ABSTRACT BOOK

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Speakers at Nursing Science-2023

Adele Webb, Strategic Education, Inc., OH

Mary McHugh, National University, CA

Loucine M. Huckabay, California State University, Long Beach

Kimberly Dunker, Pacific Union College, CA

Katherine Virkstis, Get Well Network, MD

LouAnn Bala, Get Well Network, MD

Lillie D Shockney, Johns Hopkins Healthcare Solutions, MD

Amit Gefen, Tel Aviv University, Israel

Nicole Jensen, Mayo Clinic, MN

Jane M Kirmse, Mayo Clinic, MN

Lieu Thompson, University of Alabama, Birmingham

Megan Duncan, NorthBay Health, CA

Ginger Schroers, Loyola University Chicago, IL

Robert Mullgardt, St. Louis University School of Medicine, MO

Virginia Cuellar Tufano, Texas State University, TX

Lorena Paul, University of the Incarnate Word, TX

Erin Ehly, Linfield University, OR

Sharon Radzyminski, University of Texas Rio Grande Valley, TX

Yu Kawai, Mayo Clinic, MN

Todd Tartavoulle, LSU Health New Orleans School of Nursing, LA

Ellen Goslee, Winona State University, MN

Jessica Yi, UT Southwestern Medical Center, TX

Shannon Bowling, UT Southwestern Medical Center, TX

Leah Baecht, Southern Illinois University Edwardsville, IL

Jenna Tebbenkamp, Southern Illinois University Edwardsville, IL

ABSTRACT BOOK

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Theodore Vlavianos, Northwell Health's Zucker Hillside Hospital, USA

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ABSTRACT BOOK

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Posters at Nursing Science-2023

Kelli D Whittington, Southern Illinois University Carbondale, IL

ABSTRACT BOOK

Keynotes

Keeping providers safe from workplace violence

Adele Webb

Strategic Education, Inc., OH

Never before in healthcare have we seen the level of violence against healthcare providers. No less than one quarter of nurses report that they have suffered physical violence at the hands of a patient or family. More than 50% of the nurses report suffering from verbal abuse and over 80% of nurses state that they have observed their colleagues being verbally abused. This presentation will provide information on how to not just prevent this violence but also ways to respond when violence has occurred

Notes

The role and the relationship of social support to mental health of armenian immigrant population in united states

Loucine M. Huckabay

California State University, Long Beach

Background: Immigration is a stress producing event in a person's life. There are over 40 million immigrants in the USA, of which 1.5 million are Armenians. The incidences of mental health problems such as depression have been shown to be associated with high acculturation stress. This study investigated the buffering effect of social support (SS) on depression and on the incidences of acute and chronic illnesses.

Method: A survey design was used with 432 Armenian immigrants (228 females and 204 males) the US between the ages of 19-92, with a mean age of 56. The majority of the participants were from Armenia and Middle East. Each participant answered the following five questionnaires: Beck Depression Scale, Social support, Incidences of acute and Chronic illnesses and selected demographic data.

Results: showed an inverse relationship between SS and depression. This was explained in terms of the buffering effect of SS. Depression was also positively related to both the incidences of acute and chronic illnesses.

Implications were made for health professionals to assess the SS system of immigrants, especially if they are experiencing Depression.

Notes

Onboarding is not orienting ways to effectively orient and mentor clinical faculty

Kimberly Dunker

Pacific Union College, CA

Background/Purpose: Formal preparation and orientation are necessary for clinical nursing instructors to ensure competence and a smooth transition from expert clinician to novice educator. Orienting clinical faculty to use a variety of evidence-based teaching strategies in the laboratory, simulation and clinical environments are imperative to promote role transition into the academic responsibility. In addition, assessment of clinical knowledge and skills are needed to guide students in the learning in laboratory, simulation, and clinical environments. Providing students with feedback through self, learners, peers, and supervisors will enhance their knowledge and skill related to learning in laboratory, simulation, and clinical environments. In this presentation you will enhance skills and teaching knowledge and discuss ways to engage students in the clinical, laboratory, and simulation settings.

Notes

To end workplace violence, integrate high tech with high touch

Katherine Virkstis & LouAnn Bala

Get Well Network, MD

The healthcare workforce is in crisis. From devastating staffing shortages to unmanageable levels of stress and burnout, today's healthcare workers are desperate for some relief. Unfortunately, exacerbating these already significant challenges is an increasing rate of workplace violence in healthcare. A leader should create an environment in which everyone feels safe. Yet, healthcare workers, particularly nurses, are at a far higher risk of violence on the job compared with most other professions. Leaders have the power to reverse this trend by sounding the alarm, doubling down on their commitment to workplace safety organization-wide, and taking a comprehensive approach that integrates high-tech with high-touch strategies.

Notes

ABSTRACT BOOK

Bioengineering research for effective prevention of medical device-related pressure ulcers/injuries

Amit Gefen

Tel Aviv University, Israel

Prolonged use of continuous positive airway pressure (CPAP) masks imposes a risk to facial soft tissue integrity and viability. The risk of developing CPAP-related pressure ulcers/injuries (CPAP-related-PIs) can be reduced through suitable cushioning materials placed at the skin-mask interface to spread the localized contact forces and disperse the surface and internal tissue stresses. Using an integrated experimental-computational approach, we compared the biomechanical protective performance of a popular foam dressing material to that of a market-lead hydrocolloid dressing when applied to protect the facial skin under a CPAP mask. We measured the compressive stiffness properties of both dressing materials, and then fed those to an anatomically realistic computational (finite element) model of an adult head, with an applied (simulated) CPAP mask. Through this process, we calculated the protective efficacy index (PEI) of the above materials in preventing CPAP-related-PIs, which indicates the relative contribution of the dressing type to alleviating the facial soft tissue loads with respect to the no-dressing case. The mean PEI for the entire face was 70% for the foam dressing and just 23% for the hydrocolloid dressing, indicating that the foam dressing is considerably advantageous over the hydrocolloid for preventing CPAP-related-PIs. To conclude, the tested foam dressing was remarkably superior to a hydrocolloid dressing for prevention of CPAP-related PIs.

Notes

Radiology and infusion therapy clinical nurse specialist (cns) collaboration: achieving catheter management best practice guidelines

Nicole Jensen & Jane M Kirmse

Mayo Clinic, MN

Significance & Background: Peripherally inserted central catheters (PICC) are highly utilized across the patient care continuum. Radiologic imaging, with contrast media, is frequently used to diagnose and monitor disease processes. The use of PICCs for power injection of contrast medium is increasingly common; it is safe patient care to ensure the tip is centrally located prior to contrast administration. The purpose of the project at this institution was to determine the frequency of tip malposition pre and post power injection, effectiveness of interventions to correct, and development of cost-effective and efficient workflow process across varied practice settings.

Evaluation Methods: Interventions included initial data collection and analysis to identify frequency of mal-positioned PICCs pre and post power injection of contrast media. A rapid flush technique to correct mal positioning was implemented.

Subsequently, a multidisciplinary and multispecialty workflow was created that was efficient, collaborative, and patient centric. Measurements of nurse and patient satisfaction were attained by institutional evaluations.

Outcomes: Outcomes data demonstrated 5.8% (35/602 cases) of the time, a previously satisfactory catheter position became unsatisfactory following contrast injection.

Rapid flush technique was identified as a cost effective and valuable intervention with a 65% success rate when attempted. When unsuccessful, the standard process of care was followed.

Nurse/patient experience was found to be satisfactory.

Implications: Optimal catheter management is achievable but requires collaboration and creative solutions that involve multiple disciplines and specialties. This project demonstrates CNSs ability to design, develop, and implement a systematic and structured process reflecting best practices and optimal patient experience.

Notes

Using mixed methods in evidence-based nursing: a scoping review guided by a socio-ecological perspective

Lieu Thompson

University of Alabama, Birmingham

Background: Increased pressure for evidence-based practice in nursing necessitates that researchers use effective approaches. Mixed-methods research (MMR) has potential to improve the knowledge and implementation of evidence-based nursing (EBN) by generating outcome-based and contextually focused evidence.

Aims: To identify methodological trends in how MMR is used in EBN research.

Methods: Searches were completed in PubMed, CINAHL, and Google Scholar using the terms "nursing", "mixed-methods", and "evidence-based". Seventy-two articles using MMR to address EBN and published 2000–2021 were reviewed across content themes and methodological domains of the Socio-Ecological Framework for MMR.

Results: Mixed-methods research has been used to study how EBN strategies are perceived, developed and assessed, and implemented or evaluated. A few studies provided an MMR definition reflecting the methods perspective, and the dominant MMR rationale was gaining a comprehensive understanding of the issue. The leading design was concurrent, and half of studies intersected MMR with evaluation, action/participatory, and/or case-study approaches. Research quality was primarily assessed using criteria specific to quantitative and qualitative approaches.

Conclusions: Mixed-methods research has great potential to enhance EBN research by generating more clinically useful findings and helping nurses understand how to identify and implement the best available research evidence in practice.

Notes

ABSTRACT BOOK

Formal mentoring programs: an exploration of barriers to implementation in nursing schools

Megan Duncan

NorthBay Health, CA

Although there are over three million registered nurses in the United States, the national nursing shortage has reached epic proportions, with a vacancy rate of 9.9%. One of the contributing factors to the nursing shortage is the lack of qualified nursing faculty. While formal mentoring programs have been identified as best practice in supporting the expert nurse clinician in their transition into the novice nurse faculty role, these programs are not consistently implemented in schools of nursing. In this phenomenological study, the perceptions of nursing leaders regarding barriers to implementing formal mentoring programs were analyzed. Using a semi-structured interview, six nursing school leaders were interviewed, focusing on their perceptions of formal mentoring programs for novice nursing faculty. The findings of this study showed that nursing school leaders believe that mentoring programs are effective in supporting novice nurse faculty in their role transition. Nursing leaders did, however, identify the barriers of human capacity, incentivization, and budgetary constraints to implementing formal mentoring programs. These barriers often outweighed the positive effects of formal mentoring programs. Nursing schools can enter academic partnerships with hospitals or secure grant funding to help support the implementation of formal mentoring programs. Additionally, working with novice mentors on how to teach someone to teach will be invaluable to the mentor dyad.

Notes

ABSTRACT BOOK

Interruptions and other healthcare system issues: the need for intentional preparation of new nurses for realities of practice

Ginger Schroers

Loyola University Chicago, IL

Background: Healthcare system issues, such as interruptions, distractions, noise, and time pressures, contribute to nursing errors, delayed patient care, and omitted patient care. System issues occur with high frequency in healthcare settings and jeopardize patient safety and healthcare quality.

Aims: Aims of this study were to investigate within subject differences of a) medication administration errors, b) medication administration duration, and c) self-interruption frequency during externally interrupted compared to uninterrupted simulated medication administration. An additional aim was to explore strategies study participants used to manage interruptions.

Methods: A mixed-methods, cross-sectional two-site study explored externally interrupted and uninterrupted simulated medication administration processes among senior nursing student participants. Data were collected via direct observation and semi structured interviews.

Results: Participants primarily multitasked (N=36; n=24; 66.7%) when interrupted. Medication error rates were similar during interrupted (N=36; n=7; 19.4%) and uninterrupted (N=36; n= 6; 16.7%) medication administration. After deducting the time the participant spent in the interruption, duration to complete medication administration was significantly longer (p=0.019) within subjects during interrupted compared to uninterrupted medication administration. Participants voiced the need for education and practice on how to manage interruptions.

Conclusion: Intentional preparation of nursing students and novice nurses for complex work environments is needed in education curricula. Scaffolding system factors, such as interruptions, into the educational modalities used to teach and reinforce medication administration and other skills is strongly recommended.

Notes

A rule of four approach to the male genital-rectal examination

Robert Mullgardt

St. Louis University School of Medicine, MO

The examination of the genitals and rectal area of the male body is sometimes omitted or deferred during the head-to-toe full physical examination for a variety of reasons including patient embarrassment or clinician discomfort and uncertainty. To encourage the inclusion of this exam a detailed yet simple genital-rectal examination format with helpful notations is given to ensure an efficient and thorough examination with attention to both clinician and patient sensitivities regarding an intimate examination of the genital and rectal areas of the body. Techniques and tips for successful implementation of this examination are provided.

Notes

Instruments to measure nurse educator retention concepts: a systematic review

Virginia Cuellar Tufano

Texas State University, TX

Purpose: The need for more registered nurses is projected to increase. As a result, nursing education is confronted with the challenges of recruiting new faculty and retaining current educators. The purpose of this systematic review was to identify quantitative instruments that measure attributes which support nurse educator recruitment and retention.

Introduction: Studies have identified emotional and environmental attributes that contribute to career satisfaction in nursing faculty. The Nurse Educator Retention Framework demonstrates three overarching concepts that support these attributes. A systematic review was implemented to answer the following question: Which quantitative instruments exist that measure the overarching concepts of Social Support, Internal Motivators, and Work Opportunity for academic nurse educators?

Methodology: A two-step process was utilized to identify the quantitative instruments. In step 1, PRISMA methodology was utilized for a systematic review of the literature to identify studies that measure academic educator retention. Step 2 involved extracting a list of instruments from the studies and categorizing them according to the overarching concepts of Social Support, Internal Motivators, and Work Opportunity delineated in the Nurse Educator Retention Framework.

Results: A total of 20 quantitative instruments were identified through the systematic review which can be used to measure work environment satisfaction for nurse educators. A thorough assessment of the items in each instrument revealed that they measured the overarching concepts delineated in the Nurse Educator Retention Framework.

Conclusions/Recommendations: This multiconceptual framework provides a guide to identify attributes that enrich nursing faculty support and development, foster recruitment, and promote retention. Utilizing these instruments that measure the attributes of nurse educators may provide valuable information for increasing the nurse educator workforce.

Notes

Establishment of a telehealth practicum for baccalaureate nursing students

Lorena Paul

University of the Incarnate Word, TX

During the COVID-19 pandemic lockdown, nursing faculty and a well-established Federally Qualified Health Center (FQHC) applied Health Resources and Services Administration (HRSA-18-012) grant funding to establish a tele-nursing practicum for baccalaureate nursing students. The academic-practice partners created sustainable telehealth campaigns related to medication refills, client education, and vaccine reminders. Overarching campaign goals were to expand clients' access to care and students' abilities to serve high-risk populations within ambulatory care settings. Campaign data collection is in progress.

Purpose: The purposes of this presentation are to introduce a toolkit to guide planning, development, implementation, and evaluation of BSN student-led tele-nursing campaigns; share lessons learned; and present campaign outcomes data.

Methods: Academic and practice partners applied the Plan, Do, Study, Act (PDSA) framework to incrementally develop, implement, and evaluate student-led tele-nursing call center campaigns. PDSA Cycle 1: With consideration for clinical course objectives, ambulatory care nursing competencies, and Texas Board of Nursing Differentiated Essential Competencies, the lead clinical faculty designed lesson plans to aid faculty's facilitation of BSN students' orientation and accomplishment of medication management and client education components. PDSA Cycle 2: BSN students and faculty piloted and refined campaign components based on SWOT analyses and lessons learned.

Results: Summaries of PDSA cycles and campaign outcomes data.

Conclusions: The academic-practice partnership is preparing nursing students for tele-nursing practices in community-based primary care settings by building competencies that demonstrate the value of nurses in primary care settings and advocate for the provision of timely, effective, patient-centered, efficient, equitable, and safe health care.

Notes

Outpatient telephone triage simulation with prelicensure baccalaureate nursing students in an acute care classroom setting

Erin Ehly

Linfield University, OR

Background: To meet the demands of a complex health care environment, nursing students need education that includes telephone triage in outpatient settings. Developing telephone triage communication skills requires the use of a different set of senses than in-person assessments. The purpose of this pilot study was to measure the effect of a telephone triage classroom simulation on prelicensure nursing students' knowledge and skills.

Method: A simulation was developed to learn outpatient telephone triage protocols focused on lower respiratory illness. Students documented the encounter, gave a report to the provider, and completed the Simulation Effectiveness Tool-Modified.

Results: Eighty-eight percent of students strongly agreed that learning about telephone triage and outpatient nursing was useful. Student perceptions of learning pathophysiology and teaching patients about illness scored lowest. Most students had inaccurate documentation of patient encounters.

Conclusion: Identified areas for curricular improvement included accurate documentation, pathophysiology, and patient teaching opportunities in outpatient telephone triage.

Notes

The DNP: research or not - that is the question

Sharon Radzyminski,

University of Texas Rio Grande Valley, TX

For decades the DNP (Doctor of Nursing Practice) degree has been referred to as practice focused whereas the PhD (Doctor of Philosophy) has been identified as research focused. The time has come to revisit that classification. Although the PhD has remained unchanged in its focus to prepare nurse researchers, the DNP has steadily evolved over time. Graduates of DNP programs are tasked with applying evidence-based practice research findings to the real-world environment thereby reducing the gap between research and practice. This process has been termed translational science which has evolved into translational research. If, in fact, translational research is a recognized form of research methodology, and the DNP graduate is skilled in this form of research, then the DNP should be redefined as both a practice and research degree.

Notes

An ancient diagnosis now emerging in the pediatric world: clearing the confusion on pediatric delirium

Yu Kawai

Mayo Clinic, MN

Although delirium has been studied and published extensively in adults since the 1960s, pediatric delirium has only recently caught the attention of the medical community, with the majority of the studies being published in the last 10-15 years. Pediatric data mirrors closely to the data from the adults, in that pediatric delirium is associated with poor short and long-term outcomes. Although delirium is a temporary condition, due to its lasting negative impact on psychological, cognitive, and physical conditions, care providers from the ICU to the primary care setting should be familiar with pediatric delirium. This talk will introduce you to the basics of pediatric delirium and review how to prevent and manage delirium and its associated effect in children in all care settings.

Notes

ABSTRACT BOOK

Advocacy training in healthcare curriculum

Todd Tartavoulle

LSU Health New Orleans School of Nursing, LA

Aim: This study evaluated the effects of a program designed to help students provide culturally competent care for lesbian, gay, bisexual, transgender, questioning/queer, intersex, plus (LGBTQI+) patients.

Background: The LGBTQI+ community faces disparities linked to stigma and discrimination. The Advocacy™ Program was developed to supplement the curriculum in schools of nursing.

Method: Nursing students from six schools of nursing (n = 1,398) received advocacy training. Students were administered the Genderism and Transphobia Scale, the Homonegativity Scale, and additional knowledge questions before and after training.

Results: The findings were positive, indicating an increase in student attitude scores, vocabulary and disparity knowledge, and knowledge regarding care for an LGBTQI+ client ($p < .05$).

Conclusion: By building a culture of inclusion through recognition of diverse patients in the curriculum, nursing schools can develop a culture of connection that strengthens patient-provider relationships and improves mental and physical health.

Notes

The DEU model: an innovative clinical teaching strategy to enhance student learning

Ellen Goslee

Winona State University, MN

Dedicated Education Unit (DEU) clinical education models are an innovative, evidence-based approach to creating effective learning environments for students. This model is a collaborative partnership between the nursing school and health care agency. It is currently being used primarily in acute care settings. The gap between nursing education and clinical practice is a growing concern, intensified by nursing faculty shortages and decreased availability of clinical sites, especially in rural areas. In a descriptive study design format, outcomes of a DEU model of clinical education with associate degree nursing students in a rural primary care setting were assessed. Staff registered nurses were trained to be Clinical Nurse Teachers (CNTs) and worked with individual students in this study. Faculty members worked with the staff nurses to support clinical teaching, facilitate application of classroom learning, and evaluate students' achievement of learning outcomes. The nursing students worked with nurses who wanted to teach them, experienced the RN role in primary care, and improved their nursing skills. The DEU model is a positive clinical teaching pedagogy for both students and staff nurses; this model can be applied to a variety of clinical settings. This presentation will explore the DEU model of clinical education and how it can be utilized to enhance student learning in clinical settings.

Notes

ABSTRACT BOOK

Making each other better: an interprofessional approach to hip fracture education for staff

Jessica Yi & Shannon Bowling

UT Southwestern Medical Center, TX

Problem or Major Focus: In our large academic medical center, staff education is accomplished through a variety of avenues. With the addition of unit-based educators and subsequent restructuring of the education department, the emphasis of our project was to focus educational efforts across disciplines to provide consistent messaging.

Introduction: The need for consistent interprofessional education was exposed when a geriatric hip fracture program on the Acute Care for Elders unit was implemented. Prior to the initiation of this program, education delivered was developed in nursing and therapy silos by centralized and unit-based educators with sporadic partnership.

Methods: Barriers identified via cause-and-effect diagram were systematically addressed by therapy and nursing educators meeting regularly as a united team. Techniques used included collaborative staff interviews, literature review, environmental scanning, gap analysis, competency development, and planning ongoing training.

Results: Based on the educators' collaborative efforts, a comprehensive interprofessional education plan for the hip fracture program was developed and implemented. The success of this partnership has positively impacted staff confidence and increased their advocacy in patient treatment.

Discussion: Consistent messaging regarding patient care across disciplines creates a more cohesive approach, where nurses and other professions reinforce and amplify each other's strengths to optimize outcomes. Educators from both therapy and nursing teams continue to routinely meet to monitor progress and identify educational needs.

Notes

Integrating holistic admissions review processes for nurse anesthesia educational programs

Leah Baecht & Jenna Tebbenkamp

Southern Illinois University Edwardsville, IL

Racial concordance is supported by the literature to improve patient outcomes. Holistic admissions review is an effective way to diversify nursing, without compromising recruitment, retention, or overall student success. Multiple mini-interviews (MMIs) have been validated as a reliable interview technique, widely used by health sciences programs to assess candidates' non-cognitive attributes including cultural sensitivity, empathy, and advocacy. Using purposefully developed scenarios and standardized grading rubrics following consultation with an Organizational Psychologist, each candidate responds to the scenarios during their allotted time. These short, carefully timed interview stations draw multiple samples of an applicant's ability to critically appraise information and communicate ideas. This examines candidate's behaviors rather than traits and helps eliminate interviewer bias. Since 2017, with the transition to the new interview format, SIUE NAEP has seen an increase in diversity of the student body in both ethnicity and gender, along with improvement of student success on the national certification exam. Patient demographics continue to change; nursing should reflect this diversification. Lack of diversity and inclusion can further healthcare inequities, whereas sufficiency in such will lead to greater collaboration and better patient care. A holistic interview process allows for the enhancement and balance of metrics, attributes, and personal experiences. Together, these three characteristics enrich diversity while promoting excellence in nursing education.

Notes

Successful creation of an undergraduate course on disparities in healthcare

Bridget Calhoun

Duquesne University, PA

Disparities in healthcare remains an area of interest among health professions in the United States. Unlike disparities that are biologically based such as differing rates of breast cancer among males and females, and differing rates of skin cancer among fair-skinned/light-eyed individuals compared to darker-skinned individuals, disparities that are underscored by social determinants of health and preferences/biases of healthcare providers must be addressed and minimized. A 3-credit Disparities in Healthcare course was initially developed for physician assistant students enrolled in a private, Catholic university in Pittsburgh, PA. Since its inception, demand for the course has grown and extended well beyond allied health students. The course includes modules representing vulnerable populations including children, women, racial minorities, sexual minorities, older adults, those with low health literacy, the impoverished and the uninsured. The course also includes information on prior atrocities in medical research and resultant distrust in the medical/research establishment. The accreditation standards for most medical, nursing and allied health professions now mandate inclusion of disparities and/or implicit bias in the academic curricula, and this course serves as an exemplary course that can be replicated for either undergraduate or graduate students of varying professions. Future healthcare providers will benefit from instruction in these important areas in order to have a positive impact in reducing disparities in healthcare and medicine.

Notes

Improving knowledge and self-efficacy through implementation of a multimodal interdisciplinary massive transfusion protocol educational bundle

Kristen Simmons & Lauren Ashton Brown

Thomas Jefferson University, PA

Background: The massive transfusion protocol (MTP) promotes effective communication and the rapid delivery of blood products during a hemorrhagic crisis. A multimodal educational bundle was designed and implemented to improve readiness to respond to significant blood loss in the operative setting.

Purpose: Intended outcomes of this project were to increase knowledge and self-efficacy of perioperative staff members related to the use of the MTP.

Methods: Literature demonstrates that education via simulation is the preferred training method for critical event management. Studies advocate for the use of a blended curriculum, combining pre-education and simulation. A two-part educational bundle involving pre-education and low-fidelity simulation (LFS) via computer-based training modules and hands-on skills sessions was implemented. The bundle was completed by anesthesia providers, registered nurses, and technicians. Knowledge and self-efficacy were measured pre-and-post intervention.

Results: The aggregated mean score on a knowledge test increased by 5.65% post-intervention. Self-efficacy related to role-specific responsibilities and confidence related to the team's ability to effectively utilize the MTP significantly increased for all participants (n = 62). A total of 6.8% to 18% of participants indicated they were very or completely confident for every self-efficacy question related to MTP implementation pre-intervention, increasing to 67.2% to 75.8% post-intervention.

Conclusions: This project demonstrates how a multimodal educational bundle utilizing pre-education and LFS can improve knowledge, confidence, and readiness to respond to critical events. Such findings are significant, as education via high-fidelity simulation may not be feasible for facilities that lack the technology or ability to hire trained simulation instructors.

Notes

Relationship between coping strategies and psychological distress in university and college students in the middle east

Mi-Yeon Kim

Trinity Western University, Canada

Problem: The adjustment process of university and college students is characterized by new experiences associated with maturation as well as challenges imposed by academic responsibilities. Difficulty or inability to cope with various demands of the transition into emerging adulthood places them in a perilous position that increases the risk of psychological distress.

Objective: The purpose of this study is to examine the relationship between coping strategies and psychological distress in university and college health care students living in Qatar.

Methods: The study participants of 251 health care students enrolled in an English-speaking college and a university in Qatar completed self-reported measurement scales. Psychological distress was measured with Hospital Anxiety and Depression Scale and coping strategies were measured with Brief COPE Inventory. Five subscales selected for this study included problem solving, social support, religious, blame, and denial coping strategies. The data were analyzed using structural equation modeling and separate analyses were conducted for outcome variables of anxiety and depression.

Results: The results revealed difference in the types of coping strategies linked to anxiety and depression. The level of anxiety was predicted by the use of all five types of coping strategies ($p < .05$ for all subscales), while the level of depression was predicted by the use of blame ($p < .001$) and religious coping ($p < .004$) strategies.

Conclusion: The finding of the study highlight that interventions may need to focus on different types of coping strategies depending on the nature of students' psychological distress.

Notes

Development of collaborative family nurse practitioner education using physician preceptors: a focused critical ethnographic study

Julie V. Steller

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Background: Global oppressive power structures in healthcare systems and between professions hinder care delivery. The family nurse practitioner is a new role in Israel. Through an innovative international collaborative education partnership, 19 Israeli nurses were trained as family nurse practitioners. Israeli physician preceptors integrated them into a national health maintenance organization despite national and organizational resistance.

Objectives: Explore Israeli physicians' experiences while providing clinical mentorship to family nurse practitioners and develop strategies for the implementation of the new community role. Design: Qualitative focused critical ethnographic approach.

Participants: Eleven Israeli physician preceptors were recruited from a larger pool of 50. Methods: Physicians were interviewed via recorded phone calls and asked open-ended questions about precepting family nurse practitioners. Observations of the program were included from the year prior to the interviews. Data were analyzed using Carspecken's five steps for critical ethnographic approach.

Results: Three categories for transforming the current status were identified: role clarification, logistics, and collaborative education. Exemplar cases described collaborative practice regarding measurable outcomes. Learning happened through "shadowing" and "coaching" techniques. Findings led to the Collaborative Team Development Illustration which mirrors current recommendations from the World Health Organization and Institute of Medicine.

Conclusions: The Collaborative Team Development Illustration offers a structured strategy for advocacy and transformation in other oppressive health systems considering introducing nurse practitioners. This research provides evidence that physician participants believed partnerships with nurse practitioners could improve patient care delivery. We hope this research will contribute to changing power relations in healthcare and improve outcomes.

Notes

Effects of environmental health literacy- based intervention on indoor air quality

Ju Hee Kim

Kyung Hee University, Korea

A randomized controlled design was conducted to identify the effects of environemntal health literacy- based (EHL) intervention for reducing exposure to indoor air pollutants in reproductive aged women. We measured concentration of indoor PM2.5, PM10, CO2, and TVOC using personal air quality monitoring machine before and after intervention for 5 days in 63 subjects (32 in the experimental group and 31 in the control group). We provided EHL based interventions to the experimental group for a week and encouraged them via short message service messages and phone calls. This program included an educational video, a method for locating facilities potentially emitting indoor air pollutants, and checklist. In contrast, we only provided information on indoor air pollutants to the control group. Data were collected from April 25 to May 22, 2022. The EHL intervention resulted in significant differences between experimental and control group in PM 2.5 ($z=56.39$, $p<0.01$), PM10 ($z=57.85$, $p<0.01$), CO2 ($z=8.92$, $p<0.01$), VOC (TVOC) ($z=10.11$, $p<0.01$) of indoor air, and the mean score of EHL ($z=6.30$, $p<0.01$). Our results suggest that it is necessary to develop EHL education program to improve indoor air quality that originated from indoor activity and daily-life materials. Further studies are required to find ways to optimize EHL education not only for women but general population around a world.

Notes

Meeting practice transition accreditation program standards amidst a pandemic through a virtual blended preceptor course

Monica Aguilar & Diane Mua-Xiong

University of California (UC) Davis Health, CA

Background: In 2020, the organization embarked on its initial journey to earn the American Nurses Credentialing Center (ANCC) Practice Transition Accreditation Program (PTAP) accreditation for its nurse residency program. Transition to Practice (TTP) Preceptors at one organization plays a key role in preparing new graduate nurses in the nurse residency program. Preceptors are informal leaders for new graduate nurses, newly hired staff, and students (Bodine, 2019). TTP Preceptors are challenge with preparing staff to provide safe and high-quality care. ANCC PTAP is a standardized program for registered nurse residency or fellowship programs that transition registered nurses and advanced practice registered nurses into new practice settings (ANCC, 2021). PTAP acknowledges the importance of an organization having a strong preceptor pool. A well-structured, consistent, and well-developed evidence-based preceptor program may ensure adequate staff preparation and safe, competent patient care (McKinney & Aguilar, 2020). With an increased demand for new graduate nurses at one institution, there was the need to provide an opportunity to develop educated and better-prepared preceptors through an updated course.

Methods: A two-day virtual blended course was developed as a mix of synchronous and asynchronous sessions with various teaching methods, technologies, collaborations, and learner engagement strategies.

Conclusion: Measuring and tracking preceptor selection, education, and outcomes aided in gaining PTAP accreditation for the organization's nurse residency program.

Notes

Covid-19 pandemic and the impact of full practice authority for primary care nurse practitioners

Sandra C Brown

Southern University and A&M College, LA

The COVID-19 pandemic has proven to be a shock to our health care system, producing a sudden growth in the need for health care services. It has exposed the vulnerabilities of our health care system, particularly a pivotal in meeting the growing demand for primary care services. Yet many barriers impact the ability of primary care NPs to maximally contribute to improving access and quality of health care services before, during, and after the COVID crisis. One of the challenges affecting this workforce are the restrictive scope of practice (SOP) regulations in many U.S. states. Currently, the SOP laws are not consistent across the states. During the COVID-19 Pandemic, federal and state governments removed the scope of practice restrictions on nurse practitioners (NPs), allowing them to deliver care to patients without restrictions. It is imperative that healthcare professionals practice to the fullest extent of their education and training to optimize the quality of services for patients, especially those in underserved communities. The evidence is strong about the benefits of full practice authority for NPs in improving access and quality of care which leads to better patient outcomes. Granting NPs full practice authority could be part of a longer-term plan to address healthcare inequities and deficiencies rather than merely a crisis measure. Rather than reverting back to pre-pandemic restrictive laws, state policymakers should utilize the momentum created by the pandemic to permanently eliminate practice barriers.shortage of adequately trained health care providers. Nurse practitioners (NPs) are a group of nurses

Notes

Covid-19 pediatric vaccination attitudes among parents in Ohio

Carol Schaumleffel

Ohio University, OH

Introduction: This study aimed to examine factors associated with parental intention to vaccinate children against COVID-19 in Ohio following pediatric vaccine approval in October 2021.

Method: Online anonymous surveys were distributed between November 2021 and January 2022 to parents in Ohio.

Results: Surveys were completed by 581 parents of whom 43.5%reported they intended to vaccinate their children against COVID-19, whereas 56.5% did not intend to vaccinate their children. Per-ceiving a lack of support by health care providers was significantly associated with not intending to vaccinate children againstCOVID-19 ($p < .001$).

Discussion: Survey results from parents in Ohio indicate that per-ceived health care provider support and parents' attitudes about pediatric COVID-19 vaccination influenced their intent to vaccinate their children. Hence, health care providers working with families need to focus on educating parents regarding the importance and safety of vaccination.

Notes

Bibliometric analysis of the output and impact of a fulbright award: an update

Marie Hastings-Tolsma

Baylor University Louise Herrington School of Nursing, TX

Fulbright Awards, initiated in 1946, were designed to increase understanding between people of the United States (US) and other countries through research, teaching, and/or practice. While hundreds of individuals have received such award, little is known about the impact of such engagement. We used bibliometric and altmetric analyses to determine the extent and impact of the award by examining primary works (n=14) published from 2012 – 2022 that emanated from the award at one university. The primary referenced works included quantitative (n=3), qualitative (n=4), a review, and 6 discourse papers. Nine databases were searched to determine use of reference works. Analyses revealed that primary sources were well cited (N=394) with lead authors most often from South Africa or the US though represented every continent. The main disciplines represented by first authors in these citing articles were nursing, midwifery, and psychology/psychiatry. Central keywords focused on healthcare systems, concept analysis, nursing/midwifery, nursing education, and relationship centered. Citing articles were primarily quantitative and qualitative (n=367), though there were a smaller number of discourse papers, including concept analyses and policy papers (n=27). All papers demonstrated team science. Additional secondary analysis was conducted to identify the nonscientific use and potential downstream impact of primary sources; three works demonstrated significant utilization which correlated with those referenced citations with high citation counts. Results provide evidence of scientific and non-scientific impact and value of scholarly collaborative work emanating from a Fulbright Award. Additional qualitative research is needed to determine the less obvious impacts of award.

Notes

A model for sustaining NCLEX success

Patricia S. Conklin & Leonita Hannon Cutright

Radford University, VA

Beginning in 2013, an individualized National Council Licensure Exam (NCLEX-RN®) study process with follow through postgraduation was initiated to achieve benchmark pass rates in a nursing program where pass rates had dropped. Identification of students at risk for NCLEX failure and using resources available through an integrated testing program led to the implementation of an individualized NCLEX preparation process. Since implementation, first-time pass rates exceeded the national norm for baccalaureate test takers. The need to get nurses in the workforce is imperative. First time success is key to entry into practice. First time success has decreased from pre-pandemic results of 88.18 (2019) to YTD 80.87 in 2022. Repeat testing for US Educated graduates falls to 48.77%. The model has been expanded for use in a healthcare system invested in getting employees who have failed NCLEX, licensed and at the bedside. This includes candidates from all RN degree programs. The process includes self-appraisal and ongoing evaluation of testing behavior. Weekly group and individual Zoom meeting are utilized to guide the candidate in cognitive and psychosocial aspects of remediation.

Key Words: Mentoring – NCLEX Preparation – Remediation

Notes

Critical analysis of nurse practitioner funding models: what the evidence states

Raelene Marceau

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Numerous barriers inhibit the integration of full role components of nurse practitioners (NPs) in Canada and other nations with a parallel NP workforce. Although the number of NPs in Canada has increased substantially over the past decade, the contributions made by NPs to patient care and the health system are undervalued and insufficiently recognized. A critical analysis of the current state of Canadian NP funding models utilizing the Sustainability of Innovation Framework was conducted. Our analysis suggest that Canadian NP funding models must be policy supported and evidenced based; flexible, modern, affordable and responsive to the needs of a wide range of patient populations. The finding from this analysis can support the work of health care leaders, funders, and policymakers in sustaining NP practice in a Canadian context and can support the optimization and sustainability of NP fundings models globally.

Notes

Student nurse leadership skill development and academic success through peer mentoring

Helen Donovan

Queensland University of Technology, Australia

Background: The Bachelor of Nursing program is known to be cognitively demanding, with some students struggling to meet the curriculum's theoretical expectations. Peer mentoring in nursing has been shown to provide effective support and outcomes for undergraduate nursing students (Fard et al., 2020; Kachaturoff et al., 2020; Raymond and Sheppard, 2018). This project aimed to ensure that peer mentoring was not only effective for the students seeking support but provided an opportunity for peers to develop their leadership skills through mentorship practices.

Methods: Experienced nursing students who had demonstrated a successful track record in the academic arena were recruited and provided with detailed mentoring training, role play activities in a classroom environment, ongoing peer mentoring module activity work and support and guidance with a nurse academic and an educationalist before and after every peer mentoring session.

Lessons Learnt: Peer mentors must feel valued and supported at all times to be able to effectively mentor student mentees to lead to positive learning outcomes. Mentees can make demands on peer mentors which may force them into the zone of tutor and assessor, therefore mentors must feel able to call on academic staff at any time for support.

Conclusion: Peer mentoring is an effective and valuable tool in which to support student mentees in their undergraduate studies. Peer mentors themselves must feel supported and be provided with clear applied knowledge of the mentoring process, so as to lead through this medium effectively and safely.

Notes

Personal and professional value conflicts experience for undergraduate nursing students in Saudi Arabia

Hanadi Yaseen

King Faisal Specialist Hospital and Research Center, Saudi Arabia

Background: Literature suggests that the professional values and requirements of nursing may conflict with the cultural and religious values of the Kingdom of Saudi Arabia (KSA). As a result, it has historically been difficult to attract local women into nursing and the KSA now faces a critical nursing shortage (Almadani, 2015; Lovering 2008).

Aims and Objectives: This study investigated the experience of value conflicts among female Muslim student nurses at a Saudi Arabian university. The specific objectives were to investigate these from the perspectives of students and faculty and develop practical recommendations for reducing and supporting value conflict within the case study institution.

Methods: This was a single case study design, based on qualitative methods including in-depth interviews (n=16), focus groups (n=2) and documentary analysis.

Results: Findings suggest that four main types of value conflict (interpersonal communication between genders, personal care provision, public and family perceptions of nursing, and conflict between policy and practice) are being experienced by student nurses at this university. Although faculty are broadly aware of these issues, there are currently limited interventions to reduce the potential for value conflicts or to support students who experience them.

Discussion/Conclusion: The study fills a significant gap in recent literature on the experience of value conflicts by female Muslim nurses in Islamic societies. It demonstrates that these arise largely due to cultural rather than religious factors. Recommendations include potential strategies to support student nurses who experience value conflicts which ultimately may help attract more Saudi women to this profession.

Notes

The effect of career plateauing as a mediating factor on nurses' job satisfaction and promotability

Sally Mohammed Farghaly Abdelaliem

Alexandria University, Saudi Arabia

Aim: The aim of this study was to investigate the effect of career plateau as a mediating factor on nurses' job satisfaction and promotability.

Background: A nurse's career, as well as other professionals, may arrive at a point where further hierarchical development is limited. Nurses may remain longer than expected in the same position within an organization and may be plateaued, resulting in career dissatisfaction, job dissatisfaction, and turnover.

Methods: This is a descriptive correlational study. Two hundred twenty-one nurses were recruited from 1 university hospital in Egypt. Respondents completed the self-administered, printed questionnaires. Measures included career plateau, job satisfaction, and promotability questionnaires. Findings were investigated via descriptive and inferential statistics as well as structured equation modeling to examine the mediating effect of career plateauing on job satisfaction and promotability. RESULTS: The mean scores of job satisfaction, career plateauing, and promotability were 3.09 ± 0.71, 3.75 ± 0.43, and 3.70 ± 0.53, respectively. Data revealed that nurses' career plateauing accounted for 34%and 18%of the variance of their job satisfaction and promotability, respectively.

Notes

Women's experience of care and support following perinatal death in high burden countries: a metasynthesis

Omotewa Kuforiji

University of Manchester, United Kingdom

Problem: The experiences of women in low and middle-income countries following perinatal death remains difficult and challenging, thereby increasing their susceptibility to negative psychological impact particularly with insufficient bereavement care and support.

Background: Perinatal death invariably brings intense grief which significantly impacts women and requires adequate bereavement care to limit negative outcomes in the short and long-term.

Aim: To develop deeper understanding of women's experience of care and support following perinatal death in high burden settings.

Methods: Six electronic databases were searched with relevant terms established using the SPIDER tool, supplemented by hand search of reference lists. Studies were independently screened for inclusion by all authors. Meta-ethnography (Noblit and Hare,1988) was used to synthesise existing qualitative studies.

Findings: Eight studies conducted in Sub-Saharan African and South Asian countries namely South Africa, Uganda, Ghana, Kenya, India and Malawi were included, and three main themes were identified; mothers' reaction to their baby's death, care and support after perinatal death, and coping strategies in the absence of care and support. Perinatal death was not appropriately acknowledged therefore care and support was inadequate and, in some cases, non-existent. Consequently, mothers resorted to adopting coping strategies as they were unable to express their grief.

Discussion: There is insufficient care and support for women following perinatal death in high burden settings.

Conclusions: Further research is required into the care and support being given by healthcare professionals and families in high burden settings, thereby ultimately aiding the development of guidance on perinatal bereavement care.

Notes

Positive outcomes in a virtual partial hospitalization program

Theodore Vlavianos

Northwell Health's Zucker Hillside Hospital, USA

Background: Partial hospitalization programs (PHPs) are intensive outpatient mental health programs. During the COVID-19 pandemic, our PHP was converted from an in-person service to a completely virtual telehealth service. This study compared the outcomes of care between these two versions of our PHP.

Methods: In the live version of the program, care was provided to patients aged 18 to 65 years in person, five days a week, with five groups per day and additional services, such as family work. In the telehealth version, we attempted to provide the same services by HIPAA–secure videoconferencing and telephone, after educating staff and patients. The attendance at clinic, the hospitalization rate, and patient satisfaction with care were compared between the two program versions in the 12 months prior to and after the transition to virtual care.

Results: There were 4,821 patient visits in the in-person program, and 4,371 in the telehealth program. Compared to the in-person program, the telehealth program was associated with a higher attendance (84.5% vs. 89.5%, $p = 0.0168$), a lower hospitalization rate (16.5% vs. 8.9%, $p = 0.02$), without a difference in the patient satisfaction rate, and with 74.3% of patients reporting improvement in their condition.

Conclusions: A PHP completely delivered via telehealth was feasible to implement, and some outcomes with such a program were superior to those of a live PHP. Because this was a nonexperimental study, factors other than the method of service provision may have been responsible for the observed results.

Notes

Learning from nursing home infection prevention and control citations during the COVID-19 pandemic

Sayuri Kelly

University of Colorado Anschutz Medical Campus, CO

The devastating effects of coronavirus disease 2019 (COVID-19) highlight the critical need for effective infection prevention and control (IPC) practices in nursing homes. Nursing management and infection preventionists should be cognizant of the most common reasons underlying federal IPC citations during the pandemic. Analysis of IPC citation data from the first 7 months of the public health emergency identified that adherence to personal protective equipment (PPE) and mask use, appropriate transmission-based precautions, and hand hygiene were the most common reasons for COVID-19 related F880 citations, including those that placed a person at immediate risk for serious injury or death. More specific staff practices and other factors leading to a citation are also highlighted. Although nursing homes may have limited control over factors such as PPE supply and staffing resources, nursing management and infection preventionists can use these results to help ensure that operational mechanisms, staff training, and adherence monitoring efforts effectively address the areas most associated with COVID-19 IPC noncompliance.

Notes

Healthy aging talk arounds: near and far

Lindsay Mullins

Franciscan Missionaries of Our Lady University, LA

Background. Loneliness and chronic health conditions are the two most cited ailments among older adults (OAs) that deter independent living. Community-tailored health programs increase feelings of connectivity to neighbors and link OAs to healthcare resources. **Method/Design.** The Healthy Aging Talk Around program is a series of community health programs developed with the community and by the community. The series occur in-person (near) and virtually (far). Using qualitative methods, data was collected to determine significant health issues for OAs and qualitative data were collected through surveys to evaluate knowledge, access, and feelings of connectivity related to gathering in a group (in-person and virtually). **Setting/Population.** Inner-city and rural OAs in the deep south from various communities (2 faith-based organizations, 1 assisted living, 2 neighborhood groups). Initially, each series was held in-person and during the COVID pandemic was moved online. Attendance ranged between 75-130 OAs per series. **Measures.** Qualitative measures included pre and post series surveys (n=110 pre and n=91 post) with questions to determine the impact of the series. **Analysis.** Content analysis was conducted with the qualitative data to determine the impact of the series on 1.) knowledge of health issue(s), 2.) likelihood of accessing health resources, and 3.) feelings of connectivity and isolation. **Results.** The qualitative data analysis suggested the series as relatable because information was tailored linked to local community resources. Discussion of independent living challenges fostered connectivity with neighbors. Once virtual, knowledge and access were similar, feelings of connectivity were less prevalent. **Conclusion.** A community-tailored health program series can increase knowledge of health issues, access to resources, and create neighborly connectivity potentially influencing ability to age in place healthfully.

Notes

Eating disorders in primary care: what you need to know

Christine M. Peat

University of North Carolina at Chapel Hill, NC

Eating disorders are under detected and undertreated, particularly as many individuals with these conditions do not have obvious signs or symptoms. Screening for these conditions may therefore be an important preventive service that could result in improved care and outcomes for patients. A recent review evaluated the available evidence regarding screening for eating disorders in adolescents and adults; however, no studies directly assessed the benefits and harms of screening. Screening measures appropriate for primary care were identified but additional research is needed to more fully determine the extent to which this screening is associated with improved health outcomes. Despite these research gaps, there are many ways in which care can be improved for those with eating disorders presenting to primary care. Clinicians in this setting can make a difference by increasing awareness and knowledge of eating disorders and how they might present in their patients. This awareness has the potential to be particularly impactful given that eating disorders are often comorbid with other mental health conditions that are routinely screened for in primary care. Equipping clinicians with practical and relevant skills and resources can also improve the management of eating disorders as many patients will need to be referred to specialty care. Collectively, these strategies can make a meaningful difference to patients who are struggling with these serious illnesses and who may otherwise not be connected with the evidence-based care they need.

Notes

Evidence-based case-based clinical review: primary care of breast cancer survivors

Mary Alison Smania

Michigan State University, MI

In the United States there are close to four million breast cancer survivors. As a result, the continuation of care after breast cancer treatment is frequently delivered by primary care providers. Care includes yearly history review, physical examination, and mammograms for recurrence and new cancers, as well as population health maintenance. Studies have shown that patients prefer the care of their primary care provider, thus, awareness of these survivor-specific health challenges will greatly improve treatment. Equally important, survivors often experience long-term side effects from their disease and/or treatment, which can affect quality of life and must be addressed. Included are short and long-term side effects including cognitive impairment, cardiotoxicity, lymphedema, peripheral neuropathy, sexual side effects, and suggested methods of treatment. Finally, presentation content will be delivered utilizing a case-based approach with authentic connection to practice.

Keywords: breast cancer survivor; recurrence; long-term side effects; surveillance

Notes

Environmental influences on child health outcomes (echo): a national nursing research resource

Kathi Huddleston

George Mason University, VA

The objective of this presentation is to discuss study designs, recruitment strategies, and study characteristics among maternal child cohorts in pregnancy as part of the Environmental influences on Child Health Outcomes (ECHO) research program. We will discuss and explore initial research recruitment and retention strategies, community collaborations and collection of data and biospecimens in this vulnerable population. Maternal child longitudinal study and cohort characteristics will present factors impacting recruitment and retention. Research tasks and remote research processes are reviewed to optimize study engagement and minimize study burden. Over the past 7 years, ECHO has collected and harmonized data from over 80 cohorts and nearly 45,000 children from across the country. De-identified data from the ECHO Program are now available through NICHD's Data and Specimen Hub (DASH). DASH is a centralized resource that allows researchers to access data from various studies via a controlled-access mechanism. This first public-use version of ECHO-wide Cohort data covers information collected on nearly 42,000 participants and provides a robust resource for the nursing scientific community. This momentous step fulfills both a key strategic goal of the ECHO Program and an opportunity for nurse researchers. Researchers can request access to data by creating a DASH account and submitting a data request form. Data such as maternal age, obesity, depression and drug use can be evaluated; biological markers from pregnancy through childbirth and into childhood can inform policies on early life exposures and underlying mechanisms of the developmental origins of health and disease.

Notes

ABSTRACT BOOK

Prevalence of work-related musculoskeletal disorders among pediatric long-term ventilatory care unit nurses

Julee Ansa Jose & Brightlin Nithis Dhas

Hamad Medical Corporation, Qatar

Purpose: Prevalence of musculoskeletal disorders (MSD) is widely reported among nurses but not specific to nurses working in pediatric long-term ventilatory care (PLTVC) units. The purpose of this study is to determine the prevalence of MSD among nurses working in PLTVC settings.

Design and methods: Cross-sectional descriptive design. Using Extended Nordic Musculoskeletal Questionnaire, 127 nurses working in PLTVC units were recruited to examine the prevalence of single-site, two-site, and multi-site MSDs in nine body parts.

Results: 90.6% of participants reported a lifetime prevalence of MSD in single site, 95% CI [84.21, 94.51]; 53.5% in two-sites, 95% CI [44.89, 61.99]; 46% in multi-sites, CI [28.38, 44.87]. The most common pain site was lower back (55.1%) followed by neck (35.4%), shoulder (33.9%), upper back (29.1%), wrist/hand (17.3%), ankle/ft (15.7%), knee (15%), hips/thighs (11.8%), and elbow (7.9%). There was a statistically significant difference in participants' years of experience in PLTVC among those reporting multi-site pain (M = 6.10, SD = 5.58) and the rest (M = 3.77, SD = 3.84) of the group reporting no pain or pain in one or two sites; t = (2.77), p = .006, 95% CI [0.66, 3.98].

Conclusions: There is a high prevalence of MSD among PLTVC nurses. There seems to be a relationship between years of experience in PLTVC settings and multi-site pain.

Practice implications: PLTVC nurses must take additional precautions, since working in this environment increases the possibility of developing pain in multiple sites, particularly if they have been working for more than six years.

Notes

Discourses of health care professionals in the context of unsafe care – a discourse analysis of written adverse event in university hospital setting

Anna Gyberg

University of Gothenburg, Sweden

Background: Patient safety in hospitals is known to be a complex matter due to the heterogeneity of causes behind adverse events. From a social constructivist perspective unsafe care can be viewed as a construction and a product of social agreements of how safe care is being understood. From this view, our understanding of and how we talk about patients and health care professionals in relation to unsafe care, affects our actions.

Aim: The aim was to explore discourses of health care professionals in the context of unsafe care events.

Method: With focus on the construction of fact, and how descriptions were made trustworthy and solid in contrast to alternative versions, twenty-nine written reports of adverse events in a university hospital in Sweden, reported by patients, relatives, and health care professionals, were analyzed through discourse analysis.

Findings: The analysis showed that the health care professionals heavily relied on physical signs for navigating actions and on work routines as assurance for safe care. Assessments one-sidedly based on objective physical signs and too rigid hold on routines, created a distance between the patients and the health care professionals. This minimized opportunities for patients and relatives to be a part in the co-construction of patient safety. Further studies exploring discourses of patient safety are needed to illuminate blind spots of normative patterns hindering the progression of patient safety.

Notes

Cardiac resuscitation: implementation of best practices to increase survival

Linda Ozekcin

St. Luke's University Health Network, PA

Sudden cardiac arrest remains a leading cause of death with years of potential life lost. Beyond mortality, the prognosis for survivors depends often on the degree of brain injury. The American Heart Association has set the goal to reach 35 % survival rate after in-hospital cardiac arrests but the current statistics hover around 25%. Significant variability exists for code outcomes. The International Liaison Committee on Resuscitation (ILCOR) reviews and updates the guidelines addressing resuscitation evidence.

During the first phase of a cardiac arrest, the priority is to perform interventions providing oxygenation and circulation. The quality of chest compressions has been shown to impact survival. Embracing new technologies to improve the quality of chest compressions includes the application of mechanical chest compression devices and/or measurement of ETCO2 validating depth of compressions to ensure perfusion. Overcoming barriers to implementation of these devices is accomplished with education and training to the code team for optimizing clinical performance.

Immediate debriefs post event to identify opportunities for improving clinical practice are recommended. Barriers to documentation electronically during the live event are reduced with practice simulation sessions. Establishing a resuscitation committee to identify trends and gaps for improvement is crucial.

Post arrest care is the second phase to strengthen overall survival to discharge. Evaluation of neurological function prompts the decision considering therapeutic hypothermia with a short time frame to reach the target goal or selecting fever prevention as the strategy maintaining a stable temperature.

Implementing best practices may impact cardiac arrest outcomes

Notes

Tracheal changes in critically ill patients with COVID-19

Nina Collins

Vanderbilt University School of Nursing, TN

Tracheomegaly is defined as an abnormally dilated trachea and is seen in patients requiring longstanding mechanical ventilation and/or significant hyperinflation of their endotracheal (ET) or tracheostomy tube cuffs can occur in adults with severe COVID-19. Tracheomegaly is linked with inadequate nutrition, pneumonia, diabetes, hypotension, steroids, and protracted mechanical ventilation, which are common in COVID-19 patients. Findings include cuff leaks that necessitate cuff over-inflation to maintain adequate tidal volumes. Tracheomegaly can be diagnosed with chest radiographs, chest computed tomography, bronchoscopy, or diagnostic laryngoscopy or tracheoscopy. This condition leads to a concern for obstruction, airway collapse, aspiration pneumonia, and iatrogenic tracheal injuries.

Notes

A curious case of new onset diabetes

Kristina Hernandez & Charity Tan

UC Davis Medical Center, CA

New-onset type 1 diabetes most frequently presents with diabetic ketoacidosis in young patients. A subset of patients with autoimmune type 1 diabetes may present with a slower progression to insulin deficiency and are frequently misdiagnosed with type 2 diabetes. Clinicians should screen for type 1 diabetes in patients who present with hyperglycemia and do not have obvious signs of insulin resistance or obesity. This case report presents an adult patient with hyperglycemia after a hospital admission for coronavirus disease 2019 and the evidence used to diagnose type 1 diabetes with atypical presentation.

Notes

Infective endocarditis and valve replacement surgery with IV substance abuse

Lindsey Shirley Andrews

Emory Healthcare, GA

Currently, there is not a standardized approach to determine which patients are fit for valve replacement surgery in the setting of intravenous substance abuse (IVSA.) Much of the decision is based on the providers' medical judgement, the patient's IVSA history and their willingness to participate in substance rehabilitation treatment. Providers should utilize a collaborative approach when determining the most appropriate treatment for persons who inject IV drugs (PWID) with endocarditis. Surgical risks are typically lower for PWID because patients are younger with few comorbidities; however, PWID are more likely to be readmitted with recurrent infection compared to patients without substance abuse disorder. A case study outlining the complexity of caring for a PWID following a valve replacement will be discussed. The featured case analyzes the decision to offer a second valve replacement in the setting of recurrent intravenous substance abuse (IVSA) and highlights the importance of multidisciplinary decision-making.

To improve outcomes and decrease the number of redo valve surgery (RVS) due to IVSA, multidisciplinary endocarditis teams should be created within large medical centers with a cardiothoracic surgery service. Creating an endocarditis team encourages advanced practice provider involvement from multiple specialties in direct patient care and research. A specialized, team approach will raise awareness of the lack of data regarding surgical risk for PWID who need valve replacement surgery. IVSA is a worldwide epidemic and the current healthcare system must adapt to address PWID specific physical and mental health needs outside of their endocarditis diagnosis.

Notes

Covid-19 perspectives from frontline critical care nurses in New York

Mary Saputo & Mary Maloney

NYU Langone Health, NY

New York City quickly became the epicenter of coronavirus disease-2019 (COVID-19) in early March of 2020. While hospitals were aware of the potential of COVID-19, the volume of critically ill patients that flooded the hospitals in the New York City area was clearly not anticipated. Hospital staff worked quickly to create COVID-19-free areas but were overcome with the volume of COVID-positive critically ill patients. Many newly admitted patients required respiratory support with mechanical ventilation. As Governor Cuomo issued executive orders to stay at home in mid-March, some patients were afraid to go into hospitals despite symptoms of respiratory distress. Once these patients came to the hospital, they were often critically ill. Emergency departments and intensive care units filled rapidly, overwhelming staff and equipment needs with such things as pumps, dialysis machines, medications, and personal protective equipment. Plans for the day were disrupted with frequent rapid response calls and the need for additional beds. Key issues that confronted the COVID-19 response in critical care units at NYU Langone Health included communication, patient and staff safety.

Notes

Supporting emergency departments nurses' self-efficacy in human trafficking victim identification

Matthew Murphy

Westchester Medical Center, NY

Background: Human trafficking is a form of modern slavery, exploiting people across all cultures and ethnic groups. Human trafficking victims (HTV) are at increased risk for neglect, physical, and psychological harm.

Local Problem: Approximately 68% of HTV report seeking medical treatments in the emergency department at some point during their captivity. Many emergency department nurses today are however not well prepared to identify potential HTV in day-to-day practice.

Methods: The purpose of this quality improvement (QI) project was to improve emergency room nurses' self-efficacy in victim identification through education and implementation of a screening tool. Self-efficacy in victim identification was measured through a pre- and post- implementation survey.

Interventions: The intervention for this QI project included education delivered asynchronously online and in person across all shifts as well as a victim screening assessment. The screening assessment was imbedded in the pre-existing safety assessment of the electronic medical record.

Results: Using the mean response of pre- and post- implementation surveys, a paired t-test analysis allowed comparison indicating a significant improvement to self-reported levels of self-efficacy in nursing staff.

Conclusion: A statistically significant change in mean practice self-efficacy scores reinforced the importance of education and screening in victim identification.

Notes

Improving resident physician interprofessional collaborative practice during bedside interdisciplinary rounds

Katarzyna Mastalerz

University of Colorado School of Medicine, CO

Charles Davis

Health ONE, CO

Significant gaps remain between the current paradigm of interprofessional education and true interprofessional collaborative practice (IPCP) in healthcare settings. In this talk, we will discuss our work, which explores how resident physicians engage with interprofessional teams in the context of bedside interdisciplinary rounds. We will also discuss how resident physicians see themselves in the context of interprofessional teams, how this impacts interprofessional work, and what steps we may take as healthcare providers and educators to truly form an interprofessional community.

The DOI links below will take you to our work:

https://doi.org/10.1016/j.xjep.2021.100473

https://doi.org/10.1016/j.xjep.2021.100422

https://doi.org/10.1080/13561820.2023.2176471

Notes

Determining the impact of an alarm management program on alarm fatigue among ICU and telemetry RNs: an evidence-based research project

Jessica Tucciarone

Hofstra University, NY

This evidence-based project is an appraisal of the literature of how alarm management program impacts alarm fatigue among registered nurses (RNs) in intensive care units (ICUs) and telemetry units. Since RNs are the primary caretakers of critically ill patients, they are at the greatest risk for alarm fatigue. Alarm fatigue is an ongoing problem recognized by both the American Association of Critical-Care Nurses and the Joint Commission. The Joint Commission and the Food and Drug Administration published data that delayed or absent alarm responses led to patient death. This avoidable high prevalence of alarm-related sentinel events led the Joint Commission to add alarm management strategies a national patient safety goal in 2014. A literature review and critical appraisal was performed. Six studies were included: one was a mixed-method systematic review, one was a single-blinded randomized control trial, one was a quasi-experimental study, one was a qualitative study, and two were quality improvement projects. There were no metanalyses and very limited RCTs published to date. Despite extensive literature highlighting the astronomical prevalence of RN alarm fatigue, there is a lack of recent high-quality research highlighting successful alarm management programs. Therefore, more research is needed to develop a high-quality alarm management program in ICUs and telemetry units to improve RN alarm fatigue.

Notes

Health status and public health education for internal older migrants in China: evidence from a nationally representative survey

Wen Zeng

Peking University, China

Background: There was limited evidence on the self-rated health and public health education of older migrants in China.

Objectives: The study aimed to evaluate self-rated health and the associated determinants, as well as to gain a deeper insight into the current status of public health education received by older migrants.

Methods: Data from the National Migrants Population Health and Family Planning Dynamic Monitor Survey 2018 was derived. Internal migrants aged 60 years old or over were included in the study. The univariate and multivariate analyses were performed by Stata 15.1.

Results: 5,589 older migrants were included and 82% of older migrants reported healthy self-rated health. There was a significant association between age, gender, minzu, education level, monthly income, public health education, and self-rated health ($P < 0.5$). However, the proportion of older migrants that received specific public health education was <50%. The most common approach to receiving public health education was through the leaflet, while <20% of older migrants received public health education through public consultation and one-to-one education.

Conclusions: It was necessary to promote the publicity of public health education in older migrants through easy access and diverse approaches in order to effectively spread health-related knowledge to older migrants.

Notes

The funding guarantee mechanism of citizens' right to health in public health emergencies

Dan Wu

China University of Political Science and Law, China

The COVID-19 is a public health emergency of international concern, which has had a serious impact on the health and life safety of all mankind. How to ensure the medical costs of patients with COVID-19 has become an urgent issue. Under China's current practice, the medical insurance fund and public financial subsidies jointly share responsibility for the medical costs of ordinary people infected with COVID-19. The work injury insurance fund and the employers pay the medical costs of front-line medical personnel and urban and rural community workers. These practices are a timely response to people's COVID-19 medical needs. But these fragmented, temporary, and policy-based measures have exposed the problems of unclear responsibilities between public finance and social insurance, and the institutional gaps in the country's response to public health emergencies. In order to improve the funding guarantee mechanism of citizens' right to health in public health emergencies, we must clarify the relationship between medical insurance and public health, identify work injuries prudently, divide the responsibility of central and local governments rationally, and establish a social compensation system.

Notes

Design and practice of the ideological and political theory education for nursing humanistic care

Wen Xi

Medical College of Soochow University, China

To implement the Ministry of Education's "Guideline of Curriculum Civics Construction in Higher Education Institutions, to strengthen the construction of the ideological and political theory education in colleges and universities by implementing the fundamental task of educating people with moral values. This paper takes the design and practice of the Ideological and Political Theory Education for Nursing Humanistic Care course as the entry point, fully exploits the elements of civics contained in the course and explores the diversified teaching methods of the Ideological and Political Theory Education both inside and outside the classroom, with a view to providing reference for the exploration and innovation of the " Ideological and political education " of the nursing profession.

Notes

ABSTRACT BOOK

Efficiency evaluation of surgical nursing wards based on data envelopment analysis

Zhi Chen

Wenzhou Medical University, China

Aims: This study aimed to evaluate the efficiency and influencing factors of surgical ward nursing.

Background: High-quality development of public hospitals and implementation of nursing fine management require improvements to promote nursing efficiency.

Method: This study examined input data, such as number of beds, nurses, and nursing hours, and output data on discharged person-times, surgical output, and case mix index of released patients, in 40 surgical wards in China between September 2020 and August 2021. Nursing efficiency was assessed and analysed using data envelopment analysis, and changes in efficiency were dynamically evaluated using the Malmquist index analysis. Results: The average total technical efficiency, pure technical efficiency, and scale efficiency were 78%, 94%, and 82%, respectively. In addition, 81% and 67% of surgical wards had input redundancy and output insufficiency, respectively. The monthly average total factor productivity was 118%, and the overall efficiency increased month after month.

Conclusion: Overall, nursing service efficiency was low, which was limited by scale efficiency, pure technical efficiency, or both.

Implications for Nursing Management: Data envelopment analysis could help nursing managers optimize nursing human resource allocation and nursing performance allocation.

Notes

ABSTRACT BOOK

Ai-empowered digital health technology in cancer care

Qiao-Yuan Yan

Huazhong University of Science and Technology, China

Objectives: To describe features and specific application of AI-driven digital health technology for current cancer survivorship care services and to explore the acceptance and briefly evaluate its feasibility in the application process.

Method: Search for literatures in databases Embase, MEDLINE, IEEE-Xplor, Cochrane Central Register of Controlled Trials, PubMed and Scopus systematically. Including available original studies, descriptive studies, randomized controlled trials (RCT) and pilot studies published from 2010-2022, which described current status and effectiveness of digital medical technologies based on artificial intelligence and applied in cancer survivorship care services. QuADS quality assessment tool was used to evaluate the quality of literatures included in this review.

Result: 43 studies were included and analyzed. Most studies were specifically for breast cancer survivors care and focusing on the recurrence or secondary cancer prediction, clinical decision support and so on. While the application of AI-driven digital health technologies has shown some positive outcomes, it is not suitable to draw conclusions that the effectiveness of AI-based digital health technologies in supportive cancer care, as most of applications are still in the development and feasibility testing stage.

Conclusion: Though digital therapies are promising, more high-quality studies are needed in the future to show the effectiveness of them in cancer care. Studies should further explore how to develop uniform standards for patient-related outcomes measuring, ensure the scientific validity of research methods, and emphasize patient and health practitioner involvement in the development and use of technology.

Notes

ABSTRACT BOOK

The essence of the ICU nurse's experience during the COVID -19 pandemic, then and now

Susan K. Steele-Moses

Northwestern State University, LA

Objectives: At the end of the session the participant will be able to:

- Relate Watson's Theory of Human Caring to the nurse-patient relationship during the COVID-19 pandemic.

- Understand the essence of the ICU nurse's lived experience during the COVID-19 pandemic.

- Apply the knowledge gained to academic and clinical settings to continue to support practicing nurses.

Purpose: The purpose of this qualitative phenomenological study was to understand the lived experience of the registered nurse caring for patient's diagnosed with Covid-19 during the early days of the pandemic and after vaccination was disseminated.

Theoretical Framework: Watson's Theory of Human Caring

Method and Design: This qualitative phenomenological study took place in a southern state in the U.S. Twelve ICU nurses employed in four acute care hospitals participated in a 60–90-minute interview conducted via Zoom. The interviews were transcribed verbatim, verified with the participant, and compiled for data analysis. Grigori's data analysis procedures were used to transform the data into meaningful units.

Results: The four meaningful units that captured the essence of the nurse's experiences included: 1) The Calm Before the Storm, 2) We're Not Heroes, We Can't Even Save These People, 3) They Are Forever in My Mind, and 4) Nursing Is Forever Changed

Conclusions: As new strains and variants of the COVID-19 virus emerge, further research is needed.

Clinical Relevance: The findings can be applied by academicians who prepare future practicing nurses and the nurse leaders who support them.

Notes

Older women's experiences of intimate partner violence: a phenomenological study

Lourdes Irene Lopez

University of Puerto Rico, Puerto Rico

Intimate partner violence (IPV) is a global public health problem, linked to long-term health, social, and economic consequences. Despite the growing number of women over age 60 in Puerto Rico, knowledge is lacking about culturally specific IPV in women of this age group. This is problematic because women experiencing abuse often do not report it, health professionals are not educated to identify cases of abuse in older women, and researchers often include IPV with other types of abuse, such as negligence by families. The research aims were to explore the experiences of IPV in a sample of Puerto Rican women over 60 years of age and to consider the effects of IPV on women's health. An interpretative phenomenological approach was used to understand the experiences of older Puerto Rican women exposed to IPV. Data was collected using in-depth interviews. Codes and themes were analyzed using Colaizzi's strategy (1978). A total of six women participated. Five emerging themes- adverse childhood experiences, IPV influences, IPV implications, support structure for coping with IPV, and coping strategies were used for analysis and interpretation. The findings revealed that participants began to experience adverse events in childhood. Exposure to IPV initiated at the beginning of the relationship and lasted until after the age of 60. These experiences are related to harmful effects on mental and physiological health. Health management and early identification of IPV, along with referrals to centers dealing with trauma or violence, help the victim receive the appropriate interventions.

Notes

Screening for poverty as part of a streamlined process to address SDoH in primary care

Ruselle S. DeBonis

Allen College, IA

The negative impact of low-income has created longstanding health inequities. Strong evidence supports screening and addressing social determinants of health (SDoH) in primary care but the practicality in a busy office setting can be a barrier. A poverty screening question was used to identify patients at highest risk and showed good correlation for most SDoH. This study provided additional support for a three-step process used to streamline and address issues of poverty and SDoH in primary care. This presentation will review results and provide a brief overview of the process (USA)- U=understand poverty, S= screen for poverty and social determinants if indicated, A= adjust plan of care and address SDoH.

Notes

Trust is fragile – health care interactions among older adult immigrants in the Midwest

Maren Hawkins

Carroll University, WI

Older adult immigrants in the United States are a large population whose health care experiences are poorly understood. We took a two-tiered approach to better understanding the needs of older adult immigrants as related to health care in the United States. First, we conducted an integrative literature review of 20-years of literature. Second, we conducted a multi-year Community-Engaged Narrative Inquiry Photovoice project with older adult Russian and Spanish-speaking immigrants in Wisconsin to better understand older adult immigrants' interactions with health care and the healthcare system, and how those interactions impacted their health. The integrative review helped to situate the findings from our qualitative project, and the qualitative project in turn added rich information. Overall, we found that health care providers were among the last people participants trusted regarding their health care, among the older adult Russian and Spanish-speaking in our project. This strained trust led to misunderstandings of treatment and diagnoses, and reticence to seek health care. Moreover, we also found that staff felt poorly prepared to work with older adult immigrants themselves, which added strain. However, we identified a key caveat – when health care institutions emphasized actively training staff to work with the unique populations they served (such as older adult Russian and Spanish-speakers), and promoted cultural competency and cultural humility, older adult immigrants reported increased trust and satisfaction with their health care providers, and increased use of health care.

Notes

Undergraduate nursing education in pandemic times: academics' view of remote teaching

Larissa Lieberenz

Universidade Federal de Minas Gerais, Brazil

With the pandemic scenario caused by the new coronavirus in de year of 2020, social distancing was recommended as a protective measure. Thus, non-essential services had to be temporarily closed, including universities. In this context, colleges had to look for ways to continue their studies and one of the solutions was remote teaching. However, little is discussed about the students' difficulties regarding this process. Therefore, the objective of this study was to understand the influence of the pandemic on the academic life of nursing students about remote teaching. This is a qualitative, interpretative field research, carried out with 16 nursing students, enrolled in a private institution of higher education. Data collection took place through audio-recorded interviews carried out by video call or telephone call. After collection, the interviews were transcribed and evaluated according to Bardin's content analysis, with three categories listed: (I) From face-to-face to virtual: difficulties experienced by academics in adapting distance learning in higher education; (II) Distance learning for whom? Academic and emotional repercussions in remote higher education and; (III) The bright side: potentialities of adopting the distance learning regime in higher education". Difficult points were evidenced, such as the sudden transition from the face-to-face teaching system to the remote system, numerous difficulties in adapting academics to the new reality, as well as emotional repercussions in face of the new scenario. However, potentialities were also raised, such as greater availability of access and dissemination of knowledge. Descriptors: COVID-19. Learning distance. University education. Nursing.

Notes

I'm more than just a name: creating connections with online students

Amy M. Richards

Rogers State University, OK

Each person is given a name that follows them through their lifetime. Our names are unique, chosen carefully by our loved ones, and acts to separate us from others. Our names identify us as one human being among the 7.9 billion other human beings in this world (WorldOMeters, 2022).

The name given to us may be an old family name, a modern name, a popular name is a twist on its spelling, or a name that was from a person who was special. Our name will be on lists for the rest of our lives. Our names will be alphabetized, randomized, italicized, mispronounced, misspelled, called out when we are lost, and written on our tombstones when we pass. We are one of many, but no one is just a name.

As the world entered the pandemic of 2020, the academic arena of higher education turned to alternative, teaching platforms. The COVID-19 pandemic forced academics to switch to online teaching whether they were prepared or not. "The speed and enthusiasm with which educators embraced online teaching suggest that the challenge changed their perspective for the better (Gopalan, 2021). As a nurse educator, I have instructed nursing students both online and in the classroom for over ten years. I taught online when online wasn't cool. Teaching asynchronously is its own beast and requires more time to create, to prepare, to evaluate and to connect with students. My personal belief is that the latter is one of the most overlooked factors when teaching online.

Years of evaluation reviews and information gathering has allowed me to create a list of strategies that have worked to increase engagement in the online classroom. With the goal of keeping your students engaged, it's important to make the coursework meaningful to their clinical practice, recognize the unique gifts of each student on the roster, and to foster a relationship with each individual student in the class. It begins recognizing that a student is not just a name on the roster. Get to know them.

What will audience learn from your presentation?

• To be able to summarize practical tips for teaching online.

• To be able to identify three strategies to motivate online students.

• To understand the importance of individualized attention to asynchronous students.

Notes

Nursing students' perspective on academic success: a qualitative study

Marie Adorno

LSU Health New Orleans School of Nursing, LA

BACKGROUND: Schools of nursing must focus on the social transition as well as academic preparedness to maximize student success. The researchers initially conducted a retrospective quantitative study to identify predictors of students' on- time progression through the traditional BSN program.

METHOD: Qualitative research was conducted utilizing focus groups because the researchers wanted to investigate successful students and identify what they were doing to contribute to their success of graduating on time.

RESULTS: Four themes were identified: Early Engagement, Resources, Self-awareness, and Social Support.

CONCLUSION: Students shared that once they realized and reached out for help from faculty, upper classmen, and peers, they learned how to better navigate the demands and challenges of nursing school and experienced more success. The researchers implemented innovative assessments and orientation with new undergraduate students to better prepare them for the rigors of nursing school that will provide a significant impact on student success.

Notes

ABSTRACT BOOK

Impact of a pandemic as a forced disruption in nursing education

Jane Foote

Mayo Clinic, USA

Amy T Grimsley

Providence St. Mary Medical Center, CA

This purpose of this study was to determine the impact of a pandemic as a forced disruption in nursing education through a mixed methods survey as a way recover from and prepare for current and future disruptions. Four qualitative themes from Midwestern Nursing Professional Development (NPD) providers (N=60) noted pandemic impacts including focusing on mission driven work, changes in work environments, concern for new nurses entering the workforce in the pandemic and virtual connections. Recommendations for NPD leaders are to support staff during turbulent times include preparation for online teaching and learning, and improved communication regarding essential education.

Notes

Local anesthesia before intravenous cannula insertion: recommendations for registered nurses in practice

Vera Campbell-Jones

Southeast Missouri State University, MO

Objective: First do no harm. The purposes of this project were to educate registered nurses of the intradermal, pretreatment procedure; provide education on the hospital's current IV therapy pretreatment policy; and increase the usage of intradermal, local anesthesia for cannulation for adult patients' comfort level.

Methods: A mixed method of nonexperimental descriptive pre- and post-survey was used. The data was collected from 48 registered nurses' pre- and post-surveys indicating descriptive analysis. The design was a one group pre/post-test design using content qualitative analysis to further identified barriers as why nurses did not use pretreatment before IV insertion procedures.

Results: The results revealed 83% of the participants were not aware of the hospital's IV pretreatment policy of intradermal anesthesia with Lidocaine before IV insertion prior to the DNP project. Evidence indicated inconsistency in the use of pain management strategies during these procedures. The conclusions of this project provided an important overview of the barriers to change in clinical practice for registered nurses with IV skills.

Conclusions: An improvement project was developed and recommended to a nursing IV therapy practice for registered nurses. Local anesthetic, such as intradermal, should become standard practice for registered nurses regarding pretreatment for pain control prior to intravenous insertion. This project also has implications for nursing students education regarding pretreatment for pain control.

Key Words: Local anesthetics, Intradermal, Normal saline with preservatives (NSP), Nursing, Pretreatment, Psychometrics, Registered nurse (RN), Simulation

Notes

Student nurses' educational experiences during COVID-19: a qualitative study

Linda Rood & Tanya Tanzillo

Northern Illinois University, IL

Background: As a result of the COVID-19 pandemic, many unexpected changes in healthcare occurred worldwide. With the abrupt change to online education in 2020, nursing students experienced many challenges, and virtual learning impacted their overall success. There were few qualitative studies completed in the U.S. that investigated the nursing students' experiences. The aim of this study was to explore pre-licensure nursing students' experiences and perceptions of nursing amidst a pandemic.

Objectives: This study investigated nursing students' experiences and perceptions of the nursing profession amidst a pandemic and explored whether students would continue pursuing a career in nursing.

Design: A qualitative study utilizing focus group interviews and questions using the Theory of Planned Behavior as a framework.

Setting: University in Northern Illinois educating baccalaureate degree pre-licensure nursing students.

Participants: Twenty-four pre-licensure nursing students first through fifth semesters. Ten focus groups were established and consisted of two to three students each.

Methods: A qualitative study design using the Theory of Planned Behavior to construct 9 semi-structured questions. These questions were utilized in the focus groups (n=24) and Framework Analysis was utilized to analyze data.

Results: Five themes and three sub-themes emerged from the study. The themes included: inspiration to become nurses; relationship strain with friend/family due to poor adherence to isolation guidelines; transition to online learning; unprepared to begin nursing practice; and ambiguity regarding how to impact government health policy. The three sub-themes included: students' own inspiration; inspired by family; and mental health strain.

Conclusions: This study found that the students' perceptions of the nursing profession did not waiver, and their desire to pursue a nursing career was resolute. However, this study demonstrated the challenges nursing students experienced with a rapid transition to online learning. Additionally, students expressed having insufficient in-person experiences and felt unprepared to begin nursing practice.

Notes

Curriculum, theory, and practice: exploring nurses' and nursing students' knowledge of attitudes towards and self-efficacy in caring for the older adult in Canada

Amany Mohamed

University of Western Ontario, Canada

This study explores nurses' and nursing students' knowledge, attitudes, and self-efficacy in caring for the older adults, and addresses the factors contributing to nurses' perspectives. It also examines the nursing curriculum's contributions to nurses' knowledge, attitudes, and self-efficacy and provides suggestions to reconfigure the nursing curriculum for comprehensive gerontology nursing care. A mixed-method research design was used to address the purpose of the study. The results revealed that most nurses possess neutral attitudes toward caring for older patients, and their knowledge ranged from average to above-average levels; most nurses had an above-average level of self-efficacy. Results also showed a statistically significant positive correlation between nurses' attitudes and knowledge level and between self-efficacy and knowledge level. Similarly, there was a statistically significant positive correlation between nurses' attitudes and self-efficacy and between self-efficacy and years of experience. This study demonstrated the positive impact of the Canadian nursing curriculum on nurses' knowledge, attitudes, and self-efficacy.

Notes

A holistic health determinants model to address the social determinants health and their impact on population health

Patricia M. Schoon

Metropolitan State University, MN

The social determinants of health (SDOH), conditions shaped by policies, culture, and norms, that exist where people live, learn, work, and play, and affect health, are the most significant causative factors of health (CDC, 2021, WHO, n.d.). Baccalaureate and graduate level nurses have been charged by the American Nursing Association (2022) and the National Academies of Science, Engineering, and Medicine (2021) with the responsibility to address the SDOH and take actions to achieve health equity. In 2021 the American Association of Colleges of Nursing added population health as a new domain for baccalaureate nursing education.

A holistic health determinants model for nursing education and practice is needed to prepare nursing educators and nurses for these challenges. A literature review did not result in finding a model. A search of theories to support an evidence-based health determinants model resulted in the selection of Bronfenbrenner's social ecological theory applied to public health and intersectionality theory. The integration of these theories provides a framework for a holistic health determinants model that addresses the SDOH and lived experiences across the lifespan for diverse individuals, families, and populations. This health determinant model includes biological and genetic, social behavioral, physical environmental, and social environmental determinants integrating the SDOH throughout. It addresses the SDOH upstream causes of health to help prevent disease and maintain health. This model guides nursing educators and all nurses to expand their practice from time specific treatment to address the SDOH and the lived experience of individuals, families, and populations across the lifespan.

Notes

Guided imagery: harnessing the power of imagination to combat workplace stress for health care professionals

Rita Carroll

Drexel University, PA

In these unprecedented times, health care professionals have experienced new levels of stress, creating a greater risk for burnout, poor physical and mental health, and unhealthy coping behaviors. Brief meditative practices, such as Guided Imagery, can quickly decrease the overactive stress state that can cause a host of physiological responses, dampen mood, diminish cognitive function, and make us feel disconnected. Guided Imagery uses descriptive language to evoke a pleasant, relaxing, multi-sensory experience to improve mood, cognition, and physical comfort. Guided Imagery is an effective, low-cost method to quickly counteract the stress response and turn on the relaxation response, even with only a few minutes of practice. When time is spent in relaxation practices, there is an opportunity to restore perspective, energy, and focus. This is beneficial to the individual employee, and to the dynamic interactions of health care professionals in the workplace. Employees who engage in this practice may be more relaxed, focused, and aware, potentially contributing to a higher quality of care.

Notes

Stock inhaler programs for schools: mobilizing stakeholders to identify facilitators and barriers

Andrea A Pappalardo & Jessica Wrona

University of Illinois at Chicago, IL

Asthma prevalence and morbidity disproportionately impacts Black and Latinx children. Further, children spend most of their day at school, where studies have shown access to rescue inhalers is sub-optimal. One potential solution is legislation that allows schools to carry a universal asthma rescue inhaler. In Illinois, legislation was passed in 2018, but implementation has been slow. Our objective was to elicit implementation barriers and facilitators to the Illinois Public Act 100-0726 allowing stock inhalers at schools.

We conducted a stakeholder analysis to identify and engage community-based stakeholders crucial to the legislation and implementation of "Stock Asthma Rescue Medication in Schools", Illinois Public Act 100-0726. We mapped key stakeholders and their potential impact in legislation implementation. Barriers and facilitators to implementation of stock inhalers in Illinois schools were identified from qualitative semi-structured interviews with key stakeholders (n=14).

The implementation process was found to be complex, with at least 22 barriers cited. The most frequently coded barriers included 'Cannot find a provider/Pharmacy refusal to fill Prescription', 'Not enough nurses/not a nurse in every school', and 'Difficult to arrange care following stock albuterol use'. The most successful implementation facilitator was when a "Champion" was identified. Sustainability seems to be an ongoing concern without a state-level prescriber.

Stock inhaler programs for schools are a policy solution to provide students critical medication access, especially those in vulnerable populations. A framework for school health-related policy implementation is necessary for success. A state-level prescriber in states with stock medications seems to promote sustainability and is highly recommended.

Notes

Care and the ethics of care: collaborative disciplinary approach and new perspectives

Montserrat Busquets Surribas

Colectivo Minerva, Spain

This presentation exposes the work carried out in the ongoing Project "Ethics and values of care" during the period 2015-2022. With the aim of visualizing the potential of knowledge and transforming capacity of care and the ethics of care, 6 seminars have been held with the participation of international and Spanish professionals. In them, based on the ideas of Carol Gilligan, the concepts provided by the ethics of care are deepened, interrelated with ethics in the field of health care and, specifically, with the ethics of nursing care. The project proposes the application of the theoretical framework of the ethics of care - relational, contextual and inclusive - in care, attention, management and research in health services. At the same time, it positions itself in favor of nurses leading care within health teams. The publications produced as a result of the seminars are: (1) The future of care. Understanding of the ethics of nursing care and practice; (2) New Policies of Caring: Alliances and Networks in the Ethics of Care; (3) Technologies and new relationships in the care ; (4) Ethics of care, inclusive innovation and care quality ; (5) Commitment to care and ethics of care. Theoretical development and practical application.

Notes

Gamification: the use of an educational game based on instagram as a complement to teaching for nursing students

Antonio Rosa Castillo

Universitat de Barcelona, Spain

University teachers who seek to improve the acquisition of knowledge among their students are constantly searching for innovative educational modalities. In that sense, both social networking services (such as Instagram) and gamification (the use of game elements in non-game contexts) have proved effective in stimulating learning in the classroom.

According to that, we created an Instagram-based game to complement in-class activities of the subject "Dietetics and Nutrition" of the Bachelor of Nursing. The story of the game was set on the international space station, and students had to give diet and nutrition tips to help the astronauts stationed there choose adequate food to undertake activities such as a spacewalk.

The objective of our study was to determine students' perception of the influence that the Instagram-based game had on their learning and their satisfaction with this approach, whose main innovation is that it takes advantage of Instagram's popularity as a social networking site to distribute a gamified activity to students.

Of the total sample, 71.7 % agreed that gamification had helped them assimilate the content. Between 66 % and 70 % agreed that the experience had motivated them to keep up with the subject and learn more about the topic, that it had helped them to better understand certain concepts of the subject, that they would recommend the experience to other students, and that they enjoyed the experience of playing a game while learning. 71.7 % of them were in favor of increased use of gamification in other subjects.

Notes

Reiki: an effective self-care practice

Marissa Winters

Georgian Court University, NJ

Viewing wellbeing through the lens of energy and energy exchange offers a fuller picture than only focusing on physical and/or mental health. Offering self-care without accounting for all aspects of being human, including the energetic, misses out on key perspectives. Reiki is a simple-to-learn, easy-to-use self-care practice that has been shown to offer physical and psychological benefits to recipients. An ongoing pilot study consisting of 15-min Reiki sessions delivered to hospital staff on their units has resulted in an average decrease in self-reported stress of 60% based on pre and post surveys. Further, Reiki can be integrated into an array of daily activities so care providers can access its benefits.

Notes

"Part of the team"—how caregivers support patient engagement in video telehealth

Megan E. Gately

Veterans Health Administration, Washington, DC

Video telehealth is increasingly relevant for a range of clinical services, given barriers to care such as rurality and a dearth of specialty care clinicians to meet the needs of a growing aging population. Video telehealth can be challenging particularly for some older patient populations due to decreased technological skill or age related health conditions such as decreased hearing or vision. In addition, clinical services such as occupational therapy (OT) and nursing (which often have hands-on components) are more difficult to translate into virtual delivery. Caregivers may lessen some of these challenges by assisting patients with the technological aspects of a video telehealth encounter. Caregivers may also assist clinicians on the patient side by aiding in communication and assuming clinician extender roles. However, the extent to which caregivers assist patients and clinicians during video telehealth is not well-understood. This talk will present evidence for caregivers' supportive role in video telehealth encounters through the lens of caregivers' roles in occupational therapy video visits. This includes data from a national sample of OT practitioners at Veterans Affairs, the largest integrated health care system in the United States, about caregiver involvement in OT telehealth. Improved understanding of the barriers and facilitators to caregiver involvement in video telehealth will inform nursing professionals' ability to partner with caregivers during virtual encounters. This has broad applicability to nursing and other disciplines who provide comprehensive care that often integrates care partners.

Notes

COVID-19: lessons to learn from student nurses joining the pandemic workforce

Ben Hughes

University of Bolton, United Kingdom

The impact of Covid-19 on registered nurses has been well-documented but there is less understanding of the experiences of student nurses who joined the workforce. This account was written by two lecturers and seven student nurses at a university in the United Kingdom. The students have since qualified and are now employed in the National Health Service.

Personal experiences and opinions of student nurses show they were excited about joining the pandemic workforce but were also a bit nervous about their readiness for practice and the implications for themselves and their families. Students are an important part of the nursing workforce and the pandemic provided unique opportunities for them to learn key competencies and use their skills in an unprecedented situation. Recognising the valuable contribution of student nurses to a national crisis will improve the ability of a health service to respond to a pandemic and provide clarity for the student. Plans for student nurses to join the workforce should be put into place before another pandemic develops.

Notes

Psychosocial determinants of intention to seek palliative care among the public in Lebanon

Batoul Fneich

American University of Beirut, United Kingdom

Objectives: This study aimed to assess the psychosocial determinants of intention to seek palliative care for the client themselves, or intention to enroll a family member in palliative care among the public in Lebanon.

Methods: A cross-sectional study was initiated in 2020 on a convenience sample of adults permanently living in the Greater Beirut (GB) area; people with no current or previous experience with palliative care either for themselves or for someone dear to them were included. Verbal consent was obtained before data collection, and participants received a questionnaire to be self-completed, statistical analysis was performed using SPSS statistics version 23.0.

Results: A total of 875 participants with a mean age of 42 years were interviewed, of whom 24 participants (2.7%) had had a previous experience with PC, either personally or with someone very close to them. The best-fit multivariate predictive model for intention to use PC included older age, positive attitude, and higher perceived control on one's health. The multivariate model for intention to recommend use was significantly associated with a positive attitude, higher perceived control, and lower perceived barriers.

Conclusions: Promotional activities should be conducted to provide the Lebanese public with accurate, detailed, and direct information about the benefits of PC, involving essentially physicians. Future research should explore the decision-making process in "real-time" situations, and within our specific psychosocial, cultural, and organizational context.

Notes

Vital sign measurement and response to abnormal measures in surgical specialty clinics

Andrew Cohen

Brady Urological Institute, MD

Introduction: There is a paucity of evidence regarding the utility of vital sign measurement in outpatient settings despite mandatory reporting policies. The evaluation of vital signs becomes futile when a patient has high vital sign values that are not noted, recognized, or acted on. We hypothesized that most patients presenting to subspecialty clinics have normal vital sign measurements and that abnormal vital sign measurements will not be addressed.

Methods: In this cross-sectional study, we performed a retrospective review of outpatients presenting to urology, plastic surgery, orthopedics, and otolaryngology specialists from October 2019 to January 2020 at a tertiary care center following STROBE guidelines. Pertinent variables were recorded and compared with statistical testing.

Results: At least 3 vital sign measurements were checked in 107 encounters (24.2%). No patient (n=442) had all 5 vital signs checked. 293 patients had at least 1 abnormal vital sign. 2 of 442 patients (0.45%) were referred to the emergency department for elevated blood pressures. There was no documentation in the medical record for the remaining patients with abnormal vital signs to discuss with their primary care doctor, seek emergency care, or take additional medication.

Conclusion: A reevaluation of the utility of vital signs in subspecialty clinics may be warranted. Vital signs were not universally measured, and the results rarely affected the clinical encounter. Abnormal vital sign measurements may be due to anxiety or stress about upcoming tests or surgical procedures; this supposition may reinforce questions regarding utility.

Notes

A community-academic partnership to prevent and reduce substance use disorders in metropolitan Detroit during COVID-19

Karen Calhoun

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Background: The COVID-19 pandemic along with activism against institutional racism heightened awareness of racial-ethnic disparities and disproportionate burden among the underserved. The opioid crisis further compounds these phenomena, increasing vulnerability for substance use disorders (SUD). Community engagement, community based participatory research and community health partnerships can facilitate multi-disciplinary collaboration, yet literature focused on these approaches to prevent and reduce SUD and associated stigma remains limited.

Objective: Discrimination, stigma, and multiple crises with healthcare and systemic impediments increasingly marginalize the underserved, specifically around SUD. The Detroit Area Mental Health Leadership Team (DAMHLT, since 2015), encourages bi-directional learning, community education, and access to real-time data and scientific discovery to influence community-level research and practice.

Lessons Learned: Community-identified need and recommendations can inform research and practice to prevent and reduce substance use behaviors, SUD, and opioid overdose deaths. DAMHLT's approach may be translational to other partnerships.

Conclusion: As we strive to eradicate the co-occurring coronavirus and opioid crises, re-imaging community-level infrastructure and addressing hesitancy on public health response is essential. All aspects of public health and clinical research should include community engagement.

Notes

Breaking down the "black box" of machine learning for predictive analytics: results from models predicting 30-day readmissions following an AMI

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Background: Each year, approximately 635,000 adults in the United States will experience their first acute myocardial infarction (AMI). Nearly 20% of Medicare beneficiaries will be re-hospitalized within 30-days of their initial discharge. Given the financial burden created by hospital readmissions, they are frequently the target of national and state-wide interventions. Central to their success is the ability to accurately identify patients at risk for readmissions. Prediction modeling can enumerate patient risk for readmissions.

Methods: Two retrospective cohorts were developed with electronic health record (EHR) data harmonized to the OMOP CDM. Data from Vanderbilt University Medical Center (VUMC) served as the development set, and data from Dartmouth-Hitchcock Medical Center (DHMC) served as the external validation set. Five machine learning models were developed on 241 possible candidate features. Each model was trained using 10-fold cross-validation and evaluated using AUROC, brier score, and calibration plots on the full holdout test set.

Results: The 30-day readmission rate was 15.1% and 10.2% at VUMC and DHMC, respectively. Over 60% of both cohorts were male, white, and non-Hispanic. The AUROC ranged from 0.686-0.704 at VUMC and 0.595-0.655 at DHMC. The LASSO model provided the best calibration for both sites. Important features were discharge location, age, and hospital score.

Discussion: Prediction models from this study used EHR data as inputs and generated a probability of the outcome as an output. These models can identify patients at the highest risk for readmission, and they can identify variables important to prediction. Best performing models optimized discrimination and calibration.

Notes

Combined proactive risk assessment: unifying proactive and reactive risk assessment techniques in health care

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Background: Reactive risk assessments (RRAs) such as incident reporting and root cause analysis (RCA), as well as proactive risk assessments (PRAs) such as failure mode and effects analysis, are generally conducted independently in health care. Literature promotes combining risk assessment techniques. This concept builds on previous methodologies and presents an innovative, scalable, and generalizable risk assessment methodology.

Methods: A Combined Proactive Risk Assessment (CPRA) technique entails combining incident reports (RRAs), combining proactive risk assessments (PRAs), and merging components of PRA and RRA. Using specific keywords, this technique aligns patient safety reporting data with process steps and failure modes to assess risk within any of the process steps. This technique was tested by using PRAs from several Veterans Health Administration (VHA) facilities and national patient safety data from the VHA National Center for Patient Safety's database. Reported events and RCAs related to the outpatient blood draw process were used for this illustration. Repeatability was determined by independently applying the technique to two years of data and auditing results.

Results: Aggregating PRAs from multiple facilities identified 220% more failure modes; and integrating incident reports into PRA identified 310% more failure modes than the single facility average. Overlaying safety reports onto a comprehensive process flow diagram revealed that 85.8% of events occurred in three of seven process steps. Accuracy of this technique was generally above 85%.

Conclusion: This technique is promising for identifying vulnerable points in health care processes or to compliment a traditional PRA. Single PRAs are less likely to identify all potential failures or focus on the most hazardous process steps. This technique may aid in assessing key health care processes at an enterprise level.

Notes

The sacred space: using motivational interviewing and other patient-centered approaches

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Carol Berger

Maryville Graduate School of Nursing, TN

Objective: Help patients make necessary life changes to reach desired health outcomes.

Methods: By combining the transtheoretical stages of the change model with motivational interviewing, nurse practitioners can hone powerful skills to enable patients to make their desired life changes.

Results: Nurses and nurse practitioners can make a difference in patients' lives by connecting and partnering with them to create positive change for improved health outcomes.

Conclusions: Nurse educators should provide opportunities for nurses at all levels to learn and incorporate these skills into their practice.

Notes

ABSTRACT BOOK

Influence of a formal mentor on hospital-based nurse research resources and outcomes

Trisha Saul

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Background: Magnet® status is an award validating a healthcare organization's commitment to a sustainable nursing culture of excellence with a requirement of nurses doing research. Additionally, research dissemination activities such as publication of study findings are required.

Purpose: To characterize relationships between a nurse research mentor, Magnet® designation, and nursing research-related resources.

Approach: Resources to support research activities in a health system spanning 7 states were assessed. Hospitals were invited to complete the Hospital-Based Nursing Research Characteristics (HBNRC) survey through REDCAP between June 2021 – October. The survey included demographic items, and three subscales (hospital research infrastructure, research culture, building a nursing research program).

Results: 39 hospitals (73.6% response rate) rated the "developing a research program" subscale as the lowest (m = 1.9) and the "hospital culture" subscale as the highest (m = 2.4). In all, 23 hospitals (59%) reported having an RN mentor for engaging nurses in research activities, representing a total of 10 unique nurses. Hospitals with a mentor reported more research resources (m = 2.5) compared to those without (m = 1.8, $p < 0.001$). Hospitals with a mentor were significantly more likely to have achieved Magnet® designation, had been conducting nurse research for more years, reported more research studies, and had more peer-reviewed publications with a nurse author compared to hospitals without a mentor ($p<0.05$).

Conclusion: Our findings align with previously reported research supporting mentors and increased nurse engagement in research. Future work is needed to investigate relationships research mentor characteristics and nursing self-efficacy in conducting projects.

Notes

Gratitude as an intervention to impact nurse leader compassion satisfaction

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Nurse leaders hold a pivotal role in most health care organizations, leading the largest component of the workforce. Nurse leader compassion fatigue can contribute to role dissatisfaction, turnover, low employee morale and engagement, patient safety and satisfaction concerns. Compassion satisfaction is a protective factor against compassion fatigue; nurse leaders may benefit from interventions to foster compassion satisfaction. Within the past two years, the rate of nurse leader turnover at this pediatric academic medical center was over 50%. Nurse leader turnover can be a factor in staff nurse turnover, both cost the organization a significant amount in recruitment, onboarding, orientation, and staffing expenses. Twenty-one nurse leaders consented to participate and received training on Three Good Things, a gratitude exercise. Participants performed the intervention daily, completing the Professional Quality of Life measure prior to beginning the intervention and at the end of the eight-week period. The practice of Three Good Things was found to be statistically significant in increasing the compassion satisfaction of this population of nurse leader; 80% of participants exhibited an increase in their individual compassion satisfaction score. In the six-month period after this intervention, the overall nurse leader turnover rate at the institution was 3.4%. Developing a practice of gratitude can foster compassion satisfaction for nurse leaders. Gratitude is a valuable intervention in fostering resilience and may be beneficial in increasing role satisfaction and decreasing turnover in this population.

Notes

Developing a standardized method for clinical staff training, education, and competency

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Clinical skill competency maintenance is a regulatory and quality requirement. Staff having the proper clinical competencies to provide high-quality care begins with nursing orientation and continues with the maintenance of annual skill competency. Building a robust training and clinical competency program requires collaboration between nursing education and nursing leadership.

An education framework was created outlining the education, training, and competency plan for the nurses and the unlicensed assistive personnel within an ambulatory network. The framework included a robust plan for the initial training of new hires and the ongoing maintenance of skill competencies for established staff. A competency calendar was created defining specific clinical skills for each month of the year and a checklist was created for each clinical skill identified as requiring competency validation.

Overall, this training and competency program contributed to the standardization of practice across ambulatory care. The staff receiving the same information to support clinical practice at specific times during the year and having the opportunity to serve as a unit champion has greatly reduced variation in practice across the board. In addition, this program has established an organized manner to not only train but also track timely completion of skills competency. However, the manual record keeping process was one of the major feedback from the nurse managers. Hence, exploring ways to convert a paper-based skills competency checklist to an electronic format that readily interfaces with a web-based learning management system could reduce the burden and redundancy of manual record keeping.

Notes

General practitioner's experience of self-harm in primary care

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This study explored general practitioners' (GPs) experiences of self-harm presentations in primary care with the aim of developing a deeper understanding of these encounters. A descriptive qualitative research methodology was applied, with a purposively selected sample of 8 GPs who were currently working full time in primary care. Semistructured interviews were completed, transcribed, and interpreted through thematic analysis. GPs demonstrated positive attitudes toward their patients and could provide a detailed understanding of potential underlying precipitators. There was, however, a notable disparity in the consideration of their role and perception of their ability in ongoing management. There is a need for improved guidance and training on assessing and managing self-harm, along with improved access to appropriate services. The development and implementation of a self-harm registry in primary care is recommended.

Notes

Is there a correlation between hypermobility of the spine and chronic neck/back pain in young adults?

Peter Reuter

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Generalized joint hypermobility (GJH) often presents with chronic musculoskeletal pain (MSP). Our study looked into a possible correlation of hypermobility of the spine and chronic neck/back pain in young adults. Undergraduate students at our university were invited to complete an anonymous survey that included questions about chronic musculoskeletal pain and the severity of pain. They were also assessed for hypermobility of the spine, i.e., the ability to rest the palms of their hands flat on the floor with both knees fully extended. Preliminary data analysis suggests that participants with spine hypermobility were more likely to report chronic neck/back pain than participants without spine hypermobility. However, this differs for male and female participants, as male participants with spine hypermobility were more likely to report chronic neck/back pain than male participants without spine hypermobility, but female participants with spine hypermobility were not more likely to report chronic neck/back pain than female participants without spine hypermobility. Additionally, neither male nor female participants with spine hypermobility did report different averages of pain intensity for their chronic neck/back pain.

Notes

Psychometric evaluation of the irritability scale-initial version in Chinese cancer patients

Amy Y. Zhang

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Background: Depression is prevalent among Chinese cancer patients. Irritability is a common experience of depressed Chinese patients but is understudied and not well measured.

Objective: We aimed to assess psychometric properties of a new measure of irritability in Chinese cancer patients across the social and political spectrum.

Methods: The Irritability Scale-Initial Version (TISi) was translated into Chinese and tested in two samples of Chinese cancer patients undergoing treatments: 52 patients in Beijing, China between 2018 and 2019, and 65 patients in Taipei, Taiwan, in 2020.

Results: The Chinese version of TISi demonstrated high internal consistency (Cronbach's ⍰⍰= 0.944, 0.98), high reliability based on the split-half method (Spearman's r = 0.941, 0.991) in the two samples, and satisfactory discriminant validity (r = 0.65) using the Chinese version of the 17-item Hamilton Rating Scale for Depression (CHDS) and the 7-item depression subscale of the Hospital Anxiety and Depression Scale in the Beijing sample. A confirmatory factor analysis produced factor loadings in both samples, which resembled a sample of American cancer patients. Three TISi items were loaded more highly on the physical instead of the original behavioral subscale in the Beijing sample. A possible influence of cultures was explained.

Conclusion: Overall, the study findings have shown that the Chinese version of TISi has satisfactory psychometric properties for assessing the level of irritability in Chinese cancer patients. Future large-sample studies are needed to further determine TISi's factorial structure, test-retest reliability, sensitivity to change, and predictive validity for depression in Chinese cancer patients.

Notes

Knowledge, attitudes, and expectations among certified nursing assistants providing oral care to individuals with Alzheimer's disease or another form of dementia utilizing music therapy

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Seattle Central Colleges, WA

Lorie Speer

Eastern Washington University, WA

Purpose: Explore CNAs attitudes, knowledge, and expectations on the use of music for individuals with Alzheimer's Disease/dementia while providing oral care.

Methods: A 5-point Likert scale survey that included demographic and qualitative questions, posted on a private CNA Facebook page. The survey explored attitudes, knowledge, and expectations of CNAs towards the use of music therapy. Data was analyzed using descriptive statistics, Chi-square, and thematic coding.

Results: A convenience sample of (N = 55) CNAs participated in the study. IBM SPSS® version 28.0.1 was used to analyze the data. Most CNAs (72.9%) had a positive attitude towards the effects of music for individuals with AD and dementia but only 52.7% (n=29) utilized music therapy within their daily tasks. CNAs (81.8%) possessed adequate knowledge but indicated more training. Half the participants reported a lack of resources and time to implement music therapy in practice. No statistical significance (p = 0.05) found among the participants with less education vs more education, <35 years old vs >35 years old, and <5years work experience vs >5 years' work experience. Qualitative responses on attitudes and expectations found (80%; n = 44) music was "important to them" however (60%; n = 33) "lacked the knowledge and training."

Conclusion: CNAs hold favorable attitudes towards the use of music, however more formal training is needed. The provision of music and its positive and calming effect is used not only those with AD or dementia, but also with CNAs working in a setting that can present challenges.

Notes

Breaking barriers in healthcare: an interprofessional education conceptual model using emotional and education neuroscience advancements

Stephanie Au

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Katelynne Au

University of California, Los Angeles

Interprofessional collaboration between healthcare providers is arguably one of the most important clinical skills. It is simultaneously one of the most lacking and under-evaluated skills in healthcare education. Recently, interprofessional education (IPE) has gained traction across many fields, however significant barriers continue to prevent IPE from being widely implemented in healthcare curricula. While the importance of IPE is largely accepted, theoretical underpinnings, conceptual frameworks and methodically rigorous research is needed to further the advancement of effective IPE. Recent advancements in emotional and educational neurosciences serves as an innovative approach for IPE curriculum design. Education at its core is all about "learning" or the growth of knowledge; neuroscience is the understanding of the mental process that leads to that learning. Emotional neuroscience examines the connection between brain function and human emotions, and educational neuroscience embraces the belief that the brain is a unique organ which has the ability to teach itself. Our project developed and implemented an IPE curriculum with a foundation in emotional and educational neurosciences concepts. Participants included graduate and undergraduate nursing, medical and pharmacy students. Results showed improved understanding, application, and appreciation for IPE. Additionally, the curriculum proved to be a more effective method across all three programs, whereas traditional IPE instructional methods are often skewed to favor one professional role over another. Curriculum design developed from sound theoretical concepts is needed. This project shows the efficacy of incorporating knowledge from neuroscience research as a successful strategy to developing strong IPE curriculum.

Notes

An innovative civility intervention created by a faculty and student action research team

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Incivility and bullying are significant issues in nursing education and health care practice, and contributes to ineffective academic learning, unprofessional nursing practice, and negative impact on patient care outcomes. Building on a previous student/faculty research project where incivility was found to be a moderate problem, a team of nursing faculty and students used Action Research methodology to plan and implement a quality improvement project targeting incivility. A two-part, evidence-based training was offered to pre-licensure nursing students and faculty/staff. Part one was an eLearning module to increase incivility awareness. Part two was an interactive face-to-face session to increase incivility-related communication skills using strategies available in the literature and an on-line resource. Quantitative and qualitative program evaluation data were collected through an anonymous survey and analyzed descriptively for themes. Results supported the educational innovation to implement a cost-effective communication strategy to address incivility for students, faculty, and staff. The program design makes it a cost-effective and feasible intervention for use by other academic institutions.

Notes

How a sociological-based simulation provides nursing students opportunities to explore cultural humility and emotional intelligence

Adriana D Glenn

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As the United States increases in diversity, it is critical to provide pre-licensure undergraduate nursing students with safe opportunities to explore cultural humility and further develop emotional intelligence (EI). Simulation and gaming are powerful instructional approaches commonly used with students in health professions; they offer a controlled and supportive venue for learning and practicing communication skills and incorporating ways to embrace culturally diverse patient populations. Low fidelity simulations are easily integrated in courses with and without a clinical component. Bafa Bafa©, a well-known cross cultural low fidelity sociological-based simulation was used to guide safe and meaningful interactions for the nursing students to enhance critical thinking, cultural awareness and EI.

This presentation addresses how to integrate a low fidelity simulation in either a didactic or clinically based course, practical ways to launch the simulation as well as designing post simulation debriefings that use critical analysis to offer purpose and meaning to individual students as well as to each team. Past experiences including "lessons learned" are discussed as well as novel accommodations to include alternate group formats are shared.

Notes

Calling all antimicrobial stewards: insights and opportunities for the infusion nurse

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With the ongoing antimicrobial resistance threats declared by international and national government organizations, it is imperative to establish set up more strategies, beyond new -drug development, to halt the spread of antimicrobial resistance and preserve precious antimicrobials. While prompt recognition of infection and initiation of antibiotics is crucial in reducing morbidity and mortality, about 30% of all antibiotics prescribed in U.S. acute care hospitals are either unnecessary or suboptimal. The consequences of antimicrobial overuse are complex. Censoring overuse requires strategic efforts directed at tailoring antimicrobial prescribing habits. Antimicrobial stewardship is a way to combat the negative consequences for patients and society. All members of the health care team can influence stewardship efforts in the patient treated for infectious diseases. Many of the potent antimicrobials used today are given by infusion, providing an exceptional opportunity for the infusion nurse to become a crucial part of the antimicrobial stewardship team. The goal of this poster session is to explain why antimicrobials are worth caring for and preserving, as well as to define the role of the infusion nurse in the antimicrobial stewardship team through the use of patient cases.

Notes

How can simulation-based learning replace my lecture to foster student success?

Kelli D Whittington

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In nursing, as with many health science programs, students are required to successfully pass a national certification exam to be allowed entry practice in the field. Fostering the development of critical thinking skills, noted as clinical judgment in nursing, is an essential part of classroom teaching. Providing learning opportunities aside for traditional lecture within the classroom setting is paramount in the development and evaluation of those critical thinking skills. One effective way to foster the development of clinical judgment is to utilize simulation-based learning in the traditional lecture-based classroom. Approaching simulation-based learning within a flipped classroom approach promotes critical thinking as the students focuses on best practices to guide scenarios presented in patient simulation exercises.

Although the flipped classroom is not a novel approach to teaching, systematic and intentional class session development is a challenge. Stepping away from the comfort of lecture to embrace simulation –based learning requires a shift in planning and preparation for each course from both the student and educator. Novice faculty members through Expert faculty members will find ideas to implement within their curriculum as well as the opportunity to discuss what has and has not worked in different topics/settings.

Notes

We wish to see you

at

Nursing Science-2024