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Exhibitors

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Engaging and Operationalizing Your Patient Family Advisory Council

Priscilla Ramseur
Duke Raleigh Hospital, NC

Abstract

You have decided to create a Patient Family Advisory Council, set a meeting date, and onboard members. Now what? That simple question can often paralyze PFACs halting progress and creating a stale environment. This presentation will share how one PFAC used a simple tool to help chart a course of action, re-energize committee members, and begin the actual work of influencing patient experience. Attendees will learn of various ways PFAC members can become engaged, committed, and truly make a difference and how a rather young PFAC made a commitment to bring the patient’s voice to various avenues across the hospital and truly make a difference in the patient experience.

Biography

Dr. Priscilla Ramseur serves as the Chief Nursing Officer of Duke Raleigh Hospital, NC. Previously, she served as the associate CNO, Clinical Operations Director, nurse educator, and staff nurse in perioperative services at Duke University Hospital. She was also a staff nurse at Duke Regional Hospital. She holds a BSN from North Carolina Central University, Durham, NC, and MSN, Post-Master’s Certificate in Nursing Administration and DNP from Duke University in Durham, North Carolina. Priscilla is a TeamSTEPPS Master trainer and a nationally certified nurse executive and OR nurse. She has 34 years of nursing experience.

Looking Back to the Future of Professional Nursing in the 21st Century: A Psychohistorical Perspective

Christine Silverstein
The Summit Center for Ideal Performance, NJ

Abstract

During current political upheaval, truth is called fake news by our officials, and veracity has lost its meaning. However, if nurses tell the truth, it will become a part of their past, but if they lie, it becomes part of their future. Cicero said that history is the light of truth. The poet laureate, Maya Angelou, believed that the more you know history, the more liberated you are.

Although history can only be understood backwards, it must be lived forward, so we will take a journey backwards to two defining moments in nursing history to Florence Nightingale in the 19th century and Hildegard Peplau in the 20th century. Then, we’ll look forward to explore the implications for the 21st century. Discussed will be events during the Crimean War in the 1850s that catapulted nursing into a profession and an inferno that blazed in 1948 in NC at Highland Hospital that set the stage for emancipated education of nurses.

Both these leaders advanced nursing on four levels in Research, Education, Administration, and Practice. Nurses who work independently on these levels do not understand their roots and the past issues their predecessors faced during upheaval that helped make them into who they are today. During the #MeToo Movement, it’s crucial for nurses to advance nursing further now with the same unquenchable faith in truth so they can be the change they wish to see in today’s world.

Biography

Dr. Christine Silverstein EdD, RN is a noted psychohistorian who has presented globally on topics of nursing history, the development of psychiatric nursing and nursing science, as well, as on health conditions, such as PTSD, natural fertility enhancement, and peak performance coaching. She is the director of The Summit Center for Ideal Performance in Oakland, NJ and works as a peak performance coach, RN, specializing in behavioral modification, and clinical hypnotherapist. Her recent multiple appearances on radio and TV have catapulted her work to new heights worldwide.
Experiences of Multi-endpoint Genotoxicological Monitor during Follow-Up Studies used among Hospital Nurses

Anna Tompa¹, Anna Biro² and Jenő Major²
¹Semmelweis University, Hungary
²National Institute of Health Department of Toxicology, Hungary

Abstract

The present study shows the value of our genotoxicological monitoring system, used as a tool to detect DNA damages caused by environmental and occupational mutagens and carcinogens in somatic cells among 180 hospital nurses compared to 70 historical controls. Nurses were exposed to different sterilizing and anesthetic gases, and cytostatic drugs over 10 to 28 years. Genotoxic exposure was demonstrated at the group level in the course of genotoxicological monitoring, by investigating chromosomal aberrations (CA), sister-chromatid exchanges (SCE) and UV induced DNA-repair capacity. The study, apart from investigating chromosomal abberations, also took into consideration the incidence of malignant diseases based on the National Cancer Registry data. Results show that the handling formaldehyde, anesthetics and cytostatic drugs by assistants and nurses induced elevation in chromosomal aberrations compared to historical controls. The CA value was especially high among those who later developed tumors. Beside occupational exposure, the results were negatively affected by different life style confounding factors, e.g. smoking and alcohol consumption. This methodology is suitable to follow the genotoxic effects of different hospital used chemicals, and to apply as a tool for risk assessment to improve working conditions to prevent malignant diseases.

Biography

Prof. Anna Tompa was graduated in medicine in Budapest Semmelweis Medical University and became an assistant professor at the Institute of Pathology and Cancer Research of the School of Medicine. After specialized in pathology she went to the United States to study the advanced methodology of experimental cancer research. She has continued her research activities focused on the cancer prevention and obtained her D.Sc. in 1999 from Hungarian Academy of Sciences. She has written more, than 160 publications and given about 200 scientific lectures in different domestic and international congresses. She is a member of numerous domestic and international scientific societies, and presently she is emeritus fellow of Ramazzini Collegium and OECD expert in chemical safety. Today she is an emeritus professor and vice director of Public Health Institute in the Semmelweis University, Budapest, Hungary.

Caring for the Caregiver

Tara Karels
Cities Lakes College, MN

Abstract

This presentation will answer the question: What is compassion fatigue?” and look at how acts of caring for others can lead to burnout. Tara will share her own experience as a caregiver, a nurse, teacher, and a college administrator. Be prepared to laugh and learn as she addresses the way humans decide they are “super human” in their ability to care for everyone but themselves. Then begin to develop your own plan for self-care amid caring for others. This presentation can be formatted for a keynote address or a conference break-out session.

Learning Objectives:
1. List three symptoms of compassion fatigue.
2. Recognize physiological manifestations of stress.
3. Demonstrate techniques for self-care.
4. Identify one action to take to become a healthier caregiver.

Tara Karels’ has presented internationally as well as regionally in the areas of women’s health, prenatal care, and self-care techniques. With over 20 years in nursing and over a decade teaching, her ability to captivate an audience with a practical message that educates, entertains, and empowers listeners.

Biography

Ms. Tara L. Karels currently serves as the Dean of Staples Campus, CTE and Grants at Central Lakes College, MN where she oversees two campuses and all technical education programs, nursing and practical nursing programs and write and manage all grant funding for Central Lakes College. She has been served as Director of Nursing and Allied Health from 015-2017. She earned her Master of Science in Nursing Education from Walden University in 2013 and Bachelor of Science in Nursing from College of St. Scholastica in 2011.
Delirium Care Redesign in Acute Care: Managing Complex Change

Victoria Orto¹, Dorothy Filippi², Edwina McCray³ and Heather Sullivan⁴

Co-authors: Katelyn Keith¹, Sevda Mirza¹, Rhonda Williams¹, Juliessa Pavon¹, Jonathan Bae², George Cheely², Adam Glenn¹, Rebecca Sharpe¹, Sarah Misrahi³, Loretta Matters⁵
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Abstract

Delirium, a common syndrome experienced by older adults, often results in hospital-acquired complications and poor outcomes such as increased mortality and higher readmission rates. Review of Duke University Health System’s care practices revealed significant variability in how delirium was identified and managed. An interdisciplinary care redesign team (CRT) came together to develop a consistent approach to delirium management including the implementation of the Nursing Delirium Screening tool (NuDeSc).

The Knoster Model of Managing Complex Change posits five required elements for change to be successful and enduring: vision, skills, incentives, resources and action plan. The model supports change efforts by suggesting remedies based on which element(s) needs development or strengthening. We will use the Knoster Model as a framework to describe how leaders, educators, managers and frontline staff came together to change practice across three acute care hospitals. Despite diverse roles within the CRT, each stakeholder group contributed to the five required elements in varying degrees leading to successful change and a consistent approach to delirium management.

Nine months following the implementation of the delirium care practices on 18 units, NuDeSc completion compliance and care plan compliance for those who screened positive were both over 96%. Staff members’ confidence in their ability to determine whether a patient may have delirium improved from 6.09 to 7.41 on a ten-point scale, a 21.7% improvement. Preliminary data also suggests an improvement in patient satisfaction, readmission rates and mortality. Spread of the care redesign effort continues, with 16 units targeted in the coming year.

Biographies

Dr. Victoria Orto is the Chief Nursing and Patient Care Services Officer at Duke Regional Hospital in Durham, North Carolina. She received her Doctorate in Nursing Practice from Duke University School of Nursing. Prior to becoming a registered nurse, she spent three years in the U.S. Army as Specialist 6 in the 28th Combat Support Hospital, Ft. Bragg, NC. As a nurse, she has had diverse clinical and administrative roles across the care continuum. She has championed several quality improvement initiatives which have been published in “The Journal of Nursing Care Quality”, “Nursing Management” and “Dimensions of Critical Care Nursing”.

Ms. Dorothy Filippi, MSN, RN, K-CRRN is a Clinical Nurse Educator (CNE) responsible for the adult Medical and Surgical areas at Duke University Hospital. She has practiced as a clinical nurse educator for over 5 years and as a critical care nurse for 27 years with varied patient populations. As a CNE she performs learning needs assessments, develops nursing courses/curriculum, implements a variety of teaching/learning strategies and evaluates the effectiveness of the learning experience. She is responsible for the development and deployment of teaching-learning tools and strategies to support complex organizational care redesigns impacting practice.

Ms. Edwina McCray, MSN, RN, CNML is the Clinical Operations Director for Musculoskeletal and Neuroscience at Duke University Hospital. She received her Masters’ degree from the University of North Carolina at Greensboro. She has over 20 years of experience in Neuroscience. She currently oversees the daily operations of four inpatient units as well as the development, implementation, and evaluation of care redesign efforts impacting inpatient care. She is a certified nurse manager and leader.

Ms. Heather Sullivan, MSN, RN, CNL is a Clinical Nurse Educator (CNE) at Duke Raleigh Hospital, (DRAH). She received her Masters’ degree in Nursing Leadership from Queens University, North Carolina. She facilitates the transition to practice residency at DRAH. Prior to her current role, she was an oncology nurse for 13 years and a geriatric resource nurse (GRN). As a GRN she was instrumental in ensuring evidence-based delirium care practices were successfully integrated within current work flow. As a new CNE she assisted in the development of the tools to enhance staff’s skills related to delirium prevention and management.
Use of the Ethical Positioning System for Solving Ethical Dilemmas

Joan Dorman  
*Purdue University Northwest, IN*

Abstract

It is typical in nursing education to value critical thinking, clinical reasoning, and problem solving as necessary skills. Students practice these throughout their education, and generally feel confident in their ability to arrive at acceptable solutions.

At some point, however, students and nurses are faced with particular problems for which they do not feel prepared. These are the ethical dilemmas, so common in today’s healthcare environment. The associated feelings of powerlessness, faced in these situations, have driven many nurses from the bedside.

It is apparent that nurses need a framework for systematically examining these dilemmas and reducing the feelings of despair. It became apparent that the nursing process, which students and nurses use on a daily basis, could be adapted for use in making ethical decisions. That is how The Ethical Positioning System evolved.

The tool consists of six steps. The first step involves assessing the situation, including all elements of its context. Next, the nursing dilemma is stated in a sentence or two. The third step, which is planning, calls for addressing all possible solutions to this ethical dilemma, along with the pros and cons of each choice. These choices are then evaluated in terms of the applicable ethical principles and the appropriate provisions of the American Nurses Association (ANA) Code of Ethics. To summarize and conceptualize this stage, all of this data is entered into a diagram, which is step four. At this point, it is usually clear that one tentative solution exceeds the others. The nurse then moves on to the final stages, implementation and evaluation.

Biography

Prof. Joan Dorman is a Clinical Associate Professor at Purdue University Northwest for over fourteen years. Besides teaching graduating seniors at the hospital, she has been teaching Professional Nursing Ethics for over ten years. She has co-authored a book chapter on ethics, and serves on an Ethics Committee of a local hospital. She has been a nurse for past 40 years. She began her nursing career in a medical/surgical unit of a local hospital. She later transferred to the Emergency Department. While working full time and raising 3 children, she received her Bachelor’s Degree and later a Master’s Degree in Nursing. In 2004, she started teaching fulltime at Purdue University Northwest.
Transitioning from Student Nurse to Patient Teacher; an Interdisciplinary Discharge Teaching Project between Nursing and Education Students

Anne Harner
Florida Gulf Coast University, FL

Abstract

Purpose: The purpose of this project was to help nursing students understand that nurses must have the situational awareness necessary to assess patient learning style, barriers, and previous knowledge to maximize patient learning.

Significance: High readmission rates continue to plague health care ubiquitously. Nurses are well positioned to influence patients' ability to follow treatment plans and reduce readmission rates through patient education. Education students benefited from the experience by providing feedback and they learned about diseases their students may have in their future classes.

Approach: The nursing student had approximately 25-30 minutes to provide education to the education student which was followed by time for the education student to provide one-on-one feedback to the nursing student.

Results: Nursing students verbalized how difficult it was to present material at the lower health literacy level than expected for patient teaching and how difficult it was to be mindful of the health literacy of a layperson. Nursing students realized in order to provide information that is concise and easy to understand, they needed to conceptualize the disease process and anticipate how that may impact the patient.

Implications of the Project for Nursing Education: The implication of this project was to facilitate nursing students' growth and understanding involved with patient education. The students learned pedagogical techniques understand how patient education could potentially impact readmissions.

Biography

Dr. Anne Harner is Assistant Professor of Nursing at Florida Gulf Coast University School of Nursing. Her background is pediatric and adult critical care nursing. She earned a Bachelor's degree from Florida Gulf Coast University (FGCU), her MSN from University of Central Florida and her EdD from FGCU. She serves as Course Coordinator for pediatrics, research and adult II courses in the BSN Program. Dr. Harner's scholarship focuses on nursing education with an emphasis on student-centered learning. Her interests are directly related to engaging and inspiring students to take an inquisitive approach to learning.

Integration of Health Literacy Learning Activities into a Nursing Curricula

Carolyn Mosley¹ and Barbara Taylor²
Rowan College Gloucester County, NJ

Abstract

Nurses must have the ability to adapt care for patients with low health literacy, making health literacy education of nursing students essential. This session will present a health literacy content curriculum integration plan in an associate degree nursing curriculum. Current best practice, and the Health Literacy Expanded Model provides the framework for the plan and the learning activities. This model offered a comprehensive definition of the health-literate individual beyond fundamental literacy and correlates to Quality and Safety Education for Nursing and the National League for Nursing Associate Degree of Nursing competencies.

The curriculum integration plan incorporates various teaching strategies such as; simulation, clinical assignments, and case-based learning. The student learning activities includes health literacy assessment, appropriate health literacy teaching methods, effective communication, and evaluation of patients’ healthcare knowledge.

Biography

Ms. Carolyn M. Mosley, DNP, APN possess 25 years of professional nursing experience including 15 years in academic nursing education. She has co-authored: Integration of Health Literacy Content into Nursing Curriculum Utilizing the Health Literacy Expanded Model. Teaching and Learning in Nursing (2017, March 23). doi: 10.1016/j.teln.2016.12.005

Nursing Student Perceptions of Pharmacology Education and Safe Medication Administration: A Qualitative Research Study

Pamela Preston¹, Danielle Leone-Sheehan¹ and Brenda Keys³
¹Saint Anselm College, NH
²Boston College, MA
³Medstar Health, USA

Abstract

A lack of adequate pharmacological knowledge in nursing has been shown to lead to increased medication errors. Safe administration of medication has been identified as a major area for focus in improving health care. The purpose of this research study was to elicit student nurses' perceptions of the impact of pharmacology in education on safe medication administration. This study was an analysis of qualitative data collected as part of a larger study. Students provided narrative, open-ended responses describing how pharmacology education impacted safe medication administration. Nurse educators will gain insights into students' perceptions of the significance of pharmacology in baccalaureate curricula. The sample consisted of 28 RN-BSN students and 71 traditional BSN students. The research was conducted at a college in the Northeastern United States. Data was collected from students enrolled in the traditional baccalaureate and nontraditional RN to BSN hybrid programs. In the full study, students completed a brief survey instrument, which included both quantitative and open-ended items. The qualitative data presented in this article was analyzed using conventional content analysis. Students described the impact of pharmacology education as either having a positive or negative effect on safe medication administration. The majority of students described a positive effect. Positive responses were characterized into the following themes: Knowing how medications work, improving the nursing process, and Building a foundation of clinical knowledge. Negative responses were more heavily endorsed by RN-BSN students. The negative responses were substantiated by one theme: Inability to transfer from didactic to clinical practice.

Biography

Dr. Pamela Preston, DNP, RN is an Assistant Professor in the Nursing Department at Saint Anselm College in Manchester, New Hampshire.

Service Learning in Nurse Practitioner Education

Gina Crawford
Oklahoma City University, Kramer School of Nursing, OK

Abstract

Nurse practitioners are valuable members of the health care team. Often functioning as primary care providers, it is imperative that nurse practitioner programs provide a variety of opportunities to increase student competencies (NONPF, 2012). As a pedagogical strategy, service learning has been increasingly recognized as a method to improve learning outcomes (Warren, 2012). A service learning course associated with clinical hours at a free clinic was piloted in a family nurse practitioner program. Eligible students were offered the opportunity to enroll in a one credit hour elective service learning course. At the beginning of the semester, eligible students were asked to complete a self-evaluation of the National Organization for Nurse Practitioner Faculties (NONPF) core competencies. The students who enrolled in the course then scheduled clinical hours in two free clinics where they worked with nurse practitioner faculty. A reflective journal was submitted by each student and discussion board postings were completed on topics related to service learning and underserved populations. The course requirements were completed in the first eight weeks of the semester. At the end of the eight weeks, students re-evaluated their competencies. Overall, the participant group reported improvement in all competencies evaluated except the second competency in the category of ethics. Compared to the non-participant group, they also had substantially higher post-participation scores. Reflective journals revealed themes that correlated with improvement in scientific foundation, leadership, and quality. Positive findings from this pilot course support service learning in a free clinic as a pedagogical strategy in nurse practitioner education.
Biography

Dr. Gina Crawford is an Associate Professor of Nursing and Chair of the Advanced Practice Programs at Oklahoma City University. She is a family nurse practitioner with numerous years of experience in a rural primary care clinic. She has volunteered at a charitable clinic providing health care services to the uninsured. She has two grown children and one grandson. In her free time, she enjoys traveling, attending sports events, and spending time with her family.

Peer Mentoring in Undergraduate Nursing Education: An Innovative Strategy to Promote Successful Role Transition

Julie McCulloh Nair and Carolyn Meehan
West Chester University, PA

Abstract

Purpose: To investigate impact of a student-nurse, mentor-mentee program that aimed to facilitate freshman assimilation into new roles. Focus was placed on increasing their well-being and likelihood of academic success.

Methods: A mixed method, descriptive study was implemented that explored behavioral health factors of student-nurses enrolled in a traditional undergraduate program. A mentor-mentee program was established, seniors/mentors were paired with freshmen/mentees for the entirety of freshman year. Participants completed three surveys: demographics, BMS-WBCI (wellness) scale and opened ended questionnaire in fall, winter and spring. The electronic surveys (via Qualtrics) collected information on demographics, the Body-Mind Spirit Wellness Behavior and Characteristic Inventory© (BMS-WBCI), additional behavioral health questions that do not appear on the BMS-WBCI and an open-ended questionnaire containing 10 questions. The additional behavioral health questions were not addressed in the BMS-WBCI scale and were formed based on student recommendation.

Results: Sixty-seven nursing students participated [seniors (n=37); freshman (n=25)]. BMS-WBCI wellness raw scores (seniors: 114.5, 113.9, 109.7; freshman: 105.6, 102.5, 113.7) and subscale scores indicated existence of healthy lifestyles. No tobacco/illicit drug use was reported, but four seniors reported high alcohol consumption. Qualitative data revealed high stress from a rigorous program that is overwhelming at times and contributes to unhealthy lifestyle choices. Themes included healthy choices, high-stress/high-expectations and necessity of peer support for social and academic success and retention.

Conclusions & Implications: The mentor-mentee program strengthened academic success, well-being and promoted feelings of inclusion, which assisted with academic acculturation for freshman and transition into leadership practice for seniors.

Biography

Dr. Julie McCulloh Nair is currently working as an Associate Professors in the Department of Nursing at West Chester University of PA. She is the RN-BSN program coordinator and works clinically as a nurse scientist mentoring nurses in their research and evidence based practice projects.

Dr. Carolyn Meehan is currently working as an Associate Professors in the Department of Nursing at West Chester University of PA.

Their work with baccalaureate nursing students led to research in a new mentorship program to strengthen academic success, overall well-being, rates of retention and promotion of acculturation into nursing. This study builds on a previous study conducted in this population.

Interprofessional Education

Michele L. Crytzer
Slippery Rock University of Pennsylvania, Slippery Rock, PA

Abstract

Interprofessional education (IPE) and collaborative practice can play an important role in improving patient care quality, satisfaction, safety, and efficiency. Health professions training needs to change to provide students with the communication, teamwork, and collaborative skills needed to improve the health of populations. Health professions education reform is critical to preparing the workforce to meet the health needs of populations. Change in health professions education has been slow in reform due to multiple and
complex factors which include (but are not limited to) curricular issues, leadership, resources, student volume, faculty involvement, and accreditation. In order to move forward with continued and increased implementation of IPE into the health professions programs, faculty must be properly trained on the concepts of communication, teamwork, and collaboration. To prepare future healthcare professionals as quality practitioners, their education must include high quality experiences that utilize an interprofessional approach. Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS™) is a systematic approach developed by the Department of Defense (DoD) and the Agency for Healthcare Research and Quality (AHRQ) to integrate teamwork into practice. It is designed to improve the quality, safety, and the efficiency of health care. Incorporating TeamSTEPPS™ into educational programs is an innovative idea, as this training is typically provided in the workplace. By participating in TeamSTEPPS™ training, graduates of health professions programs will enter the workforce prepared to function as productive members of the healthcare team and leaders in their professions.

Biography

Dr. Michele Crytzer is an Associate Professor of Nursing at Slippery Rock University of Pennsylvania (SRU). She received her DEd (Curriculum and Instruction) and MSN degrees from Indiana University of Pennsylvania. Dr. Crytzer is the team leader of the Interprofessional Education team at SRU. Her fields of research include interprofessional education/practice, school nursing, and vulnerable populations.

The Efficacy of Pet Therapy in Pre-Licensure Nursing Students, Test Anxiety

Amy M. Richards
Rogers State University, OK

Abstract

The anxiety experienced by copious students during nursing school testing is so immense that it may limit their ability to accurately demonstrate their knowledge. The consequences of this anxiety may put them at risk for poor academic performance. Current research is less clear regarding how effective the use of pet therapy may impact students’ anxiety, test-anxiety, and academic performance. The use of animal therapy has been studied to promote relaxation and to decrease anxiety. A more relaxed and less anxious student may have improved concentration during test taking. While pet therapy may decrease anxiety, its effectiveness with reducing test anxiety has not been studied. If the physical and psychological benefits of pet therapy result with relaxation, it is unknown if pet therapy will create the same effect with students prior to high-stakes examinations. If the simple interaction between therapy dog and student results in less test anxiety, academia may begin to welcome dogs to walk the halls of higher education. The purpose of this study is to reveal if pet therapy reduces the level of test anxiety in pre-licensure nursing students.

Biography

Dr. Amy M. Richards has been a registered nurse for over thirty years with experience in home health, community health, and infection control. A BSN graduate of the University of Oklahoma, Dr. Richards earned her MSN degree from Northeastern State University and her doctoral degree from Oklahoma City University. With an emphasis on student advocacy and a passion in the area of mental health, she strives to decrease anxiety in academia for nursing students through research and by incorporating evidence-based practices into higher education.

Standardized Patient Simulation: Increasing Student Nurse Practitioner Recognition of Parkinson’s disease (PD) Soft Signs in Clinical Education

Anne-Marie Uebbing
Mount Saint Mary College, NY

Abstract

Background: Student nurse practitioners (SNPs) are taught to assess patients for classical Parkinson’s disease (PD) symptoms; typically, rigidity and intentional tremors. Lesser recognized symptoms, referred to as “soft signs,” such as sleep disturbances, mood disorders, and small handwriting, among other presentations, may mask PD, further delaying prompt management. The use of standardized patient simulation to depict PD soft signs will raise awareness among SNPs as to their clinical importance in patient assessment.

Objective: The primary objective of this research is to describe the improvement in knowledge following standardized patient simulation among SNPs experiencing standardized patient simulation and didactic teaching as compared to SNPs receiving only
**Methodology:** Small observational study, retrospective review of didactic teaching plus simulation versus didactic teaching only.

**Participants:** 40 SNPs pre-clinical placement.

**Tools:** Unified Parkinson's disease Rating Scale (UPDRS) as applied to 2 case exams and post clinical anecdotal SNP notes.

**Results:** SNPs in the didactic plus simulation group (n=20) demonstrated greater confidence and accuracy in the recognition of the myriad symptoms experienced by patients with PD as compared with those in the didactic-only group (n=20). SNPs experiencing simulation were also able to identify and address the implications that soft signs have on co-morbidities and the management of PD. A significant (p = 0.004) Pearson product-moment correlation of 0.45 was found between the UPDRS score of SNPS who received didactic and simulation-based education as compared to those who did not.

**Conclusion:** Adding standardized patient simulation to clinical education has the potential to increase awareness of clinically significant, classic and soft signs of illness. Furthermore, SNPs that participate in standardized patient simulation are likely to improve their clinical judgment which ultimately translates to better patient care outcomes and reduction in preventable adverse events.

**Biography**

Dr. Anne-Marie Uebbing is Family Nurse Practitioner and Associate Professor at the Mount Saint Mary College School of Nursing in New York. She is a Fellow at the New York Academy of Medicine and recent participant in the Edmond J. Safra - Parkinson's disease Foundation's Visiting Nurse Faculty Scholars program at New York University.

**At Risk Nursing Students- Can They Succeed?**

**Christina L Silva**

*Slippery Rock University, PA*

**Abstract**

The nursing profession has projected a nursing shortage for many years. At worst the shortage is projected to be a million or more nurses by 2025. To be prepared for this shortage, nurse educators need to assist nursing students to be successful. Many nursing students are able to succeed without intervention or scaffolding but some students need additional assistant to overcome their learning or educational barriers. Using remediation as a strategy can be frustrating for educators as many students will not ask for help or attend remediation sessions of their own accord. Forced remediation is an excellent option for those programs that have many at-risk students in their population. Forced remediation can be implemented with the first failed quiz or examination. It can also be used for students that fail the first nursing course. In addition to the remediation requirements for students, the program must train the faculty how to identify the at-risk student early and how to best assist the student to overcome the obstacles. This program with the addition of a new program administrator implemented a forced remediation program. By implementing the forced remediation with a large at-risk student population, the program's NCLEX-RN pass rates increased from 76.9% to above 90% and completion rates went from 18% to 47% in less than three years.

**Biography**

Dr. Christina L Silva started her nursing education at Pennsylvania State University–Fayette Campus where she earned her initial ASN and BSN. She continued her education at University of Phoenix and earned a MSN. Last, she attended Indiana University of Pennsylvania and earned her PhD in Nursing. As a staff nurse, her specialty is perinatal nursing. In this role, she was part of the fetal monitoring committee and a certified AWHONN Fetal Monitoring instructor. One of her research interests involves perinatal nursing and neonatal abstinence. As an educator, she desires to see all students attain their educational goals and become professional nurses contributing to the profession. Her areas of research interest include testing anxiety and the at-risk student.
The Impact of a Cultural Immersion Experience on Developing Cultural Competence among Baccalaureate Nursing Students

Erin-Joy Bjorge
Northwest University, WA

Abstract

The United States (US) is projected to be more racially and ethnically diverse in the years to come. More than half of all Americans in 2044 will belong to a minority group, and by 2060 almost one in five of the total population will be foreign born (Colby & Ortman, 2015). The changing ethnic demographics of the US will directly impact nurses in all areas of healthcare as they strive to provide culturally competent care for all clients. Nurse educators have a responsibility to provide education for students to help them become culturally competent practitioners who provide more effective care and better outcomes for their clients (American Association of Colleges of Nursing, 2008b). Cultural immersion experiences can provide students with experiential learning. Experiential learning is a well-recognized method used to change attitudes, an essential component of cultural competence (Ballestas & Roller, 2013). The project was conducted to determine whether there was a difference in cultural competence among baccalaureate nursing students after a required four week cultural immersion experience abroad. The null hypothesis was rejected. There was a statistically significant increase in IAPCC-SV total scores from the participant’s pretest (M = 63.70, SD = 5.74) to the student's posttest of the cultural immersion experience (M = 68.74, SD = 5.60, t (42) = - 6.97, p < .001, two-tailed). The mean increase in IAPCC-SV total scores was -5.04 with a 95% confidence interval ranging from -6.50 to -3.58.

Biography

Dr. Erin-Joy Bjorge is the Dean of the Buntain School of Nursing at Northwest University in Kirkland, WA. Erin-Joy has been a nurse for over 30 years and a nurse educator for 25 years at the baccalaureate level. She is a Certified Nurse Educator and a Certified Online Instructor. Her passion in nursing are global health and transcultural nursing. She recently completed her Doctorate of Nursing Practice in Educational Leadership. Her research measured the impact of a required cultural immersion experience on cultural competence among baccalaureate nursing students.

Improving RN-BSN Online Students’ Information Literacy Skills via a Partnership between an Academic Librarian and Nursing Faculty

Greta Marek
East Tennessee State University, TN

Abstract

Information literacy involves being able to think critically, conduct research, and apply those skills to lifelong learning, all of which are important skills for nursing students. Nursing faculty and academic librarians can help facilitate the development of information literacy skills by creating assignments with the goal to increase the students' understanding and application of information literacy. This study was a collaboration between a nursing faculty and an online librarian that created information literacy assignments to assist students in locating and using information in an online RN-BSN course. Quasi-experimental pre-test/posttest designed was used. Convenience sample of 31 spring and 30 fall online RN-BSN students in one course was used. Chi square tests were used to analyze the data. The number of APA errors for the library assignment citations was lower in the fall semester than the spring, except for journals (p=0.577) and page numbers (p=0.133). The total number of citations used in assigned papers increased for both spring (66%) and fall (29.77%) semesters. Number of APA citation errors in spring semester papers decreased in author/year (p=0.007) and title (p=0.022), and the fall semester papers in volume (p<0.001) and issue (p=0.027). All other areas were not statistically significant. Within the limitations of our study design, we found that information literacy specific course assignments resulted in improved information literacy skills in two courses within an RN-BSN program, reinforcing the importance of collaboration between nursing faculty and an academic librarian.

Biography

Ms. Greta Marek earned her Diploma in nursing from Watts School of Nursing, her BSN from Western Carolina University, her MSN from Austin Peay State University, her DNP from Duquesne University, and is a Certified Nurse Educator. She has been an RN for 22 years and an Academic Nurse Educator for 15 years. She has taught in ADN, BSN, and MSN programs.
Perceptions of Incivility in Clinical Nursing Education

Laurel Bradshaw
Utah Valley University, UT

Abstract

The work environment in which nursing students are placed for clinical learning can influence student learning outcomes. Healthy, supportive, and nurturing clinical learning environments are key to development of confidence and competency in establishing skills. Unhealthy clinical learning environments hamper with the students’ ability to succeed, as well as their intention to remain in the profession. The purpose of this study was to evaluate the influence of nurse incivility on nursing students’ clinical experiences. A phenomenological qualitative approach was used to explore the phenomena of incivility as perceived by nursing students while in clinical practice. A sample of 56 undergraduate nursing students enrolled in their second through sixth semesters of nursing courses participated in the study. The nursing students were asked questions about their personal feelings regarding incivility in the nursing field and if they had experienced incivility while in the clinical setting. The data was collected through questionnaires and unstructured interviews. Results found that undergraduate nursing students within this study valued clinical instruction during their nursing education, but also reported high levels of incivility in the clinical setting. An assumption based on this study is that there is a need to examine nursing academic curricula to ensure that nursing students are knowledgeable regarding the culture of incivility and should be taught strategies to effectively address the experience of incivility in the clinical setting.

Biography

Dr. Laurel Bradshaw is an Associate Professor of Nursing at Utah Valley University, teaching in the Associate, Bachelor, and Master degree programs. She completed her DNP at Rocky Mountain University of Health Professions, Provo, Utah. Dr. Laurel’s background is in emergency medicine as she worked many years in the American Fork Hospital Emergency Department, American Fork, Utah. She has a desire to raise awareness of incivility within the nursing profession through helping nurses recognize uncivil behaviors, as well as empowering nursing students with effective coping skills on how to be resilient when confronted with difficult situations.

Predialysis Fluid Overload Linked with Quality of Sleep in Patients Undergoing Hemodialysis

Guihua Hao*, Wei Lu¹, Jie Huang, Wei Ding, Pengfei Wang, Lili Wang, Feng Ding, Min Hu and Lili Hou
Shanghai Ninth People’s Hospital, School of Medicine, Shanghai Jiaotong University, China

Abstract

Hemodialysis (HD) patients are exposed to dysregulated fluid balance which can lead to over hydration. Poor sleep quality and excessive daytime sleepiness are particularly common in these patients, however the relationship between fluid status and sleep quality and daytime sleepiness has not yet been studied.

This cross-sectional study included 115 HD patients and 30 healthy control subjects from the HD center of Shanghai Ninth People’s Hospital. Fluid compartments [total body water (TBW)], extracellular water (ECW)] and over hydration index (OH) were analyzed by multifrequency bio-impedance (BCM). Over hydration was defined as OH/ECW≥7%.

The prevalence rate of fluid overload in HD patients was 65.2%. Poor sleep quality (PSQI≥5) and excessive daytime sleepiness (ESS≥11) were significantly higher in HD patients compared with the healthy controls [6 (3, 10) vs.2.11 ± 1.59, p = 0.000; 3 (0, 6) vs.1.68 ± 1.07, p = 0.045]. Furthermore, the PSQI scores were higher in HD patients with over hydration (7.8 ± 4.5 vs. 4.8 ± 3.2, p = 0.000).

Fluid overload is significantly linked with poor quality of sleep in HD patients, however there is no association with excessive daytime sleepiness. Our study provides new insight into possible treatment strategies. Future studies should examine the effects of optimizing fluid status on quality of sleep.

Biography

Ms. Guihua Hao is currently working at the Division of Surgical Intensive Care Unit, Shanghai Ninth People’s Hospital, School of Medicine, Shanghai Jiao tong University, China. She Received her MS in Nursing from the University of Qingdao University in 2013 and BA in Nursing, Shan Dong University of Traditional Chinese Medicine in 2008.
SAK Testing, the Interconnected Nature of Forensic Evidence and the Critical Role of Interdisciplinary Collaboration

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5School of Nursing, The University of Texas at Austin, TX
6SAFE Alliance, Austin, TX

Abstract

In a four-year project, the National Institute of Justice (NIJ) funded Houston Police Department (HPD) Crime Lab to form a multidisciplinary Working Group to understand why 6,700 sexual assault kits (SAKs) collected by sexual assault nurse examiners (SANEs) from sexual assault victims were never sent to the crime lab for testing. The Houston SAK Case Review Project’s purpose was to improve systems of communication and operations related to SAKs collection and processing, including screening and analysis, to better understand SAK utilization by the criminal justice system and it has generated many sub-research projects.

Researchers systematically conducted a case review of 50 random selected SAKs and facilitated crime lab staff and SANEs in a focus group of those cases. Findings included: (1) develop consistent terminology—SANEs, crime lab professionals, and investigators used different discipline-specific language creating challenges in an already complex system; (2) standardize optimal SAK manufacturing—patterns of inconsistencies in reporting was dependent on the type of SAK and the crime lab inventory was impacted; (3) Implement electronic medical records (EMR) for forensic evidence collection—handwriting was challenging to decipher; and (4) standards on evidentiary forensic testing needed improvement. This presentation will share additional research findings along with additional research and practical findings from this study.

Conclusion: SANEs are crucial to the preservation of crime scene evidence through SAK collection and are central to the linkage of that SAK to other potential crimes. The action research process strengthened partnerships, enabling productive discussions and changes to emerge and provide recommendations.

Biography

Dr. Noel Busch-Armendariz is Founding Director of the Institute on Domestic Violence & Sexual Assault (IDVSA). A nationally recognized expert in sexual assault/harassment, human trafficking, domestic/dating violence, she has overseen nearly 90 research and training projects totaling approximately $10 million in external funding. Well published in all these areas, she is first author on the country’s first textbook on human trafficking, Human Trafficking: Applied Research, Theory, and Case Studies (2017). Busch-Armendariz is regularly called to speak to members of the Texas Legislature, U.S. Congress, the media, serve as an expert witness in criminal cases, and to direct statewide and national trainings.

Fostering Engagement: Leader Communication within Ethnically Diverse Environments

Karen Fowler
The University of Texas at El Paso, TX

Abstract

The ability to retain an engaged nursing staff over the next decade is vital for hospitals to meet the growing health care needs of an aging population. Creating a healthy work environment is the primary role of the nurse leader and can lead to increased job satisfaction for the registered nurse. The presentation investigates communication skill and competence of the nurse leader as the predictor variable in relationship to outcomes such as staff nurse turnover, retention, and job engagement in a culturally diverse workforce. Building leadership capacity encourages the nurse leader to devise purposeful activities focused on developing engaged employees. Based on the findings of the study organizations should prioritize resources to equip and train nurses in leadership position to be competent in communication and leadership skills.

Objective The aim of this presentation is to describe the associations between nurse leader communication and staff nurse engagement, retention, and turnover.

Background The staff nurse’s perception of the nurse supervisor’s communication style directly influences the supervisor-staff nurse relationship.

Methods This quantitative, correlational study used the Supervisor Leader Communication Inventory and the Utrecht Work
Engagement Scale to measure the constructs of engagement and nurse leader communication competence in an ethnically diverse group of staff nurses.

**Results** Data suggested a moderate correlation between perceived supervisor communication and staff nurse engagement ($r = .464, p < .001$).

**Conclusion** Building leadership capacity encourages the nurse leader to devise purposeful activities focused on developing engaged employees.

**Biography**

A professional with over 30 years of nursing experience Dr. Karen Fowler has served in a variety of nursing positions. Previously she was a Chief Nursing Officer with of a +400 bed acute care hospital. She currently is an Assistant Professor at the University of Texas at El Paso where she teaches leadership course to undergraduate and post graduate students. Dr. Fowler's research focuses on leader competence in a diverse workforce and she recently published an article on engagement.

**Nursing and HR Collaboration in Recruiting Registered Nurses**

**Victoria Orto** and **Gloria McNeil**

1Duke Regional Hospital, NC  
2Durham North Carolina, NC

**Abstract**

This presentation highlights the journey taken at a local community hospital faced with an imbalance of nurse resources, complex patient care requirements and impending hospital volume growth. The issues were addressed by the Nursing Leadership and Human Resources (HR) department working collaboratively to develop a plan which resulted in major reductions of vacant nursing department registered nurse positions.

**Biographies:**

Dr. Victoria Orto DNP, RN is the Chief Nursing and Patient Care Services Officer at Duke Regional Hospital in Durham, North Carolina. She received her Doctorate in Nursing Practice from Duke University School of Nursing. Prior to becoming a registered nurse, she spent three years in the U.S. Army as Specialist 6 in the 28th Combat Support Hospital, Ft. Bragg, NC. As a nurse, she has had diverse clinical and administrative roles across the care continuum. She has championed several quality improvement initiatives which have been published in “The Journal of Nursing Care Quality”, “Nursing Management” and “Dimensions of Critical Care Nursing”.

Dr. Gloria Alston McNeil, DNP, MA, MBA, RN, NE-BC, NEA-BC, CENP is a nurse leader with more than thirty five years of experience. She has held several leadership positions, led multiple initiatives and served on multiple committees throughout her career. She serves as the Associate Chief Nursing Officer at Durham Regional Hospital where she is responsible for nursing care for multiple patient care areas. She holds a DNP from Duke University, MBA from Pfeiffer University, MA and BSN degrees from North Carolina Central University. She is a 2011 Amy Cockcroft Fellow and completed the Wharton Nursing Leaders Program in 2016. She is certified as Nurse Executive –Advanced and Certified in Executive Nursing Practice.

**Patient Involvement Brings Value to Quality Improvement Work**

**Susanne Gustavsson**

Skaraborg Hospital, Sweden

**Abstract**

Patient involvement in quality improvements (QI) is growing as a means to increase the quality of care. However, health care organizations are still developing care from a health care professional perspective, and the field is short of practical examples and research. The purpose of this paper is to explore what contribution patients can bring to health care QI. The paper is based on multiple studies in a Swedish health care context. The approach was action research; the research built on learning in action where patients and health care professionals collaborated in QI work. Qualitative methods were predominantly used e.g. individual interviews and focus groups. The findings demonstrate that involving patients in health care QI is valuable.

- Patients can identify improvement areas that healthcare professionals may not.
• Patient involvement illuminates the importance of viewing care from a patient perspective and overcoming existing gaps in the organizational structure.
• Highlights the need for discussing and defining new dimensions of quality in healthcare.
• Challenging existing roles with decreased asymmetry in the relationship for patients and healthcare professionals.

In practice, the conclusions can support health care management in developing health care by using patient involvement in QI projects. The theoretical contribution is an adapted model from Batalden and Stoltz (1993), which argues that increased value for patients are achieved through a combination of professional knowledge and improvement knowledge. In this paper, it is additionally argued, that patients’ knowledge brings value for patients in the QI work.

Health and Social Care Professionals' Anguish in Providing Care and Support to Children Who are AIDS Orphans in Nelson Mandela Bay: A Qualitative Study

Dr Sharron Frood1, Prof Dalena (R.M.) van Rooyen2 and Prof Esmeralda Ricks3
1Department of Child Health and Family Health, Kings College London, UK
2Faculty of Health Sciences, Nelson Mandela University, Port Elizabeth, South Africa
3Department of Nursing Sciences, Nelson Mandela University, Port Elizabeth, South Africa

Abstract

Background: Orphanhood is a major consequence of the AIDS pandemic globally. In South Africa most children who are AIDS orphans live in township communities. They are often uncared for and unsupported by the community, and experience recurrent psychological trauma and much personal suffering. This results in health and social care professionals working with these children experiencing professional anguish. Whilst it is known that children who live as AIDS orphans in township communities suffer, there are no empirical studies reflecting the experiences of health and social care professionals providing care and support to these vulnerable children.

Objective: To explore and describe the experiences of primary health care nurses, social workers and psychologists caring for and supporting children who are AIDS orphans living in township communities in South Africa.

Design: The descriptive phenomenology research design incorporated an exploratory, contextual and descriptive approach. In-depth individual interviews were used to collect data from participants. Setting: Participants were selected using purposive (nurses and social workers) and snowball sampling (psychologists) from four primary health care clinics and twelve satellite health care clinics, all located in township communities in Nelson Mandela Bay, South Africa. The participants were all caring for and supporting children who are AIDS orphans living in these communities.

Participants: The primary health care nurses (n=10) and social workers (n=8) were selected using criterion-based purposive sampling, whilst snowball sampling was used to select psychologists (n=6). Participants are referred to as health and social care professionals.

Methods: In-depth individual interviews were recorded and transcribed. Independent coders reviewed the data and individually developed themes and subthemes, using thematic analysis.

Results: Although it is accepted that health and social care professionals experience anguish whilst providing care and support to AIDS orphan children, this study provides detail of this professional anguish, as presented in the following four main themes: 1) challenges in providing care and support; 2) unique experiences; 3) short-falls related to “best practice” in the health and social care system; and 4) development of holistic care.

Conclusions: The data provided deep and descriptive insights related to the anguish of health and social care professionals in caring and supporting the AIDS orphan children.

Keywords: AIDS orphans; Primary Health Care Nurses; psychologists; social workers; South Africa; care; support; township communities.

Biography

Dr Sharron Frood is currently working as a Lecturer at the Department of Child Health and Family Health, Kings College London, UK.
Diversity in School and Work: Positive Benefits for All

Abby M. Hickman
Rogers County Youth Service, OK

Abstract

The study by Denson and Chang produced findings of positive benefits in education when students are in workshops or classes about diversity and the interaction of different races or ethnic groups (Denson & Chang, 2009). Racial and ethnic diversity engagement in curricular activities showed to have increased positive ratings of personal self-efficacy, academic skills, and self-change in their ability to interact with different cultures (Denson & Chang, 2009). Diversity also helped students increase self-efficacy and personal change in academic skills and engagement with different races and cultures. The environment of being around a more racially diverse population helped students’ academic skills, diversity engagement, and ability to get along with different racial groups (Denson & Chang, 2009). The benefits of racial diversity can be far-reaching with positive personal, academic and social advantages. The student body showed to have become more cohesive as they became educated on racial diversity. The researchers claimed undergraduate education gains quality as efforts to increase diversity are made (Denson & Chang, 2009).

When viewed from a business standpoint, racial diversity within the workplace have many advantages. One advantage found from the study is the group of racially diverse participants could make faster improvements and was able to score higher in task performance measures. The study concluded ethnic diversity within teams have benefits to the quality of the team’s quality of ideas and solutions (McLeod, Lobel & Cox, 1996).

Use of ED RN Wound Infiltration to Promote Patient Throughput in the ED Setting

Gayla Miles, Michael Olmos, Elliot Trotter and Patricia Newcomb
Texas Health Harris Methodist Hospital, Ft. Worth, TX

Abstract

Background: This presentation describes the novel practice of registered nurse (RN) infiltration of lacerations with local anesthesia in a busy Texas emergency department (ED). RN wound infiltration has been in practice at the study site for over 20 years. A search of PubMed and CINAHL databases revealed no published studies regarding the practice of nurse-delivered infiltration of lacerations at other sites. Performance improvement data documents the feasibility, safety, and effectiveness of the practice.

Methods: RN wound infiltration at the study institution was developed using the Texas Board of Nursing’s Scope of Practice 6-step decision making model. RN practice is evaluated in an ongoing manner using the Donna Wright Model of Competency. The presentation details the staff RN education: goals of wound management, anatomy and physiology of the skin, effects of direct infiltration, local anesthetics, anesthetic dosages, precautions, and the wound infiltration procedure. The laceration repair procedure at the target facility includes the following sequence: RN infiltration of the wound, ED technician cleansing of the wound, and physician suturing.

Results: Review of electronic ED records has found no adverse events, including infection, bleeding, or vascular compromise, associated with RN wound infiltration. Associated anecdotal evidence includes rapid pain relief, reduction in wait time for laceration repairs, and reduced length of stay in the ED.

Conclusions: RN infiltration of lacerations is safe, promotes patient satisfaction and efficient throughput in the ED, and encourages RNs to practice at the top of their license.

Biography

Ms. Gayla Miles, RN, MSN has over 35 years of experience as a nurse with 29 years of practice in the Emergency Department setting. She received her BSN from Mary Hardin-Baylor University and her MSN from the University of Miami. She was a Clinical Instructor at the University of Texas at Arlington in Arlington, Texas. She has conducted research in the Emergency Department setting and has authored multiple articles regarding emergency nursing care. She has first-hand experience and knowledge of ED RN wound infiltration practices and promotes the practice for efficient patient throughput and satisfaction.
Simulated Gynecologic Procedures in Women’s Health Nurse Practitioner Programs

Shawana Moore  
*Thomas Jefferson University, College of Nursing, PA*

**Abstract**

**Objective**: To disseminate the importance of simulated gynecologic procedures in women’s health nurse practitioner education.

**Background**: Simulation is utilized in nursing education. It provides students with the ability to obtain rare or infrequent clinical experiences (Lavoie & Clarke, 2017).

**Method**: Simulated gynecologic procedures (endometrial biopsy, endocervical polypectomy and intrauterine device insertion/removals) were integrated in a women’s health nurse practitioner program. Three clinical scenarios were developed to assist with each simulated experience.

**Results**: Students discussed each case for 10-15 minutes. They reviewed the indications, education and post-procedure instructions. They performed each gynecologic procedure. Students provided feedback on the simulation workshop.

**Recommendations**: Simulated gynecologic procedures should be considered in graduate nursing education to prepare students for gynecologic procedures in clinical practice.

**Biography**

Dr. Shawana Moore DNP, CRNP, WHNP-BC is currently working as Assistant Professor and Program Director- Women’s Health-Gender Related Nurse Practitioner at the Jefferson College of Nursing, Thomas Jefferson University, PA. Her research interest includes Preconception counseling, Maternal obesity, Gestational weight gain and maternal-fetal outcomes. She earned her Doctor of Nursing Practice from the Thomas Jefferson University in 2013.

“Wellness Wednesdays” - Clinical Teaching and Learning

Frances Affleck and Ranjit Dhari  
*University of British Columbia, Canada*

**Abstract**

The concept of ‘Wellness Wednesdays’ was developed within the context of the Primary Health Care course, which is delivered in the fourth term of the UBC BSN undergraduate nursing program. Primary Health Care considers all services that play a part in health, such as income, housing, education, and environment. Primary Care is the element within Primary Health Care that focusses on health care services, including health promotion, illness and injury prevention. The primary conceptual frameworks students were acquainted with were Social Determinates of Health and the Wheel of Public Health Interventions as developed by the Minnesota Department of Health.

The organizers of the ‘Wellness Wednesdays’ initiative began by exploring community programs that were offered within the City of Vancouver Parks, Recreation and Culture Department programming. The goal was to identify programming that might broadly complement Primary Health Care learning outcomes. Programs at four Community Centre’s, one Neighbourhood House, and two non-profit organizations were identified.

Students utilize health promotion strategies for specific populations attending assigned programs. Nursing students engaged in health focused conversations, mindful of the broad concept of relational practice. The overall goal was to provide general health information and more specifically to build individual capacity to manage and mitigate health care challenges. At the end of the term, specifically framed evaluation questionnaires using a Likert scale and three narrative questions were completed by students.
As a result of the growing demands on healthcare and necessary resources, Clinical Educators have been pressed to develop alternative clinical experiences for the students. We hope our presentation will invite participants to share their experiences with developing, implementing and evaluating clinical teaching opportunities.

Biographies

Ms. Frances Affleck RN, MN, CCNE is a Clinical Associate at the University of British Columbia Vancouver Campus. Frances’ primary clinical focus is the adult population within both Acute Care and Community settings. Her academic work explored the social constructs that impact Clinical Instructors.

Ms. Ranjit K. Dhari, RN MSN is an Instructor at the University of British Columbia Vancouver Campus. Ranjit is the Primary Health Care Nursing Practice Course Leader. A long time Public Health nurse with Vancouver Coastal Health, Ranjit is passionate about Public Health Nursing and Primary health care with a focus on health promotion and prevention.

Guiding Patients through Life Transitions Managing the Path to Recovery or to End of Life

Johanna Derbolowsky

Quantum Heart Field

Abstract

During this program, Ms. Derbolowsky will share with participants how to help patients consciously transform each stage of life in a more positive direction. We will learn how to identify these various stages and their importance on a physical, social-emotional and spiritual level. Once the stage is identified we shift the focus from recovery to discovery. Instead of restoring past abilities and capabilities in a patient we help him or her discover the new. We focus on the forward movement of this constantly changing life. The program teaches techniques for transformation and how to use them to strengthen a recovering patient as well as how to best help the patient who is facing and preparing for death. We will also examine your role as caregiver, as a central figure in the patient’s life and how to be supportive without losing yourself within the high intensity emotions of the moment.

Biography

Ms. Johanna Derbolowsky, best-selling author of the book “The Transformation Promise”, has helped clients worldwide with life’s major changes and transformations. From identifying long past incidents that can be the source of current major depression or health issues today… to dealing with career changes, or finding and sustaining fulfilling relationships, to the truly ultimate transformation at the end-of-life. Ms. Derbolowsky, the developer of the Quantum Heart Field Experience, is a recognized metaphysical teacher, spiritual counselor and energy worker and she has been on the forefront of healing and transformation, including in the exciting new area of conscious stem-cell therapy.

Integrative Learning: Students’ Perspectives about an Unfolding Case Study Case

Nila Reimer* and Laurie Berghoff*

Indiana University Fort Wayne, IN, USA

Abstract

Integrative learning promotes students to learn deeper by synthesizing concepts and applying them to situations (Budwig, 2019). Deeper learning experiences for students can occur by their transforming clinical and simulation experiences into an unfolding case study that grows in nursing care complexity from basic through advanced nursing care. The use of an unfolding case study is one way to transform teacher-centered to student-centered learning where students build on concepts derived from their own experiences. The purpose of this study was to uncover students’ perspectives of learning effectiveness from an unfolding case study that evolved in complexity from beginner to advanced concepts presented in nursing courses. A simulated patient situation was video recorded for each class and the recordings were presented to the students during the clinical nursing courses. Guiding questions were provided in the nursing classes in order to stimulate students’ small group discussions about the patient situation. Students who agreed to attend each clinical class, view the videos, and participate in the in-class discussions about the case study scenario were invited to participate in focus group sessions to share their learning perspectives about the case study. Content analysis used to reduce the findings revealed students’ growth in self-confidence with their own nursing practice, enhanced ability to predict uncertainties in nursing care, and added strength in holistically understanding care needs. The data provided teaching/learning ideas for expanding on an unfolding case study that reflects students’ clinical and simulation experiences throughout the nursing curriculum and for evaluating future unfolding case studies.
Biography

Dr. Nila Reimer is a certified nurse educator who is currently an Assistant Professor of Nursing at Indiana University Fort Wayne in Fort Wayne Indiana. Dr. Reimer earned her Masters of Science in Nursing from Purdue University in Fort Wayne and Doctor of Philosophy from Indiana University School of Nursing, Indianapolis. Dr. Reimer has extensive experience in nursing leadership and curricular design, and has taught various graduate and undergraduate nursing courses. Innovative teaching strategies in nursing education and gerontological person-centered care are areas of focus in Dr. Reimer’s research trajectory.

Diversity in Nurse Education: Reality or Fallacy?

Vanessa Heaslip¹,², Michele Board¹, Liz Thomas¹ and Vicky Duckworth³
¹Department of Nursing and Clinical Science, Bournemouth University, UK
²Department of Social Science, Stavanger University, Norway
³Faculty of Education, Edge Hill University, UK

Abstract

Widening participation is ultimately concerned with equity; encouraging a wider diversity of entrant to higher education and supporting them to succeed in their studies. It is espoused within educational policy in the United Kingdom (UK), and internationally, as a mechanism to promote equality and social mobility. As nurse education is located within higher education it has a responsibility to promote widening participation within pre-registration educational programs. It could also be argued that the profession has a responsibility to promote equality, to ensure its workforce is as diverse as possible in order to best address the health needs of diverse populations. Surprisingly widening participation in nurse education has not had the focus it requires, rather studies in the UK and internationally have tended to focus upon increasing the number of males in the program and supporting disabled nursing students. A recent integrative review by the authors has identified a lack of conceptualization and focus regarding mechanisms to both encourage and support a wider diversity of entrant into the profession. This presentation shall present findings from a UK wide survey (n=806 respondents) which sought to explore nurses’ perceptions of diversity. This survey which consisted of rating scale and open ended free text questions wished to explore the perceptions of nursing registrants in the UK regarding what constitutes diversity, as well as factors which promote or inhibit a greater diversity of entrant to the profession. Lastly, implications for professional practice shall also be explored.

Biography

Dr. Vanessa Heaslip is Principal Academic in the Faculty of Health and Social Science at Bournemouth University and an Associate Professor for the Department of Social Sciences at Stavanger University, Norway. She is a nurse by clinical background and has extensive experience in qualitative research, nursing and nurse education. Her general research interests are in the field of vulnerability and vulnerable groups in society whose voices are not traditionally heard in the academic and professional discourse. In particular, she is interested in marginalized communities who experience inequity of opportunity in accessing health care services and education.

Innovative Succession Planning: Immersion, Enculturation, and Social Capital

Marci Bradley
UPMC Hamot, PA

Abstract

The need for proper succession planning has never been more urgent. Data suggests that over 75% of current nurse leaders will leave the workforce within the next 5 years generating more than 67,000 leadership vacancies. This energizing session outlines a mature 3-month nurse leader residency (NLR) which demonstrates many of the best efforts described in the nursing literature, but the overall success is attributed to constructs associated with the discipline of Sociology.

The program was designed for staff nurses with leadership aspirations who could apply for two NLR positions on a biannual basis. The bedside nurses joined the nursing executive team full-time to participate in all organizational leadership activities, partnering with the CNO, nurse executives, and nursing directors. The program structure was also holistic in nature providing a dedicated mentor, didactic content, shadowing, journaling and completion of a project.

Social learning theory states that people learn by watching what others do and imitating behaviors, attitudes, and emotional reactions. Immersion into varying roles and responsibilities provides opportunity for social learning, networking, and role observation. In the setting of nursing leadership succession planning, there is significant value in establishing relationships between emerging leaders.
and seasoned leaders to support observation and imitation. Sociologists identify that those relationships culminate in bonds that are identified as social capital.

There are now numerous applicants for the residency and multiple candidates for any leadership vacancies. The program has become a powerful tool for succession planning in this organization.

Biography

Ms. Marci Bradley is a Clinical Nursing Director at UPMC Hamot. She received her BSN at Edinboro University, her MSN at Gannon University and is Nurse Executive Board Certified since 2013. She has been with UPMC Hamot for 36 years in a variety of roles and is the key driver and mentor for the Nurse Leader Residency Program. Marci is a published author and has presented in a number of large venues. She is responsible for achieving quality patient outcomes in ten large Med-Surg units and has led numerous successful quality initiatives.

Transformation of Bedside Nurses into Leaders: Insight after Immersion

Heather S. Hetrick and Megan Heslink

UPMC Hamot, PA

Abstract

Over the next 5 years there will be more than 67,000 leadership vacancies as a result of more than 75% of current nurse leaders leaving the workforce (Pedersen, et al., 2017). Generation Y nurses (born between 1980–2000) are ideal candidates to fill anticipated leadership vacancies, these nurses however are reluctant and even fearful of entering leadership roles (Dyess, Pratt, & Chiang-Hanisko, 2016). The need for leadership training and succession planning has never been greater.

The employer's willingness to develop the skills and talents of their nursing staff is ranked first in a list of ten criteria generation Y nurses use to select a new position within an organization. Research has shown that when this generation is satisfied with their jobs, they are noted to have a stronger organizational commitment than any other generation before them (Dyess, Pratt, Chiang-Hanisko, 2016).

As recent graduates of a 3-month intensive nurse leader residency program (NLR) and both generation Y nurses, this session provides attendees with insights directly from the bedside nurse. Highlights of this session include an outline of the nurse leader residency structure with a narrowed focus on the transformation component of the program. Discussion surrounding the program's unique design to produce leaders that are prepared, unafraid and engaged. Examples of learning experiences with special attention to social capital and its impact on career escalation will be shared.

A competitive nurse leader residency program that produces leaders through didactic content, dedicated mentors, shadowing and journaling is an essential business strategy for any hospital system that faces impending leadership vacancies.

References


Biographies

Ms. Heather Hetrick is a Senior Professional Staff Nurse II at UPMC Hamot. She has been a nurse for 10 years and has her MSN. Heather has her medical surgical certification and has experience in a variety of acute care settings.

Ms. Megan Heslink is a Senior Professional Staff Nurse at UPMC Hamot. She has been a nurse for 20 years and has held various roles in acute and post-acute settings. Megan has her medical surgical certification and has her BSN.
A Comparison of the Curricula of the Top-Ranked Prelicensure Baccalaureate Nursing Programs in the United States

Silvia Imanda  
*University of Arkansas Fort Smith, Fort Smith, AR*

**Abstract**

Curriculum has been identified as an essential and crucial part of any education enterprise including nursing. However, just what constitutes an ideal prescribed prelicensure nursing curriculum is less well understood. Specifically, what are the strategic sequencing of curricula, curricular themes, and focus? The purpose of this multiple case study was to understand more about exemplary prescribed prelicensure baccalaureate nursing curricula that effectively produce high quality graduates and meet professional and societal expectations. Eight top-ranked prelicensure baccalaureate nursing programs were selected based on five national college rankings services. Six key informants from these programs were interviewed. The data from interviews and publicly accessible documents were initially analyzed case by case. The cases were compared and analyzed for curriculum components (didactic, clinical, and interdisciplinary activities). The results showed a common sequencing of curricula in preparing nursing students in liberal education and the first three fundamental nursing courses (pharmacology, pathophysiology, and health assessment) and a curricular focus in the AACN Essentials’ theme of nursing across the lifespan. A couple commonalities that could be considered for transfer from the source sites to the target site using the Bardach’s smart practice research approach are discussed, such as the pharmacology course, interdisciplinary learning activities, and other pre-requisite courses (microbiology, chemistry, and anatomy and physiology).

**Biography**

Ms. Silvia Imanda is one of the Assistant Professors of Nursing at the University of Arkansas Fort Smith Carolyn McKelvey School Of Nursing, 4-year prelicensure BSN program and one of the graduating doctoral students in the Curriculum and Instruction PhD. program at the University of Arkansas. She received her MSN degree in Nurse Educator from Missouri State University, BSN degree from Missouri Southern State University, and BBA degree from Fu Jen University, Taiwan, R.O.C. She was one of the National League for Nursing (NLN) Health Information Technology Scholars (HITS). Her clinical background was in neurosurgery critical care and medical- oncology nursing care.

Tailoring NCLEX-RN Indicator Assessments for Historically Black Colleges and Universities: Literature Review

Elleton Mccullough  
*Winston Salem State University, NC*

**Abstract**

A review of the literature was undertaken as the foundation for developing an assessment tool for Black/African Americans, other racial/ethnic minorities, and low-income students attending historically Black colleges and universities. Findings revealed a variety of academic and nonacademic indicators were used to evaluate likelihood of success. Course specific grades, grade point average (GPA), standardized comprehensive exams and standardized course specific exams were the most commonly used predictor variables that showed significant outcomes, indicators more accurately predicted which students would pass NCLEX-RN rather than those who would fail. The type of prelicensure program may influence best outcome indicators. Increased attention to and reporting of demographic information would increase the usefulness of findings in relation to developing a tailored assessment strategy for students enrolled in nursing programs at historically Black colleges and universities.

**Methodology:** Methodology was through an array of Search strategy premised on Cumulative Index of Nursing and Allied Literature (CINAHL) database were used to search for relevant studies. This process was multilayered as not to name the various nursing programs even though data gained were from both traditional and accelerated BSN prelicensure programs. However, it should be noted that some ADN as well as diploma nursing programs often has underrepresented in nursing graduate from these programs. Moreover, some HBCUs only graduate ADN. This search using "NCLEX-RN" and predicators generated some 51 articles. “NCLEX” alone entered in the database, netting 1494 articles.

A number of statistical variations were used for inclusion in this review to date were eighty-one studies and there are charts in the study (Table 1) available upon request. Six studies used were quasi-experimental and one featured a qualitative approach. The remaining studies used either non-experimental descriptive or correctional design. Sample sizes for the studies range from 12 to 10,147. These studies included multisite samples such as HESI validation and NLN exit exams. The samples from these studies came from both rural and urban areas across the United States. Demographics from the studies was inconsistent. Twenty-seven studies
providing no demographic information. Comparatively, those participating in the studies related to homogeneity participating limited racial/ethnic diversity within nursing profession. The percentage of whites /Caucasians ranged from 24% to 97%. In contrast, study samples rarely compromised predominantly of a single racial/ethnic minority group. Representation of Blacks ranged from 5% to 48%, with 13 of 33 samples including at least 10% from 10 studies. Overall, it was much easier to accurately predict which students would pass (71% to 99%) rather than those who would fail (6% to 77%).

**Development of a tailor assessment strategy:** This review of literature provides the foundation for initial development of a tool to predict NCLEX-RN outcomes for students enrolled at a HBCU. Development of a tailored tool will be a team effort that includes the Assistant Dean for Curriculum and Instruction and faculty representative all levels of the pre-licensure generic BSN and ABSN programs. Key review findings will be shared with the entire faculty within the Division prior to soliciting participation on the development team. Findings from this review indicate that collecting multi-faceted nonacademic demographic and academic data will provide the best information for early identification of students who may at risk for failing NCLEX-RN. This will maximize the opportunity to provide tailored intervention to promote student success.

Preliminary recommendations based on findings from the review includes development of a tailored assessment tool that provides information about the influence of race/ethnicity, family income, competing obligations, ESL status, transfer status, the number Cs or below obtained in science and nursing courses, sciences GPA, nursing GPA, course specific standardized test scores. Consideration to the addition of a standardized measure of critical thinking and competing life priorities or transitions is also recommended. Final decisions regarding items to be included in the tool will be determined by the development team. A retrospective study of (School name removed for review) graduates will be used to evaluate the predictive ability of the tool and to make revision to enhance its accuracy.

**Implication for Nursing Programs:** Critical thinking is considered by many to be the cornerstone for academic and professional nursing success. Surprisingly, little attention was given to the influence of critical thinking as a predictor of NCLEX-RN success. Results suggested that some aspects of critical thinking may be more important than others in relation to predicting NCLEX-RN success. More studies examining the impact of critical thinking on NCLEX-RN outcomes are needed. Results of a previous review suggest there is no one indicator that will effectively predict NCLEX-RN across all school settings, program types and student populations (Kaddoura, Flint, Van Dyke, Yang, & Chiang, 2016).

**Biography**

Dr. Elleton McCullough is currently working as an Assistant Professor at the Winston-Salem State University, NC.

**Interdisciplinary Hospital Day**

Sarah Babini*, Liz Barrow, Peter Brooks, Andrea Dya*, Joyce Fries, Carey Flores, Rebecca Handley, Amanda Robbins and Valerie Shadroff

Grossmont Community College, CA

**Abstract**

“Hospital Day” is an innovative approach to teaching inter professional collaboration. The nursing department at Grossmont Community College partnered with other allied health departments on campus to plan and implement a mega simulation experience which now happens annually. For each event, 120 students from five health care professions come together to care for a patient in interdisciplinary teams. Teams are comprised of students from cardiovascular technology (CVT), occupational therapy assistant (OTA), orthopedic technology (OTC), registered nurse (RN), and respiratory therapy (RT) programs.

In addition to participating in a live-patient-actor simulation, the students also work in their interdisciplinary teams to address ethical and end-of-life topics, teambuilding activities, and exploration of the roles of each discipline. The objectives of the experience focus on 1) Values/Ethics of Inter professional Practice, 2) Roles/Responsibilities, 3) Inter professional Communication, and 4) Teamwork. The objectives are based on the Core Competencies for Interprofessional Collaborative Practice developed by the Interprofessional Education Collaborative (IPEC, 2016). The enthusiasm surrounding this project has been infectious, so this presentation promises to share information on the planning steps used to create an innovative project like this. Organizational pearls, example simulation scenarios with tips for standardization, and data showing the success of this project will also be included.

**Biography**

Ms. Sarah Babini is a Medical-surgical Nurse and nursing faculty at Grossmont Community College. Sarah Babini and Valerie Shadroff proposed the idea of Hospital Day after attending a conference session on interprofessional collaboration. They worked with an inspired team of educators and health care professionals to create Hospital Day. Sarah and the planning team recently won an
award as Innovators of the Year (2017-2018) from Grossmont College. Sarah lives in Southern California and enjoys surfing badly in her free time.

Hispanic Graduates Perceptions of Academic and Social Support Retention Services at a Baccalaureate Nursing Program

Geny Moreno
University of St. Thomas, Houston, TX

Abstract

Background: Research suggests that there are not enough Hispanic nurses in the healthcare field to meet the growing Hispanic population in the United States (Bond & Cason, 2014; Nadeau, 2014). Hispanic Registered Nurses (RNs) only accounts for 3% of the total United States workforce (American Association of Colleges of Nursing, 2015). Researchers also suggest the reason for the Hispanic nursing shortage in the workforce is primarily due to the small number of Hispanics enrolling and graduating from nursing programs (Bond & Cason, 2014; Nadeau, 2014).

Conceptual Framework: This research study investigated the academic retention and social support services of Hispanic nursing students through a multidimensional and discipline-specific conceptual framework. The framework is based on Jeffreys (2012) Nursing Undergraduate Retention and Success (NURS) model focused on student nursing retention.

Method: A phenomenological study was used to describe the lived experiences of twelve Hispanic nursing graduates who utilized academic and social support retention services at a baccalaureate nursing program. Data was collected using face-to-face interviews. The interviews were audio recorded, videotaped and transcribed verbatim.

Biography

Ms. Geny Moreno has over 20 years of experience in higher education working in the area of recruitment and retention of underrepresented college students. She currently works at the University of St. Thomas School of Nursing as Director of SON Retention Services. For the past six years, she has been assisting nursing faculty with academic retention efforts of pre-nursing and nursing students. Ms. Moreno is also completing her doctorate of educational leadership at the University of St. Thomas.

A Model for Sustaining NCLEX Success

Patricia S. Conklin* and Leonita H. Cutright*
Radford University, Radford, VA

Abstract

First time (NCLEX®) success is a key measurement which holds schools of nursing accountable for strong preparation of their graduates. In 2013 the National Council of State Boards of Nursing increased the passing standard by one logit. This triggered the development of an individualized NCLEX® study process: Kaplan Learning Integrated Course (KLIC) based on the NCLEX product used in the authors' institution.

The purpose of KLIC is to achieve pass rates equal to or greater than the national average. A literature review identified characteristics of students at risk for NCLEX® failure. Factors such as (a) English as a second language (ESL) (b) lag time, defined as delaying NCLEX® 26-33 days after graduation (c) course failure defined as out of sequence students (OOS) (d) low scores on content readiness testing were found to contribute to low first time pass rates. These at risk criteria were utilized to identify the need for individual faculty mentorship. While focus on at risk students was a priority, all students were provided access to individual faculty guidance.

Five major themes of interventional strategies were evident throughout the literature search: (a) use of standardized testing; (b) use of a review course; (c) anxiety control; (d) remediation; (e) faculty mentoring. These strategies were incorporated into the KLIC program. Preparation for the NCLEX exam was initiated at the beginning of the senior semester with follow through post-graduation. Graduates have achieved a sustained pass rate 5.41%-11.5% greater than the national BSN average for six consecutive years.

Biographies

Ms. Patricia Conklin completed her MSN from the University of Virginia. She is currently working as Adjunct Faculty at
Linking Theory, Skills and Practice in Simulation Education

Lisa Preston
Methodist College (Nursing and Health Sciences), Peoria, IL

Abstract

After participating in this session, the learner should be better able to:

- Describe a teaching plan that can be integrated into a six-hour small group simulation-based educational experience.
- Recognize INACSL Standards in a simulation-based education example.
- Discuss best use of fidelity to support simulation educational strategies.
- Formulate an approach to teach various theory, skills, and practice concepts in one purposeful simulation design.

Scheduling, staffing, and structuring a full day of simulation that meets the best practice standards is an ongoing problem for nursing programs. A mutual goal for all health care simulation providers is to provide a rich learning experience to students using the limited simulation trained faculty. Attempts are made to offer short simulations multiple times and rotate students through stations. This is difficult for centers to staff, set-up multiple rooms, organize rotations, and schedule space. This presentation offers a teaching plan for a full six-hour clinical day allowing 8-12 participants to experience a standardized small group simulation-based educational experience. The INACSL standards (2018) are used to demonstrate a best practice simulation experience delivered under the conditions recommended by the NCSBN national simulation study (Hayden, et al., 2014). A Joint Commission based needs assessment driven topic is used to demonstrate connections between nursing theory, hands-on skills, and clinical practice. By the end of the session participants will have the opportunity to discuss ideas on how to formulate and replicate this simulation experience to meet the needs of their institution.

Biography

Ms. Lisa Preston is a full time nursing faculty at the Nursing and Health Sciences, Methodist College Peoria, IL.

Creating a Culture of Care in the Transformation of Nursing Education

Diane E. White
Georgia Gwinnet College, Lawrenceville, GA

Abstract

In 2010, Benner and colleagues called for a radical transformation in nursing education. While much was included in their work about classroom and clinical education transformations, what was lacking was a fundamental concept that is necessary and sets the context for successful transformations: caring. The philosophy of caring derived from Boykin & Schoenhofer (2001) was used as the premise for development of a baccalaureate of science in nursing program. Policies, procedures, employment, faculty and student learning are all centered on caring for and about one another. The purpose of creating a caring learning environment was not only to foster success of students, faculty and staff but most importantly to learn and practice behaviors necessary to transform nursing practice. The philosophy was used as a context in the development of a bachelor of science in nursing program that has proven to be truly innovative and transformative and that has led to a radical transformation in nursing education in a southeastern state in the United States.

This session will focus on ways to create and foster a caring environment while transforming nursing education. Examples of policies, procedures, learning environment practices, faculty and student behaviors, and syllabi that were created with caring as a premise will be shared with participants. Lastly, evidence-to-date related to program outcomes will be discussed and future implications from lessons learned.
Biography

Dr. Diane E. White has been in nursing education 21 years and was a critical care nurse for over 26 years and is currently the Dean of the School of Health Sciences at Georgia Gwinnett College. She is an executive member of the Georgia Nurse Leader Coalition, Chairperson of the Board of Trustees for a local medical center, and a member of several advisory boards, including the Georgia Board of Nursing Education. Dr. White has a significant record of grant writing and funding, serves as a reviewer for health science publishers, and presents her work at local, state, regional and national events.

Perception of Learning of Haitian Nursing Students in a U.S. Nursing Program

Magalie Alcindor
City University of New York/York College, Jamaica, NY

Abstract

The study of adult learners’ educational experience from the learners’ perspectives has been tentatively characterized in a general way and has also been explored concerning individual ethnic groups. However, how the manner by which the experience of Haitian-born nursing students conforms to—or indeed, diverges from—the constructivism educational theoretical frameworks remain to be seen. Ten full-time Haitian nursing students participated by means of in-depth interviews, describing their educational experience from Haiti to a U.S. nursing program. The basic qualitative approach used the one-to-one interviewing process to collect and explore the data about the learners’ educational experiences. Seven thematic categories were discovered after the initial process of inductive data analysis: memorizing to learn, knowledge is deposited, nursing is overwhelming, encouragement, responsibility, technology support, and language barrier. The seven themes led to the development of three essential themes: challenging, support, and perseverance, which informed the research question. This study provided a holistic picture of the Haitian-born nursing participants’ educational experiences in a U.S. nursing program. The research findings have implications for continued research about the concept and phenomenon of the transitional process leading to transformational learning in the nontraditional multicultural learners. The implications for nursing education include enhancing educators’ understanding of student’s culturally specific learning needs and strategies used by some to navigate this learning. These findings can provide support for a collaborative learning environment that is supportive of all learners.

Biography

Dr. Magalie Alcindor is a practicing Registered Professional Nurse in the state of New York, currently holding the rank of a Substitute Lecturer. She hold a Bachelor’s, Master’s and Doctorate degree in Nursing, specializing in Nursing Education. Her primary research area is: Perception of Learning of Haitian Nursing Students in a U.S. Nursing Program. She has extensive teaching experiences both in the classroom and clinical settings. She has also extensive experience working as a Pediatric Nurse Practitioner which includes mentoring graduate students earning their Practitioner Degree in nursing.

Legal Issues in Nursing Education

Karin G. Russ
University of Maryland School of Nursing, MD

Abstract

Nursing education presents unique challenges to professional liability. Educators must not only adhere to professional standards of reasonable clinical conduct, but must also comply with federal laws protecting students’ rights. This presentation will provide an overview of potential sources of nurse educator liability in clinical and didactic settings. In the clinical setting, we will explore the concepts of educator liability for student actions, and for negligence in failing to protect students from injury. In the didactic setting, we will examine legal implications of student grading, progression and academic dismissal, student privacy in education under the Federal Rights and Privacy Act (FERPA), and review requirements for providing student accommodations in nursing education under the Americans with Disabilities Act (ADA). The presentation will include recent examples of court cases that illustrate the topics presented.

Biography

Ms. Karin G. Russ is the Director of the BSN Public Health Nursing course at the School of Nursing, University of Maryland. She has been an educator since 2004, and works on health policy through the Maryland Nurses Association. Ms. Russ has testified in state and federal legislatures in support of environmental and public health bills, and authored legislative briefings. She holds a Master’s
degree in Health Service Leadership and Management, and post-masters certificates in Teaching in Nursing and Environmental Health Nursing from the School of Nursing, University of Maryland. Ms. Russ is currently pursuing a Juris Doctorate at the University of Baltimore.

Social Networks and Knowledge Construction in an Online Discussion Board

Sharon Schaaf
University of New Mexico, NM

Abstract

The predictive capability of social network analysis on construction of knowledge was explored. Social networks were analyzed to determine the consumer, producer, and influencer of an asynchronous online discussion board, while the Interaction Analysis Model measured social construction of knowledge. The project evaluated an online advanced pathophysiology course for nurse practitioners at a large university in the southwest. A total of 84 postings from 13 students were analyzed. Multiple regression analysis was used on the final data. The independent variables of in-degree, out-degree, and betweenness were not predictors of knowledge construction. Recommendations for discussion board design, use of social network analysis, and the Interaction Analysis Model are provided.

Biography

Dr. Sharon Schaaf is the Concentration Coordinator for the UNM College of Nursing Adult/Gerontology Acute Care Nurse Practitioner program. She is board certification as a Family Nurse Practitioner (FNP) and an Adult/Gerontology Acute Care Nurse Practitioner (AGACNP), as well as a Post Master's Certificate in cardiology. She earned her Doctor of Nursing Practice (DNP) from Texas Woman's University and is currently working towards a PhD in the Organization, Information, & Learning Sciences (OILS) department at the University of New Mexico.

The Development of the Physical Assessment Educational Video for Nursing Students

Hui-Chen CHEN
Alice Lee Centre for Nursing Studies, National University of Singapore, Singapore

Abstract

The study is to develop the physical assessment educational video for nursing students. The study’s team members developed the content, story board and script of the educational video. After which, two face-to-face focus group interviews were conducted to review the script and provide feedback – one with students and another with academic staff and external experts. Both interviews were audio-recorded via smartphones and transcribed. Content analysis was used for data analysis. The following themes emerged from the students’ focus group interview – clinical relevance, self-directed learning, preferences for educational resources, and feedback regarding the script and video; and the academic staffs’ and external expert’s focus group interview – appropriateness of case scenario to the teaching of health assessment, conversation and interaction between the patient and nurse, inclusion of theoretical frameworks, other improvements that can be made to the script and video, applicability and integration to existing and future modules. The study’s team members discussed the amendments and finalized the script. The final content of the educational video includes: introduction and framework, case scenario, interview, physical assessment, summary of findings, and conclusion. A professional video production team was engaged to film and edit the educational video. A randomized controlled trial will be carried out to evaluate the educational video on first-year nursing students who will undertake the Comprehensive Health Assessment module. The development of the physical assessment educational video was motivated by the need to equip undergraduate nursing students with the necessary competency to assess patients based on sound theoretical knowledge. A video that demonstrates an integrated mode of physical assessment centered on a patient’s signs and symptoms will, rather than a step-by-step show of physical assessment skills, enable the facilitation of cognitive integration that leads to sound clinical reasoning – a competency highly needed by practicing nurses.

Biography

Ms. Hui-Chen CHEN is a full-time Senior Lecturer at the Alice Lee Centre for Nursing Studies, National University of Singapore (NUS). She received her Master of Nursing degree with an International Merit Scholarship from the University of Sydney, Australia in 2002. She is a part-time Doctor of Philosophy candidate in NUS. Her research interests are on psychoeducation intervention for patients with chronic illness, assessment tools for patient screening process, patient education for enhancing self-efficacy, health behavior and psychosocial well-being for patients and their caregivers in acute and community settings, and effective
Predictors for Chronic Pain Related Health-Care Utilization

Thorbjorg Jonsdottir
School of Health Sciences, Faculty of Nursing, University of Akureyri, Iceland

Abstract

**Background:** People with chronic pain are among the most frequent users of health care. However, a significant percentage does not utilize health care for pain. A range of factors predict pain-related health care utilization.

**Aim:** To investigate predictors for health-care utilization for chronic pain.

**Methods:** A postal questionnaire measuring socio-demographic variables, pain characteristics, health related quality of life (HRQoL) and pain related health care utilization, was sent to a sample of 4500 individuals randomly drawn from the national population register of Iceland. Relationships between socio-demographic and pain related variables and pain related health care utilization among participants reporting chronic pain (≥3 months) were tested by using bivariate and multivariate statistical analysis.

**Results:** Among participants reporting chronic pain, 53.2% had consulted a health care provider for pain during the previous six months. Predictors for pain related health care utilization were pain interference with daily life and pain pattern (daily pain) as well as physical components of HRQoL. Pain-related health care utilization was not linked to sociodemographic factors. Even though health care utilization was not related to gender, there were some gender differences in pain-related predictors for health care utilization.

**Conclusions:** Pain related variables are better predictors of chronic pain related health care utilization than socio-demographics. Even though gender does not predict chronic pain-related health care utilization, there are gender differences in the relationships between pain-related variables and health care utilization.

Biography

Dr. Thorbjorg Jonsdottir is currently working as Assistant Professor at the University of Akureyri in Northern Iceland. Dr Jonsdottir received her PhD in Nursing from the University of Iceland, Faculty of Nursing in 2014. She completed her Masters in Pain Management from the University of Wales, Faculty of Medicine in 2004. From BSc graduation in 1985, Dr. Jonsdottir has worked as a clinical Nurse in Iceland and Sweden. Since 2006, she has worked as an Assistant Professor at the University of Akureyri. Her main research interests are chronic pain and improvement of health care for patients with chronic pain.

Ovarian Ectopic Pregnancy: A Case Report and Review of the Literature

Cinthya Sotelo
California State University, Los Angeles, CA

Abstract

**Background:** Ovarian ectopic pregnancy is a rare form of ectopic pregnancy and constitutes approximately 3% of all ectopic cases. Its presentation mimics the symptoms of tubal ectopic pregnancy and can be difficult to distinguish based on ultrasound. Due to the high risk of maternal mortality, it is imperative to identify these cases early. Presented here is a case report of an ovarian ectopic pregnancy that presented to the emergency department.

**Case presentation:** A 26-year-old woman presented to the ER with 2 weeks of intermittent vaginal bleeding, increasing pelvic pain, and positive home pregnancy test. Last known menses was 4 weeks prior, however was short and started again 2 days later. She has been having intermittent bleeding and pelvic pain since. There was tenderness to the left lower quadrant of the abdomen with a small amount of vaginal bleeding. Transvaginal ultrasound showed a left adnexal ectopic pregnancy with identifiable gestational sac, secondary yolk sac, and a live embryonic pole demonstrating cardiac activity. OB-GYN was consulted and the patient was sent immediately to the operating room.

**Conclusions:** Ovarian ectopic pregnancy is a rare, emergent medical condition that should be identified early in order to reduce
maternal morbidity and mortality. The diagnosis should be considered in all females of reproductive age who present to the ER with acute abdominal pain.

Keywords: Ovarian and Ectopic pregnancy

Biography

Dr. Cinthya Sotelo is an Assistant Professor of Nursing in the Patricia A. Chin School of Nursing, California State University, Los Angeles. She completed her doctoral program at the University of Tennessee Health Science Center in Memphis, Tennessee. She received her Master of Science in Nursing as a Family Nurse Practitioner from the University of California, Los Angeles and her Bachelor of Science in Nursing from the University of Nevada, Las Vegas. She has been practicing as a Family Nurse Practitioner in Emergency Medicine for 9 years and her past experience includes endocrinology and primary care.

Modification and Implementation of a Clinical Practice Guideline (CPG) for Neonates with Neonatal Abstinence Syndrome (NAS): An Evidence-Based Practice Approach

Shannon Dahms1* and Christy Cook2*
1North Dakota State University, ND
2Bemidji State University, MN

Abstract

Background: In the United States, there has been an increase in opioid use among mothers and in neonates born with NAS with hospital expenditures of over $1.5 billion dollars committed to this problem over the last decade.

Aim: To modify and implement a multi-disciplinary CPG for neonates diagnosed with NAS at birth and to compare staff nurse knowledge about and confidence in using the NAS CPG prior to and after implementation. Change in neonate length of stay (LOS), length of treatment days (LOT) and severity of neonate NAS symptoms were examined in groups of neonates before and after implementation.

Methods: Translational methods were used to develop the NAS CPG following review of evidence from twenty-five studies. A quantitative, descriptive, and correlational design was used to evaluate outcome data.

Results: There was a statistically significant increase in nurses' scores from the pre-test (M = 3.29, SD = 0.22) to post-test (M= 4.22, SD= 0.14), t (3) = -20.21, p < 0.000 (two-tailed). Neonates with NAS had an increase of LOT days from a total average (mean) of 10.14 days to 10.71 days. The total LOS mean increased from 14.64 days to 15.19 days. NAS assessment score severity decreased from a mean of 4.63 to 4.43. Increased LOS and LOT in this sample may have been due to improved nurse assessment skills.

Study findings suggest a multi-disciplinary approach to modifying and implementing a CPG immediately influences nurse knowledge and confidence and may enhance nurse assessment skills and decrease neonate symptom severity.

Biographies

Dr. Christy Cook is an Assistant Professor of nursing at Bemidji State University and has been a nurse for over 20 years specializing in translation of evidence into practice, acute care nursing, and neonatal abstinence syndrome.

Dr. Shannon Dahms is an Assistant Professor of nursing at North Dakota State University and has been a nurse for over 18 years specializing in labor and delivery, veterans' health, and neonatal abstinence syndrome.

Both have worked extensively with Sanford Health to help translate evidence into practice and improve outcomes for neonates with NAS.

Development of a Diagnostic Prediction Model to Determine the Risk of Methamphetamine use in Pregnant Women not Receiving Prenatal Care

Piyanuch Saysukanun*, Kullathorn Thephamongkhol, Pathamaporn Tiengladdawong, Piengbulan Yapan and Porndara Sae chua
Mahidol University, Thailand
Abstract

**Background:** Deliveries without prenatal care in Thailand was a high prevalence of drug abuse, especially methamphetamine that might increase the risk of adverse pregnancy outcomes. Completing an assessment for drug abuse should be the first step toward receiving quality care for pregnant women and newborn.

**Purpose:** To develop a diagnostic prediction model to determine the risk of methamphetamine use in pregnant women not receiving prenatal care.

**Method:** This prospective cohort, IRB approved study was performed at a university hospital in Thailand on January 2017-October 2018. A model was built using data from 125 pregnant women not receiving prenatal care who first admission for childbearing at the delivery room. Potentially diagnostic determinants obtained from the patient’s history, physical examination and urine amphetamine testing were entered in a logistic regression analysis. The discriminative ability of the model was expressed as an area under the receiver operating characteristic curve (AOC) and Bootstrapping was used for internal validation.

**Results:** The developed a diagnostic prediction model consisted of 4 determinants: Smoking (odds ratio 7.73), Drinking (3.81), Living with a spouse or friend used methamphetamine (17.28) and BP≥ 130/90 mmHg (2.47). The AOC for the model was 0.87, 95% CI 0.81-0.93 (SE: 0.03) and across the Bootstrapping, C statistic for the full model was 0.86, 95% CI 0.81-0.93 (SE: 0.03).

**Conclusion:** A diagnostic prediction model was developed with an excellent ability to discriminate the risk of methamphetamine use in pregnant women not receiving prenatal care. Validation in pregnant women receiving prenatal care is necessary to determine.

Biography

Ms. Piyanuch Saysukanun, 46 years old earned her Bachelor's degree of Nursing from Mahidol University in 1994 and Master's degree of Art (Demography) from Chulalongkorn University in 2002. She worked as a Nurse at Labor Septic ward, Siriraj Hospital from 1 April 1994 -30 September 2009, 15 years. Ms. Saysukanun was a Head Nurse at Labor Septic ward, Siriraj Hospital from 1 October 2009 -30 September 2018, 9 years. She is working as the Nurse Supervisor at Department of Obstetrics and Gynecology Nursing, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok Thailand from 1 October 2018 – present.

Public Health Nursing and Disaster: A New Model of Care

Janice Springer
*American Red Cross Volunteer Leader, International Services, Disaster Health Services, Disability Integration, USA*

Abstract

Public Health Capabilities include Mass Care and roles for Public Health Nursing in shelters. Identifying and meeting access and functional needs of clients in general population shelters is an essential task. When citizens evacuate to a shelter, they become a population immersed into a changing and sometimes unpredictable environment. Health needs, functional support needs and chronic illness care needs that are routinely met in the home environment can be significantly impacted by being displaced.

In 2011, a mixed method strategy of qualitative and quantitative data were collected in 4 Red Cross shelters, three from a pre-hurricane event and one after a tornado. Outcomes showed that persons with access, functional, health and/or mental health needs were twice as likely to be in the shelter as in the general population. If the county statistics showed 25% of population identified as persons with disabilities, consistently 50% of the shelter population would be identified as having needs. Persons with resources and options tend not to be the clients in the shelters, or if they are, they make other arrangements quickly and leave.

In the spirit of a “rapid needs assessment”, the Cot-to-Cot process model is an innovative public health model of relational care. In this presentation Dr. Springer will discuss why an RN-Led model of care is appropriate and essential, describe a well-tested strategy for how to manage shelter surveillance, recommend principles of identifying access and functional needs through CMIST (Communications, Maintaining Health, Independence, Services, Support and Self-Determination, and Transportation) and conclude with case studies.

Biography

Dr. Janice Springer is a Disaster Shelter Health Consultant and a Volunteer Leader with Red Cross. Her Doctoral research in disaster shelters led to creation of a public health nursing model Cot-to-Cot © which, paired with shelter intake screening and a CMIST job guide, have been endorsed by FEMA ESF #6 and HHS, and adopted into practice as the nursing shelter care model.
by the American Red Cross. Her clinical background ranges from Disease Prevention work in Public Health to management of an Emergency Trauma Center; from rural Honduras health care delivery, to language immersion camp health care delivery management.

**Developing Strategic Partnerships to Promote Community Engagement in Baccalaureate Nursing Education**

**Andra Scano**  
*Nevada State College, Henderson, NV*

**Abstract**

Evidenced-based teaching strategies for community health in baccalaureate nursing education requires educators to provide opportunities for students to be engaged with priority populations in their community. Developing strategic partnerships that allow students opportunities to directly impact the health of their community with screening, health education and resources while collaborating with public health professionals and community leaders requires thoughtful consideration and planning. This presentation will focus on strategies for developing these partnerships and planning student activities in the community that will have the greatest impact on learning community health nursing concepts, while inspiring future nurses to be advocates and change agents in their professional careers.

**Biography**

Ms. Andra Scano, MSN, RN, COI is currently a nurse educator at Nevada State College (NSC) where she has taught community health for the last five years. She completed her bachelor's in nursing and master's in nursing education at the University of Nevada Las Vegas and is also Certified Online Instructor. With more than 20 years of experience in nursing as a cardiovascular nurse, case manager and nurse educator, Andra has had the opportunity to participate in strategic planning for numerous community health events and has been involved in coalitions and policy development that has improved the health of her community. Andra currently collaborates with the UNLV School of Medicine, the Southern Nevada Health District and the Partners for a Healthy Nevada Coalition which allows her students to greatly impact the health of their community while they are still in nursing school.

**Impact of a Diabetes Specialty Clinic for Uninsured and Underinsured Patients in a Suburban County**

**Stephanie Bruce** and **Sarah Arvelo**  
*Alverno College, WI*

**Abstract**

Nationally, over 100 million adults are living with diabetes or prediabetes. Nearly five percent of uninsured patients have a diagnosis of diabetes. At a clinic providing health care services to individuals who are uninsured or underinsured in a midwestern county, the most frequent diagnosis is diabetes. Those who are uninsured are more likely to have a hemoglobin A1c (HbA1c) greater than nine percent.

For those who are uninsured or underinsured, access to evidence-based diabetic care is limited. To address this gap in care, a nurse-led team developed a diabetes specialty clinic. Developed using the American Diabetes Association's Standards of Medical Care in Diabetes Guidelines, the clinic offers diet education and weight monitoring, medication management, expert regular monitoring of vital signs and laboratory results, and education on appropriate physical activity and diet.

A comparison of meaningful measures pre- and post-implementation of a diabetes specialty clinic found improvement in quality outcomes. Upon admission to the specialty clinic the average HbA1c was 10.1% (n=8). After three to six months, the average HbA1c declined to 8.1%. Patients saw an average decrease in A1c of 1.6% (range: 7.3-8.5%). Additionally, annual required monitoring of serum glomerular filtration rate increased from 37.5% to 87.5% and urine microalbumin screening went from 12.5% to 75%.

In our sample, significant improvements in meaningful measures were seen. Further work is required to expand these services to a wider patient population.

**Biographies**

Ms. Sarah Arvelo, MSN, RN, APNP attended Alverno College in Milwaukee, WI. She is board certified as an Adult Health Clinical Nurse Specialist and Family Nurse Practitioner. She worked for 15 years, providing care to medically complex infants and children. She also spent time teaching undergraduate nursing at her alma mater. She then focused on clinical education at Children's Hospital.
Ms. Stephanie Bruce, DNPc, RN, ACNS-BC, APNP is an Associate Professor at Alverno College and resides in Milwaukee, WI. She has a clinical background in geriatrics, inpatient physical rehabilitation, and occupational health. She has expertise in undergraduate curriculum development related to pharmacology, geriatrics, and nutrition. Her doctoral dissertation is on the effect of an asynchronous webinar education module on caregivers’ knowledge, skills, and attitudes toward older adults to provide quality geriatric medication management in a home care setting.

The Art of Nursing Leadership 101

Portia J. Zaire
The Ohio State University, College of Nursing, OH
Zaire’s Heart, LLC, USA

Abstract

Healthcare is changing rapidly including the environment in which we work and live. As leaders, we must be adaptable to change. There are many demands on today’s leaders, some which can be handled swiftly and expertly and some which leave us second guessing our ability to not only effectively lead but our desire to lead. This is especially true in the, oftentimes, less structured ambulatory care environment. As leaders in this arena we have to be creative, innovative, and self-starters to lead effectively and efficiently. During this presentation we will review the structures of leadership and how our professional and personal styles impact our ability to influence and empower those we lead in the ambulatory care setting.

Biography

Ms. Portia J. Zaire has gained invaluable experience as both clinician and leader. Having extensive experience in staff and patient education, Portia has been able to transform the delivery of healthcare in acute and ambulatory settings. Skilled in motivational interviewing, team building, adult learning principles and effective project and time management she has successfully created unique and strong clinical programs which include: vaccine management, clinical care coordination, and structured on boarding processes and staff development. Portia prides herself on adhering to the code of ethics for professional nursing and strives to instill these ethics in every nurse she encounters.

The Lived Experience of Bedside Nurses in Transition during Personal Loss

Debra Coleman
California Baptist University, College of Nursing, CA

Abstract

Background Inherent to the profession of nursing are specific and unique skill sets that incorporate vigilant monitoring and problem solving in highly dynamic environments, keeping pace with the ever-changing world of technology, and physical endurance while maintaining flexibility - all within the framework of compassionate care. Yet, few studies have focused on nurses caring for patients using the skills, judgment, and emotional stability required when one has sustained a personal loss.

Purpose: The aim of this study was (a) to illustrate how nurses negotiate their roles as a grieving individual and one who is a compassionate caregiver, and (b) to examine strategies that may have facilitated or hindered optimal functioning during their time of transition back into the workforce.

Methods: A phenomenological qualitative design using thematic analysis was used to analyze and interpret the participants’ experiences.

Results: Eight themes were extracted which provided a rich diffusion of data exampled by patterns of role confusion, lack of preparation despite experience, stratified grief, coping mechanisms, spiritual connectedness , making meaning, creating a new normal and compassion in nursing.

Implications: This study emphasizes the need to support nurses’ psychological health through strategic programs and policies during times of transition. Subsequently, this theoretical framework may extend to examining other transitions within nursing.
practice to create insight as nurses adapt to new situations.

**Biography**

Dr. Debra Coleman received her PhD in December 2016 from Azusa Pacific University with a focus on the transition process of nurses who sustained a personal loss and returned to bedside care. With 23 years of nursing experience, both locally and internationally, her work begins to fill the gap of knowledge that exists within the framework of nurses’ personal grief, return to bedside care, and the compelling need to support nurses through this process. Debbie currently holds a full-time faculty position at California Baptist University and is currently working on a book that captures her own grief experience.

**Understanding the Dietary Habits of African American Men with Diabetes**

Loretta T. Lee¹, Seung E. Jung², Pamela Bowen¹, Olivio J. Clay³, Julie L. Locher⁴ and Andrea L. Cherrington⁵  
¹University of Alabama at Birmingham, School of Nursing, Acute, Chronic, and Continuing Care, Birmingham, AL  
²The University of Alabama, Department of Human Nutrition and Hospitality and Management, Tuscaloosa, AL  
³University of Alabama at Birmingham, Department of Psychology, Birmingham, AL  
⁴University of Alabama at Birmingham, School of Public Health, Department of Health Care Organization and Policy, Birmingham, AL  
⁵University of Alabama at Birmingham, Department of Medicine, Division of Preventive Medicine, Birmingham, AL

**Abstract**

Type 2 diabetes mellitus is highly prevalent in African Americans living in the Deep South region of the United States. Many individuals, specifically African American men struggle with healthy eating practices to control their disease.

**Methods.** In this qualitative study four focus groups were conducted in Jefferson County, Alabama with 25 African American men with diabetes aged 24 – 64 to explore perceived needs for healthy eating practices and diabetes self-management using the Social Cognitive Theory. Participants were recruited from the diabetes clinic at a public safety-net health system in Jefferson County, Alabama. Content analysis was performed using a combined deductive and inductive approach to identify major themes.

**Results.** Analysis of the focus group data identified personal, behavioral, and environmental barriers to and facilitators for healthy eating practices and diabetes self-management. Three major themes were identified: why we eat (personal), ways to manage diabetes (behavioral), and barriers to and strategies for diabetes health (environmental and behavioral).

**Conclusions.** The results of this study highlight the need for health care providers to be aware of psychosocial, physiological and environmental barriers of diabetes self-management practices in some minority populations with diabetes. Some individuals with diabetes may benefit from extra emotional support from their health care team in the absence of informal support from family members. Future interventions aimed at tailored diabetes treatment plans, with an emphasis on healthy eating behaviors and social support, may be effective in reducing racial inequities related to diabetes health among African American men.

**Biography**

Dr. Loretta T. Lee is an Associate Professor and Family Nurse Practitioner at the University of Alabama at Birmingham (UAB). She teaches in the Family Nurse Practitioner program and Doctor of Nursing Practice. Her primary research focus is on health disparities. Specifically, Dr. Lee is interested in identifying biobehavioral risk factors that impact diabetes-health for men from underrepresented populations. Additionally, she is focused on association of adverse childhood events and obesity that increase risks for pre-diabetes and subsequently diabetes. Dr. Lee has been a Family Nurse Practitioner for 18 years and has primarily provided care for underserved populations.

**Mentoring and Promoting Healthy Lifestyles of Learners in the Eastern Cape: An Evaluation of the 2012 Integrated School Health Policy**

Eunice Seekoe*, Daniel Goon and Uloma Obi  
University of Fort Hare, Eastern Cape, South Africa

**Abstract**

The 2012 Integrated School Health Policy (ISHP) was introduced in South Africa to improve the general health of school-going children, environmental conditions in schools, address health challenges (barriers) to learning in order to improve education outcomes. However, anecdotal evidence indicates that the ISHP is merely a policy document. The policy packaged is not properly
implemented, fragmented or in some instances, never implemented due to several challenges at institutional, governmental and stakeholder levels. The need for the evaluation of the 2012 ISHP remains an essential element for decision making in social and health policy development.

The evaluation of 2012 ISHP in the Eastern Cape Province was designed to assess the health and nutritional status of learners; explore the perceptions of the learners, parents/guardians, school management structures and policy makers concerning the integrated school health services; determine the barriers and enablers associated with the effective implementation of the 2012 ISHP; determine the mentoring needs of the different stakeholders; and draft a framework for optimizing the implementation of the ISHP in the Province.

Data was collected in three district municipalities (Chris Hani, Amathole and OR Tambo) and in six educational districts in 36 schools. Data collection include individual interviews with school principals, teachers, school nurses, school governing board, subject advisors, parents/guardians, and ward councilors; and focus group discussions with the learners. Anthropometric and physical fitness measurements of learners were evaluated using standardized procedures.

The results indicated the greater need for training and mentoring of School Health Nurses, Principals and Life Orientation teachers. There is a greater need for training of Community Health Workers to support the School Health Nurses. The policy makers have a role to work together in an integrated manner for effective implementation of the 2012 School Health Policy.

Biography

Prof. Eunice Seekoe holds a PhD (UJ), MBA (UFS), M Soc Sc in Nursing Education (UFS). She is the Dean of Faculty of Health Sciences, University of Fort Hare. She is the Director of the Albertina Sisulu Executive Leadership Programme in Health (ASELPH), a partnership amongst the Universities of Fort Hare, Pretoria and Harvard in USA. She is a recipient of several Scholarship Awards from HSRC, NRF and MRC. Prof Seekoe is a Principal Investigator on a MRC funded research titled “Evaluation of Integrated School Health Policy in the Eastern Cape”. She has successfully supervised 23 Masters and 6 PhD students. She presented 23 papers at international conferences, published 40 papers in accredited journals and wrote 6 book chapters. She is a member of different professional organizations. Prof Seekoe is an editorial Board Member, and a reviewer in accredited local and international journals.
Incivility in Nursing: A Study of Generational Differences

Mindy Herrin

La Salle University, PA

Abstract

Incivility in nursing education is a phenomenon that plagues the nursing profession. Previous nursing research included the psychometric testing of the Incivility in Nursing Education (INE) Survey, impact of incivility on nursing faculty, impact of incivility on nursing students, and incivility in clinical education. However, there are gaps in the research regarding incivility and the relationship between age, gender, ethnicity, and program degree type. Data analysis of quantitative data revealed no statistical significance between generational differences and the perceptions and observations of incivility. Analysis of quantitative data revealed differences in the perceptions and observations of incivility between the generations.

This mixed methods study explored the perceptions and observations of incivility between generational classifications of nursing students and faculty. Generation classification used in this study were Baby Boomer (1946-1964), Generation X (1965-1980), and Generation Y (1981-1995). The sample (n = 148) consisted of nursing students and faculty at nursing institutions in the states of Illinois and Indiana. The methodology included an online survey design using the INE survey. Data analysis included descriptive and inferential statistics and inductive coding of qualitative data for themes. Watson's theory of caring and Mezirow's theory of transformational learning were the theoretical basis for the study.

Biography

Dr. Mindy Herrin graduated from Lakeview College of Nursing in 1999 with her BSN and worked in medical-surgical nursing, obstetrics and gynecology, managed care, family practice, and urgent care. Dr. Herrin graduated from Indiana State University with an MS, specialty in Family Nurse Practitioner in 2008 and began teaching at Lakeview College of Nursing. Dr. Herrin completed a Ph.D. in nursing education 2014 from Capella University. Dissertation research focused on incivility in nursing education and relationships of generational differences. Dr. Herrin currently teaches at La Salle University and works in clinical practice for Complex Care Solutions as a Family Nurse Practitioner.

Health-Related Quality of Life of Community-dwelling Multimorbid Older Adults in South Korea: Using a Mixed Methods Approach

Hyun-Ju Lee1* and Jungmi Yun2

1College of Nursing, Catholic University of Pusan, South Korea
2College of Nursing, Pusan National University, South Korea

Abstract

Purpose: This study was done to examine the effect of several variables on health-related quality of life (HRQoL) and explore and understand the disease-related life experiences of community-dwelling older adults with multimorbidity in South Korea.

Methods: A conversion mixed-method approach was used with survey data from 310 community-dwelling older adults over 65 years diagnosed with two or more chronic diseases and who regularly received treatment in South Korea. Qualitative data were collected from three focus group interviews with 15 participants. Factors influencing HRQoL of participants were analyzed using stepwise multiple regression and Nvivo 12.0 for content analysis.

Results: Depression was the most powerful predictor of HRQoL in a multiple regression analysis. Depression, instrumental activities of daily living, support from friends, and number of drugs explained 39.0% of the variance in HRQoL. Five major themes were identified: reduced physical function, anxious mental state, changes in the importance of the social support structure, limitations of disease management, and acceptance and endurance.
Conclusion: A novel integrated research approach to investigate quality of life of Korean patients with multimorbidities was employed. Based on the results, community-based programs and health promotion projects that consider psychological states (e.g., depression) are needed to boost HRQoL of patients with multimorbidities.

Acknowledgement: This research was supported by basic science research program through the National Research Foundation of Korea (NRF) funded by Ministry of Science, ICT & Future Planning (NRF-20180408844).

Biography
Dr. Hyun-Ju Lee is working as an Assistant Professor at the College of Nursing, Catholic University of Pusan and teaching students about geriatric nursing, nursing ethics and nursing management. She worked as a nurse at Inje University Paik Hospital for about 15 years. Her research focuses chronic disease, geriatric nursing intervention and nursing management.

Nursing Students’ Knowledge, Attitudes for Advance Medical Directives and Ethics Values

Hyun-Ju Lee\(^1\), Jung Mi Yun\(^2\) and Jae-Hyun Ha\(^3\)
\(^1\)College of Nursing, Catholic University of Pusan, South Korea
\(^2\)College of Nursing, Pusan National University, South Korea
\(^3\)Department of Nursing, Masan University, South Korea

Abstract

Purpose: The purpose of this study was to identify the relationships among nursing students’ knowledge, attitudes for advance medical directives and ethics values.

Methods: The study was a cross-sectional and descriptive survey. The study was carried out 232 nursing students from two nursing school located in Busan and Gyeongsangnam Province. Nursing students’ knowledge, attitudes for advance medical directives and ethics values were measured by self-administered questionnaires. Data were analyzed by t-test or analysis of variance, and Pearson’s correlation coefficient.

Results: The scores for knowledge, attitudes for medical advance directives were 7.18 and 3.07, and ethics values were 3.47. Nursing students’ knowledge and attitude showed a significant difference depending on grade. Nursing students’ ethics values showed significant differences depending on whether ethics subjects were taken. A positive correlation was observed between nursing students’ knowledge, attitudes for advance medical directives and ethics values.

Conclusion: The results of this study indicate that a basic data for the development of an effective ethical education program for establishing a positive attitude toward advance medical directives and the correct ethical values of nursing students.

Biography
Dr. Hyun-Ju Lee is working as an Assistant Professor at the Catholic University of Pusan and teaching students about geriatric nursing, nursing ethics and management. Her research focuses on geriatric nursing intervention and nursing management.

Worker’s Fatigue and Rest Facility Satisfaction

Hye-Sun Jung\(^1\), Hye Kyeoung Choi\(^1\) and Eunhee Choi\(^2\)
\(^1\)The Catholic University of Korea, South Korea
\(^2\)Eulji University, South Korea

Abstract

We identified the satisfaction with resting places of office workers and analyzed the factors affecting the satisfaction. The subjects of this study were 906 workers in 150 work places in Korea. The questionnaires were sent via post or e-mailed to the workplaces that agreed to participate in the study. Health managers or other related people in the corresponding workplace posted the questionnaire in their Internet or bulletin board and informed office workers of the purpose and the contents of the study. Workers providing informed consent were asked to answer the survey questions. The results of the study are as follows. First, the satisfaction with resting facilities of office workers was 3.2 out of 5 in average. They were satisfied with cleanliness and brightness best as 3. The location of resting facilities, ventilation, temperature and humidity followed as 3.3. Width, operating hours and color composition had 3.2 and
the least satisfying factor was ‘Fixtures and consumables in the facility and noise’ as 3.1.

Second, factors affecting resting facility satisfaction were age, gender, number of resting facilities, signage of resting facilities, improvement of work efficiency, whether they have fatigue, and times of use of the facilities. In other words, young males with job title working in large company with more than 300 employees and more than 4 resting places with explicit signage with low level of fatigue who answered that resting improved their work efficiency and used the resting facility more often showed higher satisfaction.

Biography

Dr. Hye-Sun Jung is currently working as a Professor of The Catholic University of Korea and the president of Korea Association of Occupational Health Nurses (KAOHN).

Improving HPV Vaccination Rates by Utilizing Best Practice Guidelines

Cathy Jo Schroeder, Franz Vergara, and Kathleen Bornhoeft
Capella University, MN

Abstract

Human papilloma virus (HPV) is the most prevalent sexually transmitted infection in the United States. Infection with HPV has a far-reaching impact on future health and illness for those infected. Improving HPV vaccination rates, as well as other adolescent aged vaccines, has been a documented goal of Healthy People 2020. HPV vaccination improvements have been documented as an urgent need and have generated support for immunization quality improvement efforts across adolescent health and cancer prevention, including the CDC, the President’s Cancer Panel and the American Academy of Pediatrics (Gilkey, Calo, Moss, Shah, Marciniak, & Brewer, 2016).

An inner city federally funded clinic along the East Coast of the United States was evaluated for their HPV vaccination rates. Their current clinic processes for vaccination was compared to the Center for Disease Control and Prevention’s Best Practice Guidelines for Improving Vaccination Rates. The clinic, despite following most of the evidence-based practices, was still falling well below Healthy People’s 2020 target of 80% vaccination rates for HPV. This capstone project sought to improve current immunization rates of the HPV vaccine by 20% by utilizing a quality improvement (QI) process to employ standing orders in the pediatric clinic for HPV vaccine administration during nurse only visits. The project was conducted over an eight-week period. Overall rates of HPV vaccination did improve significantly, by 75% compared to the same time the year prior. The development, approval and implementation of standing nurse orders for HPV vaccination was successful in the practice site.


Biography

Ms. Cathy Jo Schroeder is a DNP candidate at Capella University who is currently employed as a Family Nurse Practitioner in Lawrenceville, NJ. She has been co-author of a chapter in a pediatric infectious disease book at emedicine.com, and has authored several articles on various topics. She has also served as an adjunct faculty member in the nursing program at Mercer County Community College.

Family Quality of Life for Families Receiving Early Intervention in Taiwan: A Prospective Cohort Study

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1Cardinal Tien Junior College of Healthcare and Management, Taiwan
2National Yang-Ming University, Taiwan

Abstract

There is no empirical research supporting early intervention (EI) practitioners provide individualized family-centered services to improve the outcome of family quality of life (FQOL) among families of children with developmental delay (DD) in Taiwan.
Therefore, this prospective cohort study investigated the trajectory of FQOL and the predictors of FQOL among families of children with DD who were receiving EI throughout the 12-month.

Data were collected by face-to-face interview, telephone interview using structured questionnaires at the placement meeting pre-EI, as well as at 3, 6, and 12-month time points post-EI. 142 primary caregivers of children with DD were recruited from hospitals, kindergartens, child development centers, and EI community resource centers in northern Taiwan from March 2015 to August 2016. FQOL was measured using the Mandarin Chinese version of the Beach Center FQOL Scale.

FQOL model exhibited a significant quadratic trend. The trajectory of FQOL was the lowest score of 89.85 at the placement meeting pre-EI, then gradually elevated to the highest 94.87 after the first 6 months of EI, and slightly decreased to 92.34 at the completion of EI after 12 months. Primary caregivers who worked, perceived sufficient caregiving manpower, and perceived satisfied marital quality were all variables associated with a higher FQOL. Our results demonstrated that after receiving EI, FQOL in families of children with DD elevated significantly, which reveals EI efficacy. Non-employment, poor marital quality and insufficient family support were associated with a lower FQOL, suggesting more assistance may be needed for families with these characteristics.

Biography

Dr. Shu-Ju Chiu has completed her PhD from National Yang-Ming University, Taiwan and also has two licenses of the midwife and registered Nurse. She is an Assistant Professor, who is teaching in Department of Nursing at Cardinal Tien Junior College of Healthcare and Management. Her major research interests include pediatric nursing and early intervention.

Simulation and Theory

Heidi Okeson
Minot State University, ND

Abstract

Simulation bridges the gap between theory and practice. Using a flipped classroom environment, simulation is introduced as a part of theory to didactic learning. The NLN Jeffries Simulation Theory guided the project through focusing on the student’s outcomes including, reaction, learning and behavior. The emphasis was centered on how learning from a classroom setting (theory) transfers to a clinical setting. The 16-week course in a baccalaureate nursing program, titled Adult Health III, focuses on advanced nursing care of adults experiencing acute, complex and potentially unstable illnesses and injuries. A flipped classroom is incorporated, where 8 simulations supplement didactic learning. The lectures for the content are taped and available to the students online. Students are required to view the content and come to class prepared to take a quiz on that content and then broken into groups to participate in a simulation on the lecture content. A five-question evaluation was used in Fall 2017 to determine if students felt simulation was beneficial connecting theory to clinical, at the first simulation 57% of students strongly agreed, compared to the last simulation where 100% of the students strongly agreed on the connection. Simulation is incorporated in nursing education to substitute traditional clinical experiences, simulation is also an effective way to enhance didactic classroom education, connecting the gap between theory and clinical.

Assessing Registered Nurses Views Regarding Being an Organ Donor

Connie Jozwiak-Shields* and Abigail Mitchell*
D’Youville, Patricia H. Garman School of Nursing, Buffalo, NY

Abstract

Organ donation is a very critical issue in the United States. The number of men, women and children who are on the national transplant waiting list is 116,000 (https://organdonor.gov/statistics-stories.html). While statistics show 95% of adults in the U.S. support organ donation, only 54% are actually signed up to be an organ donor (https://organdonor.gov/statistics-stories.html). What accounts for this disparity? In a study done by Glasgow and Bello (2006) three major factors were identified as barriers to the intention not donate: fear; external influences; and concern about resources. Cort & Cort (2008) identified barriers to organ donation in a group of African American college students as being: thoughts of death; concerns about body image; a belief that physicians would withhold lifesaving measures is the patient were a designated organ donor. Similar results were found in a systematic literature review of factors that influence the decision to be an organ donor (Irving, et al., 2012).
This research study is designed to examine the attitudes of registered nurses regarding organ donation. Though more educated than the general public regarding the beneficial effects of organ donation, registered nurses may share similar views regarding organ donation. This research study will examine registered nurses' own personal views of organ donation, assess if their level of knowledge and information on organ donation is reflected in a higher rate of being a signed donor than the general public.

Biographies

Dr. Connie Jozwiak-Shields, MSN, ANP-BC, RN is currently working as an Associate Professor at D’Youville, Patricia H. Garman School of Nursing, Buffalo, NY, USA.

Dr. Abigail Mitchell, DHEd, MSN, RN, CNE, FHERDSA is currently working as a Professor at the D’Youville, Patricia H. Garman School of Nursing, Buffalo, NY, USA.

Taking Presentations from Paper to Video

Christine R. Dunigan
Montgomery County Community College, PA

Abstract

Students in the nursing program at Montgomery County Community College are required to do an educational group presentation, for each clinical course. NUR 212 Management of Client Care is the last clinical course in the program. The presentations started out as paper form and were offered on the Telemetry Units in each clinical site to staff and peers. Topics being presented were based on feedback given to the students by the nursing staff. Due to time constraints and lack of staff participation presentations evolved into poster demonstrations. Topics were chosen by the students and presented to their entire class. However, presentations became monotonous and began to lack creativity not to mention the difficulty in hearing the presenters. The team continued to evolve the process of making presentations more interesting, topics based on their current level of learning, best practice, creativity and easy access. To fully engage the millennial learner students at this level are now required to videotape their presentation, which is uploaded onto the courses Blackboard site. Students are now able to view and evaluate the videos anywhere 24/7. Each student is required to critique two presentations and answer questions posted on the discussion board.

Attrition in Online Nursing Programs: An Evidence Based Practice Project

Sandra Groth
Minot State University, MN, ND

Abstract

Attrition is a major issue impacting nursing programs, especially online registered nurse to baccalaureate (RN-to-BSN) completion programs. Multivariate reasons for students withdrawing or not completing online programs have been identified, including the following: academic, environmental, demographic, and psychological variables. The challenge for online programs is to identify factors leading to attrition in their unique student population. A survey was conducted in an online RN-to-BSN program to identify factors that influence attrition at a rural college in western Kansas. Survey analysis identified family responsibilities (44%) and financial hardship (24%) as the most likely reason for students to withdraw. Students participating in the survey indicated supportive resources, such as frequent faculty feedback (24%) and time management techniques (22%) as needed to be successful in completing the program. Identifying factors that correlate with attrition is a quality improvement initiative that has the potential to improve the outcomes of online nursing education, increase the utilization of resources, and decrease the nursing shortage.

Biography

Ms. Sandra Groth received her AAS in Nursing in 2003 from Weber State University, BSN in 2009 from Fort Hays State University (FHSU), and her MSN in 2016 from FHSU. Her first nursing position was on a pediatric unit in Texas. In 2011, she moved to Belgium where she worked as a Health Tech at a DoDEA school. From 2015-2017 she taught a Health Science Program and then from 2017-2018 she was a school nurse in England. She got my dream job of teaching in a baccalaureate program in August of 2018. She teach Nursing Foundations and Nursing Theory and Research.
Does The Timing of High-Fidelity Simulation Impact Student Self-Confidence and Clinical Competence? A Comparative Study: Before Clinical Versus During Clinical

Barbara Tanner
Roseman University of Health Sciences, NV

Abstract

Simulation is an easily modifiable teaching method that aids in the development of critical thinking skills as well as providing opportunities to increase self-confidence levels and knowledge gains. In nursing education, high-fidelity patient simulation (HFS) has been utilized and widely supported for over a decade as an advanced form of aiding students’ critical thinking development and preparation for the student to nurse transition (Hayden, Smiley, Alexander, Kardong-Edgren, & Jeffries, 2014). Using HFS, this study utilized a non-experimental prospective quantitative design which compared a before experiential group with a during experiential group. The sample \( n = 180 \) consisted of entry-level baccalaureate nursing students. The results of the study yielded statistical significant differences between the two groups analyzed for self-confidence levels \( (p = 0.2514) \). The results of this study imply that specific times for use of HFS during an experiential experience does affect student self-confidence levels thus clinical competency. The overall findings do support previous research findings that the use of HFS in nursing education does in fact provide nurse educators with a modifiable teaching method to evaluate students’ clinical decision-making efforts that may aid in development of clinical competency.

Biography

Dr. Barbara Tanner started her nursing career in 1992 with an Associate’s Degree in Nursing (ADN). She made the decision to go back to school to get her Bachelor’s (BSN) and then Masters of Science in Nursing (MSN). She is currently an Assistant Professor at Roseman University of Health Sciences. She has been a nurse educator for 10 years and her clinical area of expertise is Maternal-Newborn nursing.

The Effect of Style of Debriefing Session on Thinking of Nursing Students ~ From the Viewpoint of Change of Cerebral Blood Flow

Ayako Ito*, Ayako Nishimura and Yukie Abe
Tokyo Medical University, Japan

Abstract

Purpose: To objectively verify whether the debriefing session conducted by students independently affect thinking in debriefing by measuring cerebral blood flow rate.

Research method: Subjects: The subjects are 16 nursing university students. Students were aimed only who agreed to wear the cerebral blood flow measurement device in simulation. As a measuring device for cerebral blood flow, a near infrared spectroscopic (NIRS), HOT-1000 (manufactured by Hitachi, Ltd.) was used.

Training: Students conducted a simulation to provide nursing care. The data were measured at the observation, at nursing care, at the debriefing. In the debriefing, the instructor indicates them to review the things that the students performed and to discuss the additional issue for the next session independently.

Analysis method: The cerebral blood flow data obtained by simulation training was standardized \((Z\text{-scored})\) for comparison among counties of the observation, nursing care, and the debriefing. Statistical analysis was performed using SPSS Statistics 25, Wilcoxon test with a significance level of 5%.

Results: Left cerebral blood flow was 4.65 (quartile deviation 8.99) at the observation, 18.27 (Q 15.09) at nursing care, median at the debriefing was 12.95 (Q 11.72). When comparing in each phase, there was a significant difference \((p=0.015, p=0.021)\) between observation and nursing care, observation and debriefing, and there was no significant difference between nursing care and debriefing.

Discussion: This suggests that instructors switched the debriefing session to the style that students learned by themselves indicated that the brain was activated even during debriefing as much as during nursing care.
Biography

Dr. Ayako Ito, RN, is currently an Associate Professor of fundamental nursing at the Tokyo Medical University in Japan. She obtained her M.A. and Ph.D. degrees at the Tokyo Medical and Dental University, and has specialized in creating methods to standardize as well as quantitate one’s recognitions and thinking. She has also emphasized a need to conduct active and simulation learning when students educate themselves to be registered nurses, and has looked for ways they can become more self-sustained nurses.

Chronic pain related Patient-Provider Communication

Thorbjorg Jonsdottir
School of Health Sciences, Faculty of Nursing, University of Akureyri, Iceland

Abstract

Background: Chronic pain affects daily life, health related quality of life (HRQoL) and patients with chronic pain are among the most frequent users of health care. Chronic pain is a personal and subjective experience, which makes patient-provider communication an essential part of successful assessment and management.

Aim: To investigate patients’ perception of chronic pain related patient-provider communication in relation to socio-demographic and pain-related variables.

Methods: A postal questionnaire measuring socio-demographic variables, pain experience, pain-related health care utilization and perceived patient-provider communication, was sent to a sample of 4500 individuals randomly drawn from the national population register of Iceland. Relationships between chronic pain and health care utilization as well as patient perceived patient-provider communication, were tested by using bivariate and multivariate statistical analysis.

Results: Negative impact on daily life, pain pattern and HRQoL, as well as easy access to care, were the most important predictors for pain related health care utilization. The poorer HRQoL the more likely participants were to perceive that the health care provider did not spend time listening to their concerns and questions and explaining treatment options. A significant relationship between perceived patient-provider communication and satisfaction with care was demonstrated.

Conclusion: It is important to not only consider pain symptoms and severity when people seek care for chronic pain. Pain assessment needs a broader focus, and patients need time to discuss various pain characteristics and their impact on daily life and HRQoL as well as patients’ understanding of pain and how they manage pain in daily life.

Biography

Dr. Thorbjorg Jonsdottir is currently working as Assistant Professor at the University of Akureyri in Northern Iceland. Dr Jonsdottir received her PhD in Nursing from the University of Iceland, Faculty of Nursing in 2014. She completed her Masters in Pain Management from the University of Wales, Faculty of Medicine in 2004. From BSc graduation in 1985, Dr. Jonsdottir has worked as a clinical Nurse in Iceland and Sweden. Since 2006, she has worked as an assistant professor at the University of Akureyri. Her main research interests are chronic pain and improvement of health care for patients with chronic pain.

Workplace Microaggression: A Concept Analysis

Soukyoung Kim1 and Eun-Ok Im2
1Eulji University, South Korea
2Duke University, NC

Abstract

After a series of suicides of nurses and service workers, interests in bullying and microaggression at workplaces are increasing in South Korea. Although a large number of studies on microaggression have been done in the field of psychology, very few studies on microaggression have been conducted in the fields of nursing and medicine. This study aimed to explore the concept of ‘microaggression’ using the concept analysis method by Walker and Avant and make suggestions for future applications in nursing research and practice. A total of 67 studies from the current literature (2007 to 2018) were retrieved using multiple databases with...
combinations of keywords related to microaggression at workplaces. The findings indicated that the concept of microaggression had 5 attributes: discrimination, subtle intensity, ambiguous intent, lack of respect, and commonplace. The necessary antecedents of microaggression consisted of organizational and individual factors. The outcomes of microaggression were divided into the effects on the workers and the effects on the companies. Microaggression had negative impacts on workers (physical and psychological health and job satisfaction). The negative impacts of microaggression on companies were: workers exposed to microaggression had decreases in their job quality and productivity due to reduced self-confidence and job performance. The findings of this study could guide occupational health nurses to design tailored interventions that could reduce the occurrences of workplace microaggression.

Biography

Dr. Soukyoung Kim worked as an occupational health nurse and has been researching worker’s health since 1995. She is an Associate Professor of Eulji University, South Korea.

Influencing Factors of Sexual Attitude, Other-Compassion, and Attitudes toward Unwed Mothers

Myoung-Ju Jo¹ and Won-Hee Jun²
¹Catholic University of Pusan, South Korea
²Keimyung University, South Korea

Abstract

Objective: The purpose of this study was to identify the attitudes of nursing students toward unwed mothers and the factors influencing their attitudes.

Study Design: We explained the purpose of the study and the rights of the study participants to nursing students of a university located in metropolitan city “U.” Among them, 192 students gave written consent to participate in the study for the period from March 2 to March 30, 2018. The data were collected using a self-report questionnaire. Variables included sexual attitude, compassion, and attitude toward unwed mothers.

Results: In the attitudes of the participants toward unwed mothers by general characteristics, there were statistically significant differences in age (F=6.01, p=.001) and grade (F=6.60, p=.001). The post-hoc test results showed that participants aged 31 or over showed a significantly higher figure compared to those aged 20 or under and those aged 21–25, while 4th graders showed a significantly higher figure compared to other graders. The attitudes of participants toward unwed mothers had a negative correlation with sexual attitude (r=-.31, p<.001) and compassion for others (r=-.31, p<.001). R², which refers to the explanatory power of factors influencing the attitudes of nursing students toward unwed mothers, was 26.1%, in the order of sexual attitude (β=-.22, p<.001), compassion for others (β=-.30, p<.001), and grade (β=.26, p<.001).

Conclusion: In this regard, it is necessary to consider and reflect such factors as the grade of the participants and measures to nurture and enhance positive sexual attitudes and compassion for others when developing programs to improve the attitudes of nursing students toward unwed mothers. * This research was supported by Basic Science Research Program through the National Research Foundation of Korea(NRF) funded by the Ministry of Science, ICT & Future Planning, (NRF-2017R 1C 1B5017460).

Biography

Dr. Myoung-Ju Jo is an Assistant Professor at Department of Nursing, Catholic University of Pusan. Her research focuses on mental health of children and adolescents.

Effectiveness of a Continuous Management Programme of Type 2 Diabetes Based on Mobile Internet and Hierarchical Health Care System

Li Sun¹,², Shu Li², Pei Yu¹, Jing Li³,⁴, Yunwen Jiang³, Na Fan², Fengran Tao³ and Yaogang Wang¹
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³Tianjin Medical University Metabolic Diseases Hospital, China
⁴NHC Key Laboratory of Hormones and Development, Tianjin Medical University, China
⁵Tianjin Key Laboratory of Metabolic Diseases, China
Abstract

**Background:** Mobile technology has emerged as a promising way to provide additional support for diabetes comprehensive management.

**Objective:** To evaluate the effectiveness of a continuous management programme of type 2 diabetes based on mobile Internet and hierarchical health care system.

**Methods:** The study cohort included 2400 patients with type 2 diabetes registered in the clinical database between October 1, 2016 and July 31, 2018. This cohort consisted of usual care group (1200) and continuous management group (1200). The continuous management group received continuous, real-time and personalized health care based on a mobile app and smart wearable medical devices delivered by a multidisciplinary team consisting of doctor, nurse, health educator, and dietitian. Main outcomes included control rates of glycated hemoglobin (HbA1c), fasting plasma glucose (FBG), and postprandial 2-hour plasma glucose (P2BG) at 3 and 6 months.

**Results:** Compared with usual care, at 3 and 6 months, the continuous management group reported higher control rates of HbA1c, and there were significant differences between two groups (P<0.05). The differences of HbA1c control rates between two groups at 3 and 6 months were 23.91% and 10.65%. Similarly, statistically significant differences were observed in the control rates of FBG two groups (P<0.001). There were obvious reductions of HbA1c in the continuous management group compared with usual care group, with absolute reductions of 8.66% (95% CI: 6.69-10.63) and 10.60% (95% CI: 8.66-12.54). Large reductions were also observed in P2BG in the continuous management group compared with usual care group, with absolute reductions of 8.44% (95% CI: 7.41-10.73) and 17.77% (95% CI: 14.98-20.23).

**Conclusion:** The continuous management programme of type 2 diabetes based on mobile Internet and hierarchical health care system did improve glycemic control rates of patients with type 2 diabetes.

**Funding:** National Natural Science Foundation of China (91746205, 71673199).

Biography

Ms. Li Sun is a Lecturer in school of Nursing, Tianjin Medical University, China. Her research interest includes prevention and control of chronic non-communicable diseases, nursing education, and nursing research.

**Demand of Temporary Nurse Staffing in German Hospitals – A Qualitative Study on the Influence on Inpatient Care**

Carolin Fasen, Alica Schnitzler and Christiane Schaepe

Institute for Health and Nursing Science, Charité-University of Medicine Berlin, Germany

Abstract

Changes within the German demographics resulting in an increased need of health care professionals. In times of a nurse shortage this development is a challenge for hospitals to provide adequate nurse staffing for their patients. But the alleged solution to hire temporary nurses impacts the inpatient care. This study presents international and national research on the phenomenon and examines head nurses’ experiences with temporary nurses. Through expert interviews and utilizing qualitative content analysis, themes were identified, such as the impact of temporary nurses on daily routines, health promotion, the nursing profession, staff booking and as well as the future perspectives. The findings of this research indicate that temporary nurse staffing is affecting daily routines and the dynamics in the health care team. The temporary staffs’ influence depends much on if they are hired short-term or long-term on a ward. Consequently, hospital procedures need to be adapted and regulations on temporary staffing needs to be set in place to guarantee a continuous and high-quality patient care.

Biography

Ms. Carolin Fasen is a healthcare professional who is working as a travel nurses for the past 5 years as travel. She completed their Bachelor of Science at Charité- University of Medicine in Berlin, Europe's greatest research hospital/university. Her research interest includes bed-side nursing and research supports the implementation of innovative strategies into the daily patient care to improve the patients’ outcome. She is currently enrolled in graduate programs in Europe and the US.
Medication Management in the Older Adult Patient

Stephanie Bruce  
Alverno College, WI

Abstract

Potentially inappropriate medication use continues to be a concern in geriatric care. It has been 28 years since Beers et al (1991) first published guidelines on medication safety in older adults. Since that time, multiple revisions of this tool have been published in the literature (American Geriatrics Society, 2012; American Geriatrics Society 2019 Beers Criteria Update Expert Panel, 2019). According to the National Committee for Quality Assurance (2017), older adults continue to be prescribed medications that have been widely accepted to increase harm. Surveillance of prescribed medications post hospital discharge to home health care services is necessary because approximately one third of older adults using these services have at least one potentially inappropriate medication on their current medication list upon admission (Lohman et al., 2017; Alhmoud, Khalifa, & Bahi, 2015). What research has shown is best practice is not consistently reaching the patient. The objective of this presentation is to improve geriatric medication management through the dissemination of an educational module using the American Geriatrics Society 2019 Updated AGS Beers Criteria and Knowles Theory of Learning as a framework. This module includes a review of factors that put older adults at increased risk for adverse drug events, specific drugs and drug classes that have a high potential for toxicity in older adults, strategies to prevent common medication-related problems in older adults, and reviews how to conduct a comprehensive medication review. This presentation is appropriate for nurses, prescribers, social workers, and physical/occupational/speech therapists in a variety of settings.

Biography

Dr. Stephanie Bruce, DNPC, RN, ACNS-BC, APNP is an Associate Professor at Alverno College and resides in Milwaukee, WI. She has a clinical background in geriatrics, inpatient physical rehabilitation, and occupational health. She has expertise in undergraduate curriculum development related to pharmacology, geriatrics, nutrition, simulation, and hospital-based clinical. Her doctoral dissertation is on the effect of an asynchronous webinar education module on caregivers’ knowledge, skills, and attitudes toward older adults to provide quality geriatric medication management in a home care setting.

Touching Lives & Comforting Souls, Humanizing the Intensive Care Unit through Animal Therapy

Susan Sitter  
UPMC Hamot, Erie, PA

Abstract

Introduction: Animal Assisted Activities (AAA) are “informal interactions with animals for educational, motivational, and recreational purposes” (Rugari, Hunter, & Carswell, 2017). Research suggests that AAA is valuable to overall wellness…improving mental, emotional and spiritual components of health (Matuszek, 2010). More formal, goal-oriented Animal Assisted Therapy (AAT) programs have shown improved employee satisfaction, increased staff retention and lessen staff burnout (Halm, 2008). There is a paucity of research that focuses on the AAA patient experience through the lens of the Intensive Care Unit (ICU) nurse.

Purpose: The purpose of this IRB approved qualitative study is to gain a deeper understanding of nurses’ lived experiences of AAA in the Intensive Care Unit.

Methods: This descriptive phenomenological study explores the lived experiences of nurses who work in the medical (MICU) and trauma/neuro intensive care units (TNICU) and who experienced a patient pet visit. Following IRB approval, five face-to-face, voice recorded, semi-structured interviews were conducted. Two MICU, and three TNICU nurses volunteered to participate.

Results: Data analysis revealed five main themes: (1) Humanizing the Intensive Care Unit; (2) Comforting Souls; (3) Nurses Sentiments; (4) Touching Lives and; (5) Description of the (Animal) dog. The participants described the sense of comfort the dogs brought their patients, including four patients who were described as “agitated” pre-visit, and became restful after the dog visit. Nurses described their role in the visit as “fulfilling”, and “uplifting for all”.

Biography

Ms. Susan Sitter is an Advanced Clinical Educator at UPMC Hamot with 45 years’ experience as a nurse and Advanced Practice
Provider. Her current areas of responsibility include Nursing Research, Simulation and Regional Education.

Ms. Teylor Pearson, BSN, RN is a Medical Intensive care nurse and member of the UPMC Nursing Research Residency.

**Investigating and Analyzing the Influence Factors of the Acceptance of Patients with Open Tracheotomy and Sputum Aspiration for Artificial Turgor Lung Aspiration**

**Yuehua Xu¹, Jianfen Jin², Amao Tang¹, Chen¹ and Lianping Wang¹**

¹Department of Rehabilitation, Affiliated Hangzhou First People's Hospital, Zhejiang University School of Medical College, Hangzhou
²Department of Cardiology, Affiliated Hangzhou First People's Hospital, Zhejiang University School of Medical College, Hangzhou

**Abstract**

**Objective:** To investigate the acceptance and influencing factors of open tracheotomy sputum aspiration for patients with dilated lung sputum aspiration, so as to provide reference for improving the acceptance of dilated lung sputum aspiration for patients.

**Methods:** A self-designed questionnaire and convenience sampling method were used to investigate the acceptance of artificial turgor aspiration for 134 patients with open tracheotomy and sputum aspiration in a class iii hospital in Hangzhou from October 2016 to September 2018. Univariate analysis and multivariate Logistic regression analysis were used to investigate the influence of various influencing factors on the acceptance of sputum aspiration by artificial turgor lung.

**Results:** Univariate analysis showed that age, gender, family support, duration of tracheotomy, whether the medical staff had explained to you the relevant knowledge of lung dilation and sputum aspiration, and whether you had experienced the difference in the acceptance of lung dilation and sputum aspiration to artificial dilation and sputum aspiration had statistical significance (all \( P < 0.05 \) or \( P < 0.01 \)). Is statistically significant for more than six factors to classify multiple Logistic regression analysis, the results show that age, duration of tracheotomy, medical staff ever teach you artificial expansion of lung sputum suction related knowledge, whether or not you have experienced artificial of lung sputum suction on the acceptance of the bentonite lung sputum suction statistically significant (\( P < 0.05 \) or \( P < 0.01 \)).

**Conclusion:** Age, gender, duration of tracheotomy, whether or not you have experienced artificial sputum suction of lung is affected patients of lung sputum suction independent impact factors for acceptance, the artificial modification of bentonite lung sputum suction can from the above factors as the breakthrough point, ready to explain missionary work, improve the patient’s acceptance, promote the recovery of patients.

**The Study of Transitional Care on the Psychological State of Patients with Advanced Lung Cancer Chemotherapy**

**Amao Tang¹, Yimin Li²*, Li Ning³, Jun Lu⁴, Yuehua Xu⁵ and Miao Wang⁶**

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², ³, ⁴Department of Nursing Department, The Affiliated Hangzhou First People's Hospital, Zhejiang University School of Medicine, China
⁶Department of Oncology, Hangzhou Tumor Hospital, China

**Abstract**

**Objective:** To investigate the effect of transitional care on the psychological state of patients with advanced lung cancer chemotherapy.

**Methods:** Seventy-two patients with advanced lung cancer who underwent chemotherapy in our hospital from October 2015 to April 2016 were randomly divided into the experimental group (36 cases) and the control group (36 cases). Both groups received the same care during hospitalization. The control group received routine discharge care and the experimental group received transitional care. The scores were compared before the first chemotherapy, the day after the end of the first-cycle chemotherapy, and the third week after the end of the 4-week chemotherapy according to the symptom self-assessment form (SCL-90) and the rate of unplanned re-diagnosis. The effect of the intervention of transitional care was compared between different groups.

**Results:** There was no significant difference in the scores of symptom self-evaluation between the experimental group and the control group before chemotherapy and after one-cycle chemotherapy (\( P > 0.05 \)). After 4 cycles of chemotherapy, the emotional function, fatigue, insomnia, depression, interpersonal sensitivity scores of the experimental group and the control group were statistically significant (\( P < 0.05 \)).
Conclusion: The application of transitional care intervention can improve the negative emotions of patients discharged from advanced lung cancer after chemotherapy and reduce the rate of unplanned re-diagnosis.

Biography

Ms. Amao Tang is currently working in the rehabilitation department, and she has also worked in the respiratory department, emergency department, cardiology department, general surgery department, nursing department and other departments. She had participated in 4 research projects, published 5 papers as the first author, and obtained a master’s degree in nursing.

Effective Public Health Twitter Messaging in a Diabetes Health Promotion Campaign

Hossam Alakhrass
Imperial College London, UK

Abstract

Local health departments have been challenged to find effective ways of conducting health promotion using social media. Because 40% of Twitter accounts in the Arab region originate in the Kingdom of Saudi Arabia (KSA), Twitter was chosen as the social media platform for the KSA Ministry of Health’s (MoH’s) “Do Not Wait for Diabetes” (DNWD) health promotion campaign which began in November 2017. The existing Twitter account for the MoH’s National Diabetes Prevention and Control Program (NDPCP) was assigned to a doctoral student who is advised by a team with diabetes expertise that approves tweets before they are sent. Experiments with techniques to increase the number of “impressions” (number of times the tweet is seen) and “engagements” (the number of times an account engages with a tweet) were conducted. Twitter analytics is used to assess these techniques’ efficacy. To promote diabetes-related events in particular geographic areas, tweets about these events can mention other local area accounts, such as for schools and local healthcare facilities. The NDPCP account has gained credibility and visibility through high-profile accounts with many followers retweeting the NDPCP tweets. Creating high-quality tweets that meet the information needs of users has also increased both impressions and engagements. Although the account continues to send approximately 2-3 tweets per day, the use of these techniques has increased impressions and engagements by over 100% monthly. Follow-up studies are planned to see if the DNWD Twitter campaign is associated with an increase in diabetes screenings at MoH healthcare facilities.

Biography

Dr. Hossam Alakhrass obtained a Master’s in public health degree from Emory University in Atlanta, Georgia, USA in May 2015, and a Bachelor of Medicine from the MISR University for Science and Technology, Egypt, February 2007, Egypt. He has more than seven-year’s professional clinical experience. Before moving to the post-graduate education, Dr. Alakhass served as Radiology Resident and Pediatric Resident at the Maternity and Children’s Hospital in Dammam, Saudi Arabia. Currently, Dr. Alakhass has been awarded a scholarship from the Saudi Arabian Ministry of Health to complete his doctoral research project titled “Impact of Health-Related Twitter Messages on Rates of Diabetes Screening in the Saudi Arabian Population,” which will report on the efficacy of diabetes campaign-related health-related Twitter messages. Specifically, he is focusing on the degree of effectiveness that such messages would have on encouraging undiagnosed diabetics in Saudi Arabia to undergo screening, as Saudi Arabia has a high rate of undiagnosed diabetes. The results of this research will inform future diabetes health education campaigns in the Saudi Arabian public health system.

Predicting Factors on Falls in Nursing Homes: Comparison of Logistic Regression with Machine Learning

Juh Hyun Shin1*, Jinhyun Ahn2, Soo-Kyong Lee1 and Ji Yeon Lee4
1,4Ewha Womans University, South Korea
2Jeju National University, South Korea
3Keimyung University, South Korea

Abstract

Aims: To investigate related factors on falls of residents in nursing homes using a total of 6 machine learning algorithms, and compared the superiority of machine learning over the traditional regression methods.

Methods: Three representative machine learning algorithms, Random Forest, Logistics regression and SVM (Support Vector Machine), were applied to the pre-processed dataset to make a prediction model (N=60). The accuracy measure was given to evaluate
of prediction models.

Results and Findings: The Random Forest model was the most accurate model (0.883), followed by the Logistic Regression model (0.867). Using random forest procedures, a total of 6 variables were identified as predictors on falls including the hours per resident day of administrative staff, proportion of nursing home residents with psychiatric medication, aggressive behaviors and cognitive dysfunction, urinary incontinence, current number of residents in each nursing home, and maximum capacity of each nursing home.

Conclusions: The machine learning methods more accurately predicted fall than logistic regression. The examination of related organizational factors on falls is quite meaningful in that preventing falls contributes for improving the quality of life and care of residents and decreasing healthcare costs.

Clinical Relevance: The appropriate choice of prediction model is very challenging for nursing researchers. This study examined related organizational factors on falls and superiority of machine learning over the traditional regression methods. For effective fall management, organizational characteristics should be considered.

Biography

Dr. Juh Hyun Shin is a Professor in the College of Nursing, Ewha Womans University, Korea. The major research area is the quality of care and nursing staff in nursing home.
An Hour in the Shoes of a Nurse: Current State Analysis of Nurse Workflow at a Community Hospital

Susan Montenery, Stephen Firsing and Satish Kumar
Coastal Carolina University, SC

Abstract

How do nurses spend their time and with whom? The purpose of this research study was to conduct a current state analysis of time spent on work responsibilities among nurses in a community hospital. The study was conducted using a prospective observational design called the Work Observation Method by Activity Timing (WOMBAT). Researchers observed nurses in 60 minute increments performing daily work responsibilities conceptualized within 4 domains: What task, With whom, How completed, and Where completed. Data were collected from 54 nurses in four Medical Surgical Units and one Critical Care/Step-Down Unit during 182 observation sessions. The findings indicate that nurse workflow is rather chaotic. Nurses spent 37.3% of the time on direct patient care, and about 30% of the time multitasking. However, nurses in critical care recorded more direct patient care time and less multitasking than the medical surgical unit nurses. Nurses experienced 2.6 interruptions per hour or one interruption in care every 23.08 minutes. While some of the findings are expected, the implications for practice and the different unit work structure provide a basis for additional research.

Biography

Dr. Susan Montenery is currently an Assistant Professor of Nursing at Coastal Carolina University (CCU). She received her BSN from the Ohio State University, MS from Walden University, and DNP from Duquesne University. Previous to CCU, she was an Associate Professor and Interim Director of Nursing at Ohio Northern University. She has been a CCRN for 20 years, practicing primarily in cardiovascular care.

Early Mobility in Pediatrics

Stacey Williams
Monroe Carrell Jr Children's Hospital at Vanderbilt Nashville, TN

Abstract

Early mobility in the adult population has been shown to decrease ventilation days, ICU length of stay, decreased incidence of delirium, and decreased length of hospitalization. It has been shown that muscle mass has started to decrease within the first 24 hours of hospitalization. With all of the adult data, how do we translate this into pediatric population? We initiate a consult at 72 hours of ICU admission for PT/OT (if >12mo we included speech for communication) and we proceed in advancing our patient population. We have had a decreased transfer from PICU to inpatient rehabilitation centers. How does this affect nursing work flow and satisfaction? The most important statistics in the nursing world are actually the nurses you come in contact with. The pictures and the joy speak for itself in the pediatric population.

Biography

Ms. Stacey Williams is a Nurse Practitioner at Monroe Carrell Jr Children's Hospital at Vanderbilt in Nashville, TN in the Pediatric Critical Care Unit. She has been a part of the ongoing research with pediatric delirium and early mobility.

Influence of Delivery Event on Paternal Depression at Immediate Prenatal and Early Postpartum Periods and Psychosocial Risk Factors

Qin Dai1,2* and Xiaoxiao Sun1
1Department of Nursing Psychology, The Third Military Medical University, China
2Department of Psychology, The Third Military Medical University, China
Abstract

Background: Maternal depression was well observed. However, less attention was put on paternal depression, although its influence was significant. No study observed the influence of delivery event on paternal mood and potential risk factors, at immediate prenatal and early postpartum stages, which might be important to give guidance for health care practice.

Methods: 213 Chinese men were recruited in hospitals at immediate prenatal stage. All completed a short-term longitudinal survey one week before and after childbirth.

Results: Man had higher depression at early postpartum stage (16.90%) compared with that of immediate prenatal stage (8.92%). One week before due date, having a depressed spouse and higher self-esteem increased the risk of paternal depression. Between 4 and 7 days after childbirth, harmony relationship between wife and husband's mother, and marital satisfaction, prevented them from depression, while prenatal depression, having a depressed spouse and elder age put them at higher risk of depression.

Conclusion: Current results are also among the first to identify potential protective (marital satisfaction, harmony relationship between wife and husband’s mother) or risk factors (having a depressed spouse, higher self-esteem, and elder age) of paternal depression at perinatal stages, which offers reliable guidance for clinical practice in community or hospital.

Biography

Prof. Qin Dai is currently working as a Professor at the Department of Nursing Psychology, TMMU, China. Previously she worked as an Associate officer at the same department.

A Theoretically Based Program Evaluation of an E-learning Program for Hospital Nurses

Amber Shammas
Concordia University Texas, TX

Abstract

E-learning is a popular and convenient methodology for the education for hospital nurses. There is a lack of theoretically driven research that examines the effectiveness of these e-learning programs. The purpose of this study was to use the multi-step Kirkpatrick Theory (Kirkpatrick, 1994) to evaluate an existing e-learning program for hospital nurses to examine outcomes associated with the e-learning program. The study was theory driven, with a mixed methods design that used surveys, tests, and patient outcomes as measures of the e-learning program effectiveness. Additionally, data was collected longitudinally to capture three time points: before the e-learning program, immediately after the e-learning program completion, and one month after the e-learning program completion. Data was collected and analyzed for each step of the Kirkpatrick Theory (1994). The survey findings were: nurses found the e-learning program useful; nurses self-reported confidence, commitment, and motivation to use the e-learning program in nursing practice. Surveys used had high reliability ratings in this study. Test scores had a statistically significant increase from pre-test to post-test 1 and from pre-test to post-test 2 (one month after program completion). The data reflected knowledge retention at one-month post e-learning program. The outcome of catheter associated urinary tract infection was measured throughout the study and one month after e-learning program completion. These rates decreased throughout the measurement times. The barriers to the use of the e-learning content in practice were identified through nurse self-report and open ended responses as: external rewards (manager and co-worker support) and climate (time constraints, supplies).

Biography

Dr. Amber Shammas is currently working as an Assistant Professor at the Concordia University Texas, TX.

Cardiovascular Rehabilitation Based on Intelligent Exercise Rehabilitation Management System (IERMS): A Randomized Controlled Trail Protocol

Linqi Xu*, Jinwei Li, Huimin Li, Qinqin Cao, Xin Sui, Yuewei Li, Yuanyuan Ni and Feng Li
Jilin University, China

Abstract

Background: The benefits of cardiovascular rehabilitation (CR) on the reduction of cardiovascular risk are well documented.
Access to CR services may be limited by driving distance, costs or time away from work, so home-based CR are well accepted. However, due to a lack of professional guidance, patients can only do it themselves at home and resulting in low participation. So we design an Intelligent Exercise Rehabilitation Management System (IERMS) which can professionally implement interactive remote rehabilitation. The aim of this study is to evaluate whether a CR based on IERMS can promote health and improve implementation and adherence.

**Methods/Design:** We propose a multi-center prospective randomized controlled trial of 36 patients after percutaneous coronary intervention (PCI) and in the second rehabilitation stage. The participants will be randomly divided into three groups, the first group will be monitored by IERMS during exercise training with follow-up for whole 4 weeks. The second group will just apply IERMS for the last two weeks and the control group will receive usual rehabilitation but no IERMS. We will collect engagement information once a week. The primary outcomes include change in exercise capacity measured by 6 minute walk test distance and the adherence. Secondary outcomes include 4-week change in SF-36 physical functioning score, Cardiac Depression Scale (CDS), Patient-Reported Outcomes Measurement Information System (PROMIS) mobility questionnaire, PROMIS satisfaction with social roles questionnaire, and objectively measured physical activity.

**Discussion:** This study will compare the effectiveness of the rehabilitation based on IERMS with a traditional approach. If proven to be of benefit, this will be an easy-to-access system that can promote exercise implementation.

**Biography**

Ms. Linqi Xu is a Master’s student in the Jilin University, China, majored in nursing. Her research direction is mainly to apply artificial intelligence to cardiac rehabilitation to improve adherence and explore the Implementation science. She won the scholarship and “outstanding student” every academic year and obtained the qualification to continue studying for a Ph.D.

**Application of Wearable Smart Device to Exercise Intervention for Primary Hypertensive Patients with Constipation**

Ruitong Gao*, Jinwei Li, Xige Wang, Hongyu Shi, Meidi Shen, Lirong Guo and Feng Li

*Jilin University, China*

**Abstract**

**Background:** The benefits of exercise in reduction of blood pressure and constipation are well documented. Despite this, significant barriers and challenges remain in supervising hypertensive patient with constipation performing exercise and ensuring compliance. Intelligent Exercise Rehabilitation Management System (IERMS), a wearable personal activity tracker, represents a cost effective and readily available technology that may aid in this endeavor.

**Methods:** We aim to enroll 88 hypertensive patients with constipation and perform a prospective randomized control trial. Our primary outcome is the effect of IERMS on constipation symptoms and exercise adherence, which primarily measured by Patient Assessment of Constipation-Symptom (PAC-SYM) and IERMS respectively. Secondary outcomes will be blood pressure, exercise capacity, quality of life, satisfaction with social roles, depression and anxiety, which respectively measured by sphygmomanometer, International Physical Activity Long Questionnaire (IPAQ), Patient Assessment of Constipation Quality of Life (PAC-QOL), Short Form (36) Health Survey (SF-36), Patient-Reported Outcomes Measurement Information System (PROMIS) satisfaction with social roles questionnaire, Patient Health Questionnaire-9 (PHQ-9) and Generalized Anxiety Disorder-7 (GAD-7). Patients will be randomized to either receive the IERMS or education program during the 12 week intervention period, and we will repeat baseline assessments including the PAC-SYM.

**Discussion:** The utility and impact on smart device in hypertensive patients with constipation has not been assessed. This study aims to use the interactivity, feedback and guidance of IERMS to improve patient exercise compliance and finally accomplish self-monitoring. If proven to be of benefit, this device represents a cost effective, easily accessible technology that could aid in these issues.

**Biography**

Ruitong Gao, major in Nursing, studied at the School of Nursing, Jilin University, China, under the guidance Professor Li Feng, mainly engaged in the research of clinical care for chronic diseases.