratio of 9/10,000. Their neighbors to the north in the United States enjoy a nurse to patient ratio of 94/10,000. Presently there is only one university in Mexico where nurses can earn a PhD and perfect research skills. There is currently only one PhD prepared nurse in the SUNEO system.

Beginning a transnational relationship: The relationship between Rutgers and SUNEO initially developed around a mutual concern for the health of immigrants from the Mexican state of Oaxaca.

In 2008, faculty and administrators from SUNEO and Rutgers co-sponsored a Health Across Borders conference. This marked the beginning of an academic partnership between the two nursing programs. Dr. Cori Alba Alba, who participated in that conference, returned to Rutgers in 2012 as part of a doctoral research stay with Dr. Karen D’Alonzo, and the two initiated plans for student and faculty exchanges between the two programs. Students from Rutgers visited SUNEO in the spring of 2014 and plans are underway to bring SUNEO students to Rutgers in the fall of 2015 to study with Rutgers students who will visit Oaxaca in the spring of 2016.

Developing a successful program: Planning for transnational education and research exchange takes a considerable amount of time. There must be interest from faculty and students and support from administration at the school and university level. There are a host of logistical issues that must be addressed. This presentation will address issues such as: faculty and student recruitment/interest, travel timing, passports and visas, currency, lodging, communication and language barriers. Opollo et al. developed a schematic to assist with transnational research. We will discuss our unique experience using the concepts of pre-entry, during field work, getting back and after field work.

References:

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Where’s the Beach? Planning Meaningful Transnational Experiences
Purpose
This presentation will focus on the pre, inter and post exchange learning activities. The presenter will discuss how to prepare students and faculty for a meaningful transnational learning experience.

Target Audience
Nursing faculty, administrators and students who are interested developing collaborative relationships for scientific inquiry, advancing pedagogy, and nursing knowledge and improving the health of vulnerable populations.

Abstract
Preparing Students: Research has demonstrated that study abroad experience are well received by students. However these experiences can vary from a few days to a full semester. Some are volunteer service learning experiences where students may connect with local non-governmental organizations (NGOs) and observe or volunteer with some community project. Others are more structured with learning outcomes and specific objectives for students. At Rutgers School of Nursing, Dr. Karen D’Alonzo developed a global health course that was targeted at nurses could benefit students from various health professionals. The course was taught on line and consisted of threaded discussions and covered topics such as global response to health threats, health inequities and regional differences in health care. These topics were intended to prepare the students for the working abroad experience. The presenter will discuss the travel logistics for the students (vaccines, passports, coordinating air travel). We will also discuss how to handle various student expectations regarding study abroad educational experiences.

Preparing Faculty: The presenter will discuss how the accompanying faculty was recruited and selected for the experience. Logistics such as timing, course obligations and responsibility for students will be discussed. In addition to providing technical research assistance for host faculty and students, visiting faculty were expected to provide a research presentation to the host students and faculty. Often times nurses in middle to low income countries have limited resources for teaching and providing health care. The presenter will discuss ideas and ways to provide necessary relevant nursing supplies for the host country. Faculty met frequently during the experience and upon return to the host country. Student evaluations and faculty feedback from the host and visiting countries were used to improve the course for the coming semester and plan subsequent research and educational experiences.

The Itinerary: The presenter will share examples of an appropriate itinerary that maximizes the use of student and faculty time while in the host country. Our contingency consisted of Junior and Senior faculty members, and an interprofessional student cohort from graduate and undergraduate health professions programs. Students were placed with host preceptors in their specialties for clinical observation experiences. Visiting students spent time with their host peers, shared meals in their cafeteria and worked with them to develop a community education project. This experience was an opportunity for visiting students to participate in nursing with their host peers. We will discuss the importance of daily reflective learning activities, cultural experiences and appropriate assignments, and evaluation matrix for these types of learning experiences.

References:


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C 14 - Interprofessional Team-Based Approach to Patients with Chronic Hepatitis C and Psychiatric Co-Morbidity

Chronic Hepatitis C: Background, Epidemiology and Clinical Features of the Population

Donald Gardenier, DNP, RN, FNP-BC, FAANP, FAAN, USA

Purpose
The purpose of this presentation is to describe the background including incidence, prevalence and key features of chronic hepatitis C and co-morbidity common in the population.

Target Audience
The target audience of this presentation is clinicians and clinical researchers as well as others interested in learning about novel, nurse-led approaches to the care of individuals with multiple chronic diseases.

Abstract
Hepatitis C virus is the most common bloodborne pathogen, affecting more than 170 million people worldwide. Chronic infection with hepatitis C is typically characterized by a long latency after which the sequelae of end-stage liver disease, including hepatocellular carcinoma and decompensated cirrhosis, contribute significant morbidity and mortality to the disease course. Approximately 75% of the chronically infected population in the United States was born between 1945 and 1965. While incidence of hepatitis C has been decreasing, progression to end-stage liver disease by the chronically infected population is expected to increase over the coming 10-20 years. Psychiatric co-morbidity and substance use are common in individuals with chronic hepatitis C infection. With the advent of more effective and better tolerated treatments for chronic hepatitis C, care providers have new opportunities to help avoid end-stage liver disease and liver cancer in this aging patient population. However, the same psychiatric issues that are common in the population may predispose individuals with hepatitis C not to initiate treatment or to nonadherence once on treatment, thus representing barriers to successful treatment outcomes. We adapted elements of supportive individual and group counseling, telephone consultation, and team consultation with structure designed to treat patients with psychiatric disorders. We used Fonagy's work on adopting an inquisitive, flexible stance rather than an expert role vis a vis our patients. Our team, which consists of a nurse practitioner, a social worker, and a patient navigator/care coordinator, has been able to successfully guide co-morbid individuals through chronic hepatitis C treatment and treatment complications.

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Chronic Hepatitis C and Mental Illness: Three Case Studies

Angela Woody, BA, USA

Purpose
The purpose of this presentation is to describe three patient exemplars and how integration and individualization of care led to successful treatment for chronic hepatitis C for all three patients.

Target Audience
The target audience of this presentation is clinicians and clinical researchers as well as others interested in learning about novel, nurse-led approaches to the care of individuals with multiple chronic diseases.

Abstract
Our patient navigator is the first-line team contact for patients with chronic hepatitis C enrolled in our interprofessional, team-based treatment model. Care integration for patients begins during the pre-treatment evaluation phase with a comprehensive health assessment, assessment of liver functioning, possible ongoing risk, behavioral health assessment and psychosocial assessment. The Psychosocial Readiness Evaluation and Preparation for Hepatitis C Treatment (PREP-C), a structured assessment interview focused on hepatitis C treatment, is a key part of our pre-treatment assessment. The PREP-C tool assesses nine areas of psychosocial functioning that are linked via evidence to successful hepatitis C treatment: motivation, information, medication
adherence, self-efficacy, social support and stability, alcohol and substance use, psychiatric stability, energy level, and cognitive functioning. Our three patient exemplars had previously been treated leading to basic knowledge of but also apprehensions about treatment. The PREP-C is used as an opportunity for collaborative education and setting of expectations for both patients and team members. The assessment reveals areas for intervention in order for the team to optimize chances for successful treatment. In formulating a workable plan, patients are engaged as partners. Compromise and adaptation were made by the patients as well as the team. In the case of two of our patient exemplars, special arrangements were made in order for the patients to consent to the regular blood draws required while on treatment. In another case, the team accommodated the patient’s request not to have office visits with the nurse practitioner (who remained involved in the patient’s care) as an accommodation with the goal of preventing reoccurrence of a previous psychological trauma. Roles and team contributions were made evident to the patients so that they could understand the resources available to them and access them readily. The navigator in turn mobilizes appropriate team resources to address the patients’ needs. This structured approach led to expeditious evaluation and treatment and was reassuring for patients. Using this method, we were able to avoid provider burnout and patients’ feelings of isolation by providing them with additional psychosocial support and ambulatory, emergency, and psychiatric care coordination. The team collaborated closely and communicated consistently with and regarding patients’ issues. Weekly case conferencing, with added conferencing as needed to address issues as they arose and to individualize care, led to speedy resolution of issues. In some cases, deviation from standard of care in order to address acute issues was also an effective tool to engage and support patients. When one of our patient exemplars developed psychotic symptoms while on treatment, team members guided the patient into emergency care and then to hospital admission. The team then worked with the patient’s family and the inpatient team to assure that treatment was not interrupted. To provide additional support, the patient navigator and social worker both visited the patient in the hospital but the nurse practitioner did not in order not to confuse the distinct roles of the inpatient and outpatient care teams. Similar rapid responses to acute symptoms and psychosocial issues allowed for treatment continuation and eventually to successful completion for all three patient exemplars.

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Interprofessional Team Management of Co-Morbid Chronic Hepatitis C: Discussion and Implications

Catherine Amory, LCSW, USA

Purpose
The purpose of this presentation is to review and discuss the implications of care provided by an interprofessional team to co-morbid individuals with chronic hepatitis C and psychiatric illness.

Target Audience
The target audience of this presentation is clinicians and clinical researchers as well as others interested in learning about novel, nurse-led approaches to the care of individuals with multiple chronic diseases.

Abstract
We employed an interprofessional team-based treatment program for individuals with chronic hepatitis C and comorbid psychiatric illness, operating with an inner-city primary care practice, to meet the needs of this patient population within our community. Our focus in this care model is a relationship-centered model of care. Given the high prevalence of mental illness among individuals with chronic hepatitis C, our care model focuses on meeting diverse patient needs simultaneously. Our interprofessional team has been successful in treating individuals with chronic hepatitis C and comorbid psychiatric disease as represented by three patient exemplars, all of whom had previously failed treatment attempts but succeeded in our model program. All three patients had significant symptoms of mental illness with borderline traits at baseline. All three had multiple crises while on treatment. All required our team to challenge our assumptions about adherence, and to modify usual care in order to preserve and strengthen our relationships with them. Through focused and ongoing evaluation and rapid response to emerging needs, we reexamined and reprioritized needs for each patient in order to continue to work with them. All three patients achieved sustained viral responses, indicating a durable eradication of the virus; essentially a cure. All three patients significantly increased their fund of knowledge about chronic hepatitis C and were able to demonstrate self-care behaviors as a result of our work with them. As our relationships with each of the patients deepened and their trust in our team increased, challenging behaviors decreased and our
sense of collaboration with patients intensified, in a sense becoming co-equal team members in their own care. Each patient was worth the effort. Our experience with these three patient exemplars brought us closer as a team, better integrated our work, and also increased our commitment to a care model characterized by flexibility and mobilization of resources specifically meant to address psychosocial barriers (such as mental illness) and link patients to appropriate and successful care. As a result, we determined that privileging relationship in health care works for patients and also for providers. Based on our experience, we believe this tailored care model can be adapted to treat other chronic illnesses in challenging comorbid patient populations.

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D 14 - Evidence-Based Practice Journey to Excellence: Impacting Local, Regional and Global Nursing Practice

Creating an Organizational Infrastructure as a Solid Foundation to Support EBP

Cindy Dawson, MSN, BSN, RN, CORLN, USA

Purpose
To describe creation of an organizational infrastructure to support evidence-based practice.

Target Audience
Nurses from a variety of settings with responsibility for leading and evaluating EBP, nurse leaders establishing and expanding an EBP program, or nursing faculty teaching EBP and systems leadership.

Abstract
Excellence through EBP begins with senior leadership creating a culture that transforms evidence into action through inspired nurses caring for patients and families. The vision for EBP must be outlined in an institution's mission, vision, and strategic plan. The relevance and importance must be visible, internally and externally, to achieve safe, high-quality patient- and family-centered care. Iowa's journey began in the 1980s with the first EBP project focused on improving pain management that predated The Joint Commission's regulatory standard. In 1989, a collaboration between visionary nurse leaders at the University of Iowa Hospitals and Clinics and the University of Iowa College of Nursing formalized joint sponsorship of an office to support research and EBP innovation while addressing patient needs. The Iowa Model of Evidence-Based Practice to Promote Quality Care was a groundbreaking early innovation that continues to guide EBP processes across the world. The chief nursing officer (CNO) strategically invested in EBP in order to demonstrate a clear impact through improved quality health care, staff development, and dissemination to the global nursing community. The CNO supported nurse leaders to provide EBP mentoring, programs, and resources for nurses and interdisciplinary teams. Shared governance and its structure were promoted with each committee having functional responsibilities supporting EBP. EBP projects and outcomes were, and continue to be, consistently reported within departmental, divisional, and unit committees. Consistent reporting supports coordination, identification of additional clinical issues, project progress, problem-solving, spread of EBP, and recognition of staff nurses and teams. This reporting was recognized as important, not only internally but externally as well, to create a venue for sharing and learning with clinicians across the world. In 1994, the first National EBP Conference provided an opportunity to learn about leading-edge EBP topics from national leaders and nurse-led practice changes and to engage in active networking. Important lessons learned in these formative years for creating an EBP culture will be presented including use of a multi-phased plan, the right infrastructure, and an organizational systems approach; including nurses from all roles, the interdisciplinary team, and key stakeholders; evaluating work for continuous improvement, demonstrating a return on investment, and watching for new opportunities; and to always mentor clinicians.

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Engaging Staff and Building Skills at All Levels to Lead EBP

Michele Farrington, BSN, RN, CPHON, USA

Purpose
To describe three programs developed for nurses to aid in creation of an EBP culture.

Target Audience
Nurses from a variety of settings with responsibility for leading and evaluating EBP, nurse leaders establishing and expanding an EBP program, or nursing faculty teaching EBP and systems leadership.

Abstract
An 18-month EBP internship program, first offered in 2001, was designed to help staff nurses address relevant clinical needs by applying the Iowa Model. Numerous positive outcomes have resulted including improved patient and family experiences, quality and safety, staff satisfaction, and a demonstrated cost reduction. Innovative practice changes have been shared extensively through presentations and publications. Additionally,
Interns who have completed the program report being prepared to mentor other staff nurses (n=38; mean=4.3; 1=strongly disagree to 5=strongly agree, Likert scale). This outcome along with recognizing the importance of local leadership on each unit for EBP success led to the development of an innovative role for staff nurses as EBP mentors. The importance of unit and organizational leaders with EBP skills was also recognized as a necessity in building a culture of EBP, therefore an advanced EBP program was launched in 2002. This program, strategically limited to 15-20 participants/program, was designed to promote networking and active learning through facilitated high-level discussion. Over 700 participants represent 250 organizations from across the United States and other countries. Nurse leaders learn to tackle the most challenging steps of the EBP process. Attendees take their learning back to their organizations and create a path for their own EBP journey. Participants state the program prepared them to lead EBP initiatives within their organization (n=604; mean=4.5; 1=strongly disagree to 5=strongly agree, Likert scale) and prepared them to train other nurses in the EBP process (n=586/597 or 98.2% report objective met). A third target program for creating an EBP culture includes a nurse residency program to provide EBP training for new graduates as they transition into their role as practicing nurses. Local EBP experts helped create basic tools to assist nurse residents to lead EBP changes (e.g., tools that help develop project focus, contracting for resources, planning pilots). These programs, available to nurses from across the country and around the world, collectively continue to make a significant impact on quality care and demonstrate value in having a comprehensive EBP program. Learning has occurred from the ups and downs of the EBP journey to excellence. Mentoring clinicians is a fundamental principle to put into action. Several essential steps are necessary to improve staff engagement such as encouraging topic selection by staff nurses; matching clinical, systems, and EBP expertise; starting with a small group of participants; tackling the challenging steps of implementation and evaluation; and creating plenty of networking opportunities.

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Leading EBP into the Future: Horizon Scanning and Innovation

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Purpose
To describe what the journey in EBP will look like in the future through horizon scanning and innovation.

Target Audience
Nurses from a variety of settings with responsibility for leading and evaluating EBP, nurse leaders establishing and expanding an EBP program, or nursing faculty teaching EBP and systems leadership.

Abstract
Through horizon scanning and innovation, the journey to excellence takes EBP into the future. Nurses’ roles supporting EBP have continued to expand in recent years. Staff nurses function as change agents, serve as clinical experts applying EBP, and represent all clinical areas on shared governance committees. Committee members make EBP actionable in patient care, bring clinical issues forward, help find resolutions, and actively share information bidirectionally between clinical area colleagues and committee members. Building on Bandura’s theory of self-efficacy, a tool to measure nurses’ confidence (self-efficacy) associated with EBP and execution of EBP was developed, the EBP Self-Efficacy Scale. This tool is used to target EBP education and training. Additional tools and resources, used internally and externally, have been developed to increase EBP self-efficacy and EBP skills. Implementation science has been used to guide development of a model specifically addressing the implementation step and a guidebook for the EBP process to direct teamwork toward sustained EBP improvements. EBP resource booklets that distill key information to the essential elements for busy nurse leaders to use “on the go” have also been developed. Concurrent to creating an EBP culture, time and attention have been focused on creating EBP resources to ensure safe and healthy working conditions for nurses. One resulting EBP initiative was development of a practical and innovative program to support nurse adoption of evidence-based physical activity strategies and mindfulness through simple three minute follow-along video segments readily accessed through the institution’s intranet. Sustaining an EBP culture requires a multifaceted approach with ongoing support to question practice, obtain resources and expertise to find the answer, use effective strategies when implementing a practice change, communicate practice updates at the unit level or across the system, and demonstrate an impact that is meaningful to patients, families, staff, and the organization. Staff members are supported to implement EBP through training, mentoring and resources and through EBP that focuses on promoting quality care and safe, healthy work environments. Successes are
celebrated in high profile forums valued by clinicians, colleagues, and senior leaders as each success sets a high bar for excellence to follow and supports continued innovation. As always with innovation and change, the next phase of the journey will involve looking for challenges just beyond the horizon and focusing concerted efforts on improving the patient experience, their self-care, and health promotion.

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Purpose
The purpose of this presentation is aimed to enhance the understanding of the Clinical Practice Guidelines for Quality Palliative Care so that they can be applied to start an evidence-based palliative care program and to improve quality of services for existing programs.

Target Audience
The target audience of this presentation is aimed toward clinicians and administrators who have interest in either developing or improving an existing palliative care service in a tertiary care setting.

Abstract
As a 731 licensed-bed facility in a large metropolitan area, our institution often receives patients with a wide array of complex diseases, trauma, and medical diagnoses, which prompted the early recognition and implementation of an adult Palliative Care Service (PCS) line within our facility in 2001. What started as a small palliative care (PC) consult service offered by a single Physician and two Registered Nurses has undergone a drastic metamorphosis, resulting in a robust program, with an interdisciplinary consult team (IDT) consisting of a Physician group, Nurse Practitioners, Social Workers (SW) and PC-trained Chaplains. Other elements of the PC program include a 16-bed inpatient PC unit, a nurse manager who oversees both the PCS line and the inpatient PC unit, and a program coordinator. We recently received our first recertification for Advanced Palliative Care from The Joint Commission (TJC). It was through our initial designation of this specialty certification that facilitated the growth of our well-established adult PC program and our rather newly developed neonatal program. Seemingly counterintuitive, the two diverse populations served by our service have morphed into a unified structural service line over the preceding two year time period. This structural homogeneity was achieved through a more stringent implementation of the Clinical Practice Guidelines for Quality Palliative Care (National Consensus Project [NCP] for Quality Palliative Care, 2013) to our PCS. This has led to a number of improvements within our service, from formalizing the structure of our service line, to improving the quality of care provided to patients and families, and most notably to our recent success in achieving our first recertification for Advanced Palliative Care from TJC.

A number of underlying tenets are contained within the context of the NCP guidelines and are defined within the 8 domains. Successful exhibition of the elements within each domain has streamlined our services and has provided insight for self-assessment and quality improvement. How these elements are demonstrated within each domain will be discussed in brief.

Domain 1: Structure and Process of Care focuses on the composition, training, education, of the IDT, which must provide coordinated assessments. According to the NCP guidelines, PC is best delivered by an IDT composed of the following disciplines: Physician, Nursing, SW, and Chaplain. Domain 1 also emphasizes quality assessment processes and improvements. Coordinated assessments and documentation are displayed through the development and use of discipline-specific PC note templates that are utilized within the Electronic Medical Record (EMR), which mirror one another. Substantiating PC-specific education is easily accomplished when IDT members are PC-certified within their respective discipline. All of our physicians are board certified for PC, our adult SWs are certified in hospice and PC SW and our NPs have recently completed the PC certification review course for APRNs with the intent to test in the near future. Although ineligible for certification in chaplaincy and PC, our chaplain residents have received ongoing education and training specific to PC. Annually, we conduct a least one quality improvement project augmenting the quality of services provided. We have participated in a number of research studies and members of our team have even served as the principal investigator in some. Finally, a number of national and international presentations have been done by members of our team.

Domain 2: Physical Aspects of Care highlights the assessment and treatment of distressing physical symptoms. Interventions delivered within our PCS are multifactorial and include interventions that are pharmacologic, non-pharmacologic such as aromatherapy and consultations for osteopathic manipulative medicine, interventional, and those that have a curative intent. We have also developed and utilize order sets...
within the EMR; members of our team attend weekly ICU multidisciplinary rounds; and our neonatal team attends the weekly "What's to Come" meeting that discusses high-risk obstetric patients within our community.

**Domain 3: Psychological and Psychiatric Aspects** focus on the collaborative assessment process regarding the aforementioned concepts. Collaboration with the family and the IDT is inherent to PC and this has been measured by our team by way of a core measurement for our TJC certification. Our team determined the percentage of family conferences that were multidisciplinary, establishing a goal, and included both elements. Furthermore, this domain now features needed elements required for a bereavement program, which is provided through our Pastoral Care Department. Our facility also employs Phoebe, our Canine Comfort companion who visits our facility each Monday but will make special visits when someone is in need.

**Domain 4: Social Aspects of Care** emphasizes the IDT execution of assessments to identify, support, and exploit patient and family strengths. PC referrals may be initiated by anyone within our facility who identifies PC needs and weeCARE, our neonatal PCS, is offered at any point during an infant's life, including inutero. PCS is also vastly immersed and involved within our community.

**Domain 5: Spiritual, Religious, and Existential Aspects of Care** defines spirituality and stresses the IDT's ability to tend to spiritual concerns throughout the illness, honing in on the expertise of an appropriately trained chaplain to explore, assess, and tend to identified needs within this realm. Shortly after achieving our initial certification, our PC chaplain unexpectedly died, leaving heavy hearts and a void to fill within our team. An attempt to find a hospital staff chaplain dedicated to our PC population was trialed however; our average monthly census approximates 200 patients. An initial in-depth spiritual/religious/existential assessment by a PC chaplain is required by TJC for all PC patients, which proved to be an unfeasible expectation for one person. To accomplish this seemingly insurmountable feat, we sought an alternative approach and broached the subject of partnering with our clinical pastoral education (CPE) department. The CPE directors and the PC leadership team composed an 8-week didactic curriculum differentiating and encompassing specific elements inherent to PC chaplaincy. This didactic was taught by both the CPE directors and the PC leadership teams and this was followed by 8-weeks of case presentations, laying the foundation of our new CPE-PC education model.

**Domain 6: Cultural Aspects of Care** exploits culture as a source of resilience and strength for patients and families. We have identified an invisible population in our adult facility, the children of those who are hospitalized and recently we have added a child life specialist to our IDT whose training has prepared her to meet the needs of this once invisible population. A number of other methods are also utilized to validate this domain.

**Domain 7: Care of the Patient at the End of Life** underscores the communication and documentation of the signs and symptoms of the dying process and further accentuates meticulous pain and non-pain assessments and interventions. *Life Transitions* is an informative booklet provided to families that describes the signs and symptoms of impending death. It is written in lay terms and is available in both English and Spanish. A butterfly magnet and a leaf with a drop of water are simple non-verbal symbols utilized within our institution. These non-verbally alert staff not directly involved in the patient’s care that this patient is imminently dying and that any interaction should proceed with discretion.

**Domain 8: Ethical and Legal Aspects of Care** highlights the importance of the IDT in advanced care planning through ongoing discussion regarding goals of care and execution of Advance Directives. Encountering ethical dilemmas is commonplace and the PCS seeks the expertise of our hospital's ethicist, who also plays a pivotal role as a member of our PC Steering Committee. The IDT acknowledges and addresses any legal concerns, which can be encountered in situations of futility and withholding and withdrawing life-sustaining medical interventions (ventilator support, dialysis, vasopressors, etc). A note template in the EMR is utilized when a patient or family has chosen to withdraw life-sustaining interventions. Our most recent venture has been in the development of our neonatal Donation after Cardiac Death protocol.

The PCS within our facility is a robust program that is comprehensive and focuses to enhance communication, provide family support and education, facilitate healthy coping, assist with ethical dilemmas, and establish realistic goals of care. A number of obstacles were encountered as we ascended to our first successful recertification. Hospital-wide staff education and preparation was and continues to be a challenge we encounter. A number of methods have been employed to continually educate more than 3,300 hospital clinical staff and nearly 1,200 hospital privileged physicians within our institution. Dependency on our PC Champion Committee, which is comprised of a representative from each of the inpatient units and departments within the hospital, is pivotal. The Champions meet monthly and take information back to their respective units to help define PC,
Differentiate between PC and hospice, and help identify appropriate patients in their unit that would reap benefits from PCS.

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Achieving Structural Homogeneity in Two Diverse Palliative Care Populations

Ashley Hodo, MSN, RN, USA

Purpose
The purpose of this session is to discuss the endeavor at a large metropolitan hospital to implement and grow a homogenous palliative care consult service that provides care to patients across the life span, beginning inutero.

Target Audience
The target audience of this presentation is aimed toward clinicians and administrators who have interest in either developing or improving an existing palliative care service through the use of evidence-based guidelines in a tertiary care setting.

Abstract
As a 731 licensed-bed facility in a large metropolitan area, our institution frequently receives adult patients with a wide array of complex diseases, trauma, and medical diagnoses. Our facility is also a tertiary referral center for women and infant’s health, signifying that a number of infants with complex medical diagnoses are triaged for treatments that are unavailable in some communities. In 2001, recognition of the patient complexity and illness severity of our hospitalized patients spawned the development of an adult Palliative Care Service (PCS). Initially this was spearheaded by two Registered Nurses and a Physician. Nearly a decade later, recurring themes between numerous families of our neonates were identified. The common themes that evolved were the inability to articulate prognosis, comprehend all available treatment options, and frustration expressed with fragmented care received across healthcare settings. Altogether, these needs spawned the development of our neonatal PC program.

Over the past 13 years, this formerly small service line has endured an extreme metamorphosis, blossoming into a robust program, with 2 distinctly different interdisciplinary teams (IDT) with one cohesive overarching structural umbrella, the PCS. Each team is comprised of the following disciplines: Physician(s), Nurse(s), Social Work(ers), and Chaplain(s). Other elements of the PCS include a 16-bed inpatient PC unit, a nurse manager who oversees both the PCS line and the inpatient PC unit, and a program coordinator. We recently received our first recertification for Advanced Palliative Care from The Joint Commission (TJC). However, it was through our initial designation of this specialty certification that facilitated the structural growth of our well-established adult PC program and our rather newly developed neonatal PCS, weeCARE.

Seemingly counterintuitive, the two distinctly diverse populations served by PCS have morphed into a structurally analogous service line over the preceding two year time period since our initial certification was awarded in 2012. Structural homogeneity was ascertained through more stringent and purposeful implementation of the Clinical Practice Guidelines for Quality Palliative Care (National Consensus Project [NPC] for Quality Palliative Care, 2013). This has led to a number of improvements within our service, from formalizing the structure of our service line, to improving the quality of care provided to patients and families, and most notably to our recent success in achieving our first recertification for Advanced Palliative Care from TJC.

To accomplish a homogenous structure, we were first charged with infiltrating the weeCARE Team, which was led by members of the healthcare team who had become jaded over the years. This fostered a negative environment dismissing a culture of accountability and causing this team to flounder. The PC leadership team, alongside the NICU manager, began attending the weeCARE meetings, which were occurring as frequently as every other week, yet this team was stagnant. A short time passed, and the jaded team members quickly disengaged, leaving a group full of spirit and optimism. Albeit small, the newly energized team quickly began to flourish and within less than a year after this team reformed, the weeCARE Team has consistently remained one that is in high-demand. For the past year, the expertise of the weeCARE Team has been called upon for approximately 25-30% of all the babies in the NICU at any given time.
Another essential element lied in defining and documenting our scope of service. This meant that our patient population must be clearly identified, which could have proven problematic for our neonates because we, ourselves were still trying to identify who these babies were. Because we were unable to clearly articulate this population, we maintained the stance of purposeful ambiguity so that defining the PC population was left to the reader to interpret. Our population was defined as persons with life-limiting, life-threatening, or life-altering diagnoses. Then we needed to define what PCS provides to patients and families of our population. Thoughtful wording was important in defining our services because following the launch of this new PCS in 2001; the purpose was to build a patient population in which to provide such services. Historically, the greenery and naivety of our forefathers who started PCS led the service down a tattered path of the chronic pain management service and the end-of-life care service. There have been great efforts and countless hours spent in educating the more than 3,300 hospital clinical staff and nearly 1,200 hospital privileged physicians within our institution to mend this path. Great strides have been made through our continued efforts and it is with this premise that we gave careful attention to wording when defining what PCS provides. Ultimately, we determined that the needs of our population would encompass elements such as: enhanced communication, clarification of information and choices for treatment, symptom management, advanced care planning, assistance with ethical dilemmas, facilitating healthy coping mechanisms, offering family support and education, ensuring that comfort care is optimized, and maintaining dignity.

Initial certification for Advanced PC was obtained in the latter part of November 2012. Although unsuccessful in receiving our official certification on the day of our site visit, we ultimately became certified within 2 weeks. The requirement for improvement (RFI) and action plan was due to the deficiency within our core interdisciplinary team (IDT). According to the NCP guidelines and to TJC, PC is best provided to patients, and only eligible for certification, when the core IDT is composed of each of the following disciplines: physician, nursing, social work (SW), and chaplain. A collaborative with the care transitions management department, which is responsible for the hospital SW who functions as discharge planners, was in place however; we lacked an integral piece of our adult core IDT, making our service deficient and ultimately cited with an RFI to rectify. After spending the day with our TJC surveyor, an action plan was quickly implemented. Within 2 weeks of implementing our action plan, we officially received our certification letter. In fact, in 2013, our PC SW became incorporated into the PCS department and no longer part of the Care Transitions Department.

Over the following 2 years, we continued to identify the benefits that come with what this scrupulous certification. Not only have we incorporated a dedicated SW to our team, but also have added additional SW team members to our adult arm and continue to have collaboration with the SW department for our neonatal population. Shortly after being awarded this certification, our PC chaplain unexpectedly died, leaving heavy hearts and another void to fill within our team. An attempt to find a hospital staff chaplain dedicated to our PC population was trialed however; our average monthly census approximates 200 patients. An initial in-depth spiritual/religious/existential assessment by a PC chaplain is required by TJC for all PC patients, which proved to be an unfeasible expectation for one person. To accomplish this seemingly insurmountable feat, we sought an alternative approach and broached the subject of partnering with our clinical pastoral education (CPE) department. The CPE directors and the PC leadership team composed an 8-week didactic curriculum differentiating and encompassing specific elements inherent to PC chaplaincy. This didactic was taught by both the CPE directors and the PC leadership teams and this was followed by 8-weeks of case presentations, laying the foundation of our new CPE-PC education model.

Because structural homogeneity was an important feat, electronic medical record (EMR) documentation needed attention. A collaborative effort between the PC coordinator and the IDT members of each discipline quickly ensued. Content development inherent to each core IDT discipline was underway in the development of EMR templates specific to PCS. Concepts specific to the scope of services provided by NPs, Physicians, SWers, and Chaplains, were identified and constructed into an initial consultation assessment and a follow-up note for each respective discipline. Each of the templates was created with elements required by the NCP guidelines. The initial assessment note for SW incorporates an in-depth psychosocial assessment and a follow-up template, which is less comprehensive than the initial assessment, incorporates interventions specific to the function of SW on the IDT. Initial assessments for Chaplains incorporate an initial comprehensive spiritual/religious/existential assessment that also focuses on anticipatory grief. The follow-up note template incorporates interventions specific to PC Chaplaincy, which can differ from interventions specific to hospital Chaplaincy. The initial consult templates for both Physicians and NPs are identical and heavily focus on the symptom assessment and management. The follow-up progress notes are also less comprehensive. Something unique to the construct of each of these templates is the documentation of a family conference or a family meeting that was multidisciplinary. Each of these EMR templates features this section and each team member
present for the conference or meeting documents this occurrence but the content may be vastly different from
one discipline to the next, highlighting the importance of each role within the composition of the IDT.

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Using The Joint Commission's Certification for Advanced Palliative Care to Improve Quality

Leisha Buller, MSN, ACNP, USA

Purpose
The purpose of this session is to discuss the endeavor of the Palliative Care Service at a large metropolitan
hospital to implement and improve the quality of palliative care services using The Joint Commission’s
Advanced Palliative Care certification.

Target Audience
The target audience of this presentation is aimed toward clinicians and administrators who have interest in
either developing or improving an existing palliative care service through the use of evidence-based guidelines
in a tertiary care setting.

Abstract
The Palliative Care Service (PCS) line at our 731 licensed-bed metropolitan based facility recently received our
first recertification for Advanced Palliative Care (APC) from The Joint Commission (TJC). It was through our
initial designation of this specialty certification that facilitated the growth of our well-established adult PC
program and our newly developed neonatal program (weeCARE). Seemingly counterintuitive, these two diverse
populations served by our service have become a unified structure over the previous two years. Quality
improvement opportunities were identified and structural homogeneity was achieved through a more stringent
implementation of evidence-based guidelines within our PCS. This has led to a number of improvements within
our service, from formalizing the structure of our service line, to improving the quality of care provided to
patients and families, and most notably to our recent success in achieving our first recertification for Advanced
Palliative Care from TJC.

Initial APC certification was obtained in the latter part of November 2012. Our overarching goal for seeking this
scrupulous designation was to provide patients and families with the augmented care PCS offers. In the years
that followed our initial certification, it became clear that the novelty of marrying 2 diverse teams has been a
worthwhile effort. Our approach to providing high quality PC has evolved and our ability to critique our services
has become an integral process in the PC cogwheel and has been successfully incorporated into the culture.
Upon applying for APC certification from TJC, a team is charged with identifying 4 performance measures in
which to collect and analyze data, 2 of which must be clinical measures that are consistent with processes or
outcomes described in the Clinical Practice Guidelines for Quality Palliative Care (National Consensus Project
for Quality Palliative Care, 2013).

With this, the members of the PC Steering committee, who drive our data analysis and quality improvement,
determined it would behoove our service to collect and analyze the following data: determine the percentages of
deaths in the adult ICUs with and without PCS. This measure did cause some ambivalence and spark
meaningful conversation among the Steering Committee because conceptually, all end-of-life care is PC
however; not all PC is end-of-life care, a key point to differentiate PC from hospice. Ultimately, we concluded
that our interdisciplinary team (IDT) members are experts regarding end-of-life care and determined that those
who die in the ICU should become beneficiaries of this service. This data was itemized by each of the 5 adult
ICUs and taken to our Critical Care Committee quarterly. Providing this information was always insightful and
propagated some friendly competition within. Furthermore, this was the most pervasive measure impacting
administrative support because it proved to be the most impactful regarding judicious financial use for our
healthcare system.

Second, we implemented a PC specific patient satisfaction tool to determine the “likelihood to recommend”
PCS. Because patient satisfaction is rapidly becoming linked to reimbursement and continues to reign as a gold
standard outcome, it was vital that this data be collected. Because the vast majority of our PC population is
ineligible to receive the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
survey, instead the PC-specific patient satisfaction survey is mailed to patients or their family who are HCAHPS ineligible. This has provided invaluable insight into not only our PCS but also how other hospital staff and physicians are perceived by hospitalized patients and families. We noticed that the percentage of surveys returned were rather low and brainstormed methods to increase the response rate, such as including a picture of the IDT along with a personalized letter explaining why the feedback is important. Moreover, we have amended the original survey to clearly segregate our adult and neonatal populations, further guiding the feedback to the correct IDT.

Next, we wanted to determine the percentage of family conferences that established goals, were multidisciplinary, and had both elements. We spent time thoughtfully differentiating family meetings from family conferences, complete with a literature review to form the foundation of the definitions. Because advanced care planning is a concept inherent to PCS, it remained important that we continue to measure both. A meeting is an impromptu conversation with family and a conference is a pre-scheduled event requiring care coordination attempting to bring the entire healthcare team together to discuss prognostic information with the family to help them establish realistic healthcare goals for their loved one. The family meeting measure became an important internal quality measure for our team.

Lastly, we developed, implemented, and determined the use of triggers to appropriately identify weeCARE patients. Initially, a number of diagnoses were included to identify our target neonatal population however; through our data analysis, we have refined our diagnoses and have even added 2 more triggers that were not originally identified. We have also distinguished what constitutes failed trigger identification through defining the time the infant spends in the neonatal ICU, which must be at least 72 hours.

Preparing for and maintaining APC certification is contingent upon ongoing education of not only the core IDT but also the entire hospital staff. Hospital-wide staff education and preparation continues to be a challenge we encounter. A number of methods have been employed to continually educate more than 3,300 hospital clinical staff and nearly 1,200 hospital privileged physicians within our institution. Dependency on our PC Champion Committee, which is comprised of a representative from each of the inpatient units and departments within the hospital, is pivotal. The Champions meet monthly and take information back to their respective units to help define PC, differentiate between PC and hospice, and help identify appropriate patients in their unit that would reap benefits from PCS. We challenged our Champions to create posters for their unit that would not only highlight the PCS in our facility but also would identify how PC can be applied to that unit’s specific population. For those Champions that chose to complete a poster, an education activity credit for the nursing career ladder was awarded. After the posters were completed, we had a poster contest that the Champions voted to decide which poster was the most aesthetically appealing and which one displayed the application of PC information the best. Another approach that was deployed was creating a PC specific binder for each of the 26 inpatient units along with a number of ancillary departments. The content within contains an overview of PC, defines what types of patients are appropriate for PC, outlines information specific to our PCS, identifies our core IDT members and their role within the team, and showcases the electronic medical record documentation requirements for both nursing and physicians. The Champions along with our TJC surveyor raved about this binder. It has demonstrated its utility as a readily available resource to the staff.

In our efforts to disseminate PC specific education to encompass all disciplines, we offer contact hours through our monthly “Palliative Care Pearls” and quarterly “weeCARE Wisdom” education series. These lectures are done by guest speakers who are typically specialists within their fields and are open to all hospital staff. Each week, despite the inability to provide contact hours, the adult IDT continues to meet for PC Pearls, to review new literature, prepare for PC certification within their discipline, and collaborate with other experts to facilitate learning. We have also composed and uploaded an online PC learning module that is required for all new hires and recommended for all current employees. For staff who choose not to complete this online training,

Though the opportunities for implementing and nurturing a PCS are seemingly endless, we have ceased a number of opportunities to share what we have learned on both the national and international frontiers. A number of our team members have presented our efforts to improve across the globe, giving us the ability to network with and learn from other PCS lines. Members of our team have been invited to present at a number of national and international conferences including: American Hospice and Palliative Medicine, Hospice and Palliative Nurses Association, National Association of Neonatal Nurses, Nurses Improving Care of Healthsystem Elders, our system’s Quality Conference, Geriatricks Conference, Gravens Conference, Sigma Theta Tau International, International Perinatal Bereavement Conference, and Congress on Paediatric Palliative Care. Most notably, for the past 2 years, someone from our team has presented at the Center to Advance Palliative Care national conference, which serving as a national organization providing governing advice for PC. We have
also participated in a number of research studies, some of which are spearheaded by our very own, serving as the principle investigators. Finally, as we continue evolving as a service, the APC certification has instilled a sense of empowerment amongst our team. This will only continue to augment our efforts of continued refinement.

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F 14 - The 2015 Revised Iowa Model of Evidence-Based Practice: Leading EBP into the Future
Demonstrating a Need to Revise the Iowa Model: Low-Dose Ketamine Infusions for Post-Operative Pain

Michele Farrington, BSN, RN, CPHON, USA

Purpose

to use an EBP project related to Ketamine use for acute post-operative pain in opioid-tolerant orthopedic spine surgery patients to highlight areas of the Iowa Model that could be revised.

Target Audience

target international nurses from a variety of settings with responsibility for leading and evaluating EBP, establishing and expanding an EBP program, or teaching EBP and systems leadership.

Abstract

The most challenging parts of the EBP process are piloting a practice change, deciding whether widespread integration is appropriate, and then identifying the best implementation strategies to create full-scale integration and sustainability. While the current Iowa Model is highly effective for guiding EBP projects, lessons from multiple EBP projects completed using the systematic Iowa Model have indicated the EBP process is complex and that the Iowa Model has some gaps in guiding piloting, implementing, and sustaining integration. This oral presentation will use an EBP project related to Ketamine use for acute post-operative pain in opioid-tolerant orthopedic spine surgery patients to highlight areas of the Iowa Model that could be revised.

Opioid-tolerant patients have complex pain management needs, and untreated acute pain may lead to the development of persistent pain. Ketamine, as a low-dose analgesic, may benefit opioid-tolerant patients undergoing surgery by re-setting opioid receptors, decreasing opioid requirements post-operatively, and therefore decreasing opioid side effects. The purpose of this EBP project was to improve post-operative pain for opioid-tolerant orthopedic spine surgery patients by implementing the use of low-dose Ketamine infusions. Although the benefits of Ketamine for opioid-tolerant patients have been well demonstrated, side effects, such as unusual dreams and dysphoria, warrant special consideration.

Ketamine has successfully been used as an option for post-operative acute pain management in some patients at the University of Iowa Hospitals and Clinics, thereby creating an opportunity or trigger to improve practice in other populations. An interdisciplinary team, led by a staff nurse, used the 2001 Iowa Model as a guide for the EBP process. The pilot step in the Iowa Model involved creation of a policy (in lieu of a guideline) for Ketamine for post-operative management in the opioid-tolerant population. Piloting the policy and practice change required development of an implementation plan along with systematic use of multiple interactive and reinforcing strategies based on the four-phased Implementation Guide. As part of implementation, the interdisciplinary acute pain service created a consistent referral process for opioid-tolerant patients undergoing spine surgery. Pre-operatively, the pharmacist and patient collaborate to develop a surgical pain treatment plan, to guide intra-operative and post-operative interventions, based on current medications, dosages, duration of use, etc. Pilot evaluation components included both pre- and post-implementation patient questionnaires regarding Ketamine and pain management along with knowledge and attitudes of staff (nurses and licensed independent practitioners). Staff knowledge results indicated 72% correct (pre; n=50) improved to 77% correct (post; n=22). Staff perceptions demonstrated staff believe Ketamine controls pain (2.7 pre & post; 1-4 Likert scale); are knowledgeable about Ketamine administration (2.4 pre; 2.6 post) and Ketamine side effects (2.6 pre & post); and believe potential patients, who may be candidates for Ketamine, were easy to identify (2.3 pre; 2.2 post). The next step in the Iowa Model includes a decision about the appropriateness of the practice based on the pilot results. For the Ketamine project, the decision was actually a question about whether the practice change and implementation plan worked as intended to guide direction about moving to integration, the subsequent step in the Iowa Model. The Iowa Model then proceeds to monitoring and analyzing structure, process, and outcomes. As learned in this project and other projects, in reality, integration is quite complex and additional planning and internal reporting were deemed important next steps after the pilot.

This EBP project led to improved staff knowledge regarding Ketamine for pain; proactive identification of opioid-tolerant orthopedic spine surgery patients who may benefit from Ketamine; development of pain treatment plans; and interdisciplinary communication and collaboration. However, steps outlined in the 2001 Iowa Model
produced gaps, so adaptations were made to better meet project needs. This project provides an example of one impetus for updating the Iowa Model.

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Experiences of the Iowa Model Users: A Mixed Methods Descriptive Study

Kirsten Hanrahan, DNP, MA, BSN, ARNP, CPNP-PC, USA

Purpose
The purpose of this study was to survey individuals who have requested permission to use the Iowa Model about their experiences in order to inform model revisions.

Target Audience
The target audience is international nurses from a variety of settings with responsibility for leading and evaluating EBP, establishing and expanding an EBP program, or teaching EBP and systems leadership.

Abstract
The science supporting evidence-based practice (EBP) is continually expanding; therefore, models of EBP must reflect these trends in order to remain relevant. A team convened to re-evaluate the Iowa Model for use in the current health care environment. The collaborative team included members from University of Iowa (UI) Hospitals and Clinics and the UI College of Nursing (CON), representing past authors with continued interest and experts on campus with ongoing experience using the Iowa Model. Since the revised Iowa Model was published in 2001, we have received 3,000 requests to use it. A database, maintained by the Department of Nursing at the UI Hospitals and Clinics with contact information for persons requesting permission to use the Iowa Model, provided an opportunity to query users about their experiences. The purpose of this study was to survey individuals who have requested permission to use the Iowa Model about their experiences in order to inform model revisions.

A mixed-methods descriptive design was used to survey people who have used the Iowa Model in order to determine what was most useful in the model and what problems were encountered. A list containing 2,052 unique e-mail addresses of individuals who requested permission to use the Iowa Mode, either for themselves or their institutions, since the last revision in 2001 (12/1/01-5/9/2013) was generated. An electronic survey was developed and administered after approval by the Institutional Review Board. The survey queried participants’ about their use and experience level with the Iowa Model and demographics. Open-ended questions were asked about problems identified and suggested improvements for each step of the Iowa Model. Descriptive statistics (frequency and percentages) were used to summarize quantitative data. The research team of EBP experts divided the Iowa Model into sections for small group data review and suggested revisions. The team then discussed suggestions, achieved consensus and worked step-by-step through the model to make revisions. Participant feedback was again reviewed to validate incorporation of the provided suggestions.

A total of 431 potential users responded to the survey (21.0% response rate) and 379 reported using the Model and continued with the survey (18.5%). Most participants used the Iowa Model as part of a team (234/379, 63.4%). Current role reported by participants was: educator (44.3%), clinician (41.1%), researcher (29.4%), administrator (25.5%), student (13%), other (11.9%) or not employed/retired (<0.5%). Most were employed by hospitals (72.5%) or a college or university (28.3%) from 46 US states (96.3%) and representing 10 other countries (3.7%). Self-report of knowledge/experience was rated as novice (9.0%), advanced beginner (30.6%), competent (25.2%), proficient (20.2%) and expert (14.8%). Participants most frequently reported problems in the following steps of the Iowa Model: Critique and synthesize research for use in practice (29.0%), institute the practice change (21.9%), and pilot the change in practice (21.0%). On a 4-point Likert scale (1=not useful to 4=very useful), the vast majority of participants rated the Iowa Model as useful (3 = 26.0% and 4 = 68.4%) in the EBP process. Themes identified in the qualitative data were used to guide discussion and inform revisions.

Despite the overall usefulness of the Iowa Model, experienced users identified problematic areas and made suggestions for revision. The 2015 Revised Iowa Model was then reviewed by expert groups for clarity and completeness. Current work is focused on publication which will include the 2015 Revised Iowa Model and discussion of problem-prone areas, many identified by experienced users in this study.
The 2015 Revised Iowa Model for Infusing Evidence-Based Practices Globally

Victoria M. Steelman, PhD, RN, CNOR, FAAN, USA

Purpose
The purpose of this presentation is to promote application of evidence-based practice in diverse health care settings through use of the 2015 revised Iowa Model of Evidence-Based Practice to Promote Quality Care.

Target Audience
The target audience is international nurses from a variety of settings with responsibility for leading and evaluating EBP, establishing and expanding an EBP program, or teaching EBP and systems leadership.

Abstract
The Iowa Model of Evidence-Based Practice (EBP) to Promote Quality Care has stood the test of time as a heuristic, pragmatic model to infuse evidence into practice. Since February 2002, we have received 3,393 requests for permission to use the Iowa Model, including requests from all 50 of the United States, the territory of Puerto Rico, and 130 international requests from 38 countries. The model has been translated into German, Japanese and Portuguese.

To assure that the Iowa Model remains relevant in a rapidly changing healthcare arena and encourage its application globally, the model has been updated. We evaluated our local experiences; received input during regional, national, and international programs; reviewed the strengths and limitations of other models; and surveyed users about their experiences using the Iowa Model. Changes have been made throughout the model, based upon the knowledge gained.

The first change is in the triggers for initiating an evidence-based practice project. In earlier versions of the Iowa Model, triggers were viewed as either knowledge focused or problem focused. Since that time, there has been widespread recognition of the importance of evidence-based practice to improve patient care and outcomes. Regulatory bodies and accrediting agencies are requiring compliance with evidence-based quality performance measures. So, the original two types of triggers, no longer mutually exclusive, have been combined and enhanced to reflect these changes. A second step was added, “State the question or problem”. This step encourages users of the model to focus narrowly, with particular consideration given to the patient population. The third step, determining if the initiative is a priority, remains essential. This step emphasizes the need to determine if the needed support and resources are available to complete the process of the project and implement and sustain the practice change.

During the past ten years, there has been increasing importance placed on interdisciplinary collaboration. To address this trend, the fourth step, “Form a team of key stakeholders”, has been refined. This step emphasizes the need to identify and assure representation of all of those individuals who will be impacted by a change. The fifth step, “Assemble, critique, and synthesize the evidence,” combines two previous steps. In earlier versions of the Iowa Model, this activity was the most daunting for users. With the vast number of published systematic reviews and clinical practice guidelines, assembling and critiquing evidence is sometime streamlined. Although this step remains essential, it is no longer the central focus on the model.

If there is sufficient evidence, the next step is to “Design the practice change”. This involves considering the context in which the change will occur, the constraints and resources, approvals needed, and identification of other stakeholders. Based upon user feedback, this step was added to facilitate the process and avoid pitfalls. The next step is trialing the practice change. This step remains important to identify any refinement that is needed in processes before full implementation. If the change is appropriate, the information is disseminated internally. Next, a new step has been added, “Integrate and sustain the practice change”. This step is very important because it encourages a change in the culture of the practice setting and the ongoing expectation of adherence to the change. Lastly, the knowledge gained through the process should be disseminated externally as appropriate. This dissemination remains important to share the knowledge gained with others, and apply lessons learned globally. The 2015 revised Iowa Model of Evidence-based Practice to Promote Quality Care will be available at http://www.uihealthcare.org/otherservices.aspx?id=1617.
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G 14 - Multifaceted Strategic Engagement: A Successful Approach for Building and Sustaining an Evidence-Based Practice Culture
Strategic Leadership

C. Renae Philips, MSN, RN, NEA-BC, FACHE, USA

Purpose
to describe and discuss the exclusive and critical roles and responsibilities of leaders in successful integration and sustainability of an EBP. Emphasis will be on the importance of the leader's unique influence on development of a rich EBP culture and environment.

Target Audience
organizational managers, directors, executives; leaders; EBP champions; educators

Abstract
Purpose: Transforming an organization into an evidence-based enterprise is a complex undertaking. Critical components that must be in place to enhance success include:
- A Philosophy, Mission and Commitment to EBP (a written commitment to advance EBP across the organization)
- A Spirit of Inquiry (health professionals are encouraged to continuously review and analyze practices to improve patient outcomes)
- A Cadre of EBP Mentors (an adequate number of individuals who have in depth knowledge and skills in EBP, mentoring others, and overcoming barriers to individual and organizational change)
- Administrative Role Modeling and Support (leaders who value and model EBP as well as provide the needed resources to sustain it)
- Infrastructure (tools and resources that enhance EBP across the organization)
- Recognition

In order for an organization to be successful in integrating EBP, leaders must be involved, engaged, and invested in the transformation. Leaders must have: a vision for EBP; a written strategic plan; strong beliefs about EBP and its sustainability; and preparation to persevere through the challenging opportunities that lie ahead in the journey.

A nurse executive in a free standing pediatric setting leveraged her vision for EBP in her organization by engaging in a data driven, methodological process that has led to the establishment of an innovative and pioneering program of evidence-based practice. Internally, methodical engagement throughout the hierarchy of the organization has fostered an environment where EBP has developed, grown and sustained. Externally, development of collaborative relationships with an academic partner with EBP expertise has meaningfully informed the leader's ability to build these EBP support structures. The executive’s relationship based style of leadership will be presented including strategies implemented to engage key stakeholders from the Board, the C-suite, administration and the bedside to catapult her vision into becoming a reality.

Methodology: The nurses executive’s step by step journey will be described including: sharing her vision and engaging multiple stakeholders; conducting a comprehensive organizational assessment of readiness for EBP; establishment of a collaborative agreement with an academic partner with expertise in EBP; supporting the development of a cadre of EBP mentors and; development of internal mechanisms to facilitate the growth and empowerment of the EBP mentors.

Results:
- Successful collaboration with an external EBP team.
- Identification of key internal personnel to best engage in leading the frontline EBP journey.
- Development of a cadre of successful EBP mentors.
- Identification of educational needs of key leaders to assure successful implementation and sustainability of EBP in the organization.
- Provision of targeted education.

Conclusion: Leaders with a vision are critical to the successful implementation, integration, and ultimate sustainability of systems and structures that support a culture of evidence-based practice. Through partnerships,
engagement throughout the organization and relationship based leadership, one visionary can truly make all the difference.

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Strategic Implementation: Moving Mentors to Action

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Purpose
to provide participants with information about strategies, barriers and facilitators in developing a cadre of mentors, organizational change, and care based on evidence. Education, group processes, managing change and empowerment will be discussed. A year-long consultation impacting outcomes for patients, families and staff at all levels within the organization.

Target Audience
staff clinicians, advanced practice clinicians, organizational leaders, EBP champions and leaders, educators

Abstract

Purpose: This session will provide participants with strategies, barriers and facilitators in developing a cadre of mentors to lead organizational change where care processes are based on evidence. Education is a key component in forming the basis of change that EBP Mentors, leaders, managers, educators and staff are to engage in for evidence-based changes to occur. Group processes, managing change and empowerment will be discussed in the year-long unfolding consultation process that impact outcomes for patients, families and staff at all levels within the organization.

Methodology: To assess the organization’s readiness for EBP a study was conducted using the EBP Beliefs, EBP Implementation and Organizational Readiness for integrating EBP into the culture. Findings from the study identified targeted areas in need of improvements to develop an evidence-based culture. Joining forces with an academic collaborative center provided direction and strategies on how best to address the identified opportunities for improvement in developing the EBP culture. Initial efforts to develop EBP mentors who would lead the change were addressed. Select advanced practice nurses were identified from a variety of service areas to attend a week long EBP immersion program within the upcoming two years. An EBP mentor group was formed and met every week with an Expert Evidence-based Practice Mentor from the academic setting. Individual mentors engaged healthcare staff as well as research and EBP council members in the formal development of groups to address unit specific needs related to EBP.

Results: Over one year the EBP Mentor group became a formal recognized entity within the organization. Projects were identified and developed within in their areas of practice. Education was provided in collaboration with the Expert EBP Mentor for unit level initiatives. Group processing was formalized leading to structure within the conduct of meetings, budget and identification of additional resources within the organization that may be needed for further implementation of EBP. The development of an internal EBP education program has been completed. Through this journey, the work of the mentors and the collaboration has led to Magnet Recognition of the organization.

Conclusion: Evidence-based Practice has ignited a spirit of inquiry leading to the implementation of the EBP process within one pediatric healthcare setting. Multiple efforts led by the EBP Mentor group are occurring simultaneously to bring about needed changes in care and system processes. This multi-level approach begins as a collaborative relationship with an academic expert in EBP and the development of EBP Mentors to lead change that results in improved outcomes for patients, families, and staff.

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Strategic Outcomes and Moving Forward

Lisa R. Jasín, DNP, RNC-NIC, NNP-BC, USA
Purpose

to provide participants with outcomes derived from strategic planning of the development of an evidence-based practice culture within a pediatric healthcare setting. The link between vision, leadership, implementation and outcomes as essential to the successful development of an evidence-based practice program leading to best outcomes will be presented.

Target Audience

staff clinicians, advanced practice clinicians, organizational leaders, educators, EBP champions and mentors

Abstract

Purpose: This session will provide participants with outcomes based on strategic planning for the development of an evidence-based practice culture within a pediatric healthcare setting. Outcomes for targeted interventions based on initial study findings will be discussed. The link between vision, leadership, implementation and outcomes will be noted as essential to the successful development of an evidence-based practice program leading to best outcomes for patients, families and staff within the organizational system.

Methodology: A 4 hour workshop on the EBP process was presented by 2 EBP Mentors from the academic collaboration in conjunction with the organization’s EBP mentor group. Identification of a leader for the EBP mentor group provided structure for group members as well as a link to nursing leadership. Structure within the group in terms of group processing was essential for the conduct of business at weekly meetings. Timelines for workload and expectations of group members were established for forward cultural movement. EBP mentor presence in shared governance councils was noted within the work of the council to advance EBP. A plan to participate in the annual Nurses Week was integrated into the mentor dissemination efforts. Planning for the internal, formal EBP education program was a focus of the group’s outcome measurement plan.

Results: Outcomes of the group’s efforts included:

Attendance of more than 40 members of the Shared Governance Councils, Nursing Leadership, Nurse Managers, Chief Nursing Officer, and the Director of Nursing Excellence at the 4 hour Evidence Based Practice workshop.

Ten posters at the hospital’s annual Nurses Week poster presentation highlighted the EBP work done in the past year and offered contact hours for nurses who reviewed the posters and completed the questionnaire. More than 25 RNs took advantage of contact hours for continuing education, and the posters were viewed by hundreds of multidisciplinary staff over the week.

Six unit based educational programs were held that highlighted the Spirit of Inquiry and basics of EBP.

Eight unit specific EBP projects were led by the EBP mentor group, and included mentoring staff nurses in the EBP process.

There is an EBP Mentor presence in shared governance councils, with EBP Mentors as co-chairs of the Evidence Based Care and Outcomes Council, Patient and Family Experience, and Governance Council, and membership on other councils.

The EBP Mentor group has planned a program to further progress in a formal education program for staff nurses. A staff nurse will be placed with each EBP Mentor in a formal mentoring relationship and will attend monthly eight hour classes for a calendar year.

Conclusion: Success within the organization with the development of an EBP mentor group leading efforts for cultural change has occurred since the initiation of the collaboration with an academic expert in EBP. Future endeavors will continue to accelerate the uptake of EBP within the pediatric healthcare setting.

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H 14 - Implementation of Cost Effective, Team-Based Programs to Build Interprofessional Evidence-Based Practice Competencies: An Academic/Practice Partner Collaboration in a Magnet Recognized Pediatric Hospital

The Role of the EBP Leader in a Magnet Organization

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

Purpose

provide information about the value of engaging external resources, experts and partners to build, enhance, and sustain successful and robust EBP cultures healthcare organizations.

Target Audience

staff clinicians, advanced practice clinicians, leaders, executives, EBP champions, EBP mentors, educators and academics.

Abstract

Purpose: Evidence-based practice (EBP) is a problem solving approach to clinical practice that integrates the conscientious use of best evidence in combination with a clinician’s expertise as well as patient preferences and values to make decisions about the type of care that is provided. Leaders are responsible to create healthcare work environments where EBP can thrive, and as such, must possess an additional set of EBP knowledge, skills and attitudes that form the foundation of evidence-based leadership. Evidence-based leadership is a problem solving approach to leading and influencing organizations or groups to achieve a common goal that integrates the conscientious use of best evidence with leadership expertise and stakeholder preferences and values. By embracing EBP as the foundation of decision making and care decisions, role modeling EBP, and creating cultures and environments that integrate and sustain EBP, evidence-based leaders build work environments where EBP can not only arrive, but survive and thrive. Many organizations and leaders are struggling to find effective mechanisms to truly change their cultures and work environments to leverage their internal resources when attempting to shift from a tradition-based care culture to an evidence-based practice culture.

Most organizations fail to engage external EBP experts and resources available to inform their journey and enhance their success. This session will present the experiences of a nurse leader that intentionally and systematically engaged both internal stakeholders and an external expert to promote integration of EBP into the organization in creative ways.

One tool that can be implemented in healthcare organizations to promote use of EBP by health care clinicians is integration of essential EBP competencies that have been determined through rigorous research. These EBP competencies help organizations understand what is expected of clinicians, develop mechanisms to build EBP knowledge and skills, measure achievement of each competency and hold clinicians accountable to this professional expectation. In addition, organizations can

Magnet organizations are expected to integrate evidence-based practice and research into clinical and operational processes and support national patient safety initiatives. Implementing the safest and best practices for the care of patients is a constantly evolving process that requires individual EBP knowledge, skills, as well as organizational structures and process designed to provide resources and environments that support the EBP process from clinical inquiry to implementation, outcomes measurement, and dissemination. Strategies for how the journey to Magnet designation can be leveraged as a facilitator for introducing, integrating and sustaining EBP in an organization will be discussed.

Methods: This presentation will highlight importance of engaged leadership in the successful EBP journey Vision, strategic planning, persistence, innovation as well as cost effective practical approaches to the incorporation of EBP into the practice environment will be discussed. Models to promote EBP from influential organizations are presented such as IOM, IHI Magnet and others.

Outcomes: Effective strategies for integration of multipronged approaches to support the enculturation of integration of evidence in decision making and practice by clinical staff will be provided.
Integrating EBP Competencies into the Processes of a Patient Care Practice/Policy and Procedure Committee

Lynn Gallagher-Ford, PhD, RN, DFPNAP, NE-BC, USA

Purpose
To provide an example of how the EBP competencies for practicing clinicians are being integrated into the work of an interprofessional policy and procedure committee at a complex organization to improve practice and outcomes. To demonstrate how education, mentoring, and leadership have created a successful program.

Target Audience
Staff clinicians, advanced practice clinicians, managers, leaders, executives, EBP champions, EBP mentors, educators, academics across all disciplines.

Abstract
Purpose: The literature contains reports of barriers to the implementation of EBP such as; lack of resources, manager and leader resistance, peer and colleague resistance, imbedded organizational culture, and time constraints. A Magnet designated pediatric hospital director who had oversight over the interprofessional patient care practice committee (Policy and Procedure committee) recognized that although the group was responsible to create evidence-based policies and procedures, the members’ EBP competencies had never been assessed, and potential EBP knowledge and skill gaps had never been addressed. The director reached out and partnered with an EBP expert consultant/faculty from a college of nursing to develop a practical, cost-effective approach to providing EBP education and skill building for the interprofessional hospital patient care practice committee.

Identifying internal and external resources, nurturing academic partner relationships and developing time and cost-efficient methods to incorporate EBP education and mentoring into existing structures will be identified.

Methods: An EBP competency self-report survey was administered to the patient care practice committee to determine baseline EBP knowledge and skill and to plan targeted education and skill building sessions. The critical administrative activities navigated by the director including: engagement of the committee members in the need for this critical competency; reorganizing the committee meeting schedules/agendas to incorporate the education sessions; obtaining support from the administrative representative on the committee to support the project; and more will be discussed. Most meetings included one hour of time spent in sessions on the steps of EBP and discussions on the practical application of the steps. The systematic step by step approach designed to improve the integration of evidence into patient care policies by increasing the EBP knowledge and skills of the patient care practice committee members will be shared. Participants identified specific policies that were in need of practice changes, developed PICOT questions, interacted with an evidence-based practice librarian who used keywords from PICOT questions as samples for literature searches, critically appraised the evidence, and developed synthesis tables. In addition, strategies for members to employ as they implement evidence-based changes (against potential opposition, tradition, power, and politics) will be discussed. The program, including education and mentoring components will be discussed along with representative experiences and outcomes of the project.

Outcomes: As team leaders for the development and update of organization wide practice policies the patient care practice committee members developed skills and modeled the use of EBP to the knowledge experts on their policy teams. The charter for the committee was updated to include required evidence-based practice decisions and committee process checklists incorporated the steps of EBP as guides to the expected incorporation of evidence. Qualitative (committee member feedback) and quantitative (pre and post EBP competency survey scores) from the interprofessional patient care policy committee members will be presented.

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Interprofessional Best Practice Strategies to Improve Front Line Staff EBP Competency

Cheryl L. Boyd, PhD, RN, NP-BC, NE-BC, CNS, USA

Purpose
to highlight a diverse and innovative program of projects that are successfully being implemented, across multiple disciplines, in a complex organization to build and promote a rich EBP culture and environment.

Target Audience
staff clinicians, advanced practice clinicians, managers, leaders, executives, educators, EBP mentors, EBP champions, academics...across all disciplines.

Abstract
EBP champions are needed to influence the culture and environment of organizations at every level. However, it is becoming increasingly evident that successful integration and sustainability of an EBP in an organization can only be accomplished when there is visible, tangible leadership engagement also. Leaders who embrace EBP as the foundation of decision making and care decisions, who role model EBP in the own practice, who publicly navigate EBP barriers, who recognize EBP accomplishments, and who leverage their role to create supportive EBP cultures and work environments are a key to success. This final presentation will highlight the work of one EBP leader in a complex organization who has initiated, developed and/or supported a portfolio of projects focused on integration of EBP competencies for front line staff:

• The incorporation of EBP into clinical professional orientation (onboarding) that includes a one hour session ‘Hallmarks of Professional Practice’. The session content includes defining expectations for the use of evidence based decision making to onboarding clinical staff.
• EBP programming for the pre-licensure nursing students integrates EBP content leveled to the knowledge and skill of senior nursing students who are employed in a summer externship program as nursing assistants.
• Transitions to Practice nurse resident EBP projects include a required EBP unit based project. Nurse residents are mentored by nurse managers, EBP mentors, unit educators, and Professional Development Nurse Educators in applying EBP concepts to identifying a clinical question and partnering on a project.
• Schools of nursing that place clinical pre-licensure student groups at the pediatric hospital are required to participate in unit based EBP projects. They partner with unit leadership to determine a clinical project that contributes to unit improvements. A universal structure for the students’ EBP projects has been developed and implemented which makes the projects more consistent and professional, as well as easier for the hospital to assimilate.
• Managers refer staff to an interprofessional day long scholar workshop that facilitates the development of EBP competencies. Two to four participants from a department work together on a project with other small work groups. A Professional Development Nurse Specialist and a Librarian partner mentor participants in the steps of EBP. Pre-work is required and follow up on project outcomes is included.
• The Interprofessional EBP Mentor Group meets monthly to discuss shared interests in developing our culture of clinical inquiry and EBP. Members are primarily master’s prepared managers, educators, and advanced practice registered nurses that have participated in advanced EBP education by attending formal EBP programs. They mentor staff in front line EBP projects and report progress through the use of a written report log.

Outcomes: EBP activities are being integrated in a multitude of ways across this complex organization and the traditional culture is changing. An interprofessional education program targeting EBP competencies is a key intervention that has recently been added to a portfolio of strategies to promote and sustain an EBP culture that has been effective.

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I 14 - Evidence-Based Practice Learning Community
Building an Evidence-Based Practice Learning Community

Cheryl Christ-Libertin, DNP, CPNP-PC, USA

Purpose
Share how a freestanding, Magnet designated children’s hospital provides an infrastructure to empower registered nurses to appraise the body of research evidence for planned changes in practice and deliver the highest quality of compassionate care using the best practices, technology and equipment available within our financial resources.

Target Audience
Conference participants interested in evidence-based practice. Clinical nurse leaders would benefit from learning about the practical experience of building an infrastructure in a clinical setting. Academic educators would benefit from learning about the potential for academic-clinical partnerships for relevant and meaningful practicum experiences.

Abstract
Leaders have unique roles and responsibilities in implementing and sustaining evidence-based practice across complex clinical healthcare organization for quality patient outcomes. This presenter will share the process and outcomes of application of knowledge and action plan for implementing and sustaining evidence-based practice change following participation in and mentoring at an international workshop that provides a “deep-dive” immersion into evidence-based practice, as well as effective strategies for transforming organizational culture by integrating and sustaining evidence-based practice in clinical organizations. The EBP coordinator completed doctorate of nursing practice clinical practicum hours and now returns as a mentor for the Center for Transdisciplinary Evidence-based Practice (CTEP) interprofessional EBP Immersion offered by The Ohio State University College of Nursing.

The Division of Nursing uses the Advancing Research and Clinical Practice through Close Collaboration Model and the Magnet Model framework to enhance the infrastructure for support of nursing evidence-based practice (Melnyk, Fineout-Overholt, Gallagher-Ford, & Stillwell, 2011; American Nurses Credentialing Center, 2013). The nursing shared governance councils adopted the Rosswurm-Larrabee Model for planned change in practice based on evidence as the Division of Nursing process model. Using this model, evidence-based practice involves the following six interlocking steps:

1. Assess the need for change: Formulate the PICOT question based on the inadequacies of current practice.
2. Locate the best evidence: Obtain sources and assess their credibility and relevancy to the research question.
3. Synthesize evidence: Critically appraise the available research evidence to find similarities and differences in the various approaches.
4. Design the change: Apply the synthesized evidence to design a change in practice that reflects the new understanding.
5. Implement and evaluate the change in practice: Implement the change and evaluate the outcomes of interest to determine feasibility and effectiveness in the clinical setting.
6. Integrate and maintain changes: Reassess the reliability of integration of the change in practice through continuous improvement.

Following organizational assessment of readiness, the next implemented step was development of evidence-based practice mentors to build the mentor skills in evidence-based practice and mentoring and nursing staff skills in evidence-based practice. The American Nurses Credentialing Center (2013) reports clinical practice, leadership, and professional development mentoring as an essential element of nursing satisfaction, workforce recruitment and retention efforts, and identified as a key element of the work environment in Magnet® recognized organizations with value to individuals and organizations (Jakubik, 2008; Jakubik, Eliades, Gavriloff & Weese, 2011). Four mentors completed the training program at The Ohio State University, with each mentor now supported with organizational resources and supported from The Ohio State University College of Nursing faculty with access to bi-monthly webinars presented by clinicians implementing nursing evidence-based practices across the country, an evidence-based practice ListServ membership, and access to resources including critical appraisal tools. Following successful completion of an evidence-based practice project, an advanced practice nurse is eligible to mentor staff registered nurse employees as well as nursing students.
requesting the hospital as a clinical site for a capstone or scholarly project. The clinical nursing staff is eligible to apply for mentoring as part of the Evidence-based Practice Learning Community program. The program coordinator, department director, and chief nursing officer select from proposed project topics that align with the nursing and organizational strategic plan and mission. By assuring allocation of resources to projects reflects the triad mentoring relationship. The Evidence-based Practice Learning Community pairs an advanced practice nurse who serves as an evidence-based practice mentor with an eligible registered nurse to work on selected evidence-based practice initiatives. Using the Rosswurm-Larrabee Model as the evidence-based practice process model, the registered nurse receives education, mentoring, and support for project design, implementation, and evaluation (Rosswurm & Larrabee, 1999). All mentor/protégé dyads meet for group learning, sharing, and work sessions and meet separately for focused learning sessions. The evidence-based practice coordinator serves as a resource and additional layer of support to assist the mentor/protégé dyad with project planning for sustained results and dissemination of the impact of evidence-based practice on patient outcomes. Using an all teach and all learn approach, the learning community approach enhances mentor and protégé learning through experiential learning activities (Kolb, 1984). The mentors implement the six mentoring practices of welcoming, mapping the future, teaching the job, supporting the transition, providing protection, and equipping for leadership (Jakubik, 2008; Jakubik, 2012). During mentor-protégé dyad meetings and group meetings, mentors establish a welcoming atmosphere that encourages team members to feel valued and included as part of a learning community. Use of a process model helps to map a future that is both challenging and feasible with support from the mentoring team creating optimism and encouraging team engagement. The evidence-based practice mentors, all advanced practice nurses, mentor protégés in rapid critical appraisal and synthesis of the research evidence as well as share their clinical expertise and leadership skills for planning change within a complex healthcare system. All mentors can be a resource to dyad members in the scheduled group sessions or between scheduled sessions. Designing the planned change in practice as a team supports the protégé in problem solving to identify implementation facilitators and barriers. The mentor knowledge of formal and informal organizational decision-making groups helps assure a safe and protected environment for the protégé. The learning community process models leadership skills and provides protégés the opportunity to develop into evidence-based practice champions. At the end of the day, the protégés enhance their novice to expert skills in critical appraisal of the research for development, implementation and evaluation care and patient/family experience. The evidence-based practice mentors further develop their mentoring skills as they contribute to learning community activities. Experienced practitioners benefit from mentoring to improve leadership skills and facilitate career progression (Harriss & Harriss, 2012; Lartey, Cummings, & Profetto-McGrath, 2013; Latham, Ringl, & Hogan, 2011; Owens & Patton, 2003). Of benefit to the organization is the advancement of evidence-based practice initiatives across the care continuum of care through a structured program comprised of education, mentoring, and support for completion of projects.

The learning community has a vision and strategic plan for program expansion. Evidence-based practice mentors will help imbed research evidence to support clinical practice in partnership with shared governance councils (interprofessional and nursing policy) and provider developed order sets in the electronic health record. Newly hired nurses will build upon their undergraduate coursework through participation in experiential learning related to evidence-based practice as part of a nurse residency program. Expert evidence-based practice mentors will collaborate with affiliated nursing programs to provide undergraduate and graduate nursing students and interprofessional students with mentored evidence-based practice opportunities. Nurses can complete the first four steps of the evidence-based practice model in an academic classroom setting however, steps five and six require the application in a healthcare environment. The mentors will share their expertise with the learning community participants to proactively match requests for grant proposals to evidence-based practice projects; disseminate outcomes and clinical experience related to a planned change in practice based on research evidence, and partner with researchers when critical appraisal of the research literature identifies gaps in research knowledge. The program has fourteen mentor/protégé projects in progress. We will highlight a mentor project and a mentor/protégé project to share the process for assessing need for change in practice, linking the problem interventions and outcomes, synthesizing the research evidence, designing the practice change as supported by the evidence, and implementing and evaluating the change in practice. The coordinator, mentor, and protégé will share the process and experience of building an infrastructure to support evidence-based practice and implementing planned change in practice based on evidence in a children’s hospital. The teams experience enhanced beliefs about the value of EBP and their ability to implement a planned change in practice based on research evidence. Mentors enhance their knowledge and skills in evidence-based practice, individual behavior change, and organizational culture change. The coordinator completes process evaluation using appreciative inquiry and evaluation and formative and summative evaluations with qualitative and quantitative components.

Contact
Mentoring in an Evidence-Based Practice Learning Community

Rebecca Ellen Heyne, DNP, RN, CPNP, CNE, WCC, USA

Purpose
Share the experience of an evidence-based practice mentor in an evidence-based practice Learning Community within a freestanding, Magnet designated children’s hospital.

Target Audience
Conference participants interested in evidence-based practice. Clinical nurse leaders would benefit from learning about the practical experience of building an infrastructure in a clinical setting. Academic educators would benefit from learning about the potential for academic-clinical partnerships for relevant and meaningful practicum experiences.

Abstract
This presenter will share the experience of developing and applying evidence-based practice and mentoring skills in the Evidence-based Practice Learning Community. A mentor shares knowledge, skills, and experience to promote the protégé’s professional development (Jakubik, 2008; Kelly, Turner, Speroni, McLaughlin, & Guzzetta, 2013; Krause-Parello, Sarcone, Samms, & Boyd, 2012; Latham, Ringl, & Hogan, 2011; Leung, Widger, Howell, Nelson, & Molassiotis, 2012; Long, McGee, Kinstler, & Huth, 2011; Melnyk, Fineout-Overholt, Gallagher-Ford, & Stillwell, 2011; Wilson, Kelly, Reifsnyder, Pipe, & Brumfield, 2013). Mentoring has been proposed as an important method to promote knowledge and skill development (Allen, 2002; Chen & Lou, 2013; Chenoweth, Mertly, Jeon, Tait, & Duffield, 2013; Fawcett, 2002; Greene & Puetzer, 2002; Hom, 2003; Latham, Ringl, & Hogan, 2011; Melnyk, Fineout-Overholt, Gallagher-Ford, & Stillwell, 2011; Oermann & Garvin, 2002; Pinkerton, 2003). Mentoring beyond orientation and onboarding was a key recommendation suggested by novice nurses to enhance quality of work life (Maddalena, Kearney, & Adams, 2012). In order to be an effective mentor, it is crucial to develop mentoring skills through sharing professional knowledge, skills, and experience in a long-term relationship to promote the protégé’s professional development (Jakubik, 2008). In order to be an effective EBP mentor you must develop your skillset and expertise related to evidence-based practice (EBP) project develop, implementation and evaluation. This presentation will describe three methods for gaining experience and training related to EBP.

The Doctor of Nursing Practice (DNP) degree prepares the advanced practice nurse with foundational EBP expertise. The Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice (American Association of Colleges of Nursing (AACN), 2006, p12) states that the DNP program prepares the graduate to:

- Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice.
- Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine variances in practice outcomes and population trends.
- Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered care.
- Apply relevant findings to develop practice guidelines and improve practice and the practice environment.
- Use information technology and research methods appropriately to: collect appropriate and accurate data to generate evidence for nursing practice, inform and guide the design of databases that generate meaningful evidence for nursing practice, analyze data from practice, design evidence-based interventions, predict and analyze outcomes, examine patterns of behavior and outcomes, identify gaps in evidence for practice.
- Function as a practice specialist/consultant in collaborative knowledge-generating research.
- Disseminate findings from evidence-based practice and research to improve healthcare outcomes.

Completing a DNP program provided the opportunity to learn the principles of EBP and apply those principles using an EBP process model to complete an EBP project. During the EBP project development, implementation and evaluation the PhD prepared nursing faculty members and a PhD prepared clinical advisor at the implementation site provided mentoring. The focus of the project was use and validation of the Team Strategies...
A second method for developing EBP expertise is to complete an EBP project through a clinical organization’s Learning Community. The Learning Community involved a DNP prepared mentor and utilization of the Rosswurm-Larrabee Model for planned change in practice based on evidence (Rosswurm & Larrabee, 1999). This project focused on best practices for preventing the pediatric venous thromboembolism (VTE) after patient screening as a high risk for VTE. The mentor’s team developed a Pediatric VTE Prophylaxis Algorithm and reports on outcomes through the Ohio and National Children’s Hospitals Solutions for Patient Safety (2014). The experience was vital for growth as a mentor because it provided an opportunity to learn the organization’s structure and processes for conduct of evidence-based practice projects. Understanding organizational structures and processes enhanced the ability to identify key shareholders, receive feedback, and obtain buy-in and support for the project. Completing a project in the clinical setting with a system approach refined the skills needed for mentoring a protégé in the clinical setting.

A final method utilized for developing EBP expertise involved participation in the interprofessional Center for Transdisciplinary Evidence-Based Practice (CTEP) Clinical Immersion offered by The Ohio State University College of Nursing. A half-day clinical leader track provided content related to the unique roles and responsibilities of leaders in implementing and sustaining EBP in their own practice as well as across the organization. In order to be an effective mentor, it is crucial to develop mentoring skills through sharing professional knowledge, skills, and experience in a long-term relationship to promote the protégé’s professional development (Jakubik, 2008). Mentoring practices are specific career developmental phenomena facilitated by the individual mentor. Weese, Jakubik, Eliades and Huth (2014) identified and tested six mentoring practices: welcoming, mapping the future, teaching the job, supporting the transition, providing protection, and equipping for leadership. There was a strong positive relationship between the six tested mentoring practices and mentoring benefits (Weese, et al., 2014). As a mentor in a clinical organization hosting the protégé it was crucial for me to be welcoming with the protégé in order for the protégé to become incorporated into the organizational culture for effective learning and application of clinical and EBP project skills. As a nurse practitioner and mentor, I mapped the future of the value of EBP skill development for nurse practitioner practice, as a nurse leader and change agent through discussion of advanced practice nurses impact on patient outcomes through evidence-based interventions. As a mentor and clinical preceptor, teaching the job involved teaching the protégé skills and information regarding use of a process model for effective practice and planning, implementing and evaluating an EBP project. As a clinical site, the organization provided the context for a learning environment supported by the EBP Learning Community (Weese, et al., 2014). The mentor role supports the transition by supporting the protégé in the development of confidence, communication skills, problem-solving skills, decision-making skills and an improved perception of the image of nursing (Weese, et al., 2014). For example, rapid critical appraisal of research evidence for clinical decision-making is a crucial skill for an advanced practice nurse. The EBP Learning Community mentors provide protection for protégé by creating a favorable environment for the protégé’s development by working on behalf of the protégé to provide a supportive practice environment and conveying to the protégé that the mentor really cares about the protégé’s success (Weese, et al., 2014). For example, mentors facilitate the planned change in a complex healthcare system by identifying stakeholders, decision-making groups, and assistance in navigating the institutional review board process. Within the EBP Learning Community, mentors and protégés share their knowledge and experience with other members. In this way, mentors equip protégés for leadership as they promote opportunities for the protégé to lead others and to develop leadership abilities (Weese, et al., 2014). As nursing leaders must transform care and care delivery, making ‘equipping for leadership’ one of the most relevant mentoring practices that promotes mentoring benefits for protégés and organizations.

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Student/Protege Experience in an Evidence-Based Practice Learning Community

Heather L. Krichbaum, MSN, PNP-BC, USA

Purpose
Share the experience of an evidence-based practice mentor in an evidence-based practice Learning Community within a freestanding, Magnet designated children’s hospital.

Target Audience
Conference participants interested in evidence-based practice. Clinical nurse leaders would benefit from learning about the practical experience of building an infrastructure in a clinical setting. Academic educators and students would benefit from learning about the potential for academic-clinical partnerships for relevant and meaningful practicum experiences.

Abstract
Mrs. Krichbaum designed, implemented and evaluated an evidence-based practice project in partial fulfillment of doctorate of nursing practice coursework. Dr. Heyne served as the clinical preceptor and evidence-based practice mentor in the Evidence-based Practice Learning Community. This protégé project provided standard post-operative teaching tools for patient and family education on pain management for patients requiring an inpatient stay after tonsillectomy and adenoidectomy and the effect on the outcome metrics of interest; patient satisfaction with the pain management education, pain management during the hospital stay, and pain management within one week of discharge. The protégé project was part of coursework in partial fulfillment of a doctorate of nursing practice. Nearly one third of all children in the United States undergo tonsillectomy and adenoidectomy with many children experiencing moderate to severe pain after surgery. Potential exists for under treatment following hospital discharge. The Rosswurm-Larrabee Model (Rosswurm & Larrabee, 1999) for planned change in practice based on evidence guided the project. Assess the need for change. The existing practice for caregiver preparation did not include standard pain management education. Link the problem to practice. The Ear Nose and Throat department identified that the majority of phone calls received from families within one week after discharge relate to pain management. Unlicensed personnel answered the phone calls and triaged them to a nurse practitioner. In addition, the patient and family had a scheduled follow-up clinic visit. Synthesize the best evidence. The PICOT question that guided the review of literature is: In post-operative tonsillectomy and adenoidectomy patients cared for on the Transitional Care Unit (P), how does a standardized post-operative pain management teaching plan (I), compared to current practice (C), affect parent report of satisfaction with pain education (O) during hospital stay and within the first week after discharge (T)? The literature review yielded eight randomized controlled trials, two controlled trials without randomization, five cohort studies, one systematic review of descriptive studies, two descriptive studies, and one consensus guideline from a panel charged by the American Academy of Otolaryngology - Head and Neck Surgery (AAO-HNS) based on a rigorous review of randomized controlled trials and meta-analyses. The literature revealed that pain is the number family concern in the post-operative timeframe. Strategies reported to improve patient pain management and family satisfaction with post-operative pain management included: telephone follow-up, print pain management instructions, pre-admission education, staff training on pain management, nurse coaching of family on pharmacologic and non-pharmacologic pain management strategies, and a patient diary of pain severity score and pain medication. Design the change in practice. Based on appraisal of the evidence, the recommendation was to standardize post-operative family education on tonsillectomy and adenoidectomy pain management on the inpatient care unit. The project proposal was budget neutral for the department. Anticipated resources include time to develop a written patient education tool, time for a follow-up phone call to assess effectiveness of the pain management plan and satisfaction with the pain management education. The proposed change in practice was reviewed by key hospital stakeholders and then the hospital and university institutional review boards. A standardized teaching tool was developed and approved through the existing review process. Implement and evaluate the change in practice. Advanced practice nurses provided patient and family education in post-operative pain management using the standardized teaching tool. The protégé measured three outcomes: 1) family satisfaction with teaching and understanding of pain management by survey via a tablet prior to hospital discharge, 2) family satisfaction with teaching and understanding of pain management via a phone call survey one week after hospital discharge, and 3) number of phone calls related to pain management families made to the Ear Nose and Throat Clinic after hospital discharge via chart audit. Based on six months of process and outcome data, the team determined to adopt use of the pain management education plan. Integrate and maintain the change in practice. The protégé shared findings at the unit and department level with presentation of a plan for reliably maintaining the practice. The nurse practitioner team will continue to collect outcomes data for a year for identification of any needed revisions. Data collection and analysis is in progress.
with preliminary findings indicating high family retention of knowledge and family satisfaction with the nurse practitioner teaching. An evidence-based approach to pain, a nurse sensitive quality indicator, has implication for nursing practice. This evidence-based practice project implementing a standardized family education plan with teach-back as an intervention for effective home pain management include the potential to prevent further complications related to ineffective pain management (e.g. dehydration, bleeding) and prevention of hospital readmission (Sikich, Carr, & Lerman, 1997).

“I entered the Doctorate of Nursing Practice (DNP) program confident in my clinical skills with ten years of clinical and leadership experience. One of my goals included increasing my knowledge of effective leadership to build my nursing career. In conjunction with DNP course work, I was privileged to participate in the EBP Learning Community at Akron Children’s Hospital by recommendation of my clinical preceptor. This mentoring program was a great fit for me as a DNP student. The experience interfaced exactly with my course work requirements and made necessary coursework feel like a natural part of my nursing growth and career instead of a task to complete. Not only has it helped me in the process of completing my academic requirements, it has served a much better purpose by enhancing my outlook and enthusiasm for the nursing profession. Participating in the EBP Learning Community provided a sense of belonging with other nurse leaders. As I struggled with portions of my EBP project, my faculty and the mentors were there to guide me increasing my confidence and competence as I learned the process. Fellow students struggled with their EBP projects without the benefit of clinical site mentors to help guide them with project design, implementation and evaluation at their clinical sites. As I described my mentored experience, many expressed a desire to have this valued support and resource available. Mentoring provides a sense of security that pursuing an advanced degree and career path is feasible. Because of the experiential learning opportunity and support in the clinical setting, I am confident that I am developing the knowledge and skills required of a nursing leader with an ability to serve as a resource to my peers.”

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Preparing the Nursing Workforce to Care and Treat People Living with HIV/AIDS in Southern Africa: Three National Case Studies in Collaborative Best Practice

Preparing the Nursing Workforce to Care and Treat People Living with HIV/AIDS in Southern Africa: A National Case Study to Improve Nursing Education in Botswana

Phelelo Marole, MSN, RN, CNM, Botswana

Purpose
Analyze the results of US funded collaborations with the government of Botswana in Southern Africa. This presentation is aimed at maximizing the potential of the nursing workforce to effectively care for and treat people living with HIV/AIDS through curriculum development and capacity-building of faculty.

Target Audience
This symposium will be designed to support nurses who have a professional interest in building nursing workforce capacity in low and middle income countries.

Abstract
Botswana
Phelelo Marole, who serves as a senior technical advisor, provides regional assistance to projects aimed at improving nursing education and regulation. As the Director of HIV Training in the Ministry of Health prior to joining Jhpiego, Mrs. Marole was responsible for ensuring that nurses and allied health workers graduating from Botswana’s health training institutions graduated with the competencies necessary to care for people living with HIV/AIDS within her country. She will discuss Jhpiego’s work with the Government of Botswana and the Botswana Nurses and Midwives Council to support nursing education through curriculum improvement, faculty development, clinical education improvement and student support. Attention will also be given to collaboration with the nurses and midwives council of Botswana to reinstate a reliable and valid licensing examination based on a national task analysis study.

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Preparing the Nursing Workforce to Care and Treat People Living with HIV/AIDS in Southern Africa: A National Case Study in Nursing Education in Mozambique

Debora Bossemeyer, MSEd, RN, Mozambique

Purpose
Analyze the results of US funded collaborations with the government of Mozambique; aimed at maximizing the potential of the nursing workforce to effectively care for and treat people living with HIV/AIDS.

Target Audience
This symposium will be designed to support nurses who have a professional interest in building nursing workforce capacity in low and middle income countries.

Abstract
Mozambique
Debora Bossemeyer will discuss her team’s role collaborating with the Ministry of Health to restructure and streamline the nursing education system in Mozambique, where she serves as the Jhpiego Country Director. Ms. Bossemeyer will discuss Mozambique and Jhpiego efforts to implement a task analysis to identify the actual scope of practice of different cadres and levels of nursing and other health technicians and assess their role and training needs in the HIV/AIDS service provision to revise scope of practices and PSE curricula. She will also highlight the development of model care centers that can be used to demonstrate practices that meet the national standards. Ms. Bossemeyer has a keen understanding of the importance of relationships with stakeholders within the government and will discuss how those relationships can serve to catalyze the capacity building process.
Preventing the Nursing Workforce to Care and Treat People Living with HIV/AIDS in Southern Africa: A National Case Study in Zambia's Competency-Based Blended Learning Approach

Lastina Tembo Lwatula, BSN, RN, CNM, Zambia

Purpose
Analyze the results of US funded collaborations with the government of Zambia to maximize the potential of the nursing workforce to effectively care for and treat people living with HIV/AIDS.

Target Audience
This symposium will be designed to support nurses who have a professional interest in building nursing workforce capacity in low and middle income countries.

Abstract
Zambia
Lastina Lwatula will discuss Jhpiego's work preparing Nurses to provide antiretroviral therapy to people living with HIV in Zambia. As a Regional Senior Technical Advisor with extensive education and training experience she will describe the need to prepare nurses for this essential role, national efforts made to date and the complex set of factors within the society and health system that have influenced progress. She will highlight Jhpiego's recent collaborative work with the Government of Zambia aimed at developing a competency-based blended learning training response needed to reach all nurses deployed within the health system. Ms. Lwatula will also highlight collaboration with the Nursing Council focused on institutionalizing this training within a fledgling continuing professional development system.

Conclusion: Jhpiego continues to collaborate with Ministries of Health and other key stakeholders to support policy, regulation, education and practice that maximize the ability of nurses to improve the health and wellbeing of people in low and middle income countries throughout the world. We hope that by sharing experiences gained by our most experienced nurses from within the region most affected by the HIV epidemic, those who participate in this symposium will leave with a better appreciation of the complex dynamics involved in health systems strengthening.

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K 14 - Building Capacity for Nurse Leadership in Effective Patient Safety and Quality Improvement Initiatives: Multi-Level, Local to Global Strategies

Fuld Fellows Leadership Program Advances Patient Safety Competence and Systems Thinking in Pre-Licensure Nursing Students

Cheryl Dennison Himmelfarb, PhD, MSN, BSN, RN, FAAN, FAHA, USA

Purpose
The purpose of this presentation is to describe an innovative curriculum designed to advance nurse leadership in patient safety and healthcare quality among pre-licensure nursing students and provide the results of program evaluation.

Target Audience
The target audience is nurse educators, administrators and clinical practice leaders interested in learning about effective strategies to build capacity for improving healthcare safety and quality among pre-licensure nursing students.

Abstract
Background: In response to complex healthcare challenges in the US, the 2010 Institute of Medicine report The Future of Nursing: Leading Change, Advancing Health called for nursing education to include development of leadership, teamwork and communication, quality care and system improvement competencies. The purpose of this paper is to describe an innovative curriculum designed to advance nurse leadership in patient safety and healthcare quality and provide results of program evaluation.

Curriculum Innovation: The Johns Hopkins University School of Nursing developed The Fuld Fellows Leadership Program, a curriculum to provide selected nursing students with a solid foundation in the science of patient safety, quality improvement (QI) and leadership skills. The Fuld Fellows Leadership Program consists of four courses threaded throughout the Baccalaureate curriculum, a 3-day interprofessional intercession course, and a 6-month, service-learning project. The first semester course applies a systems approach introducing students (Fuld Fellows) to the science of patient safety and QI. Using case studies, case-based quizzes and peer assessments, the course prepares fellows with basic knowledge and skills necessary for their work with a clinical project team. Fellows work 50-hours per semester during semesters two and three with a mentor and interdisciplinary, patient safety or QI team in a Johns Hopkins clinical setting. In addition, they participate in bi-weekly, online reflective learning journals focusing on specific attributes of safe, high reliability healthcare delivery teams. In the fourth and final semester, fellows create a scholarly poster presentation and disseminate their project-based learning. Fuld Fellows have an opportunity to participate in a 3-day interprofessional patient safety simulation course that includes nursing and medical students taught by interprofessional faculty. This course focuses on improving students' teamwork and communication skills and system-based thinking and addresses the causes of preventable harm and evidence-based strategies for harm prevention. Cohorts I-III (n=56) have completed the program as of August 2014 and cohorts IV-VI (n=59) are ongoing.

Evaluation Methods: Process evaluation includes specific questions about course content, delivery, and attainment of learning goals for each course and at end of program, as well as project mentor / mentee evaluation of one another. Pre-post program evaluation includes fellows' perceptions of patient safety competence at entry into practice, using the Health Professional Education in Patient Safety Survey (H-PEPSS), and systems thinking, using the Systems Thinking Scale. Pre- and post- program scores for the H-PEPSS subscales and Systems Thinking Scale were compared using the Wilcoxon Signed-Rank Test.

Results (From Cohorts I-III): The fellows reported that the mentor-mentee relationship was successful (96%), and they generally demonstrated problem-solving skills (99%), accountability (100%), and professional development (93%). The students found the service-learning portion of the course to have provided a valuable experience (95%) and was intellectually stimulating (91%). Overall, the mentors (n=54) reported that the experience was satisfying (90%), time commitment reasonable (86%), and that they generally were successful in actively involving students in their project (91%). Moreover, mentors identified that student involvement enriched their project teams immensely. Fellows provided the following feedback in end of programs focus groups: “The best part of the Fuld Leadership Program was interprofessional collaboration. The integration with medical students was very helpful and having the opportunity to work on a different aspect of nursing which
other students may not have had. I enjoyed the research component which provided an extra push to get a foot in the door with research.” “The program was beneficial towards shaping me as a marketable future nurse. I do believe I will be more aware of quality improvement and safety issues than my co-workers and this will make me a leader in the workforce.” Mean+SD scores on the H-PEPSS scales improved from baseline to end of program as follows: teamwork (3.4±0.6 to 4.5±0.5), communication (3.1±0.6 to 4.7±0.4), managing risk (2.7±0.7 to 4.5±0.5), human environment (3.5±0.9 to 4.7±1.1), recognize and respond (3.2±0.8 to 4.6±0.5), and culture (3.5±0.6 to 4.9±0.3) (p<0.0001 for all). Mean+SD scores on the systems thinking scale increased from 64.3±6.6 at baseline to 70.4±6.2 (p=0.0012).

**Conclusion**: This innovative program is effective in facilitating learning and application of the patient safety champion role among pre-licensure nursing students. Fellows’ patient safety competence and systems thinking increased to high levels (or improved) after participation in the program, leaving them well-equipped as future leaders of patient safety and QI initiatives. This program can serve as a model for integrating quality and safety concepts into nursing curriculum.

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**A Massive Open Online Course (MOOC): The Science of Safety in Healthcare, Builds Capacity and Improves Competence for Patient Safety among Global Learners**

*Kelly Gleason, BSN, RN, USA*

**Purpose**
The purpose of this paper is to describe a massive open, online course (MOOC), The Science of Safety in Healthcare, which was delivered twice, in 2013 and 2014, and its’ effect on participants’ competence in patient safety.

**Target Audience**
The target audience of this presentation is nurse educators, administrators and clinical practice leaders interested in learning about effective strategies to build capacity for improving healthcare safety and quality.

**Abstract**

**Background**: Almost everyone will be a patient at some point in their lives. Estimates suggest that over 98,000 patients die in US hospitals each year due to medical errors; making medical errors a leading cause of death. Adverse events in healthcare often result from problems in the complex systems of care. Improving patient safety demands a complex system-wide effort, involving a wide range of actions in performance improvement, environmental safety and risk management. Healthcare professionals and consumers must partner in these efforts.

Massive open online courses (MOOCs) allow for affordable, lifelong learning and professional development using an accessible platform. Course delivery is asynchronous which means that learners can participate from anywhere at a time that is convenient to them. From an educator’s perspective, MOOCs offer a unique opportunity to reach a large, diverse local to global audience. The purpose of this paper is to describe a MOOC, The Science of Safety in Healthcare, which was delivered twice, in 2013 and 2014, and its’ effect on participants’ Competence in Patient Safety.

**Course Description**: The 5-week course was designed to address the foundational principles of the science and culture of safety in healthcare. The course was organized in 5 modules as follows:

- **Module 1**: An overview of the science of safety and an introduction to a culture of safety in healthcare.
- **Module 2**: Enabling and contextual factors, including communication, teamwork, and healthcare human factors, that influence patient safety and quality were explored in this module. This module also included patient-centered care and strategies for patients and families to contribute to patient safety.
- **Module 3**: Methods to improve safety and quality: Given the system complexity and various sources of healthcare safety and quality defects, multiple methodologies including sound measurement approaches are required to improve safety and quality. In this module, several examples of available methodologies to improve safety as well as measurement strategies were examined.
• Module 4: Translating evidence into practice and leading change: In this module, learners explored the TRiP Model for translating evidence into practice, reviewed an integrated approach to improving the reliability of care, and distinguished the technical and adaptive challenges of safety and quality improvement.

• Module 5: Summary and opportunities for capacity building: In this final module, the course was summarized and key concepts reinforced. In addition, further opportunities to build capacity in patient safety and quality improvement were presented.

Each module was divided into multiple video segments that could be grouped as three or four lectures or viewed separately. The platform permitted flexible, self-paced learning. Participants were introduced to the key concepts, tools and skills required to promote patient safety and reduce preventable harm. Simulations were created to allow participants opportunities to apply patient safety concepts and improvement tools to realistic, engaging scenarios. Structured exercises challenged participants to consider patient safety concepts, principles, and best practices. Weekly discussion board forums fostered small group communication on specific topics generated by participants and interaction with course faculty. In fact, course participants capitalized on a common social media venue, Facebook, and created a page dedicated to this course and networked during and after course completion.

The course was designed to target the needs of health professionals, students, and health consumers interested in learning about patient safety. The participants had a broad range of experience in healthcare, ranging from consumers of healthcare with no prior training in healthcare to licensed clinicians with experience in leading patient safety efforts. In 2013, 20,957 participants enrolled in the course and 1,229 (5.9%) of those participants earned a certificate of completion. In 2014, 9,679 students enrolled in the course and 674 (7.0%) of those participants earned a certificate of completion. Over the two course offerings, the majority of participants (57%) were 25-44 years old and female (54%). The countries with the top 3 highest proportions represented were the United States (38%), India (5%) and Canada (5%). The majority were health professionals (61%) or health professionals in training (7%).

Evaluation methods: Participants were evaluated post-course using the Health Professional Education in Patient Safety Survey (H-PEPSS), which focuses on culture, teamwork, communication, managing risk, and understanding human factors to measure patient safety competence. Pre- and post- course H-PEPSS scores were compared using paired T-tests. Additionally, post-program surveys were conducted at the completion of the course and 6 months following completion to measure participant satisfaction and applications of knowledge and skills developed through the course.

Course Evaluation and Impact: Participants’ mean scores on the H-PEPSS scales improved from baseline to the completion of the program in the 2013 and 2014 courses. Participants who completed the H-PEPSS surveys from 2013 (n=913) and 2014 (n=406) demonstrated significant increases across all of the subscales both years (p<0.001). The 6-month survey from the 2013 course showed high levels of satisfaction. Participants who completed the surveys (n=486) reported that they strongly agreed the content learned in the course was useful (68%) and agreed or strongly agreed that the course positively influenced their clinical practice (71%). Examples of participant feedback in the 6-month post survey included: “As an attorney specializing in medical staff issues, it is very useful to look at issues from a systems perspective, rather than an individual physician responsibility perspective.” “In working on large-scale implementation, the course broadened my knowledge base of quality improvement change and how to approach clinicians and evaluate clinical situations to help institute change and quality improvement implementation strategies.” “The focus on practical ways to measure and address organizational culture has been very useful for my work.” The majority (71%) of participants indicated that they participated in, or are planning to participate in, additional educational activities to learn about patient safety. The 6-month post survey for the 2014 course has just been deployed and results are pending.

Conclusion: The MOOC course platform allowed educators to reach a very large, diverse audience, though rates of full participation and completion were low. The course was well-received and among those who submitted pre- and post-course evaluations, a significant increase in competence in patient safety improvement was reported.

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Interdisciplinary Patient Safety Certificate Program Prepares Health Professionals to be Effective Patient Safety Champions

Lori Paine, MS, BSN, RN, USA

Purpose
The purpose of this presentation is to describe a Patient Safety Certificate Program that has been developed to prepare health professionals to be effective patient safety champions and summarize program evaluation data.

Target Audience
The target audience is nurse educators, administrators and clinical practice leaders interested in learning about effective strategies to build capacity for improving healthcare safety and quality.

Abstract
Background: Effective patient safety leadership requires more than a passion for preventing harm. To thrive in this role, health professionals need a robust set of knowledge and tools to improve culture, effect behavior change, and fix broken care delivery systems. The purpose of this paper is to describe a Patient Safety Certificate Program that has been developed to prepare health professionals to be effective patient safety champions and summarize program evaluation data.

Patient Safety Certificate Program: The Patient Safety Certificate Program was developed by experts from the Armstrong Institute for Patient Safety and Quality who have driven patient safety improvements at Johns Hopkins, across the United States and internationally. The goal of the program is to build capacity among health professionals dedicated to becoming leaders for patient safety and quality in their unit, clinical department, or healthcare facility. Focused on the application of knowledge and skills in simulated patient safety challenges, participants explore scenarios designed to help them achieve the following program objectives:
- Create and sustain a patient safety culture that has patient-centered care as its linchpin,
- Apply evidence-based practices to develop and support effective multidisciplinary teams that work in partnership with patients and their families to improve patient safety outcomes,
- Use a systems-based approach to identify and reduce defects,
- Develop patient safety initiatives for real and lasting change, and
- Act as change agents in their organization as they lead efforts to continuously learn from defects and improve patient safety and quality care.

The patient safety certificate program has been designed for delivery in two formats—a five-day, in-person program consisting of 24 modules and an online course consisting of 13 modules—that prepare participants for this critically important work. The program covers essential topics such as patient safety culture, patient-centered care, safe design principles, and interdisciplinary teamwork and communication, along with strategies to engage their organizations in this critical work. In addition, learners in the in-person program delve into performance improvement approaches such as Lean Sigma, human factors and design thinking.

These offerings are experiential and problem-based, giving learners frequent opportunities to apply the concepts they learn to realistic scenarios. Participants are immersed in the key concepts, tools and skills that they need to reduce preventable harm to patients. The patient safety challenges in this program go beyond theoretical. Participants step into the shoes of a team at a virtual hospital that has very real problems. As they are introduced to concepts and improvement tools, participants get frequent opportunities to apply them to realistic, engaging scenarios. Additional learning strategies include: 1) Problem-solving in a "sandbox" environment that allows testing solutions with peers, 2) Networking with peers and Johns Hopkins instructors, and 3) Participating in an online community of patient safety and quality practitioners, before, during and after the program.

The program was designed to target the needs of anyone who would benefit from training in the core competencies and skills needed to guide and participate in patient safety improvement efforts. That includes unit- and clinic-level leaders and safety champions, patient safety officers, nurse managers, medical directors, risk managers, quality improvement professionals, as well as faculty in the health care professions. Continuing nursing education and medical education credits are available for the program.
**Program Evaluation:** The in-person program was piloted in mid-2012 with a group of 21 Johns Hopkins-based participants. Since that time, the program has been offered 7 times between February 2013 and December 2014, with a total of 207 participants (internal to Johns Hopkins, n=151; external, n=56) earning certificates of completion. The online course was introduced in September 2013, and to date 339 have enrolled and 174 participants have earned certificates of completion (internal to Johns Hopkins, n=91; external, n=83).

Participant knowledge is assessed pre- and post-program using a 38-item instrument assessing knowledge in the following key areas: science of safety, safe design principles, patient safety culture, patient-centered care, teamwork, high performance teams, communicating for patient safety, leadership, conflict management, event reporting and error disclosure, learning from defects, project management, and leading change. In addition, a post-program survey is conducted to identify participant satisfaction and strengths and opportunities for improvement in the program.

Participant knowledge (mean + SD) increased significantly in key areas of patient safety improvement from baseline (64.83+13.64) to post program (93.51+ 6.56), p<0.001. Participants reported high levels of satisfaction with the program format (both in-person and online), content, and outcomes. Examples from participant feedback excerpts include: "This was one of the best run and most practical courses that I have ever attended. The week just flew by. Great instructors with practical examples, and lots of camaraderie with other participants. It was a really terrific learning experience." "The course has re-energized my interest in patient safety. The presenters were multi-faceted, with backgrounds in research, business, health care and even the military. They provided real world examples of safety initiatives outside of health care that were translatable to the hospital and ambulatory settings. I was able to network in small groups with colleagues from other institutions who were passionate about patient safety allowing for great exchange of ideas. The sessions were very comprehensive touching upon all facets of safety, including Six Sigma and Lean. I would recommend the [certificate program] to other colleagues." "The program is ideal for someone who is coming from the frontlines and taking a position in patient safety. It's a very inclusive introduction to a wide range of safety concepts...There's no more effective way to get these concepts."

**Conclusion:** Program evaluation demonstrated high levels of satisfaction with the program and improvements in knowledge in key areas of patient safety improvement. Patient safety initiatives, both in the United States and internationally, have used this program to prepare key organizational safety leaders and build their organizations’ internal capacity for improvement.

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**An Interprofessional Patient Safety Fellowship Improves Systems Thinking and Quality Improvement Knowledge among Health Professionals: Building Local Capacity for Patient Safety**

*Melinda D. Sawyer, MSN, BSN, RN, CNS-BC, USA*

**Purpose**
The purpose of this presentation is to describe an interdisciplinary, six-month fellowship program intended to build knowledge and skills in patient safety and QI leadership and systems thinking among participating staff and discuss evaluation findings.

**Target Audience**
The target audience is nurse educators, administrators and clinical practice leaders interested in learning about effective strategies to build capacity for improving healthcare safety and quality.

**Abstract**
**Background:** The Institute of Medicine report, Health Professions Education: A Bridge to Quality, recommended training to give health professionals the skills for safe, high-quality, and patient-centered care. However, incorporation of this training has been limited. When training is provided, program evaluation is often not reported. To build local capacity for patient safety and quality improvement (QI) work we have been training health professionals in our system. Health professionals identified that they were eager to contribute to patient safety work and had key insights regarding strategies for improvement but often lacked the knowledge,
skills, and experience in patient safety and QI methodologies. Additionally, patient safety leadership roles have been introduced on many patient care units and unit-leaders and staff voiced a need to build capacity for those moving into these positions.

Patient Safety Fellowship: The Armstrong Institute (AI) Patient Safety Fellowship was developed and implemented at Johns Hopkins Medicine, a large tertiary healthcare center which includes 3 academic medical centers, 3 community hospitals, a large ambulatory clinical practice (35 sites), and a home care company. Health professionals, interested in enhancing patient safety and QI leadership skills, throughout the institution were eligible to participate. All health professionals working at Johns Hopkins Medicine institutions, and receiving approval from their supervisor, were eligible to apply to the Fellowship. Departmental emails were sent to unit leaders and staff to solicit applications. Selection was based on prior QI experience, interest in pursuing a quality and patient safety career, and selection committee consensus.

This six-month program was developed by AI experts in curriculum development, patient safety and QI methodology, implementation science, and program evaluation. The program was intended to build knowledge and skills in patient safety and QI leadership and systems thinking among participating staff.

We implemented the Fellowship for health professionals (n=5 in first cohort, January - June 2013; n=17 in second cohort, January –June 2014) with a highly structured curriculum. Participants were health professionals, including nurses, physicians, and administrators, interested in leading patient safety initiatives at our institution. The curriculum included the following components: 1) a mentored patient safety or QI project, 2) practicum experience with Johns Hopkins quality and safety group experts, including participation in an institution-wide patient safety or QI committees, and 3) participation in didactic educational lectures and experiences. Participants in the Fellowship met as a cohort weekly for 6 months and received salary support of 8-12 hours per week to "back-fill" their clinical obligations.

Program Evaluation: Program evaluation included the Quality Improvement Knowledge Assessment Tools (QIKAT) and Systems Thinking Scale (STS) both prior to and immediately after their experience in the curriculum. Median QIKAT scores (Pre: 27 vs. Post: 41; p=0.042) and median STS scores (Pre: 56 vs. Post: 71; p=0.042) significantly increased through participation in the AI Patient Safety Fellowship Program indicating higher reported competency on both scales. In addition, participants provided qualitative feedback on the program experience. One participant provided the following feedback: "The opportunity for mentorship and education from AI safety and quality experts has been invaluable to my career ... developing "lenses" to identify defects ... learning a structured framework to tackle these defects and navigate within a project ... is a skill set I will continue to utilize moving forward ... into my day to day practice."

We identified the need to provide additional support to fellows in the development of project metrics and analysis plans and the curriculum was modified accordingly for the second cohort. Additionally, we have developed a Patient Safety Certificate Course, which is now a requirement for program participants. The majority of program participants have continued their involvement in initiatives to improve patient safety and quality at our institution. Feedback from participants and unit leaders supported continuation of the program.

Conclusion: This structured patient safety fellowship program is an effective strategy for improving quality improvement knowledge and systems thinking building capacity for patient safety and QI improvement among health professionals. With a high level of institutional support, we have expanded the program to include 33 participating health professionals in our current cohort. We are collaborating with institutional leaders to ensure the sustainability of this program.

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L 14 - Nursing Voices at the UN: Transition from MDGs to SDGs
Looking Back, Moving Forward: Nurses at the UN and the Post 2015 Agenda

Holly Shaw, PhD, MS, RN, USA

Purpose
The purpose of this presentation is to describe the relationship between STTI and the United nations, and to identify future directions and strategies for participation in the UN System.

Target Audience
The target audience of this presentation is STTI members interested in global advocacy and participation in the UN System.

Abstract
Through formal accreditation with the United Nations Department of Public Information (DPI) and Economic and Social Council (ECOSOC) many opportunities are available for STTI nurse advocates and leaders to become involved in the UN Non Governmental (NGO) community. Dr. Shaw will review the history of the UN STTI relationship and the many ways STTI global members can be involved in UN activities, programs and events, particularly during the transition from MDGS to Sustainable Development Platform. In response to the consultation and collaboration requested by the UN for input into the post 2015 Agenda to be decided by the General Assembly in September, 2015, nurses have an unprecedented opportunity to provide input and guidance to the General Assembly and the UN NGO community regarding a variety of health and mental health issues, non-communicable diseases and social determinants of health.

This presentation will include a report of data gathered from the innovative global outreach project directed at promoting participation from nurses in over 100 countries via on line platform, “The World Nurses Want”. Suggestions will be made regarding opportunities for involvement in this UN campaign as well as global endeavors to promote UN activism and advocacy.

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Youth Representation at the United Nations

Raissa Lynn Sanchez, BSN, RN, TNCC, USA

Purpose

Target Audience

Abstract
STTI has had a formal affiliation with the United Nations since 2009. First associated with the Department of Public Information (DPI), then additionally with the Economic and Social Council (ECOSOC) the Honor Society has been represented by STTI members who have served as members and leaders in the UN NGO (non governmental) community. A unique new role emerged for Youth Representatives as the UN created opportunities for young colleagues to engage with and contribute to the UN System. STTI Youth representatives, in the first ever cohort, have helped to define the role and plan programs to promote engagement and participation.

In addition to contribution to the NGO community, our Youth Reps have presented their work throughout the STTI community, highlighting opportunities for members to participate and encouraging replication of the unique mentorship model we have employed as a nursing team at the UN. They have presented to regional, national and international audiences as well as the UN Department of Public Information.

Suggestions will be presented regarding opportunities for engagement of new to practice members of STTI for local, chapter and regional participation in the UN.

Contact
Development of a Social Media Campaign to Promote Engagement in UN

Timothy Shi, BSN, RN, OCN, USA

Purpose

Target Audience

Abstract
At the invitation of the United Nations, nurses worldwide have an unprecedented opportunity to participate in policy development related to the Post 2015 Sustainable Development Agenda. This presentation by a United Nations STTI Youth Representative will discuss the development of a social media initiative to prepare and motivate grassroots nurses and nursing leaders to participate in the 2015 UN campaign for sustainable Development. Examples will be presented of a variety of social media strategies and modalities developed to raise awareness and promote involvement among STTI members and our many global colleagues and associates. In addition to Facebook, Instagram, twitter and internet modalities we will discuss online Thematic discussions regarding the Post 2015 agenda and instruct participants in strategies to instruct members to generate involvement in their communities and chapters.

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Innovative Mentorship Promoting Engagement in the UN

Gloria Chan, BSN, RN-BC, CCRN-CSC, PCCN, USA

Purpose

Target Audience

Abstract
Representatives of STTI and NIGH (Nightingale Initiative for Global Health) have formed a unique, intergenerational nursing coalition at the United Nations based on an innovative model of interactive mentorship and advocacy. As the UN Youth Representative Role emerged, it became apparent that expectations could be expanded beyond simply accompanying senior representatives and joining standard activities. The unique collaboration resulted in a joint web-based project to promote UN involvement directed at grassroots nurses throughout the world via an online platform.
This presentation will highlight the role of UN Youth Representative collaboration and mentorship in the development of interactive activities and projects presented to a variety of practice settings including academia, hospitals, and professional associations. Strategies for replication will be described and application to the post MDG, Sustainable Development Agenda.

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A 01 - The Development and Implementation of a Post Baccalaureate Nurse Residence Program: An Academic-Practice Partnership Model
Transition to Practice: Benefits of Nurse Residency Programs

James Doelling, MSN, BSN, RN, USA

Purpose
The purpose of this presentation is to discuss the challenges that newly licensed RNs encounter and discuss the benefits of a structured residency program to decrease turnover and increased commitment to professional nursing.

Target Audience
The target audience of this presentation is nursing administration, academic and clinical staff.

Abstract
Purpose: Newly graduated nurses are the workforce of the future. The complex healthcare environment makes the transition from new graduate to competent nurse challenging. A structured support system is essential to ensure a smooth and safe transition process. Nursing residency programs are well established in the literature as a mechanism of support. Formalized nurse residency programs have been shown to strengthen newly graduated nurses' capacity to care through patient-focused activities, critical thinking, and professional commitment to the discipline.

Methods: Nurses who practice an ethic of caring, are well-educated with relevant clinical experience, appreciate and contribute to interdisciplinary care, and ground their activities in available empiric and expert evidence while remaining patient-centered, are in the best position to ensure that the highest quality care is rendered to our Veterans. For newly graduated nurses to meet this standard, additional individualized support through mentoring and experiential and didactic educational activities is needed. Newly graduated nurses were selected to participate in an Academic-Practice Partnership with the VA Boston Healthcare system and 6 college of nursing. At the end of the program, evaluations were completed.

Results: The evaluation process revealed that the NERVANA PBNR program was effective in improving the quality and safety of health care for Veterans, implemented best practice principles, promoted patient-centered care and developed future health care professionals in a supported environment.

Conclusion: Nurse residents practice an ethic of caring, are well educated with relevant clinical experience, appreciate and contribute to interdisciplinary care, and ground their activities in empiric and expert evidence while remaining patient centered. Through the individualized support and mentoring which is provided in the PBNR curriculum, the residents participate in experiential and didactic educational activities to meet the goals of the program and to support the novice's transition to practice.

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Curriculum Development and Implementation of a New Graduate Residency Program

Judith Wendt, MSN, BSN, RN, USA

Purpose
The purpose of this presentation is to discuss the development of a curriculum to support the novice nurse's transition to professional practice through a nurse residency program.

Target Audience
The target audience of this presentation are nursing administrators, staff development, academic and clinical staff.

Abstract
Purpose: The PBNR program is designed to bridge baccalaureate education and professional nursing practice, building on the foundation of The Essentials of Baccalaureate Education for Professional Nursing Practice.
(American Association of Colleges of Nursing [AACN], 1998) and the Commission on Collegiate Nursing Education (CCNE) Standards for Accreditation of Post-Baccalaureate Nurse Residency Programs (2008). The program seeks to immerse the Nurse Residents in an environment to practice comprehensive patient care in a setting that seamlessly incorporates continuous quality assessment and improvement through evidence based practice.

**Methods:** The NERVANA PBNR program was developed and implemented in conjunction with the Boston VA Healthcare system and 6 Academic Partners which created a unique academic-practice partnership. The curriculum, which is the heart of the PBNR program, is organized into three temporal phases.

Phase I—Orientation (Months 0-3). During this Phase, new Nurse Residents participate in healthcare system new employee orientation, nursing orientation, and introduction to residency program requirements.

Phase II—Professional and Leadership Development (Months 4-9). This phase focuses on evidence based practice (EBP), professional and leadership development program elements. The Nurse Resident is exposed to leadership nursing as well as interprofessional roles and responsibilities on the healthcare team.

Phase III—Synthesis and Evaluation (Months 10-12). This phase focuses on refinement of the Nurse Resident’s clinical skills, critical thinking, and successful completion of competencies, and leadership development. The Nurse Resident synthesizes and integrates her or his development and training by applying knowledge learned to direct and indirect patient care.

Program evaluations were completed by the Nurse Residents, Preceptors and Professional Mentors. Participants were encouraged to evaluate the program and make recommendations for changes moving forward.

**Results:** The results of the Nurse Residents program evaluations demonstrated that 87.5% were very satisfied with the program. The preceptors requested increased meetings with residents to discuss progress and goals, but were overall satisfied with the program. The professional mentors asked for increased clarity related to their role.

**Conclusion:** The program has been successful in: 1) the development of a collaborative program that builds upon the academic-practice partnership of NERVANA, 2) the development of competencies for new RNs which include clinical practice, leadership roles, professional development and evidence based practice, 3) an increased level of interprofessional engagement throughout the VA BHS, 4) serving as a transitional bridge between the nursing models and content acquired in the NERVANA schools and the VA BHS, and 5) reducing the turnover among new nurses. Therefore, the VA BSH will continue to provide high quality, patient-centered care to our veterans as we support the development of professional nurses into practice.

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**Academic Practice Partnerships and Nurse Residency Programs**

_Donna M. Glynn, PhD, MSN, RN, ANP-BC, USA_

**Purpose**
The purpose of this presentation is to describe the Northeast Region VA Nursing Alliance. The presentation will include the mission, purpose and participation in the Post Baccalaureate Nurse Residency Program.

**Target Audience**
The target audience of this presentation is nursing administrators, nurse educators, clinical nurses and new graduates.

**Abstract**

**Purpose:** The purpose of this ongoing research is to evaluate the mission and supporting activities of the Northeast Region VA Nursing Alliance (NERVANA) related to the Post Baccalaureate Nurse Residency Program. NERVANA was formed in 2007 and includes six schools of nursing. The mission of the academic practice partnership is to employ an innovative educational model to expand and enrich nursing students and
faculty, to educate nursing students in the care of veterans, and to expose nursing students to the advanced model of medical informatics, patient safety, quality improvement, and integrated systems of care employed by the VAs national healthcare system.

Methods: The academic practice partnership collaborated to develop a post baccalaureate nurse residency program. The goal of the residency program is to bridge baccalaureate education and professional nursing practice. Through the initial and ongoing evaluation of the program, the commitment of resources is evaluated in an effort to immerse the nurse residents in an experience to practice comprehensive patient care in a setting that incorporates continuous quality assessment and improvement through evidence based practice.

Results: The evaluations of the program support the academic practice partnerships. Through the NERVANA collaboration, the programs goals have been achieved and the outcomes are positive.

Conclusion: The program has been successful in: 1) the development of a collaborative program that builds upon the academic-practice partnership of NERVANA, 2) the development of competencies for new RNs which include clinical practice, leadership roles, professional development and evidence based practice, 3) an increased level of interprofessional engagement throughout the VA BHS, 4) serving as a transitional bridge between the nursing models and content acquired in the NERVANA schools and the VA BHS, and 5) reducing the turnover among new nurses. Therefore, the VA BSH will continue to provide high quality, patient-centered care to our veterans as we support the development of professional nurses into practice.

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A Metacognitive Learning Strategy that Guides Intentional Learning and Reflection in Nursing Education

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Carol M. Van Zile-Tamsen, PhD, EdM, BS, BA, , USA
Theresa A. Winkelman, MS, RN, CPNP, USA
Marie Larcara, EdD, MSEd, , USA

Purpose
This presentation will present the underlying theories which support the KWL, a learning strategy to promote metacognitive and meta-affective learning. The KWL learning strategy was expanded to include application (A) and reflection (R) and implemented by nursing faculty across all programs at University at Buffalo School of Nursing.

Target Audience
The target audience for this presentation includes: Nurse Educators, Nurse Researchers and all nursing and inter-professional clinicians who interact with nursing students across various programs.

Abstract
Purpose: The purpose of this symposium is to engage the participants interactively around the application of Metacognitive and Meta-affective Learning Strategies in Nursing Education. An in-depth exploration of the underlying cognitive theory, metacognition, and reflexive theory will provide an understanding of the KWLA+R learning strategy discussed in the companion symposium presentations.

Methods: Cognitive theorists have tried to understand components of cognitive learning and to develop ways to enhance learning. Piaget (1952) stated that cognitive disequilibrium is needed for learning to occur. This disequilibrium is recognized in his theory of adaptation and Cole (2009) suggests this disequilibrium can be created through questions. This is consistent with Vygotsky's theory of scaffolded learning (1978), in which learners can achieve increased levels of cognitive development through purposeful interactions with instructors and more advanced peers (also known as scaffolds).

Results: Metacognition was introduced in 1979 by John Flavell. Flavell posited that metacognition is higher order thinking that requires the learner to actively engage in cognitive learning processes (Livingston, 2003). Another way to think of metacognition is “thinking about thinking” (Flavell, 1999; Bogdan, 2000; Metcalfe, 2000). Metacognition consists of two parts: metacognitive knowledge and self-regulation. Metacognitive knowledge refers to how one processes information for learning, as well as the individual’s self-awareness of how they learn. Metacognitive self-regulation, on the other hand, refers to sequential processes used to guide the learning activities to achieve the learning goal. The cognitive activities of questioning and self-questioning are overlapping with the metacognitive “thinking about thinking” that occurs simultaneously.

Josephsen (2014) proposes that critical theory/reflection in combination with metacognition promotes the student’s ability to relate current knowledge with past experience and gain insight into future nursing practice. Thus, within each learner, metacognition is comprised of three components: self-knowledge, self-evaluation, and application of knowledge to the task at hand (p.2). Learning occurs through accommodation and adaptation (Piaget) as the student internalizes the new knowledge and modifies or changes existing knowledge structures.

Conclusion: Through the processes of critical reflection, nursing students build metacognitive knowledge and employ metacognitive strategies; therefore, undergraduate, RN-BS, and graduate students will increase the depth of their learning and develop a foundation for practice within a complex health care environment.

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Metacognitive and Meta-Affective Teaching and Learning Strategy KWLA+R
Purpose
This presentation will present the KWL model, a learning strategy which promotes Meta-cognitive and Meta-affective learning. Further, expansion of the KWL Model to include application (A) and reflection (R) components, as implemented by nursing faculty across all programs at University at Buffalo School of Nursing, will be presented.

Target Audience
The target audience for this presentation includes: Nurse Educators, Nurse Researchers and all nursing and inter-professional clinicians who interact with nursing students across various programs.

Abstract
Purpose: Ogle (1986) developed a teaching strategy: KWL, (What do you know & How do you know it, what do you want to know, & what did you learn). This strategy has evolved in higher and secondary education to facilitate learning through questioning and analysis or critical inquiry.

In 2012, the University at Buffalo School of Nursing adapted the KWL Model across the nursing curriculum; including a prerequisite nursing course, the traditional nursing program, the RN-BSN Program as well as d graduate nursing courses provides students with the opportunity to scaffold and build metacognitive knowledge, thus gaining insight into experiential and theoretical learning to inform their personal and professional growth.

Methods: The UB SON adapted and expanded the KWL to KWLA + R. The new strategy added A (How will you apply what you have learned) and R (Reflect on the meaning of this learning to your practice). Reflection as a cognitive learning strategy was introduced by Dewey in 1933 and subsequently has been reinforced in nursing education (Ruth-Sand, 2003, Johns, 1995, Tanner, 2006, STTI, 2005, & Benner, Sutphen, Leonard, and Day, 2009). In fact, reflection is the second stage of learning as proposed by Kolb (1984). Central to Kolb’s learning model is the concept of “reflect, think, and do”. Through the process of reflection, learning is deeper and leads to personal and professional growth as well as meaningful change (CALT Learning Support, nd). The reflection process is consistent with Piaget’s Theory of Adaptation (Piaget 1952). In addition, Josephen (2014) likens this process of “metacognition to clinical reasoning which is viewed as an interaction among cognition, the subject matter, and the context in which the thinking occurs” (p. ).

Results: At the prerequisite level, the KWLA+R is used as a guide participation to facilitate intentional learning and meaningful connections between prior knowledge and acquisition of new knowledge. In undergraduate nursing courses (traditional and ABS) the KWLA-R is used to guide “thinking about thinking” in a way to direct reflection of the learning to not only the current role as students but also to future nursing practice. In the RN-BS curriculum, the KWLA-R is used as a strategy for examining “what we know” in contrast to “what we need to know” based on current evidence to facilitate leadership at the bedside as baccalaureate prepared nurses. This strategy manifests Kolb’s (1984) concept of “reflect, think, and do”.

Conclusion: The metacognitive processes used in the application of the KWLA+R enables the learner to examine possibilities of how health promotion theories can guide, enrich, and redirect their professional practice.

Evaluation of a Teaching Strategy Aimed at Improving the Metacognitive Learning of Nursing Students

Penelope W. McDonald, PhD, MSN, BSN, RN, USA

Purpose
To inform the learners of the findings of a phenomenologic analysis of purposive sample of KWLA+R collected from courses across levels of the nursing curriculum
Target Audience
Nurse educators interested in experiencing a metacognitive learning strategy that guides intentional learning and reflection.

Abstract
Purpose: The faculty who employed the KWLA+R were amazed by the apparent metacognitive and meta-affective learning described in the students’ writings. To explore our assumptions, a decision was made to further validate our perceptions in a scientific and interpretive manner.

Methods: A qualitative analysis was conducted for the purpose of evaluating the effectiveness of the KWLA+R process on learning outcomes by discerning the metacognitive and meta-affective learning achieved by students in nursing courses across the curriculum.

Utilizing an interpretive phenomenologic approach guided by Heidegerrian hermeneutics, a purposive sample was acquired by selecting two KWLA+R(s) from the archives of courses from 2012 through fall 2014; the samples were de-identified and then distributed to the interpretive group for analysis. The interpretative analysis was conducted using the seven-stage process delineated by Diekelmann, Allen, and Tanner (1989). The Atlas.ti7 qualitative software program was used, to facilitate the analysis.

The interpretive group individually read each KWLA+R from the sample (n = 38) to gain an overall understanding and summarized the KWLA+R(s) and identified beginning categories. Differences were discussed until consensus was achieved. Subsequently, the interpretive circle confirmed and agreed upon the emerging themes until saturation occurred.

Results: Through this analysis, several themes that illustrate the metacognitive learning that occurred, not only as a product of the course content, but as a result of the student’s engagement in the KWLA+R process. These themes include: Finding My Voice as a Nurse, Becoming Empowered, and Recognizing my Leadership Potential. Further, meta-affective themes identified included Reawakening My Personal Power and Awakening My Own Self-Awareness were indicative of personal growth and professional development.

Conclusion: In summary, the faculty validated our perceptions that the use of the KWLA+R, as an instructional metacognitive and meta-affective learning strategy in this nursing program was effective within the scope of its application. In the future, we will further explore evidence to support this and other self-regulated instructional approaches in nursing education.

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C 11 - Million Hearts®: A Platform for Promoting Population Health, Education and Partnerships in Academia

What is the Million Hearts Initiative, the National Interprofessional Education and Practice Consortium to Advance Million Hearts, and the Online Million Hearts Educational Program?

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

Purpose
The purpose of this presentation is provide an overview of the Million Hearts initiative, the National Interprofessional Education & Practice Consortium to Advance Million Hearts and the online educational program.

Target Audience
The target audience of this presentation is nursing undergraduate and graduate faculty and nurses interested in promoting population and community cardiovascular health.

Abstract
Purpose: The goals of the Million Hearts initiative are: 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 “ABCSs.” Appropriate aspirin therapy, blood pressure control, cholesterol management, smoking cessation, and stress management or the “ABCSs” are the foundation of the initiative.

Methods: As part of this initiative, 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. Colleges of Nursing and interprofessional students are being educated on how to complete evidence based, accurate and focused Million Hearts screenings. 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 on individualized preventive lifestyle modifications.

Results: Over 100 organizations are participating. Over 3,800 people have accessed the educational program and over 29,000 people have been screened.

Conclusions: This Million Hearts 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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Eighteen Months of Data from the Online Million Hearts® Educational Program: Implications and Quality

Kate E. Gawlik, MS, RN, ANP, USA

Purpose
The purpose of this presentation is to provide an analysis of data acquired through the Million Hearts educational program and discuss quality improvement measures to enhance outcomes.

Target Audience
The target audience is all nurses, undergraduate and graduate nursing faculty, and administration.

Abstract
**Purpose:** Part of the Million Hearts® educational program involves 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:** De-identified data is collected on participants during Million Hearts® screenings and entered by users into the educational program via Checkbox® survey. To improve referral and counseling rates, a quality improvement (QI) project was conducted.

**Results:** Results from participants’ screenings during the first 18 months of data collection indicate: (a)52% had an abnormal blood pressure, (b)49% 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 then those with a BMI under 25; (e) those who smoke are more likely to have pre-hypertension, stage I, or stage II hypertension then those who do not smoke; (f) Blacks, Latinos, and American Indians had higher rates of stage I and stage II hypertension then Caucasians; (g) Blacks, Latinos, and American Indians were more likely to be referred to a health care provider then Caucasians; (h) 38% of participants were referred for follow-up with a health care provider and (i) 76% received counseling on their biometrics. A QI project was initiated to increase counseling and referrals to health care providers during Million Hearts® screenings.

**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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**Million Hearts: Incorporating into Curricula and Community Outreach**

*Margaret C. Graham, PhD, FNP, PNP, FAANP, FAAN, USA*

**Purpose**
The purpose of this presentation is to identify key strategies for the advancement of Million Hearts through interprofessional education and community outreach initiatives.

**Target Audience**
The target audience for this presentation is nurses and undergraduate and graduate nursing faculty.

**Abstract**

**Purpose:** The Million Hearts initiative aims to increase awareness about heart disease prevention and empower patients to take control of their heart health. The goals of this session are to provide examples of how nursing faculty can incorporate Million Hearts® into curricula and community engagement.

**Methods:** Nursing community, leadership, clinical, and advanced practice nursing courses provide an excellent opportunity to incorporate the Million Hearts® educational program, teach students about population health and interprofessional teamwork, prevent cardiovascular morbidity and mortality, and contribute to national initiatives such as Health People 2020. Diverse outreach opportunities exist in which to infiltrate the community setting with Million Hearts® screenings and patient education. Community health fairs, free clinics, influenza clinics, student organizations’ events, and on-campus health and wellness events are all excellent venues for providing screening opportunities. An excellent exemplar of community engagement is the Wellness On Wheels tour. Forty-three faculty and students from the Colleges of Nursing, Medicine, Pharmacy, Exercise science, Nutrition and Public Health at The Ohio State University participated in a three city bus tour to conduct Million Hearts screenings and education. Prior to the tour, students watched the online lectures and utilized the website to print off appropriate materials. With faculty oversight, students completed Million Hearts® screenings and health counseling for community members.

**Results:** There are endless possibilities to advancing Million Hearts® in the academic and community settings.
**Conclusions:** With a coordinated effort, nursing faculty and students can demonstrate to the nation the power of a unified approach, improve cardiovascular health, and ultimately, prevent 1 million heart attacks and strokes by 2017 through the Million Hearts® initiative.

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The Search for the Holy Grail

Mary Chiarella, PhD, RN, LLB (Hons), Australia

Purpose
The purpose of this presentation is use (inter alia) disciplinary case studies to explore a number of questions related to recognition of both competence and incompetence in nursing practice, and the definition of insight. In particular, it will seek to explore questions related to these concepts with the audience.

Target Audience
The target audience of this presentation are nurses, clinicians, regulators, policy makers, managers, educators and researchers.

Abstract
Purpose: This presentation seeks to explore the interface between professional regulation and competence to practise, particularly in relation to performance of competence and to identify whether public safety can be assured through performance of competence (perhaps something of a holy grail), or awareness of competence, or indeed incompetence.

From the previous research that has been undertaken, the three common indicators of competence were agreed by nurses and regulators alike to be Continuing Professional Development (CPD), hours of practice and self-assessment against the competencies. However if these three indicators were a guarantee of competence, then arguably no-one would present as a notification for lack of competence, because all registrants are required to meet these criteria for registration renewal or recertification. The researchers therefore believe that there is a missing thread that is in reality competence awareness or insight.

Insight has been demonstrated to be the deciding factor for adjudicating bodies in relation to deregistration (Adrian & Chiarella, 2010; Vernon, et al., 2010; Vernon, 2013). Thus the questions that remain unanswered are; can insight be identified, measured and assured, and is this preferable to the measurement of competence in clinical performance at a given point of time or in relation to the current requirements for registration, or renewal of registration/licensure/certification? As it is difficult to identify those who might have problems with performance competence until such time as the question is raised about this, this research begins at the moment of notification.

Methods: Analysis of case law in each of the selected regulatory authorities relating to complaints of unsatisfactory performance (how-so-ever defined), that have been prosecuted and adjudicated. Analysis was undertaken to identify what factors led to decisions either to retain or remove a nurse from the register. In addition, relevant country policies and legislation relating to requirements for competence assurance and CPD will be analysed, themed and reported.

Results: This presentation will use a selection of (inter alia) disciplinary case studies to explore a number of questions related to recognition of both competence and incompetence in nursing practice, and the definition of insight. In particular, it will seek to explore questions related to these concepts with the audience.

1. What is the relationship, if any between CPD, recency of practice and performance competence?
2. Would remediation provide any guarantee of performance competence?
3. Is there any relationship between awareness/insight of competence and performance competence?
4. How are decisions made in relation to continuing registration, sanctions or deregistration when performance competence is the subject of notification and adjudication?

Conclusion: We believe that competence is related to safety and we believe that competence is related to continuing professional development and recency of practice. In Australia and New Zealand these requirements are now mandated so surely there should be no notification for competency?

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Does Continuing Competence Ensure Safety to Practise and Assure Public Safety?

Rachael A. Vernon, PhD, MPhil (Dis), BN, RN, Australia

Purpose
An indicator of continuing competence, required by regulatory authorities is continuing professional development. Continuing competence is agreed to be necessary to protect the public. Is it measurable and does it ensure continuing safety to practise? This research tests the hypothesis that “continuing professional development ensures competence to practise.”

Target Audience
The target audience of this presentation are Clinicians, Regulators, Policy Makers, Administrators, Health Service Managers, Researchers and Educators.

Abstract
Purpose: A common indicator of continuing competence, required by regulatory authorities is continuing education or continuing professional development. Whilst the continuing competence of health professionals is agreed by regulatory authorities to be necessary to protect the public (Vernon, 2013, Secretary of State for Health (UK), 2007, National Council of State Boards of Nursing, 2009, Vernon et al., 2013b), can it be measured and does it ensure continuing safety to practise and assure public safety?

This research seeks to test the existing hypothesis that “the measurement of continuing competence indicators and particularly continuing professional development, ensures competence to practise and therefore assures public safety”. This research builds on a previous international study involving the nursing regulatory authorities from Australia, Canada, Ireland, New Zealand, the United Kingdom, and the United States of America (Vernon, 2013). Vernon’s study determined an internationally agreed consensus view of what constitutes continuing competence, and proposed the development of a consensus model for the assessment of continuing competence. It refutes the claim that continuing competence ensures public safety, and identifies that although definitions of continuing competence within legislation and policy across developed nations have strong similarities, there is confusion over the level to which continuing competence needs to be demonstrated, the criteria against which continuing competence should be assessed, and the role of continuing competence frameworks in ensuring public safety (Vernon, 2013, Chiarella and White, 2013, Vernon et al., 2013a). However, the requirement for a specified number of professional development / education hours are mandated as a annual requirement.

Methods: This research is a component of a larger study that has been undertaken using a mixed method evaluation design. Subject data was be elicited from an audit of CPD and recency profiles of a de-identified convenience sample of registered nurses. The subject sample was comprised of registered nurses from the following two groups:

Group A. Registered Nurses who have become the subject of competence notifications based on performance grounds (previous 3 years).

Group B. Registered Nurses who have been assessed as part of a recertification / revalidation audit process (previous 3 years)

Comparative statistical analysis was undertaken in relation to the subject Group A and subject Group B. In addition, descriptive analysis of any previous remediation work that was documented, that may have been undertaken by the employer or other relevant body in relation to a competence notification, was identified in association with an audit CPD activities.

Results: In this presentation summary findings and opinion will be posed in relation to the use of continuing professional development as an indicator of competence and its relationship or not, to performance awareness or insight when a competence issue has been identified.

Conclusion: This research seeks to identify and test the relationship between continuing professional development hours as a measure of continuing competence, particularly with regard to ensuring the safety to practise of nurses and thereby assuring public safety.
Nurses' Perceptions of Missed Care: A Critical Discourse Analysis

Luisa Toffoli, PhD, RN, Australia
Eileen Willis, PhD, MEd, Australia
Clare Harvey, PhD, RN, New Zealand
Julie Henderson, PhD, Australia
Patti Hamilton, PhD, RN, USA
Ian Blackman, EdD, MEd, RN, Australia
Claire Verrall, MN, RN, Australia
Elizabeth Abery, BHSc (Hons), Australia

Purpose
This presentation explores the notion of missed nursing care through dialogues examining the perceptions of nurses in regard to missed care occasions in South Australia.

Target Audience
The target audience of this presentation is for academics, administrators, clinicians and students interested in the nature of nursing work, the health workforce, healthcare policy and use of critical approaches in nursing research.

Abstract
Purpose: This paper explores missed nursing care through nurses dialogues; examining their perceptions in regard to missed care occasions.

Methods: Using critical discourse analysis (CDA), the study explores the discourses of nurses as they describe the challenges they encounter in daily attempts to deliver what they consider to be quality patient care. These discourses are compared to the mandates of state and organisational policy prescribing clinical practice. The boundaries of tension that are expressed by nurses within the milieu of missed care are explored through in-depth interviews with 21 registered nurses working in two major metropolitan acute care hospitals in South Australia. Interviews are drawn from a larger study based on the work by Kalisch and Williams (2009) who used the MISSCARE Survey to identify what care is missed, and why it is missed. CDA is interested in social organisation and the interplay of people’s activities within it, the focus being on how they construe and internalise such activity. Nurses’ perceptions and realities become central to any investigation because their work is organized by more than their own intentions or motivations, with influences such as professional standards or organisational rules also locating their reality.

Results: Instead of identifying occasions of missed or omitted care, nurses spoke of constraints related to budget, staffing, skill mix and mandated policy as constraining their ability to complete care activities.

Conclusion: Factors emerged that suggest that missed care is the consequence of routinized and standardized practice, cited as cost effective care, at the expense of professional autonomy.

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E 12 - Managing Dignity in Later Life: Global Influences, Personal Strategies, Cellular Effects
Dignity Matters: A Society-to-Cells Perspective on Physiologic and Cellular Effects of Dignity in Later Life

Rachel Walker, PhD, RN, OCN, USA

Purpose
to present a theoretical perspective that illustrates how threats to the dignity of community-dwelling older adults can directly contribute to the types of physiologic and cellular damage that result in accelerated aging and increased morbidity and mortality.

Target Audience
nurse clinicians and researchers from across the world whose work involves generating knowledge, changing practice, or implementing policy to improve the health and well-being of community-dwelling older adults and the communities they live in.

Abstract
Purpose: The purpose of this discussion is to present a theoretical perspective that illustrates how threats to the dignity of community-dwelling older adults can directly contribute to the types of physiologic and cellular damage that result in accelerated aging and increased morbidity and mortality.

Dignity can be conceptualized as a form of resilient health potential that plays an important role in the maintenance of health and well-being in later life. Prior qualitative research on dignity has demonstrated that older adults’ experiences of threats to dignity and dignity loss are consistent with stress appraisal processes. Although most research to date has focused on the dignity of older adults residing in institutional settings or near the end of life, there is a need for greater understanding of the impacts of threats to dignity for community-dwelling older adults. This is important since the majority of the global aging population resides in community settings.

Methods: We conducted a search of major databases such as PubMed, CINAHL, and Web of Science for articles in English with abstracts containing the word ‘dignity’ published anytime until December 2014. A socio-ecological model of resilience among older adults developed by nurse theorists Sarah Szanton and Jessica Gill was then used as a lens for classification of relevant abstracted findings according to societal, community, family/interpersonal and individual-level threats to dignity in later life, and possible physiologic and cellular consequences of those threats.

Results: Societal-level factors (such as global and economic inequalities, racism, classism, and other types of discrimination), community-level factors (such as deteriorating neighborhoods and lack of transportation), family/interpersonal factors (such as social isolation and inadequate caregiver support) and individual-level factors (such as illness or loss of function) can combine to form synergistic, overlapping threats to the dignity of community-dwelling older adults. When these threats to dignity are experienced chronically over time, maladaptive stress responses can lead to cellular aging, pathological changes, and increased risk of mortality.

Conclusion: Preservation of human dignity is both a social justice issue and a nursing imperative. This model illustrates how intersections of factors at societal, community, interpersonal and individual levels affect the dignity and therefore resilience of older adult populations across the globe. Adoption of a resilience perspective on dignity also sheds light on the many opportunities nurses have to promote the health and well-being of community-dwelling older adults through intervention at multiple levels of society.

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Modeling the Relationships between Attributed Dignity and Health

Jordon Bosse, MSN, RN, USA
Purpose
The purpose of this presentation is to discuss the four characteristics of attributed dignity and mental and physical health using structural equation modeling.

Target Audience
The target audience for this presentation is nurses who work with older adults in any setting and nurse researchers interested in the concept of dignity and/or older adults.

Abstract
Attributed dignity is a unique concept that refers to an internal state affected by both the environment and interpersonal interactions. Given these interactions, this state can change depending on the meaning one infers from any given situation. Attributed dignity has been shown to be related to improvement in physical function and health. In previous research, attributed dignity was measured using the 18-item Jacelon Attributed Dignity Scale (JADS). The JADS has been validated for use in community-dwelling older adults. The JADS consists of four subscales: behavior with respect to others (BRO), self-value (SV), perceived value from others (PVO), and self in relation to others (SRO) (Jacelon & Choi, 2014).

Purpose: The aim of the current study is to evaluate the four characteristics of attributed dignity and mental and physical health using structural equation modeling (SEM; Lisrel 9.1).

Methods: The study sample consisted of 289 older adults (mean age = 77.4; range = 65 – 99) recruited from senior centers in western Massachusetts. Data were cleaned so that only cases that had responses for all items of interest were included in the modeling analysis; the sample size for the model included 229 cases. Relationships among the four identified characteristics of attributed dignity as measured by the JADS and the outcomes were entered as outlined in the theoretical model and further refined guided by the modification indices. Alternative models were also tested to ensure that a better fit between theoretical components and outcomes did not exist based on these data. A path diagram of the final model and its corresponding coefficients was identified; only significant paths were included in the final model. Indirect effects were also evaluated.

Results: The overall model fit the data very well ($\chi^2 = 388.46$, $df = 325$, RMSEA = 0.029, $p = 0.009$, CFI = 0.99, NFI = 0.92). The SEM revealed that PVO directly affected both SRO and BRO, but SV was only influenced by BRO. An individual’s self-value was positively impacted mental health, which in turn positively affected physical health. There was also a direct path from gender to SV. Females reported lower self-value scores than males. There were significant indirect paths from PVO to SV, PVO to mental health, and PVO to physical health. Gender also indirectly influenced mental and physical health. Age only influenced living status and physical health; older participants had lower physical health scores and were more likely to live alone.

Implications: PVO, the value an individual perceives he or she is attributed from other people is critical in the process of maintaining dignity. In the model, based on PVO, an individual adjusted how they saw their own behavior in relation others (SRO) and their behavior toward others (BRO). An individual’s self-value was affected by the perception of how their behavior influenced others, not directly from the influence of other’s behavior. Thus, attributed dignity affected mental health and physical health in this sample of older adults.

Conclusion: Interventions that support and enhance an older individual’s attributed dignity have the potential to improve health outcomes.

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Personal Strategies for Managing Dignity in the Course of Human Interaction

Cynthia S. Jacelon, PhD, MS, BS, RN-BC, CRRN, FAAN, USA

Purpose
The purpose of this research was to develop a better understanding of how community-dwelling older adults with multiple chronic conditions manage their dignity, and how these strategies compare to those used by older adults in hospital settings.

Target Audience
Abstract

Purpose: The purpose of this research was to develop a better understanding of how community-dwelling older adults with multiple chronic conditions manage their dignity, and how these strategies compare to those used by older adults in hospital settings.

Dignity is important for the health and wellbeing of older adults. Many situations, particularly interactions with healthcare professionals threaten older adult’s dignity. Vulnerable older adults, like those with chronic health problems, are more at risk for experiencing indignity than their healthier counterparts. However, little is known about how these older adults respond to perceived threats to their dignity.

Methods: Nineteen community dwelling older adults with multiple chronic health problems, were interviewed regarding how they managed their dignity. Grounded theory methods were used to identify the characteristics of situations in which the dignity of older adults was either enhanced or threatened. The strategies employed by older adults to manage his or her dignity in these situations were identified including variation in those strategies in relation to individual characteristics. Finally, similarities or differences between strategies used by community-dwelling and hospitalized older adults who participated in a previous study were explored.

Results: Older individuals told stories of every-day interactions with other people in which their dignity was supported or diminished. Interactions that enhanced dignity were focused on the unique contributions of the older individual and included honor and respect from others. Interactions that diminished dignity included evidence of racism, classism, or ageism. The older adult explained actions to manage dignity in the face of indignities. Three types of strategies to manage dignity: introspective, interactive, and active, were identified. Community dwelling older adults used the same classes of strategies as did their hospitalized counterparts, but exhibited greater breadth in their responses. The greater breadth in strategies was related to the different power structures within the interactions of the community-dwelling older adults and the hospitalized older adults.

Conclusion: Understanding interactions that affect the dignity of older individuals have an indirect effect on the health of these individuals. Healthcare providers must learn patterns of interactions that enhance the dignity of older individuals and avoid interactions that are perceived to be ageist, classist, or racist.

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Purpose
to disseminate the findings of our research and work to improve mental health for a vulnerable population.

Target Audience
Clinicians, educators, mental health professionals, anyone working with student populations.

Abstract

**Purpose:** Although health sciences education colleges, such as medicine, nursing, and dentistry, prepare students well to deliver high quality care to patients, few incorporate wellness and self-care into their academic programming. Although there have been numerous descriptive studies reporting the high prevalence of mental health problems and unhealthy behaviors as students transition from high school into college, few studies have described the mental and physical health of entering graduate health sciences students. Therefore, the purpose of this paper is to describe the levels of depression, anxiety, stress, healthy lifestyle beliefs, healthy lifestyle behaviors, and Body Mass Index (BMI) of graduate students in health and rehabilitation sciences, dentistry, medicine, nursing, optometry, pharmacy, and veterinary medicine.

**Methods:** A descriptive study of the baseline findings from a wellness on-boarding program designed to enhance the health and wellness of graduate health sciences students was conducted. Data was collected with an on-line personalized wellness assessment and biometric screening during the first four weeks at the start of the semester from 91 students who consented to study participation. Valid and reliable measures included the Patient Health Questionnaire-9 for depression, the Generalized Anxiety Disorder Scale, the Brief Inventory of Perceived Stress (BIPS), the Healthy Lifestyle Beliefs Scale, the Healthy Lifestyle Behaviors Scale along with a biometric screen.

**Results:** At baseline, 25.6% of the graduate students reported elevated symptoms of depression with 4.3% answering positively for suicidal ideation, and 22.6% reported elevated symptoms of anxiety. The average BIPS score was 16.0. Average BMI was 24.98 for female participants and 23.94 for male participants. Furthermore, 22.1% were classified as overweight and 10.5% as obese. Healthy Lifestyle Beliefs and Behaviors average scores were 63.45 and 54.7 respectively. Other biometric results indicated 30.5% had a Total Cholesterol greater than 180 mg/dL and 16.8% at or above 200 mg/dL. One participant had a Hemoglobin A1c greater than 5.7%. Average systolic and diastolic blood pressures were 120 and 72 mmHg respectively.

**Conclusion:** Findings support a need to screen entering health sciences students for depression, anxiety, healthy lifestyle beliefs and behaviors along with obtaining BMI and a biometric screen. Targeting students with elevated depressive and anxiety symptoms with evidence-based interventions and support to engage in healthy lifestyle behaviors could lead to higher academic success and the prevention of mental health disorders during graduate school. Future studies are needed with this population to further explore these variables and determine their predictors.

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On-Boarding Graduate Student Correlates

**Abstract**

**Purpose:** On-Boarding Graduate Student Baseline Measures

**Methods:** A descriptive study of the baseline findings from a wellness on-boarding program designed to enhance the health and wellness of graduate health sciences students was conducted. Data was collected with an on-line personalized wellness assessment and biometric screening during the first four weeks at the start of the semester from 91 students who consented to study participation. Valid and reliable measures included the Patient Health Questionnaire-9 for depression, the Generalized Anxiety Disorder Scale, the Brief Inventory of Perceived Stress (BIPS), the Healthy Lifestyle Beliefs Scale, the Healthy Lifestyle Behaviors Scale along with a biometric screen.

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**Conclusion:** Findings support a need to screen entering health sciences students for depression, anxiety, healthy lifestyle beliefs and behaviors along with obtaining BMI and a biometric screen. Targeting students with elevated depressive and anxiety symptoms with evidence-based interventions and support to engage in healthy lifestyle behaviors could lead to higher academic success and the prevention of mental health disorders during graduate school. Future studies are needed with this population to further explore these variables and determine their predictors.

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Purpose
to discuss mental health correlates among study participants.

Target Audience
clinicians, educators, mental health professionals, and anyone who works with student populations.

Abstract
Purpose: Mental health disorders and unhealthy behaviors are prevalent and persistent among college students and few receive or seek evidence-based treatment. However, little is known about these problems, specifically in graduate health sciences students. Understanding relationships among healthy lifestyle behaviors and mental health symptoms is important in developing interventions to target improvement in both. Therefore, the purpose of this study is to describe the relationships among stress, anxiety, depressive symptoms, healthy lifestyle beliefs and behaviors in first year graduate health sciences students participating in an innovative wellness onboarding program at a large public land grant university in the mid-west region of the United States.

Methods: A descriptive correlational study was conducted on the baseline data collected from 91 first year health sciences students enrolled in the first semester of programs of dentistry, medicine, nursing, optometry, pharmacy, and health and rehabilitation sciences. Main variables collected included depression and anxiety symptoms measured by the Patient Health Questionnaire-9 and the Generalized Anxiety Disorder-7, stress measured by the Brief Inventory Perceived Stress, and Healthy Lifestyle Beliefs and Behaviors measured by the Healthy Lifestyle Beliefs Scale and Healthy Lifestyle Behavior Scale.

Results: A significant positive correlation occurred between healthy lifestyle beliefs and healthy lifestyle behaviors. Negative correlations existed between depression, anxiety, stress, and healthy lifestyle beliefs and behaviors.

Conclusion: Findings support an evidence-based intervention is needed to prevent depressive/anxiety symptoms in first year graduate health sciences students and enhance healthy lifestyle beliefs and behaviors. The ability to decrease their depressive and anxiety symptoms and practice healthy lifestyle behaviors is important in assisting them to implement change individually and within the populations they will influence.

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Wellness Goals and Health Coaching to Improve Healthy Lifestyle Behaviors

Purpose
to discuss proposed intervention and participant wellness goals.

Target Audience
clinicians, educators, mental health professionals, and anyone who works with student populations.

Abstract
Purpose: There is an increasing focus on the overall wellness of health care providers in the United States. Two out of three Americans are overweight, indicating that those trying to bring about behavior change in the health care environment are in need of behavior change themselves. Health Science Graduate programs (dentistry, medicine, nursing, optometry, pharmacy health and rehabilitative sciences, and veterinary medicine) are academically intense and stressful environments that may impede students’ abilities to make healthy lifestyle choices. The First Year Graduate Health Sciences Student On-Boarding Project aims to identify barriers to students making healthy choices during their education, aid students in creating wellness goals, and provide
a mechanism through health coaching to achieve these goals. The purpose of this presentation is to describe the wellness goals identified by the students and the health coaching intervention being provided to them.

**Methods:** A descriptive study was conducted on the wellness goals created by health sciences students as part of a wellness on-boarding intervention program. Students were asked to create personalized wellness action plans aimed at identifying health and wellness goals the students wanted to achieve over the next 90 days. Wellness goals were encouraged to be S.M.A.R.T (Specific, Measurable, Achievable, Realistic, and include a Time component). After formulation of the wellness goals in a personalized wellness action plan, students are assigned to a health coach for a semester. Coaches are Family Nurse Practitioner (FNP) students who have completed an innovative online learning module which on the foundation for wellness coaching. The Buckeye Wellness Coaching module consists of a series of six lessons that require the FNP students to (1) define the role of a coach in attaining wellness, (2) review the dimensions of health and wellness, (3) discuss the process of coaching, (4) analyze coaching and communication skills, (5) identify the challenges associated with coaching, and (6) integrate coaching skills into practice in order to facilitate sustainable wellness behaviors. The online coaching module includes stress assessment tools, information about motivational interviewing, links to wellness resources for coaches, and triage and referral guidelines for the onboarding student participants.

**Results:** Fifty-five Wellness Plans were completed by participants. Plans allowed participants to outline two wellness goals, of which 44 participants completed both. The most common primary and secondary goals were related to physical activity with 44% and 43% of responses respectively. Examples of physical activity goals included "I want to wake up a little earlier in the morning to run for 20 minutes each day. Nutrition was next in frequency with 34% of primary and 20% of secondary goals. Examples of nutrition goals included: "Eat two servings of fruits/vegetables a day". The third most common wellness goals were related to stress reduction with 9% of the students identifying it as a primary or secondary goal. Stress reduction goals included: "I will give myself at least 1 hour per day away from work and school. I will use that time to read or watch a TV show and zone out".

**Conclusion:** Findings support the need for tools to aid first year health sciences graduate students in achieving their wellness goals. Improving the wellness of future health care providers may better prepare them to be mechanisms of change for their patients. Additionally, the structure of the health coaches training program is appropriate for multiple disciplines to complete. This diversity may allow for more targeted or even cross disciplinary student-coach relationships, of which could be explored in future studies on the programs efficacy.

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**G 12 - Symptom Management Strategies with Tai Chi for Stroke Rehabilitation**

Symptom Clusters of Stroke Patients by Rehabilitation Stages

*Misook Jung, PhD, RN, South Korea*

**Purpose**
The purpose of this presentation is to present symptom cluster analysis of individuals with stroke according to their stages of acute (3 months), sub-acute (3-6 months), and chronic conditions (6-12 months, or longer than 12 months) during rehabilitation process.

**Target Audience**
The target audience of this presentation is clinicians and nursing scholars who are interested in tai chi research, stroke rehabilitation, and symptom clusters.

**Abstract**

**Purpose:** The individuals with stroke would suffer from disease associated symptoms which influence their functioning in everyday life. These symptom clusters were usually known to be sharing similar underlying mechanisms. The purpose of this study was to explore specific symptom clusters of stroke patients to categorize them according to their stages of acute (3 months), sub-acute (3-6 months), and chronic conditions (6-12 months, or longer than 12 months) during rehabilitation process.

**Methods:** Total of 27 patients at each rehabilitation stage were invited to have in-depth interview to explore their experience of stroke related symptoms. The questions were formulated to their experience of various symptoms from the acute stage within 3 months, from 3 to 6 months, from 6 to 12 months, and after 12 months. The interview contents were transcribed into the text to further analyze the category and severity of symptoms by each rehabilitation stages, and consequently to develop the checklist of symptom cluster among stroke patients.

**Results:** Seven to eight participants in each stages of rehabilitation agreed to participate in the in-depth interview. The transcribed texts revealed stroke patients have experienced various symptoms classified as the areas of cognition, movement, sensory, language, memory, emotion, and others. The symptom clusters were also assessed according to their stage of rehabilitation. The analysis with in-depth interview transcription showed that the patients experienced more symptoms in physical (ie., pain) and movement area during acute and sub-acute stages, and more symptoms in cognition and memory area during chronic stages. Symptoms related to sensory or language areas were usually developed according to the injury area, and tend to be alleviated as time passes.

**Conclusion:** The findings of the study would provide various symptoms experienced by stroke patients, and the severity of each symptom clusters was different according to their rehabilitation process. The effective nursing intervention designed to improve quality of life for stroke patients should be developed based on their symptom clusters as well as their stage of rehabilitation. Further study is warranted to analyze the data quantitatively to measure the effect of specific nursing intervention program on symptom management and quality of life in this population.

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**Introduction of Seated Tai Chi as a New Approach for Stroke Rehabilitation**

*Rhayun Song, PhD, RN, South Korea*

**Purpose**
The purpose of this presentation is to introduce seated tai chi program specifically designed for those individuals with physical disabilities such as stroke.

**Target Audience**
The target audience of this presentation is nursing scholars and clinicians who are interested in stroke rehabilitation and tai chi research.
Abstract

**Purpose:** The purpose of the presentation is to introduce the principles and components of Sun style tai chi and the seated Tai Chi developed by Lam (2010) specifically designed for those individuals with physical disabilities such as stroke.

**Methods:** The basic components of 21 movements will be introduced along with exercise precaution when seated tai chi applied to those with functional disabilities. The method of movement control, upright posture, and weight transfer of Tai Chi movements will be explained and applied to the seated Tai Chi program. The important concept of visualization for those with functional disabilities will be explained.

**Results:** The audience participatory session will be provided to understand the basic principles and exercise precaution of seated tai chi program when applied to the stroke rehabilitation.

**Conclusion:** This participatory session of seated tai chi program will be helpful for the audience to understand the following session of presenting the findings of the pilot study with tai chi applied stroke rehabilitation.

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The Effect of Seated Tai Chi on Physical Functioning among Individuals with Stroke: Pilot Study

Sukhee Ahn, PhD, RN, WHNP, South Korea

**Purpose**
The purpose of this presentation is to introduce the pilot study to analyze the effect of seated Tai Chi applied to stroke patients in the community setting on dynamic balance (measured by Burg balance scale) and their activities of daily living.

**Target Audience**
The target audience of this presentation is clinicians and nursing scholars who are interested in tai chi research and stroke rehabilitation.

**Abstract**

**Purpose:** The purpose of this pilot study was to analyze the effect of seated Tai Chi applied to stroke patients in the community setting on dynamic balance and their activities of daily living.

**Methods:** Total of 14 patients living in the community participated in this pilot study, and seated Tai Chi program was provided twice a week for 6 months. Balance by Burg balance scale and ADL was measured at 3 months and at 6 months to analyze the changes of the outcome over time. The seated tai chi program was provided twice a week for 6 months by a team of tai chi instructors who have experienced teaching tai chi for health program to elderly with chronic disease. Repeated ANOVA was used for the data analysis.

**Results:** The stroke patients who participated in seated tai chi improved significantly dynamic balance over the period of 6 months. Their performance of activities of daily living was also improved, yet not statistically significant.

**Conclusion:** The findings of the study provided the potential benefits of seated tai chi program for stroke rehabilitation. Further study is warranted to examine the effect of seated tai chi applied rehabilitation program on various health outcome including physical, cognitive, sense/mobility, psychological functioning of this population with randomized controlled trial.

Contact
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Purpose
This presentation will demonstrate a structured faculty development program that enhances the knowledge, skills, and attitudes for beginning and experienced nurse educators within a creative and supportive environment for teaching and learning nursing.

Target Audience
The target audience for this presentation is nurse educators and administrators who want to support nurse educator competencies and pedagogical expertise.

Abstract
Purpose: This presentation will demonstrate a structured faculty development program that enhances the knowledge, skills, and attitudes for beginning and experienced nurse educators within a creative and supportive environment for teaching and learning nursing. The framework for this faculty development program includes the formation of an organizational infrastructure that facilitates the successful implementation of faculty development initiatives. Also important to the infrastructure is formation of a culture that supports and recognizes scholarly teaching, and facilitates socialization and role development for nurse educators across learning environments. Finally, faculty development initiatives guide, develop, and evaluate the pedagogical knowledge base, nurse educator competencies, and learner-centered strategies required by nurse educators to optimize student learning, foster positive teaching and learning environments, and advance the scholarship of their role.

Methods: In order to test the effectiveness of the Master Instruction model, a pilot study was conducted with a purposive sample of online faculty and student participants. Important themes emerged regarding faculty and student perceptions about teaching and learning, which will be elaborated upon in this symposium.

Results: Enhanced knowledge, skills, and attitudes for beginning and experienced nurse educators within a creative and supportive environment for teaching and learning nursing. The framework for this program includes: (a) formation of an organizational infrastructure that facilitates successful implementation of faculty development initiatives, (b) formation of a culture that supports and recognizes scholarly teaching, and (c) use of evidence-based pedagogical strategies that promote and sustain positive teaching and learning experiences.

Conclusion: The formation of an organizational infrastructure that facilitates the successful implementation of faculty development initiatives. Also important to the infrastructure is formation of a culture that supports and recognizes scholarly teaching, and facilitates socialization and role development for nurse educators across learning environments. Finally, faculty development initiatives guide, develop, and evaluate the pedagogical knowledge base, nurse educator competencies, and learner-centered strategies required by nurse educators to optimize student learning, foster positive teaching and learning environments, and advance the scholarship of their role.

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Master Instruction: A New Pedagogical Model or Master Instruction, a Pedagogical Model of Mastery

Kandyce Richards, PhD, RN, APN, USA

Purpose
The purpose of this presentation is to explain a faculty development initiative to guide faculty to learn and incorporate scholarly teaching across learning environments, and provides opportunities for participation in the scholarship of teaching.

Target Audience
The target audience for this presentation is nurse educators and administrators who want to support and develop nurse educator competencies and expertise in teaching and learning.

Abstract

**Purpose:** Faculty competencies specific to education require a specialized pedagogical base that integrates the art and science of nursing practice with the teaching and learning process. To meet this need, Chamberlain College of Nursing has developed a pedagogical model called *Master Instruction*. Based on philosophical principles of creating a culture that supports and recognizes scholarly teaching, and furthers nurse educator competencies to address continuous quality improvement, *Master Instruction* builds and sustains evidence-based pedagogical teaching and learning strategies across learning environments. This symposium introduces *Master Instruction* as an initiative of the faculty development program offered through the Center for Faculty Excellence at Chamberlain College of Nursing to advance nursing education.

**Methods:** Faculty learn by using the pedagogical model and demonstrate competency. Applying methods that demonstrate how students learn, along with assessing and meeting individual learning styles and needs, is important to effectively engage students in developing successful nursing practice. Equally important is developing the skill set necessary for faculty to effectively integrate teaching strategies and learning activities with learning objectives.

**Results:** Faculty report an increase in feelings of support and empowerment in the nurse educator role. Nurse administrators are supported by development activities which improve the teaching-learning environment and new nurse educators.

**Conclusion:** Essentially, *Master Instruction* facilitates development of faculty competency and mastery across the career trajectory. In a series of courses along the *Master Instruction* Pathway to Excellence, this faculty development initiative guides faculty to learn and incorporate scholarly teaching across learning environments, and provides opportunities for participation in the scholarship of teaching.

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Implementing Master Instruction Principles in an Online RN/BSN Program: What Did We Learn?

*Cecilia Jane Maier, MSN, RN, CNE, USA*

**Purpose**
This pilot study was to explore the effectiveness of a Master Instruction Workshop provided to faculty teaching the first course taught in the curriculum of an online RNBSN program. The research question was: What are the faculty and student perceptions of the experience and effectiveness of Master Instruction principles?

**Target Audience**
The target audience for this presentation is nurse educators and administrators who want to improve teaching learning effectiveness and support faculty in an online environment.

**Abstract**

**Purpose:** Little nursing literature exists regarding developing educator competencies to support and guide continued growth and development in the nurse educator role. Furthermore, little is known about proven methods to develop educator competencies to optimize student learning outcomes (Felver et al., 2010). Meanwhile, online nursing education continues to grow, especially RNBSN degree completion programs (American Association of Colleges of Nursing [AACN], 2014). With continued growth, nurse educators are charged with how best to support effective teaching methods in an online setting. Understanding and exploring the effectiveness of Chamberlain College of Nursing’s new pedagogical model, *Master Instruction*, helps fill this gap in knowledge related to developing educator competencies to support and guide continued growth and development in the nurse educator role, especially as they relate to the online nursing learning environment. In addition, this pilot study investigates the pedagogy of *Master Instruction* as a basis for developing online nurse educator competencies to optimize student learning outcomes.
**Methods:** A qualitative design was used to explore the effectiveness of the *Master Instruction* Workshop provided to NR351 faculty at Chamberlain College of Nursing in the online RNBSN program option. The study procedures consisted of hosting three virtual faculty focus groups with a total of 11 NR351 faculty members. Participant selection, using purposive sampling, included faculty who: (a) attended the *Master Instruction* workshop in February 2014; (b) taught NR351 in March 2014 session; and (c) completed the *Master Instruction* worksheet. Full-time RNBSN faculty and full-time campus faculty teaching NR 351 were excluded from this study. Through the responses in the focus group sessions, themes were noted.

The themes generated from the faculty focus group sessions were then used to derive questions for the two student focus group sessions. The selection criterion for student focus groups included students from the sections taught by faculty who attended the faculty focus group sessions. A mass email invitation was sent to the students in the above category inviting them to participate in the study. Six students participated. Faculty and student focus groups addressed the participants’ perceptions of the experience and effectiveness of *Master Instruction* principles in an online nursing learning environment.

All data for this study came from the individual focus group recordings. Data were transcribed verbatim and examined for codes and themes using a systematic review process. During the review process, key words and themes associated with the focus group questions were found. Data saturation was reached.

**Results:** Themes derived from the faculty focus groups included: *Reaffirmation as an instructor; Commitments from students; Opportunities for instructor improvement; Enhanced threaded discussions; Challenging students more; Relevance to their work setting; Creating diverse learning environments; and Change in self.* Themes derived from the student focus groups included: *Engagement; Availability; Encouragement; and Diverse Learning.*

Overall, NR351 students and faculty perceived that principles of *Master Instruction* empowered and supported them to reach their academic and professional goals.

**Conclusion:** Implications for nursing education include: (1) developing interactive instructional activities; (2) implementing *Master Instruction* principles in all online courses taught; (3) using *Master Instruction* to engage, support, and empower faculty and students to succeed and advance the nursing profession; (4) sustaining a robust support structure for faculty that includes ongoing interactive faculty forums to discuss *Master Instruction*; and (5) faculty reflection on implementation of *Master Instruction* principles in online course delivery.

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STTI Youth Engagement: An Interactive Workshop to Develop and Mentor New Members into Leaders

Raissa Lynn Sanchez, BSN, RN, TNCC, USA

Purpose
The purpose of the presentation is to have STTI leaders use their respective experiences with STTI in order to encourage more Youth and/or New Members to participate in chapter, regional, national, and/or international events and programs in order to provide professional development experiences and increase membership activity.

Target Audience
The target audience of this presentation is STTI members / chapter leaders who are interested in engaging newer STTI members to become more involved in leadership roles and nursing educators who want to employ different strategies toward teaching younger members how to effectively network.

Abstract
Purpose: The purpose of the presentation is to have STTI leaders use their respective experiences with STTI in order to encourage more Youth and/or New Members to participate in chapter, regional, national, and/or international events and programs in order to provide professional development experiences and increase membership activity. This was done primarily through informal mentoring that they have received from various STTI leaders in the local, regional, national, and international levels. Youth engagement is critical toward the longevity and legacy of STTI. It is just as vital that STTI leaders begin creating positive experiences, as well as a networking resources, that will make young and newer members interested in continuing their membership and attending conferences. Seasoned leaders must emphasize to young and new members that being young and/or new should not limit one into becoming a leader. This presentation will showcase the leadership of STTI youths and strategies to increase involvement, such as providing networking tools and the importance of mentorship.

Methods: Our presentation will teach learners a new strategy to engage new members and seasoned members to develop mentoring partnerships, while exercising networking skills. Clinical skills and resume/portfolio building are often taught in undergraduate programs, however networking and professional socializing are not typically on the undergraduate agenda, which makes professional development more difficult for a new member to relate to.

Results: The networking workshop has been utilized and replicated within various Region 14 Chapters and has had wonderful response toward creating an open environment for new professionals to learn how to network.

Conclusion: This presentation and networking workshop will enhance new member engagement and teach newer and younger members how to network with other professionals.

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STTI Youth Engagement: Turning New Members into Leaders

Gloria Chan, BSN, RN-BC, CCRN-CSC, PCCN, USA

Purpose
The purpose of the presentation is to have STTI leaders use their respective experiences with STTI in order to encourage more Youth and/or New Members to participate in chapter, regional, national, and/or international events and programs in order to provide professional development experiences and increase membership activity.

Target Audience
The target audience of this presentation are STTI members / chapter leaders who are interested in engaging newer STTI members to become more involved in leadership roles and nursing educators who want to employ different strategies toward teaching younger members how to effectively network.

Abstract
Purpose: Youth engagement is critical toward the longevity and legacy of STTI. It is just as vital that STTI leaders begin creating positive experiences, as well as a networking resources, that will make young and newer members interested in continuing their membership and attending conferences. Seasoned leaders must emphasize to young and new members that being young and/or new should not limit one into becoming a leader. This presentation will showcase the leadership of STTI youths and strategies to increase involvement, such as providing networking tools and the importance of mentorship.

Methods: Our STTI Youth members, with their personal experiences, will show the journey they had toward becoming leaders within their own sphere of influence. With the professional success and growth from their members, chapters and regions will be further encouraged to provide continued invaluable opportunities for young and new members alike.

Results: Presenters have had the chance to educate and inform various Chapter Leaders in Region 14. Increased awareness of active young STTI leaders has led to chapters reporting far more new member engagement.

Conclusion: Chapters and regions that show active participation of Youth Members see an increase in their new member interest. Having a showcase of young leaders encourages chapters and members of their chapters to become more involved with STTI.

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STTI Youth Engagement: The Importance of Mentorship

Timothy Shi, BSN, RN, OCN, USA

Purpose
The purpose of this presentation is to encourage the learner to create an open mentoring atmosphere between new members and seasoned professionals.

Target Audience
The target audience of this presentation are STTI members / chapter leaders who are interested in engaging newer STTI members to become more involved in leadership roles and nursing educators who want to employ different strategies toward teaching younger members how to effectively network.

Abstract
Purpose: The purpose of the presentation is to encourage the learner to create an open mentoring atmosphere between their new members and their seasoned professional. In addition, it will be presented to an audience of both new and seasoned STTI members, thus promoting a networking workshop for new members and an initiating a mentoring relationship for experienced members. It will be emphasized to mentors that their mentees are the legacy, or "livacy" (as defined by President Dr. Klopper), to STTI's future development.

Methods: Learners will hear about important aspects of a viable and meaningful mentor / mentee relationship as told from the viewpoint of the more novice professional versus the seasoned professional.

Results: Learners will learn and be able to utilize mentorship strategies for their own Chapter.

Conclusion: The learner will understand the important of a mentor/ mentee relationship and the important aspects that make it viable, important and meaningful for both mentor and mentee.

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J 12 - Overcoming Challenges: Operationalizing a Multisite Nursing Education Research Study

Evaluating Learning with Simulation and Debriefing: Tools and Measurement

Susan Forneris, PhD, MS, BA, RN, CNE, CHSE-A, USA

Purpose
to describe implementation of a debriefing strategy following use of a standardized simulation to determine its impact on clinical reasoning skills with undergraduate nursing students across four different colleges of nursing.

Target Audience
nurse educators, researchers, clinical nurse specialists, education specialists, and simulation coordinators.

Abstract
Purpose: Novice nurses begin their practice using rule-governed behavior to solve problems and thus are acontextual in their thinking. The overall purpose of this multi-site research study was to implement a debriefing strategy to determine its impact on clinical reasoning skills with undergraduate nursing students across four different colleges/universities of nursing.

Methods: This study replicates Dreifuerst’s original study using a reflective debriefing model to enhance clinical reasoning. This presentation will provide an overview of 1) the standardized geriatric nursing simulation using the National League for Nursing’s (NLN) Advancing Care Excellence for Seniors (ACES) Millie Larsen geriatric simulation scenario; 2) the Debriefing for Meaningful Learning© (DML) method; and 3) the Health Sciences Reasoning Test (HSRT) used to evaluate clinical reasoning and Debriefing Assessment for Simulation in Healthcare (DASH) Student Version© used to evaluate the debriefing methodology.

Results: The Health Sciences Reasoning Test (HSRT) scores between pre-test and post-test demonstrated a positive change in clinical reasoning skills with use of the DML debriefing model.

Conclusion: Educators will be able to discuss the simulation strategy, debriefing method, and clinical reasoning evaluation tool following an observation of a simulation scenario used in the multi-site study.

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Operationalizing Education Research

Diana Odland Neal, PhD, MS, BS, RN, PHN, USA

Purpose
to engage educators in a dialogue on the challenges and successes in designing and implementing a multi-site nursing education research study. The study was completed to replicate findings of statistical significance in the change in clinical reasoning scores on Dreifuerst’s previously published study.

Target Audience
nurse educators, researchers, clinical nurse specialists, education specialists, and simulation coordinators.

Abstract
Purpose: The focus of this presentation is to engage educators in a dialogue on the challenges and successes in designing and implementing a multi-site nursing education research study. The study was completed to replicate findings of statistical significance in the change in clinical reasoning scores on Dreifuerst’s previously published study.

Methods: The presentation will provide an overview of the methodology of this study to include 1) a convenience sample of 200 baccalaureate nursing students in their second year of coursework as the purposive, target population for this research; 2) specific steps in operationalizing this quasi-experimental, pre-test-post-test, repeated measure, research design across four colleges/universities of nursing; and, 3) a focus on the steps taken to assure consistency with research operations across the sites.
**Results:** The Health Sciences Reasoning Test (HSRT) scores between pre-test and post-test demonstrated a positive change in clinical reasoning skills with use of the DML debriefing model.

**Conclusion:** Educators may institute effective research evaluation mechanisms at their home institutions and assure consistency with research operations across sites.

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Translating Learning Outcomes to Enhance Teaching and Curriculum

**Jone Tiffany, DNP, MA, BS, RN, RNC-OB, USA**

**Purpose**
to provide an overview of the results of a multi-site research study that support the utility of the reflective debriefing model adding to the nursing literature on effective teaching strategies that enhance clinical reasoning.

**Target Audience**
nurse educators, researchers, clinical nurse specialists, education specialists, and simulation coordinators.

**Abstract**

**Purpose:** The focus of this presentation is to engage educators in a dialogue on the challenges and successes in designing and implementing a multi-site nursing education research study. The study was completed to replicate findings of statistical significance in the change in clinical reasoning scores on Driefuerst’s previously published study.

**Methods:** The presentation will provide an overview of the methodology of this study to include 1) a convenience sample of 200 baccalaureate nursing students in their second year of coursework as the purposive, target population for this research; 2) specific steps in operationalizing this quasi-experimental, pre-test-post-test, repeated measure, research design across four colleges/universities of nursing; and, 3) a focus on the steps taken to assure consistency with research operations across the sites.

**Results:** The Health Sciences Reasoning Test (HSRT) scores between pre-test and post-test demonstrated a positive change in clinical reasoning skills with use of the DML debriefing model.

**Conclusion:** Educators may institute effective research evaluation mechanisms at their home institutions and assure consistency with research operations across sites.

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K 12 - Students Enhancing the Learning of Students through Technology in a Switched Environment
Switching the Classroom Approach

Dianne McAdams-Jones, EdD, RN, GNE, USA

Purpose
The purpose of this presentation is to introduce the switched approach, often referred to as ‘flipped classrooms’ where the learners will teach each other a new skill previously only cognitively introduced.

Target Audience
The target audience for this presentation is faculty interested in stimulating students to extend, apply and retrieve materials learned outside of class and students who wish to be incentivized through class participation and knowledge sharing.

Abstract
Purpose: The purpose of this presentation is to share teaching strategies in higher education which may provide the educator a better view of how students learn.

Methods: An effective method teachers may integrate into their teaching style might be the use of students teaching students in the classroom.

Results: Research has shown that in order for students to develop competency in an area of learning, a grounded foundation of deep seated knowledge must exist. Further, the student would need to develop a conceptual framework where-in an understanding of facts and ideas form a central theme regarding subject content. Lastly, the student would organize this knowledge in a fashion generic to their learning style such that retrieval and application of this knowledge are second nature.

Conclusion: Flipping the learning atmosphere could support benefits of sharing learning. Students teaching students in this flipped learning style provides an opportunity for students to perpetuate factual knowledge while they are with faculty for reinforcement and feedback.

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Applying Technology in the Switched Classroom

Kim Golling, USA

Purpose
The purpose of this presentation is to introduce types of fidelity and how they can be used with technology in the classroom.

Target Audience
The target audience is faculty and students who enjoy using technology and simulation to make learning more real and impressive.

Abstract
Purpose: The purpose of this presentation is to demonstrate the different levels of realism which can be applied to learning situations in nursing.

Methods: A method of applying realism to a learning experience is through the use of different levels of fidelity.

Results: A direct result of applying realism to a scenario through the use of fidelity could be that the learning experience has permanently etched a concept upon the mind of the student.

Conclusion: When a concept is permanently etched on the mind of a student, that concept will ground the student’s sensory experience furthering the development of critical thinking and assessment skills.
It’s That Simple!

Katherine DeSantis, USA

Purpose
The purpose of this presentation is to 'wrap up' the learning experiences provided in each previous presentation.

Target Audience
The target audience here are all of the learners in this session of presentations.

Abstract
Purpose: The purpose of this presentation is to measure the outcome of learners teaching learners (students teaching students) in technology.

Methods: The method used for this presentation is learner teaching learner exercising skills previously taught (switched classroom).

Results: The existing research surrounding learner teaching learner (student teaching student) in the classroom environment supports that concepts are reinforced when the teacher/coach is present to clarify and further edify (switched classroom).

Conclusion: Students teaching students in a switched classroom environment where technology is involved could prove to be an effective engaged teaching strategy for nurses.

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How Adolescents with Sickle Cell Disease Describe and Experience Spirituality and Religiosity

Dora Clayton-Jones, PhD, MSN, BSN, RN, CPNP-PC, USA

Purpose
The purpose of this presentation is to present current research findings on how adolescents living with sickle cell disease describe and experience spirituality and religiosity.

Target Audience
The target audience for this presentation includes researchers, clinicians, or educators, interested in vulnerable populations, adolescents, young adults, spirituality and health, or psychosocial research.

Abstract
Purpose: The purpose of this study was to examine spirituality and religiosity (S/R) in adolescents with sickle cell disease (SCD). SCD is a serious chronic illness and global problem. Adolescents living with SCD face several health and psychosocial challenges. Spirituality has been shown to improve coping and positively correlates with health outcomes. Research addressing the spiritual and religious needs of adolescents living with SCD is limited. Reviewed literature examines spirituality and religiosity as mechanisms for coping rather than exploring these elements of the human person as antecedents for coping. Identifying best practices to evaluate S/R needs of adolescents and provide holistic care that is developmentally appropriate is essential to their quality of life. Spiritual development may be more significant for more vulnerable adolescents in comparison to those who are less vulnerable. For adolescents experiencing physical and psychosocial challenges, spiritual development can foster resilience in complex situations. Understanding how S/R impacts illness and health outcomes, will assist nurses in identifying spiritual strengths and appropriate resources adolescents can use to cope with SCD.

Methods: A descriptive qualitative design was used for this study. Parental consent and participant assent were obtained. Sickle Cell Disease Interview Guides were developed using the Spiritual Development Framework (SDF) as a guide. The SDF provided a foundation for conceptualizing the spiritual element of human development. Interviews were audiotaped and transcribed verbatim. Nine adolescents completed two semi-structured interviews (Mage =16.2 years). Participants were recruited from a pediatric SCD clinic and one support organization. Participant and Parent Demographic Forms were used to collect demographic information. SCD Interview Guides elicited information on beliefs. NVivo 10 was used for analysis. Qualitative data from interview transcripts were categorized and coded. Data were analyzed using a template analysis style and a concurrent process of content analysis. The template was developed using fundamental concepts of the SDF.

Results: Four major themes emerged to include spirituality as coping mechanisms, shaping of identity, influence of beliefs on health and illness, and expectations of health care providers. The theme spirituality and religiosity as coping mechanisms included six threads to include: interconnecting with God, interconnecting with others, interconnecting with creative arts, scriptural metanarratives, transcendent experiences, and acceptance and finding meaning. The theme expectations for health providers included two threads to include: religiosity is private/personal and sharing spiritual and religious beliefs can be risky.

Conclusion: Spirituality and religiosity are salient among adolescents with SCD. Findings from this study identified ways adolescents relied on their S/R to cope with life and specifically their SCD. Further inquiry may provide a foundation for conducting more robust studies with vulnerable populations in the context of health and illness.

References:


Guided Imagery Intervention for Stress and Pain in Adults with Sickle Cell Disease

Miriam O. Ezenwa, PhD, MS, BSN, RN, USA

Purpose
Educate the audience on the contribution of stress as a trigger for the acute pain crisis of sickle cell disease.

Target Audience
Researchers, Clinicians, patients with sickle cell disease and their family.

Abstract
Purpose: Pain, the hallmark symptom of sickle cell disease (SCD) affects the quality of life and productivity of those with it. Stress is a known trigger for the acute pain crisis of SCD.1, 2 Little is known about the effects or mechanisms of stress-reduction treatment in adults with SCD. Adding guided imagery (GI) as a supplement to analgesic therapies will address the dearth of cognitive-behavioral strategies for controlling SCD pain. Guided by the hypothalamic-pituitary-adrenal (HPA) axis theory, the purpose of this pilot study was to test the feasibility of a GI stress reduction intervention protocol in adults with SCD who report that stress is a trigger for starting or intensifying their pain. The HPA theory posits that stress is associated with over-activation of neurotransmitters and hormones (e.g., cortisol, norepinephrine, and epinephrine) that cause flight-or-fight responses and intensify responses to pain. Therefore, GI is expected to reduce self-reported stress and pain and cortisol will serve as a biomarker of the physiological response underpinning the self reports.

Methods: Randomized to GI or control groups, patients (N=21, mean age 30±8 years [21-47], 95% African American, 67% female) participated in pre-post clinical trial. At baseline patients completed the valid and reliable PAINReportIt®,3, 4 a computerized version of the McGill Pain Questionnaire,5 which includes questions to measure patients’ demographics. Patients completed current stress and current pain measures. They provided swab derived saliva samples for baseline cortisol measurements. The GI group was instructed to view a 12 min GI video after pretest measures via a Galaxy Internet-enabled tablet. For example, the GI video clips focus on “breathing out worry, breathing in light” and guide the patients to “Notice the cloud-like formations on the screen.” Patients viewed colorful smoke-like images that slowly changed shapes against a dark background (images, therefore, do not represent any concept with potential negative connotations), listened to soothing female voice, and followed slow-paced guided imagery instructions. The control group was instructed to record their sickle cell experience on the tablet for 12 min to control for attention. The audio-taped questions were self-administered and had onscreen directions (click to hear the next question) and patients’ responses were automatically captured via the computer microphone. After intervention per group assignment, patients provided swab derived saliva samples for cortisol measurements at 0 min and 30 mins. We analyzed the data using multi-level regression analysis to determine the effects of GI on current stress, current pain, and cortisol concentrations. Salivary cortisol was measured in duplicate by enzyme-linked immunosorbent assay (ELISA).6

Results: We found that 100% (n=21) of consented patients actually participated and completed the study, 100% of the PAINReportIt and other questionnaire items were completed, and 100% reported that they liked the intervention. There was a statistically significant effect of GI on stress (p<.01) and a trend for positive effects of GI on pain (p=.22). As figure 1 shows, the effects of GI on cortisol concentrations, current stress, and current pain indicate that the GI group scores improved more than the control group following the intervention compared...
to the control group. Cortisol concentrations varied considerably in this small sample and despite random assignment to groups, the GI group had considerably higher concentrations at baseline.

**Conclusion:** The study protocol was feasible in this vulnerable population. Based on these results, we are able to determine the effect size for the GI intervention and calculate the sample size needed to conduct an efficacy trial of GI intervention using this protocol in adults with SCD and to extend it to a longer-term study with patient using the mobile GI anywhere and anytime they encounter stressful situations. Findings from this promising feasibility study show that patients kept the scheduled study appointments and completed a simple and cost-effective trial of GI intervention on the mobile tablet device; the GI intervention reduced the impact of stress on SCD pain. Findings thus far are consistent with the HPA axis theory and support our hypothesis that a single 12-min GI intervention session is sufficient to reduce current stress and pain. Consequently, GI could be used to control pain during emergency department and acute care center visits while patients are waiting to be evaluated for further pain management. Findings have potential to inform cognitive-behavioral strategies for stress and pain reduction in this vulnerable population.

References


7. Enzyme-linked immunosorbent assay (ELISA) Salimetrics, State College, PA.

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The Role of Disinhibition in Cognition and Sexual Risk Behavior of Adolescent Girls

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

**Purpose**
The purpose of this presentation is to highlight recent findings on how disinhibition can affect cognitive function and sexual decision making in adolescents girls.

**Target Audience**
The target audience for this presentation is any nurse, educator or researcher interested in vulnerable populations, youth, adolescents, young adults, health disparities, minority health, sexual health, HIV/STI or neuroscience or psychosocial research.

**Abstract**

**Purpose:** Black girls engage in higher sexual risk behavior (SRB) and are affected by HIV and sexually transmitted infections (STIs), disproportionately, yet knowledge gaps persist regarding the role of neurocognitive and psychosocial determinants. The purpose of this study was to examine the: 1) neuro-psychosocial profile of girls with high SRB vs low SRB and 2) association between depression, disinhibition sensation seeking, cognitive function and SRB in a sample of 65 Black girls 65 AA females ages 15-23 years.
Methods: We used a cross-sectional study design, guided by the Biopsychosocial Model of Risk Taking. Girls completed a computerized battery of cognitive function tests, including the Information Sampling Task (IST), the Stockings of Cambridge (SOC), Cambridge Gambling Task (CGT), and the Affective Go/No-Go (AGN) and demographic, psychosocial and SRB-related surveys. Scores >1 on a SRB index (0-6) indicated high SRB. Bivariate correlations, analysis of variance and regression statistics were calculated using SPSS(R) statistical software package version 22.

Results: Mean age was 17.8±1.9 years. Mean age at sexual debut was 15.5±2.6. Girls with high SRB (vs low SRB) were/had significantly: older (18.6 vs 16.9) and greater mean: depression (11.58 vs 7.26), disinhibition (4.29 vs 2.77) and lower mean: coping (165.14 vs 177.73) and accuracy on IST (poorer impulse control) (6.43 vs 7.38). Higher SRB scores were significantly (p<.05) associated with higher: age (r= .41), disinhibition (r=.34), depression (r=.33), boredom susceptibility (r=.27) scores and poorer/lower: coping (r=−.26), seeking spiritual support (r=−.29) and impulse control: IST sampling errors (r=.30), IST total correct (r=−.30), IST mean # boxes opened/trial (r=−.32). Girls with higher disinhibition were more likely to have higher SRB [Exp(B)=3.08, p=.09], while accounting for covariates (all non-significant). Greater disinhibition was also (Beta= .47, p=.001) associated with higher SRB index scores in a model accounting for 58.7% variance (R2=.587), beyond covariates (non-significant).

Conclusion: Higher SRB is associated with disinhibition and poorer impulse control in our sample of Black girls. Those interested in helping AA girls to minimize their SRB should provide tailored HIV/STI prevention efforts based on important links between psychosocial factors, including disinhibition, and impulse control. Findings can be used to facilitate future imaging, longitudinal and intervention studies.

References:

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M 02 - Maximizing History and Circumstance to Strengthen Interventions to Stem Workplace Bullying

Seeking the 'Magis': A Pathway to Enhancing Civility in Higher Education

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Purpose
to examine the utility of the Jesuit notion of the ‘magis’ to building a workplace culture that can anticipate and forestall workplace bullying behaviors and that can serve to structure interventions in cases where bullying behaviors actually get a foothold.

Target Audience
anyone employed in a healthcare related workplace who has experienced workplace bullying as a victim or a bystander.

Abstract
Purpose: Despite growing international attention to its negative and long-term consequences, workplace bullying continues to expand in settings worldwide. Published literature reflects a paucity of research that addresses effective workplace bullying interventions and simultaneously highlights its troubling influence on wellbeing and productivity, not only on targeted victims but also on uninvolved bystanders and on workplaces as wholes. This presentation describes findings of our most recent study of workplace bullying dynamics, suggesting the utility of the Jesuit notion of the ‘magis’ to structuring interventions to limit the effects of workplace bullying. Results of our study provide evidence of the importance of attention to workplace context in efforts to stem workplace bullying, highlighting the need for milieu-focused organizational policy, conflict resolution skills, and reflective practice.

Methods: Through a hermeneutic approach, we described, thematically reduced, and interpreted statements found in published reports of workplace bullying. Then using recursive metasynthesis to situate emergent themes, we examined the nature of workplace milieu as it influenced workplace bullying across multiple settings

Results: Our analyses suggest that recognizing characteristics of the workplace context is the first step in a program of administrative, interpersonal, and individual level intervention to address workplace bullying. Of great significance are individuals' efforts to do what they believe is best for the organization and to demonstrate respect for others even when they do not agree with the actions they are taking.

Conclusion: Seeking the ‘magis’ in the workplace can contribute as an effective interventions, serving to strengthen a workplace culture that anticipates and forestalls workplace bullying behaviors.

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'In the Family Way': Unacknowledged Family Dynamics Commingled in Victim Accounts of their Workplace Bullying Communications

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Purpose
to summarize ways that dynamics learned in families of origin are incorporated in targeted victims’ accounts of their workplace bullying experiences.

Target Audience
anyone who is involved in a health-related workplace setting.
Abstract

Purpose: It is widely recognized in academic circles that relatively more-senior faculty express opinions and decisions with which less-senior faculty may disagree. Typically, however, even well-informed less-senior faculty fear countering their more-senior counterparts. Often they perceive potentially negative consequences, despite written policies and procedures outlining faculty rights and prescribing processes for faculty engagement. A theme emerging from our program of research suggests that unacknowledged interpersonal conditions—those learned in the family of origin—influence workplace interactions later in life. This study overviews our analysis of bullying literature for evidence of communications that reflect patterns mimicking dynamics learned in individuals’ families of origin.

Methods: We used pragmatic utility, a criterion-based meta-analytic approach for concept analysis, to scrutinize published descriptions of workplace bullies’ communications. We looked for evidence of the sorts of communications one would expect to see in families, using items from the Family Relationships Index (Moos & Moos, 1986) as a guide for defining those communications. Steps in the pragmatic utility process included review of literature, identification of relevant descriptions, development of analytical questions, and synthesis of results.

Results: Our findings suggest that communications like those initially learned in the family significantly shape and direct both workplace communications and the contexts within which those communications occur.

Conclusion: Communication patterns learned in the family contribute to shaping the workplace milieu and to shaping the occurrence and outcomes of workplace bullying acts.

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The Carrot or the Stick: Do Your Words and Actions Convey an Affirmative or Punitive Approach to Teaching and Learning?

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Purpose
By nature, everyone comes to learning situations with preconceived notions of how they should respond in classroom and clinical situations. Perceptual mismatch may lead to unrealistic expectations and affect the outcomes of teaching-learning experiences. This session explores nursing faculties’ words and actions and students’ perceptions of them as affirming or punitive.

Target Audience
anyone who is involved in an academic workplace setting.

Abstract
Purpose: Faculty and students often come to learning situations with preconceived notions of how each should respond in classroom and clinical settings. This mismatch of perceptions may lead to unrealistic expectations and affect faculty-student interactions. This session will explore the words and actions of nursing faculty and how they may be perceived as generating an affirmative or a punitive approach to teaching and learning, thus shaping the learning milieu.

Methods: The authors used descriptive analysis to overview characteristics of faculty and student perceptions of language intent, as those perceptions were reported in literature and noted in everyday practice.

Results: A range of factors can influence teaching/learning situations. Review of literature and day-to-day experience suggested that students’ lack of knowledge or preparation; faculty members’ teaching goals, values and ideals; the ability of both students and faculty to balance learning with summative and formative assessment; and prior experiences including bullying experiences influence the quality of faculty and student interactions. Factors external to the curriculum itself, such as NCLEX pass rates, student recruitment and retention rates, academic citizenship, scholarship, and professional development shape the milieu within which their interactions occur and foster the quality of future interactions.
Conclusion: Dialogue about ‘the ways we do things’ in our environments will improve the student faculty relationship and produce a more positive teaching-learning environment.

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