



NWC
2017

2nd Nursing World Conference



Venue

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Las Vegas, NV 89118

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October 16-18, 2017

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Keynote Speakers



Charles Boicey
American Nursing Informatics
Association, USA



Carlos A. Archilla
Nemours Children's
Hospital, USA



Rose Kearney-Nunnery
University of South Carolina
Beaufort, USA



Ed Mantler
Mental Health Commission of
Canada, Canada



Lavoy Bray
American Association for
Men in Nursing, USA



Mercy Popoola
John Glonor University
USA



Daryle Wane
Pasco-Hernando State
College, USA



June Anonson
Saskatchewan Polytechnic
Canada



Georgia Smith-Vest
Rasmussen College
USA



Gabriel Oluwakotanmi
Hallmark University
USA



Sandy Blake
Whanganui District Health
Board, New Zealand

About Magnus Group



Magnus Group (MG) is initiated to meet a need or to pursue collective goals of scientific community, especially in exchanging the ideas which facilitates growth of research and development. We specialize in organizing conferences, meetings and workshops internationally to overcome the problem of good and direct communication between scientists, researchers working in same fields or in interdisciplinary research.

MG promotes open discussions and free exchange of ideas at the research frontiers mainly focusing on science field. Intense discussions and examination based on professional interests will be an added advantage for the scientists and helps them learn most advance aspects of their field.

It proves that these events provide a way for valuable means of disseminating information and ideas that cannot be achieved by usual channels of communications. To encourage an informal community atmosphere usually we select conference venues which are chosen partly for their scenic and often isolated nature.

About NWC 2017

Nursing world conference (NWC 2017) is designed to facilitate the sharing of knowledge and experience of nursing and healthcare workforce education worldwide. NWC 2017 will continue this philosophy by encouraging the sharing of research and practice of nursing and healthcare education as it impacts on the learning experience of students and qualified practitioners and the health and social care needs and safety, of the individuals and communities it serves worldwide.

The theme of the Conference 2017 is “In Pursuit of Viable Quality Health Care”, under which participants will stimulate each other to create and promote the body of nursing knowledge for meeting current and future needs of people who are facing complicated health problems and care service systems.





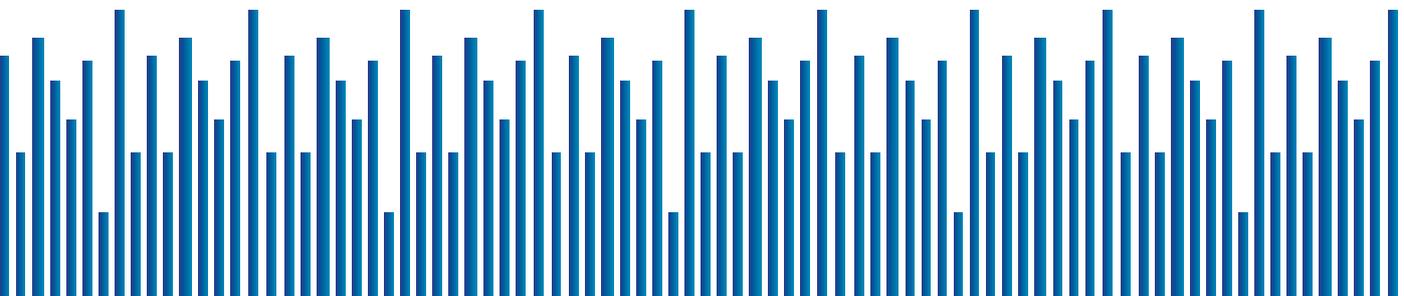
DAY 1

Keynote Forum

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Spark clinical surveillance: Saving lives and improving patient care

Charles Boicey

Stony Brook University, USA



Charles Boicey explains how healthcare uses Spark Streaming to provide real-time updates to healthcare providers for critical healthcare needs, helping clinicians make timely decisions from the assessment of a patient's risk based on information gathered from streaming physiological monitoring along with streaming diagnostic data and the patient historical record.

Audience Take Away

- The Participant will have a working knowledge of Big Data analytic technologies and how they apply to healthcare.
- The participant will be able to state three technology trends that will impact the clinical informatics workforce.
- The participant will identify the skill sets that will be required to succeed as informaticists working with new technologies.
- The participant will formulate a personal readiness plan to meet upcoming clinical informatics challenges.

Biography

Charles Boicey is the chief innovation officer for Clearsense, a healthcare analytics organization specializing in bringing big data technologies to healthcare. Previously, Charles was the enterprise analytics architect for Stony Brook Medicine, where he developed the analytics infrastructure to serve the clinical, operational, quality, and research needs of the organization. He was a founding member of the team that developed the Health and Human Services award-winning application NowTrending to assist in the early detection of disease outbreaks by utilizing social media feeds. Charles is a former president of the American Nursing Informatics Association.

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Not all narcotics are created equal: A comprehensive review of opioids, prescribing patterns and literature review

Carlos A. Archilla

Nemours Children's Hospital, USA



The presentation will cover the effects of commonly prescribed opioids, will define the term narcotic, and will discuss the effects of direct to consumer advertisement. We will also discuss the results of an institutional poll that assessed the attitudes towards prescribing opioids. Will also discuss pain development, pain options and will review recent literature.

Audience Take Away

- More patients are asking for pain relievers-Direct to Consumer Advertisement effect
- Great number of physicians, have significant concerns when prescribing opioids. Internal polling will show practitioners' attitudes in sample institution
- Opioids are largely prescribed in the USA
- Pain fiber development
- Opioid side effects and basic pharmacology
- Current literature review

Biography

Dr. Carlos A. Archilla is the Chairman of the Anesthesiology Department at the Nemours Children's Hospital in Orlando, Florida, USA. He graduated from the University Of Puerto Rico School of Medicine and completed his training in Anesthesia, Pediatric Anesthesia and Critical Care Medicine at the Johns Hopkins Hospital. He is an Associate Professor at Florida State University and the University of Central Florida, College of Medicine. He is a frequent presenter and expert panelist at national and international meetings. He is a member of the American Society of Anesthesiologists and the European Society of Pediatric Anesthesia.

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Memories do matter: Caring and dementia

Rose Kearney-Nunnery

University of South Carolina Beaufort, USA



As the world's population ages, dementias are increasing and are expected to multiply and have a significant impact on economies. Alzheimer's disease is the most common type of dementia, especially the late form with unrecognized onset often years prior to symptomology. Although research continues on treatments, an important consideration is early identification and delay of the pathology. We will consider some of the barriers to early identification and effective interventional strategies. In the United States, two national objectives of Healthy People 2020 are currently in the developmental stage with baseline data on caregiver awareness and preventable hospitalizations. This presentation focuses on brain health, prevention of health disparities, and interventions for individuals, informal caregivers, health professionals, and the public. A model non-profit organization in South Carolina has lead the way in provision of techniques to boost brain health, offer special screenings, provide enhancements for people with cognitive impairment and their caregivers, and celebrate each day and memory. Caring, hope, support, and fun are hallmarks of the various programs offered. However, we also need to reach out to the community for effective interaction strategies, whether in a restaurant, shopping event, or emergency department visit. Nurses and healthcare professionals can use and share important strategies for use with consumers with cognitive challenges and their caregivers. Provision of high quality cognitive health care, whether in the community or a hospital setting is critical for individuals and caregivers. Memories truly do matter for the individuals their significant others and the communities in which they live.

Audience Take Away

- Trends and implications worldwide.
- Explain early signs of dementia and the importance of identification and intervention.
- Techniques for effective communication and interventions in practical settings.
- Daily celebrations with, dealing with, and without cognitive impairments.

Biography

Department Chair, Nursing and Health Professions January 2011 – March 2016, retired. Currently on the Board of Directors of Memory Matters, Hilton Head, SC. Primary areas of interest: professional trends and issues, health policy, dementia care, and care delivery systems. Selected previous experiences: Dean at South University, VPAA at Technical College of the Lowcountry, nursing program director at SUNY College at New Paltz, and faculty at the University of South Florida and the LSUMC in New Orleans. Member of the South Carolina Board of Nursing (2000-2011), NCSBN board member, accreditation visitor for SACS COC (2001-2005) and CCNE (2013-2016).

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System transformation through culture change: Changing the landscape of mental health care in Canada

Ed Mantler

Mental Health Commission of Canada, Canada



Stigmatization towards persons with mental illnesses is a major quality of care problem, with negative consequences for patients at all points along the spectrum, from access, to care and treatment, to outcomes. It also remains a key concern for workplace mental health and a barrier to maintaining positive and healthy workplace cultures. The problem is thus both an inward-facing and an outward-facing one.

Since 2007, the Mental Health Commission of Canada has been a catalyst for change for mental health in Canada. This presentation will focus on some of the MHCC's key initiatives propelling that change, with specific attention to the healthcare sector. The presentation will show how stigma reduction, psychological health and safety in the workplace, and recovery-oriented practice are three key vehicles through which system transformation through culture change can be achieved.

Anti-Stigma. MHCC conducted a large scale multi-year evaluation study of anti-stigma programs targeting various healthcare provider audiences. The MHCC partnered with organizations conducting anti-stigma interventions for the purpose of evaluating program effectiveness and to help identify key ingredients and best practices for programming success. In this presentation, key learning's will be highlighted and information about specific programs that have shown to be effective and which are available for sharing and replication will be described. Findings include the identification of healthcare providers' main learning needs for stigma reduction, the identification and validation of key content ingredients for program effectiveness, the development of a model describing key strategies for successful program implementation, and identification of successful programming models and programs. In addition, results from a mixed method evaluation of the 'Recovery Narrative' program delivered to nursing students in Canada will be highlighted.

Psychological Health and Safety in the Workplace: While the workplace plays a part in positive mental health, it can also contribute to mental health problems and illnesses. Healthcare workers are not immune, in fact, they are 1.5 times more likely to be off work due to illness or disability than people in all other sectors. In 2013, the MHCC released a National Standard for Psychological Health and Safety in the Workplace. The Healthcare Collaborative is comprised of over 20 health leaders and organizations from across Canada designed to leverage learnings and experiences from a multi-year case study project related to implementing the Standard in healthcare work places with the goal of system transformation and culture change.

Recovery-Oriented Practice. Encompassing all this is the MHCC's development and promotion of the Guidelines for Recovery-Oriented Practice, a blue print for mental health service delivery change. The guidelines represent a new approach and paradigm for thinking about mental health and mental health care. In its application, a recovery-oriented system takes a value-based approach. It asks healthcare organizations and providers to reflect on the way we think about mental health problems in order to enhance value and improve patient-centered care.

Audience Take Away

- The audience will be exposed to ideas relating to the possibilities of system transformation through culture change. Key concepts to be explored include psychological health and safety in the workplace, the impacts of mental illness-related stigmatization from both an inward-facing (i.e., within healthcare culture as a workplace) and an outward-facing perspective (patient care and outcomes), and the paradigm of recovery-oriented practice in healthcare.

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- The audience will develop a greater understanding of ‘what works and why’ for successful anti-stigma programming in healthcare contexts, based on empirical research findings.
- The audience will learn about available programs, resources and tools that can be implemented by health professionals and healthcare organizations to reduce mental illness-related stigma, improve quality of patient care, and support workplace mental health within healthcare environments.
- The audience will learn about the MHCC and its role as a catalyst for change in mental health, and as an international leader in stigma reduction research in the healthcare sector.

Biography

A highly motivated visionary and an expert at building partnerships, fostering stakeholder engagement and aligning strategic objectives, Ed has led innovation and improvement in health care for over two decades.

As Vice President of Programs and Priorities at the Mental Health Commission of Canada, Ed is dedicated to promoting mental health in Canada and changing the attitudes of Canadians toward mental health problems and illnesses. By collaborating with stakeholders to improve mental health services and supports, he leads the way to change. Ed pays particular attention to reducing stigmas and increasing mental resiliency through innovative measures like Mental Health First Aid, the National Standard for Psychological Health and Safety in the Workplace, Suicide Prevention, and the Mental Health Strategy for Canada.

Ed is also a Registered Psychiatric Nurse, holds a Master's of Science Administration, and is a Certified Health Executive.

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Advancing research and scholarship through innovative leadership

June Anonson

Saskatchewan Polytechnic, Canada



Academic nursing leaders are providing strategic and innovative leadership in the advancement of research and scholarship within the Schools of Nursing. The leadership strategies and practices to support and strengthen the culture of research and scholarship within nursing education are varied. The Saskatchewan Polytechnic School of Nursing established an Institute for Nursing Scholarship (INS) to support the advancement of scholarly work in both nursing education and practice. The INS provides a resource hub for the engagement of faculty regarding all aspects of research, scholarship and innovation.

Founded largely on the Boyer Model of Scholarship and its scholarly pillars of discovery, application, integration, teaching, and service, faculty access support for research, grant writing, preparation of publications, presentations, and innovative initiatives. Positioned within a richly diverse nursing education environment, the INS facilitates educational sessions on a variety of scholarly topics. Visiting scholars also contribute to the engagement of collaborative research and scholarship.

This presentation will discuss the leadership practices and strategies employed to successfully establish a culture of research and scholarship. The driving forces and foundational components that led to the successful establishment of the INS will be discussed, along with the influence of the INS on the dramatic increase in faculty engagement in research and scholarship.

Audience Take Away

- You will learn about leadership practices effective in advancing research and scholarship
- You will learn about the role and benefits of the Institute for Nursing Scholarship
- You will discuss strategies for engagement of faculty in research and scholarship

Biography

Dr. June Anonson, is a respected leader, educator and scholar. She completed a diploma in nursing, BScN from the University of Alberta and her Master of Educational Administration and a PhD in Policy Studies, with a special Certification in Post-Secondary Education at the U of A. June is a renowned nursing leader in Canada and has been a consultant, key note speaker and has been sharing Best Practices internationally since 1997. In addition to her scholastic achievements, she is the recipient of awards from Saskatchewan Registered Nurses' Association, Canadian Nurses Association, the University of Alberta and the University of Saskatchewan.

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DAY 1

Speakers

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Session on: Nursing Education

Session Chairs

Gabriel Oluwakotanmi
Hallmark University, USA

Georgia Smith-Vest
Rasmussen College, USA

Session Introduction

Title: Educational interventions to decrease the occurrence of lateral violence: A scholarly leadership project

LTC Peter Strube, Rosalind Franklin University, USA

Title: A systematic review of strategies to mitigate salary as one major determinant of the nursing faculty shortage

Karen Whitman, Lincoln Memorial University, USA

Title: Measuring senior baccalaureate nursing-students' learning-transfer evidence using a disaster scenario tabletop-exercise

Cathleen A. Evans, Widener University, USA

Title: Innovations for overcoming barriers to interprofessional education

Mary Val Palumbo, University of Vermont, USA

Title: Screening school children for eating disorders: A missed opportunity

Kathleen Suzanne Rindahl, Fresno State University, USA

Title: Caring for the person addicted to opioids: The DNP role

Doris Burkey, Shepherd University, USA

Title: Creating a repertoire of active learning strategies to improve student engagement

Charlene Romer, ATI Nursing Education, USA

Title: Mentoring nurse practitioners new to geriatrics

Gail M Prothe, Optum Complex Care Management, USA

Title: Quasi-experimental study: Effects of stress reduction training on military parents of children with autism

Carlota Quiban, Point Loma Nazarene University, USA

Title: Night duty: A valid learning environment for student nurses

Valerie Zielinski, St Laurence Training Organisations, Australia

Title: Effectiveness of transgender care content in a Nurse practitioner program

Kem Louie, William Paterson University of NJ, USA

Title: Preparing future nurses to meet the demands of quality health care: Challenges in educating multigenerational students

Abigail Mitchell, D'Youville College, USA
Connie Jozwiak-Shields, D'Youville College, USA

Title: Practice and learn together in order to work together as a team

Kenneth Nord, Region Skane, Sweden

Title: Scientific productivity among nursing professors at UNAM, in Mexico

Lasty Balseiro Almario, National Autonomous University of Mexico, Mexico

Title: The integration of interprofessional simulation education (IPSE) into the master's of science in nursing curriculum at a midwestern college

Jacalyn Jaspers, Allen College Waterloo, USA

Title: A conceptual model for improving the working conditions at selected public hospitals in mpumalanga province in South Africa

Zodwa M Manyisa, North West University, South Africa

Educational interventions to decrease the occurrence of lateral violence: A scholarly leadership project

LTC Peter Strube
Rosalind Franklin University, USA

Lateral violence (LV) is an encounter that leaves the victim feeling upset, threatened, humiliated, or vulnerable and can lead to ineffective communication and patient care. Lateral violence destroys the workplace environment. The effects of LV are accompanied by physical, emotional, and financial effects on hospital staff. Lateral violence increases staff turnover and job dissatisfaction. It also decreases patient satisfaction and is a threat to patient safety. The Joint Commission for Accreditation of Healthcare Organizations ([JCAHO], 2008) mandates that healthcare organizations have a policy and procedure for dealing with and educating providers on the topic of LV and disruptive behaviors.

The significance of the problem directly affects patient care. The research demonstrates that LV leads to poor patient care and increased risks. Rosenstein and O'Daniel (2006) found that forty-six per cent of patients reported adverse events due to LV. In the Veterans Administrations Study ([VA], 2009) identified that seventeen per cent of patients experienced "pain or prolonged pain, delays in treatment, misdiagnosis, mistreatment, and death because of lateral violence".

This program was designed to increase awareness of LV in healthcare and identify factors that contribute to LV. The purpose of the project was to examine the effect of educational programs on decreasing the occurrence of and perceptions related to LV. This increased awareness around the topic of LV and the factors that contribute to its occurrence will then decrease the occurrence of LV. The LV educational program is a preemptive action to decrease the occurrence of LV in the workplace.

Audience Take Away:

- The listener will be able to list and identify educational interventions to decrease the occurrence of lateral violence.
- The listener will be able to list and identify methods for dealing with difficult people and situations.
- The listener will be able to list and identify behaviors that are associated with lateral violence.
- The listener will be able to list and identify work place complications related to lateral violence.

Biography

Lieutenant Colonel Peter D. Strube is a CRNA who graduated Magna Cum Laude from St. Mary's University school of anesthesia in 2006 with a master's degree specifically in anesthesia, graduating magna cum laude. His undergraduate degree is from Luther College in Decorah, Iowa. He was awarded the Doctor of Nurse Anesthesia (DNAP) in June of 2017 and is currently enrolled in his executive MBA program. Lieutenant Colonel Strube is in the United States Nurse Corp. LTC Strube has mobilized and deployed four times during current military operations which includes service in both Iraq and Afghanistan. Peter is also an Assistant Professor in the Department of Nurse Anesthesia, College of Health Professions, at Rosalind Franklin University, and is a professional mentor for doctoral students. He has authored several profession articles and training programs and speaks professionally both nationally and internationally. He is an editor and reviewer for anesthesia articles. He is an active researcher on the topic of lateral violence in healthcare. He has been elected to serve on the state association board and two AANA national committees. He has served his community as a member of the Mount Horeb Board of Education and is a Commissioner on the Dane County Ethics Board and is a court appointed mentor for veterans in crisis.

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A systematic review of strategies to mitigate salary as one major determinant of the nursing faculty shortage

Karen Whitman*, Janet Rumble, Jake Harrison, Courtney Roth
Lincoln Memorial University, USA

Audience Take Away:

- The audience will be able to see clearly that nursing faculty Salary is a deterrent in attracting quality nursing educators, and some suggestions on remedying this disparity.
- The audience that is or may be involved in the recruitment and retention of nursing faculty will gain some ideas in this arena, and if quality faculty are recruited and retained the better the program, Reputation of the institution as well as increased pass rates on National boards

Biography

Education: Graduated from an LPN program in 1975, received a BS in Christian Education from Fort Wayne Bible College in 1980, a masters in Adult Education

From National College of Education, A MSN from Rush University as well as an Adult Nurse Practitioner post master's certificate. The DNP was awarded in 2012 from University of Saint Francis, and most recently a post master's certificate as a Family Nurse Practitioner from Maryville University.

Work: Since 2016 has been employed as an Assistant Professor of Nursing at Lincoln Memorial University in Knoxville Tennessee. Assistant Professor of Nursing Resurrection University. 16 years of Geriatric experience in clinics and nursing homes as a Nurse Practitioner. Over the years as an RN and LPN worked in various Doctors' Offices and Medical Surgical units

Awards and Honors: Sigma Theta Tau member, Quality Care Award Seasons Hospice, Listed in Who's Who of American Women

Measuring senior baccalaureate nursing-students' learning-transfer evidence using a disaster scenario tabletop-exercise

Cathleen A. Evans
Widener University, USA

Background: Little is known about learning-transfer in baccalaureate nursing-students or the use of tabletop-exercises as a classroom strategy in nursing education. Optimal learning-transfer is the learner's ability to use original learning during time distanced novel circumstances (Perkins & Salomon, 1992). Tabletop-exercises are objective designed classroom activities (FEMA, 2008a; 2008b) where participants solve practice problems providing formative assessments for competencies, policies, and procedures, or all. Decision-making using nursing process (ANA, 2015) is critical to achieve quality, safe patient care. Basic disaster and medical-surgical concepts are expected graduate baccalaureate abilities (AACN, 2008). Senior baccalaureate nursing-students' learning-transfer evidence of vetted basic disaster and medical/surgical concepts was measured using a tabletop-exercise during an approved institutional review board study at a metropolitan university.

Method: During the tabletop-exercise, students (N = 114) functioned in the role of new generalist professional nurses on a medical-surgical hospital unit with a full census and completed a basic disaster-nurse competencies test first. Then a disaster circumstance created the need to open space, staff, and supply resources for an unanticipated disaster patient surge to the hospital that required admission. Students assessed their assigned patients for acuity, functional abilities, and resource needs to then determine their inpatient disposition recommendations. The exercise ended as students debriefed their disposition recommendations to the exercise objective to open resources for the incoming disaster victims. Students then completed a questionnaire that captured self-reflections of previous learning use during the tabletop-exercise. Students' iterative use of nursing process and decision-making, as learning-transfer evidence, was data captured for statistical analysis on three new instruments piloted early in the dissertation process. The Disaster-Knowledge-Test (CVI=.96; $r=.54$), the Tabletop-Attitude-Questionnaire (CVI=.89; $r=.77$), and the 86-decision criterion-referenced Tabletop-Matrix. Disaster-nurse experts' evaluated the inpatient scenarios (CVI=.95) and disposition agreement (.95). Interrater agreement to researcher answer keys by medical-surgical experts was (.95-.98).

Results: Data provided quantitative learning-transfer evidence baselines for the vetted concepts identifying aggregate sample strengths and gaps. Research instrument relationships were also examined. The Disaster-Knowledge-Test and Tabletop-Matrix had no statistical association ($r(108) = .139, p=.074$) while the Tabletop-Attitude-Questionnaire and Tabletop-Matrix relationship was weak ($r(109) = .26, p=.004$).

Conclusion: Aggregate vetted concept learning-transfer evidence was measured during a tabletop-exercise. The tabletop-exercise provided a classroom experience using decision-making during a novel circumstance, just as a nurse would do in practice.

Audience Take Away:

- Describe a tabletop exercise
- Define Perkins and Salomon's Learning-Transfer
- Generate shared meaning of how a disaster-emergency tabletop-exercise can be used to measure learning-transfer

Biography

Cathleen Evans has been involved in healthcare since 1978. Cathleen is a graduate of Abington Memorial Hospital School of Nursing. She received her Bachelor of Nursing Science from Immaculata University (2005) and a Master of Nursing from Widener University where she developed the nurse educator role with a clinical focus in emergency critical care. Cathleen's ongoing and keen interest in emergency preparedness has enabled her to be a valued contributor and participant in local, regional, and national emergency preparedness planning and training. Completing her PhD education in 2016 at Widener University, Cathleen brought important disaster and education concepts together in her dissertation, learning transfer evidence in baccalaureate senior nursing students using a disaster emergency preparedness tabletop exercise.

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Innovations for overcoming barriers to interprofessional education

Mary Val Palumbo
University of Vermont, USA

Based on the experience of developing, implementing and evaluating innovative interprofessional educational experiences, this session will describe activities which address: the Interprofessional Educational Collaborative (IPEC, 2016) competencies; the recommendations of the Institute of Medicine's (2015) "Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes" report; as well as, the World Health Organization's (2010) "Framework For Action on Interprofessional Education and Collaborative Practice" report which identifies the important role that interprofessional practice plays in mitigating the global health workforce crisis.

The implementation and evaluation of three educational activities will be presented. First, the use of a virtual interprofessional clinic will be demonstrated. This activity eliminates one of the major logistical barriers to interprofessional education – time in the curriculum and room space for student discussion. Next, a simulation experience in palliative care will be described. This activity was designed to accommodate large groups of students discussing a movie simulation, both in-person and online. Lastly, case discussions utilizing video conferencing (for up to 8 professions) will be described and quantitative and qualitative evaluation results will be presented.

Barriers to interprofessional education and practice will be identified and discussed. Benefits for overcoming these barriers will detail with reflection on how teaching interprofessional practice can improve health outcomes. The development of next steps for participants will be encouraged and workforce implications will also be discussed.

Audience Take Away:

- Participants will describe the recommended IPEC competencies for interprofessional education and practice.
- Participants will discuss the barriers to achieving these competencies that are faced in nursing education and practice.
- Participants will name three innovative ways to address these barriers and will review the results of each project.
- Participants will determine steps that can be taken in their work as nurses and educators to accelerate interprofessional collaboration efforts in the communities that they serve.
- Participants will identify workforce implications as nurses become more involved in interprofessional practice.

Biography

Mary Val Palumbo DNP, GNP-BC, Professor at the University of Vermont, teaches in the graduate nurse practitioner program. Her Gerontological Nurse Practitioner practice is at the UVMMC Memory Program. As Director of the UVM AHEC Office of Nursing Workforce, she is actively involved in nurse workforce research. Because of the imperatives issued by health service policy makers and educational accrediting bodies, Dr. Palumbo's work has recently focused on interprofessional education. She has established faculty collaborators to engage students in interprofessional activities from eight disciplines at the University of Vermont, Albany College of Pharmacy, Duke, Indiana State, and New York Universities.

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Screening school children for eating disorders: A missed opportunity

Kathleen Suzanne Rindahl
Fresno State University, USA

A review of literature indicates research has been conducted on eating disorders for several decades and in several countries. Publications can be found as early as 1949 in the United States, with evidence of research conducted worldwide in countries such as Hungary, Germany, the United Kingdom, Italy, Norway, France, Canada, Australia, China, Japan and Spain. Despite international research, the illusive prevalence of eating disorders is still difficult to determine. In the United States, eating disorders are not a mandated reportable disease, so statistics are gathered from individuals who are willing to admit to the disease. Research however, conclusively indicates treatment success depends on early disease identification. Anorexia in particular, poses an increase risk to individuals, with the highest mortality rate of any mental illness. Current literature identifies the age of onset between 10-20 years, indicating eating disorders have become more prevalent in high schools, middle schools, and even in elementary schools. Since the late 1990's, research recommendations included the need for development of school base prevention programs and simplified screening tools to identify children at risk.

School-based screening programs can be very effective in early detection of eating disorder symptoms in children and adolescents. The SCOFF screening tool developed in England and tested internationally has shown its reliability to accurately identify individuals at risk of developing an eating disorder. Despite research validating screening tools, and evidence base practice in support of school based screening programs, there are currently no mandated screenings programs for eating disorders. The lack of school based screening programs is a missed opportunity for early identification, referral for treatment, and avoidance of life threatening physical complications of eating disorders in children.

Audience Take Away:

- Early detection of an eating disorder is crucial to the individual's successful recovery.
- Physical symptoms typically are not apparent until the individual has already perpetuated the cycle of negative thoughts and developed maladaptive behaviors, making early detection difficult.
- The SCOFF Questionnaire has been proven to be a valid and reliable screening tool in detecting the prevalence of an eating disorder in high-risk groups, individuals, and especially adolescents.
- School Nurses can use the SCOFF to screen for eating disorders when conducting mandated health screenings.
- Nurse Practitioners serve as primary providers for many adolescents and can play a key role in early identification by screening using the SCOFF Questionnaire.
- Practitioners can initiate out patient treatment for individuals at risk, which may prevent costly hospital admissions for primary and secondary complications of eating disorders.

Biography

My focus on eating disorders began 2005, during the School Nurse Credentialing program at Fresno State University in California. Coincidentally, in 2007, my daughter was diagnosed with anorexia nervosa. Because of this personal connection, I continued my research on eating disorders while completing my Master's in Nursing. My graduate project focused on development of a training tool kit to assist in early identification of eating disorders. During my Doctorate program at Western University, my research continued and identified the international prevalence of eating disorders. This led me to uncover a valid, and reliable screening tool, to identify individuals at risk for eating disorders. Since 2009, I have guest lectured and presented oral podium presentations in the United States as well as internationally in England and Italy.

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Caring for the person addicted to opioids: The DNP role

Doris Burkey*, Mary Coyle, Elizabeth Rini, Sharon Mailey
Shepherd University, USA

The purpose of this oral presentation is to determine whether an educational intervention improves DNP nurses' attitudes of caring for patients with opioid addiction. The specific aim of this study is to determine if there a difference in nurses' attitudes towards persons with opioid addictions after an educational intervention.

In 2012, an estimated 2.1 million people in the United States experienced substance use disorders related to prescription opioid analgesics and an estimated 467,000 were addicted to heroin (SAMHSA, 2012). In addition, 1 out of 5 patients with non-cancer pain or pain-related diagnoses are prescribed opioids (CDC, 2015). West Virginia leads the nation in the rate of fatal drug overdoses (WVDHHR, 2015). DNP Nurses are currently caring for persons with acute and chronic health issues and co-existing opioid addiction.

As a result of this opioid epidemic, acute care agencies are experiencing an increase in persons admitted with comorbid substance dependence. With frequent hospitalizations patients require complex care for the associated comorbidities such as infections, withdrawal symptoms and/or mental illnesses. As a foundation of nursing practice, a therapeutic relationship addresses patient problems by creating a partnership between nurse and patient, using therapeutic communication and empathy.

Limited research exists on DNP student attitudes about caring for persons with opioid addiction during this current opioid epidemic. An evidence-based educational intervention to define the epidemiology of opioid abuse, recognize addiction as a disease with consequences and apply screening brief intervention and referral to treatment (SBIRT) to clinical case scenarios with reflection on the experience of opioid addiction will be presented. The findings of this study will provide a better understanding of DNP nurses' attitudes towards persons with opioid addiction to then design changes in DNP curriculums.

Audience Take Away:

- Participants will describe ways the DNP uses therapeutic relationship to care for persons addicted to opioids.
- Education on drug addiction for the DNP will be described
- Screening, brief intervention and referral for treatment training based on the therapeutic relationship will be introduced
- New information on the role of the DNP creating a therapeutic alliance will be discussed.

Biography

Doris Burkey has been a nurse for 36 years and a Family Nurse Practitioner for 14 of those years. She practices at Tri-State Community Health Center, a rural community primary care practice, in Berkeley Springs, WV. Her current position is Assistant Professor/Coordinator of the DNP/FNP Track Program at Shepherd University. Dr. Burkey graduated with an MS/FNP from the University of Maryland and her DNP from West Virginia University. Dr. Burkey has been active as a member of the West Virginia Board of Nursing, since 2015. Her current professional interests include opioid addiction and women's health.

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Creating a repertoire of active learning strategies to improve student engagement

Charlene Romer
ATI Nursing Education, USA

Nurse educators must possess a repertoire of teaching techniques that can be applied to a variety of students and classrooms. This workshop will provide an overview on understanding classroom and student dynamics that may facilitate or obstruct active learning strategies. Participants will leave this presentation with new skills in how to design and implement classroom assessment techniques, case studies, and reflective learning strategies for their unique students and environments. A roadmap will be provided to encourage nurse educators to pursue teaching excellence. Engagement of our students is a moral imperative to promote deep learning to meet current professional demands.

Audience Take Away:

- Identify influencing factors that may facilitate or obstruct active learning strategies.
- Design and implement classroom assessment techniques, case studies, and reflective learning strategies
- Develop a roadmap to pursue teaching excellence.

Biography

Dr. Romer has a wealth of experience that spans practice and nursing education. With over thirty years of experience as an educator with twenty-five years in virtual instruction she is excited about sharing her expertise and experience with students, faculty, administrators, and practice partners to graduate the best-prepared nurses. Dr. Romer holds a PhD in Nursing along with diploma, bachelor, and master degrees. She has a passion for working with students to help them achieve their full potential. Over the last several years she has been actively involved in the curriculum development and student learning outcomes that support program outcomes. Charlene has developed active instructional strategies for use in the seated as well as the virtual classroom that are aimed at improving students' clinical reasoning and clinical judgment skills.

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Mentoring nurse practitioners new to geriatrics

Gail M Prothe

Optum Complex Care Management, USA

Introduction: Since the beginning of the health care reform in 2010, the health care system has become more complex. Older adults require assistance from the health care system due to multiple chronic illnesses and morbidities. Many older adults and their family are lost navigating and understanding the current health care system. Geriatric Nurse Practitioners have an expertise managing older adults with the multiple chronic illnesses and navigating the health care system. However, only 3.2% of nurse practitioners have a geriatric specialty. Therefore, Adult and Family Nurse Practitioners provide care in 63% of long term care facilities. Mentors provide the bridge to educate and empower the non-geriatric nurse practitioner to provide quality and cost effective care to older adults.

Purpose: The purpose of this presentation will be to equip expert geriatric practitioners with the desire, knowledge and confidence to mentor nurse practitioners new to geriatrics. The presentation will provide geriatric resources and generational communication techniques to empower the new geriatric provider. Finally, the presenter will review the clinical aspects incorporating mentoring into a daily clinical practice.

Data Source: A review of the literature reflects the increased need for geriatric specialty expertise. Mentors provide the bridge for the non-geriatrician to be successful managing the older adult and navigating the health care system. Brenner's Novice to Expert will provide the model to improve your skills as a mentor.

Conclusion: Mentoring provides a method to empower and educate the younger generation of nurse practitioners. The expertise to manage people with complex chronic illness through the health care system is a skill and an art. Only through effective mentors will the next generation of nurse practitioners be successful for older adults.

Audience Take Away:

- Identify and appreciate the complexity of the United States Health Care System.
- Identify and utilize geriatric resources available online and apps.
- Appreciate and integrate communication strategies with the different generations.

Biography

Dr. Gail Prothe has been caring for the frail and older adult for the past 20 years with Optum Complex Care Management in Phoenix, Arizona. Her doctoral, master's and family nurse practitioner certificate are all from Arizona State University. Dr. Prothe is an active member of the Geriatric Advanced Practice Nurses Association. She lives with her husband Dave in Maricopa, Arizona. They enjoy traveling and fishing the western United States.

Quasi-experimental study: Effects of stress reduction training on military parents of children with Autism

Carlota Quiban

Point Loma Nazarene University, USA

The purpose of this quantitative, quasi-experimental study was to examine the effects of HeartMath stress-reduction techniques on the stress level and levels of well-being of military parents of children with autism who participated in the Strengthening Parenting Resilience Workshop. They were compared to the military parents of children with autism who did not participate in the Strengthening Parenting Resilience Workshop. The sample consisted of seven military parents for the experimental group and eight military parents for the control group. Participants were affiliated with the US Navy and Marine Corps service branch and were living in the southern region of California. Both groups completed the Perceived Stress Scale (PSS)-14 and Parental Stress Index-Short Form (PSI-SF) 36-items, and Ryff's Psychological Well-being Scale (PWBS) questionnaires at pretest and posttest. The results of the Wilcoxon signed-rank test were that although both null hypotheses were not rejected, the PSI-SF Total Stress, PSI-SF Parental Distress, and Ryff's PWB's dimension on autonomy showed statistically significant results in the experimental group. Future research maybe necessary to reexamine the effects of HeartMath stress-reduction techniques with a larger sample size from other military setting easier to access. The limitations of the study include inadequate sample size and unequal numbers for the experimental and control group. The clinical relevance is the importance of helping military parents with autism spectrum disorder children to deal with their many difficulties.

Biography

Carlota Quiban has completed his PhD from University of Phoenix, Tempe, Arizona. She is an Associate Professor in the Traditional BSN Program in the School of Nursing. She has worked in healthcare for almost 19 years in both clinical and management level and has taught in the Accelerated BSN Program.

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Night duty: A valid learning environment for student nurses

Valerie Zielinski^{1*}, Denielle Beardmore²

¹St Laurence Training Organisations, Australia

²Ballarat Health Services, Australia

The number of students' requiring clinical placement has placed demands on tertiary hospitals and education providers to look at initiatives to meet student competency and curricula requirements. Student nursing clinical practicum placements predominately occur over a weekday on a morning and afternoon shift which is not congruent with the reality of nursing practice as a continuous twenty four hour care. A qualitative replication study was jointly undertaken with a major regional hospital and education vocational provider adding evidentiary support that night duty is a highly appropriate model of professional clinical practice for the Diploma (Enrolled) nurse and with visionary partnerships new models of clinical experience for nursing can be developed that meet today's challenges to provide flexible models of clinical practicum. This presentation will outline the research model and the findings of the research.

Audience Take Away:

- Night duty is an appropriate shift for student clinical practicum.
- Night duty as a student clinical practicum can ease the burden on clinical settings and staff during business hours.
- The promotion of night shift to teachers and students that valuable learning occurs on night duty.
- The need to develop collaborative partnerships.
- A desire and need to undertake further research.

Biography

Dr Zielinski's career has spanned over 40 years predominately in nursing education in Australia. Her professional experience includes management and teaching in undergraduate and post graduate nursing programs and clinically working in public and private health care settings. Dr Zielinski is the author of two books, a chapter in a nursing text on critical thinking & reflective practice and has seven published papers. She successfully co-developed three post graduate programs and continued education programs for a major regional public hospital. Now in semi-retirement she is a sessional teacher, facilitator and clinical nurse for charitable organisations.

Effectiveness of transgender care content in a nurse practitioner program

Kem Louie*, Persephone Vargas, Pamela Fonju, Hetal Desai, Diane Lubinski
William Paterson University, USA

Health disparities among transgender population continue to exist despite its increasing social acceptance in the US. Health disparities include increased rates of psychiatric disorders, substance abuse, suicide and HIV/DTDs (Healthy People 2020). It is important that nursing education incorporate into their curriculum the healthcare needs specific to this group as along with gender affirming care.

Introduction and Background: The aim of the study was to assess the knowledge and comfort levels of nurse practitioner students would have with transgender patients as well as evaluate the amount of education provided to them about transgender health care needs.

Method: Study participants Fifty-four (54) nurse practitioner students enrolled in a master's of science program participated in the study. Nurse practitioner students in two courses were selected for the study. One course, Advance health assessment and a second course, Primary adult and geriatric care. The advanced health assessment course is one of the graduate APRN courses, which focuses on communication, history taking and assessment skills. The primary adult and geriatric care course focused on clinical decision-making, diagnosis and management of adult and geriatric medical/health problems.

Intervention: Students were informed during the fall 2016 semester they would be participating in an educational evaluation project on transgender care. Instructional materials on transgender care included readings, video, role-play and class discussions during one class session.

Prior to providing the instructional materials, a pre-test "Assessing medial attitudes toward transgender care (Skukla, Dundas, Asp, Saltzman & Duggan, 2015) was administrated. Students were given two weeks to read the assigned transgender materials. After the class discussion, a posttest of the attitudes survey was administrated afterwards.

Findings: Overall, the mean age of the students was 33.7 years, 11.7 % males and 78.3% females with 23 AGNP and 31 FNP students. Forty-eight (48.3%) reported that they have not cared for a transgender patient while 41.7% had cared for a transgender patient. Prior to the transgender education activity, the students rated that they were between "very uncomfortable" to "some what uncomfortable" when caring for a transgender patient with students reporting they received an average of 1.5 hours of education on transgender care and this increased to 3.4 hours after the education activity ($P < .001$) in the study.

In relation to professional and comfort levels in providing transgender patient care, the T-test results also showed statistically significant differences between the pre and posttests with student's comfort levels in the various aspects of transgender care. These areas include your education has prepared to care for transgender patients ($p.00$), providing mental health care to transgender patients ($p.035$), prescribing hormone therapy to achieve gender transition ($p.030$), and referring transgender patients for reassignment surgery ($p.033$). Students who reported that they had experience caring for transgender patients had felt more comfortable and competent with transgender care in more areas.

It is reported that there is minimal content and time spent on the management of care for transgender patients in the advanced practice-nursing curriculum. Nurses with no experience and who have education on the care of transgender patients feel more comfortable and competent in providing care. In addition, nurses who have cared for transgender patients felt more comfortable and competent in more aspects in providing care to this population. Students reported they were less uncomfortable because of the education content on transgender care provided in the advanced health assessment and primary adult and geriatric courses. Increasing student's comfort and knowledge on transgender care would improve communication and patient engagement.

The results of the study also supported by Shukla et al, (2015) and Sanchez, Rabatin, Sanchez, Hubbard and Kalet (2006) who reported that education on transgender care increases comfort and competence to this population. Integrating

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transgender care content in graduate nursing curriculum needs to further be implemented to decrease the health disparity found among this group (Lim &Hs, 2016; IOM, 2011). Limitations to the study include the small sample size and is only generalizable to the nurse practitioner students located in this university.

Audience Take Away:

- Review the amount of formal education NP students have received about the transgender population.
- Expand knowledge in area of specific health needs of the transgender population.
- Evaluate the student's awareness and comfort level on transgender.
- Promote increase awareness on personal sexual preference and care management of the transgender population among nurse practitioner students to decrease health care disparities.

Biography

Dr Kem Louie earned her bachelor's degree in nursing from Rutgers University and Masters and PhD from New York University. She is currently certified as a clinical specialist as an adult psychiatric mental health nurse (American Nurses Credentialing Center) and a certified nurse educator (National League for Nursing). She has previously held several academic appointments and is currently professor and director of the graduate nursing programs at William Paterson University in Wayne, New Jersey. Her areas of interest include care for diverse populations and nursing education.

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Preparing future nurses to meet the demands of quality health care: Challenges in educating multigenerational students

Abigail Mitchell*, Connie Jozwiak-Shields*
D'Youville College, USA

In today's classroom and online formats, we have multiple different generations, which necessitates that we instruct using various teaching theories and strategies to enhance the students' learning abilities. The other challenge is with the increased student enrollment, the additional challenge to be able to reach more students, with more content, yet maintain the most important factor, student-teacher relationship. The entire academic environment can be a culture shock for students and faculty. Preparing students from the X, Y, and Z generations is a challenge. Clinical practices are under pressure to operate in a lean, efficient manner due to lack of reimbursements, increased regulations, and increased co-morbidities within the patient population. Many healthcare organizations require that nursing programs produce nurses who are work-ready and prepared for the demands of various populations and units. Understanding how generational differences contribute to the learning environment is essential to prepare the student for the chaotic healthcare environment and to promote safe and quality care.

Audience Take Away:

- The participant will be able to understand the differences between, X,Y,Z student
- Challenges faced by faculty and the healthcare organization
- Recommendations to prepare future nurses to be able to meet the demands of quality health care in a chaotic environment.

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Practice and learn together in order to work together as a team

Kenneth Nord
Region Skåne, Sweden

Background: At an operation unit in Region Skåne Sweden started 2010 a new clinical educational program for team training targeted anesthesia- and operating room nursing students at advanced academics level, junior physicians at training as well as new employed staff. The training takes place in the perioperative care. There was a need to enhance the clinical training for the students and newly hired staff to prepare them to a greater degree for their future career. In the long time even enhance the quality of care and patient safety. The pedagogical models that was implemented in the clinical educational program were Inter Professional Education (IPE), problem-based (PBL), reflective- and peer-learning in group.

Aim: Prepare the participants for their coming career when it comes to competence in peri-operative care, communication skills, teamwork, collaboration ability and ensure the patient safety more effectively.

Methods: The program consists of four parts,

1. Team training at a simulation center (simulated patient cases)
2. Team preparation the day before the operation. To get to know the patient cases.
3. Team training at the operating room (with real patients).
4. Reflective discussion and feedback within the group at the end of the day.

Qualitative interview study about nurse anesthetist-students experiences has been conducted 2012. Internal evaluation at the surgery department has been conducted with both participants, tutors and physicians.

Results: Our evaluations indicate that training and learning together have a higher value for learning and enhance of abilities in various skills than doing it alone as a participant. Meaning, together each achieved more development and competence.

The participants evaluated that this kind of team training is constructive in many ways and enhance their competence, self-confidence, self-affirmation, in giving peri-operative care as well as teamwork and collaboration.

It stimulated the participant to be more active in their learning process. It also stimulates to increased ability in peer-support, reflection and critical thinking in group and individually. It prepared the participant to a lifelong learning. Also increase understanding of the other team-members and their profession and task at hand which enhance the team work and patient safety.

Result showed unambiguously that increased independent training and learning and practicing together have a higher value for learning and development than doing it as a single student. The team constellation throughout the three parts of the training program combined with the permissive climate for the independent training in the operating room creates learning possibilities like problem based-, reflective- and peer-learning in group. It stimulated participant into student activated learning which becomes the focus and permeated the entire program. It stimulates to increased ability in collaboration, peer-support, peer-reflection and critical thinking in group as well as individually. This prepares them for lifelong learning.

Team training and collaboration was an important part of the program and was highly appraised by the participants. The difficult perioperative care task demanded good collaboration – it could not be accomplished without the teamwork which the participants was trained to do. Participants were able to train the assistant function on both sides, which gave them a broader understanding of their profession and function in the team and the complexity of perioperative care. It showed that reflection and feedback gave both the group and the individual an enhanced learning and development in the ability to give perioperative care.

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Trend showed also that the tutors developed their ability to tutor and which was confirmed by the tutors them self. Peer-tutoring became an important and constructive cooperation to secure patient safety and giving feedback to the participants in group.

Audience Take Away:

- Audience will be learning and get inspiration about how a clinical educational program at operation for anaesthetist- and operating room nurse students and junior physicians under residence training could be set up. They will learn how various functions in a team can be trained which is of importance for development participants and in long run also secure patient safety.
- Will learn and get inspiration how clinical training could be more sufficient pedagogical for medical staff and students from different professions.
- They will learn how participants can come together to practice and learn together in order to work together as well to enhance quality of care and patient safety as team.
- That peer support is a constructive for the participants. Risks, Negative competition, personality problems. Blind leading blind.
- They could start their own clinical educational program at their hospital to enhance quality of care both medical and caring.
- They could get an understanding of the value of using peer-learning and peer-tutoring to enhance the participants level of competence and let the participants to make use of their of the competence and experiences of the fellow participants to enhance their own competence.
- Learn about how tutoring could enhance in quality in order to guide and tutoring the participant to be more self sufficient in self-learning.
- Giving suggestions on what kind of pedagogical methods that can be used to enhance learning.
- Does this provide a practical solution to a problem that could simplify o make a designer's job more efficient?
- According to World Health organization have been analysing research for many years is strongly advising that healthcare systems and educational programs do adopt this kind of Inter professional team training. It will enhance quality of care and patient safety!!!
- To run team training inter professionally gives great ways in practicing correct closed loop communication, teamwork and collaboration. Most of incidents that happens in the healthcare settings are due to communication problems/ misunderstandings like orders, administrations, who do what and when?

Biography

I am 49 years and a RN and a CRNA and working as such in Sweden at a 650 beds in Region skåne. I have been working as a CRNA for 10 years. I love my work. 2010 I started to develop from idea to a fully functionally clinical educational program to enhance the clinical training for students and staffs at my operating unite. I like teaching and tutoring students and newly hired staff to give them a great start in their career. I am also a volunteer of operation smile and Mercy ships and goes for missions every year.

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Scientific productivity among nursing professors at UNAM, in Mexico

Lasty Balseiro Almario*, Gandhi Ponce Gómez, Adiel Agama Sarabia Mtr, Margarita Acevedo Peña Mtr, Silvia Crespo Knopfler, Ma. Susana González Velázquez, Daniela Javier Cabrera
National Autonomous University of Mexico, Mexico

Introduction: In this study, the scientific productivity of university nursing professors at UNAM's ENEO, FES Zaragoza, and FES Iztacala, is shown.

Background: Current exigencies of society include that scientifically-positioned professors seek concrete solutions to the problems which their education contexts demand. This implies that there is the need to reflect on the fundamental role which researching has; and therefore on the corresponding scientific production of these professors too.

Objectives: To identify the researching productivity among the professors at ENEO, FES Zaragoza, and FES Iztacala.

Methodology: This is a quantitative, not experimental, pre-test-post-test, transversal, comparative, descriptive and diagnostic study. In the first stage, a situational diagnosis on the scientific productivity of the professors will be conducted. In the second stage, an educational intervention related to scientific publishing will be conducted. In the third stage, the impact of this educational intervention will be assessed. The pre-test sample included 52 professors.

Results: Close to 23% of the professors, most of the time have given a course on methodology of research, close to 82% have never given seminars on how to elaborate review articles, close to 64% have not given courses on descriptive statistics, close to 55% have not given courses on quantitative research, close to 21% have published 1 article in the previous year, close to 70% have not published essays, close to 78% have not published case studies, close to 19% have not published 2 or more original articles, close to 30% publishes in national journals, close to 27% directs one or two undergraduate thesis works, and close to 12% directs a Master's thesis work.

Conclusions: The scientific productivity of university nursing is still scant. The efforts of some professors regarding scientific publishing have been limited due to a lack of skills on this area. Therefore, a corresponding training program covering three strategic researching areas has been initiated.

Audience Take Away:

- In this presentation the auditorium will be able to identify the productivity of the teachers of the Nursing of the UNAM in Mexico. Although the low productivity in research is shown, it also shows the need to encourage teachers to increase their scientific productivity.
- This scientific productivity involves publication and dissemination in refereed or indexed journals of scientific essays, case studies, original articles, review articles, direct dissertations, dissertations, master's and doctoral theses.
- With the above mentioned scientific productivity, Nursing teachers will be able to offer better teaching in their students.

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The integration of interprofessional simulation education (IPSE) into the master's of science in nursing curriculum at a midwestern college

Jacalyn Jaspers
Allen College Waterloo, USA

Colleges strive to implement quality educational experiences for students to attain the attributes necessary to provide safe and collaborative patient care as part of interprofessional teams. With increased scrutiny over healthcare and patient satisfaction through the use of pay for performance satisfaction surveys and other requirements placed by the national government, health care professionals as well as the government have an increased motivation to create effective education that equips students with the necessary tools to navigate the health care arena.

More opportunities to practice collaborative techniques are needed in the Master's preparation of nurses due to the increased need to provide quality health care to patients and groups. Interprofessional simulation education is an effective method to teach teamwork skills. Kolb's Experiential Learning theory provided the structure for the implementation and planned integration of interprofessional simulation education into the Master's level nursing curriculum of a Midwestern College. The PICO question that guided this project is: Does the graduate nursing student experience an increase in interprofessional knowledge, skills and attitudes when exposed to interprofessional simulation education and interprofessional collaboration education modules? The literature supported the use of IPSE and contained information about IPSE delivery and settings. Statistical data as well as qualitative evidence have repeatedly indicated that increased collaboration and communication not only reduce the number of clinical errors, but also increase satisfaction among health care professionals and with the patient population (Agency for Healthcare Research and Quality [AHRQ], n.d.).

Current evidence suggests that there are theoretical and conceptual barriers to collaborative practice. Unfortunately students studying to become health care professionals rarely have the opportunity to interact with one another to learn effective communication and collaborative practices (Smithburger et al., 2013). As healthcare reform intensifies, IPE is important to health care due to the need to collaboratively and effectively care for patients. The majority of institutions of higher learning are attempting to integrate simulation into their curricula. IPE is not new to higher learning and in fact, was first encouraged in 1988 as noted in the World Health Organization's report, Learning Together to Work Together for Health (World Health Organization [WHO], 1988). Rosenfield, Oandasan, and Reeves (2011) published a recommendation that many medical schools should be including IPE into their curriculum as early as year 1. Delunas and Rouse (2014) noted that most health professions students, specifically medical students and nursing students have a less than favorable attitude towards IPE. This fact, compiled with the thought that some programs do not teach or reinforce positive collaborative behavior, is alarming when considering the potential detriment it could have on future patient care.

TeamSTEPPs is a framework to optimize team performance across the health care delivery system and serves as an effective vehicle within a simulation setting to convey topics in a large or small group setting. The content is evidence based and has four very teachable and learnable skills: communication, leadership, situation monitoring, and mutual support.

Audience Take Away:

- The importance of the use of simulation in nursing education.
- How to integrate and support a IPSE program.
- How TeamSTEPPS strategies can increase student knowledge and support of interprofessional collaboration.
- The TeamSTEPPS strategies of mutual support and communication will be discussed and through interactive strategies the audience will be able to apply the content presented to their own roles. Lessons learned about implementation will be imparted such as the need for earlier communication between health professional faculty and a need for more focus on the change process and implementation. Additional strategies to help participants foster a positive regard to working in teams and collaborative care as well as writing a

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collaborative plan of care will be provided and discussed in an interactive learning modality.

Biography

Jacalyn Jaspers, DNP is an associate professor and coordinator of the Accelerated Hybrid program at Allen College. Teaching primarily in the MSN and DNP program, she also has a post graduate certificate in simulation education and teaches in the simulation program at all levels, as well as teaching leadership for senior BSN students. The focus for her DNP was interprofessional simulation education and she coordinates that for the students at Allen College and affiliate programs. Dr. Jaspers lives in rural Iowa on a farm with her husband and dogs while all three of her children are off at college.

A conceptual model for improving the working conditions at selected public hospitals in mpumalanga province in South Africa

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¹North West University, South Africa

²Sefako Makgatho Health Sciences University, South Africa

Purpose: The purpose of the study was to construct and describe a conceptual model to be used as a framework of reference to improve the working conditions in public hospitals in Mpumalanga province, South Africa for quality service delivery.

Research design and methods: A model construction research design was used to construct a conceptual model for improving the working conditions in public hospitals in Mpumalanga Province. Construction of the model was guided by Chinn and Krammers' (2012) model of theory development and the Dickoff, James and Wiedenbach's (1968) survey list. Construction of the conceptual model was facilitated by the findings of an empirical study which explored and described hospital employees' perspectives on the status of working conditions in Mpumalanga Province.

Findings: The study suggests that improvement can only be achieved if employees and managers work interdependently for the betterment of the working conditions of their hospitals. Improvement should focus on enablers such as leadership commitment, infrastructure, resources, safety and security communications, decision making, interpersonal relationships, support and education and training.

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Vanquishing the barriers to gender inclusivity

Lavoy Bray

American Association for Men in Nursing, USA



Gender inclusivity in the profession remains skewed. Men comprise roughly 13% of the current nursing workforce. This percentage continues to demonstrate a gradual growth. However, in comparison with other professions, the rate has been dismal (less than 5% per decade in the last 40 years). The author proposes that four major obstacles prevent the profession from being representative of the population we serve. Barriers identified are historical, image, recruitment, and organizational in nature. There has been an absence of discussion in the profession regarding the historic contributions and achievements of men in nursing. Image will be explored as it relates to societal/cultural aspects and stereotypes/gender expectations. Recruitment will address general issues with attention as being given to the academic arena. Discussion of the organizational barrier will incorporate the components of education, professional organizations, and workplace. Specific strategies in vanquishing these barriers will be identified and explored.

Audience Take Away

- Discuss of four major obstacles that hamper gender diversity in the nursing profession
- Verbalize subcomponents of these barriers
- Identification of specific strategies in promoting gender diversity in the profession

Biography

Registered Nurse with 40 years' experience; Deputy Director, Psychiatric/Behavioral Health Nursing Course for the US Army; 11 years in an entry level nursing program as assistant professor and Dean, Quality Enhancement Services; Chapter President, two terms, and Founding member of the Central Virginia Chapter for the American Assembly for Men in Nursing(AAMN). National board member of the AAMN (3 years); assumed the office of Vice President in 2013 following a vacancy and elected to the office, 2 year term, in 2014. Membership and New Chapter Committee Chair for 5 years. Former Virginia League of Nursing Board Member and Chair, Membership (2 year term). Current memberships include the AAMN, American Psychiatric Nursing Associations, Men's Health Caucus, Virginia League of Nursing, and Society of Federal Health Professionals. Participated in 7 medical mission trips to Honduras and Haiti.

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The holistic praxis educational phenomenon

Dr. Mercy Popoola

John Glonor University, USA



The evolution and reconceptualization of technology in society for the last 30 years has provided the opportunity for a paradigmatic shift in healthcare education, practice and the focus on the concept of praxis. Twenty years ago, there was no nursing textbook discussing the concept of praxis. The explosion of the use of technology has provided support for and the revisiting of the concept of praxis which began with Florence Nightingale. Praxis is a holistic critical thinking process that can be an innovative and transcendent model of nursing education or practice and it is grounded in the philosophy of holism. The purpose of this presentation is to provide expert innovative approaches for the use of the concept of praxis in embracing modern technology in nursing education and practice using a myriad of grand and middle range nursing and non-nursing theories as exemplary experts. This presentation will also explain the need for the dramatic paradigmatic shift for the use of praxis in nursing education and practice.

Audience Take Away

- Address the history of praxis in nursing as a critical thinking and holistic phenomenon.
- Understand the concept of praxis from a holistic, critical thinking, and technological approaches.
- Use expert and praxis theories as exemplary guidelines to designed opportunities for nursing educators and leaders.
- Address the various Nightingale praxis contribution to nursing as a profession
- Explore ways to reshape nursing practice and education for the role of holistic nurses in the 21st century.

Biography

Dr. Popoola's career as a nursing Dean, director, critical care, telemetry, obstetric, and holistic nurse has spanned over 30 years of nursing in the United States and abroad. Her professional experience includes teaching in undergraduate and graduate nursing programs, and in MBA programs; and working with various healthcare and HMO companies. The recipient of several grants and teaching-scholarship academic awards, Dr. Popoola is the author of four books, 25 academic journal publications, more than 50 professional presentations and workshops. As a consultant, she has developed over 10 academic and continued education programs at several local, national, and international educational and hospital organizations.

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Developing online BSN curriculum for both sides of the screen: Student and educator using the PEP approach

Daryle Wane

Pasco-Hernando State College, USA



Online instruction has come to the forefront of higher education not only as an effective way to deliver content and assess competencies but also as a preferred method of educational interaction. However, not all online learning environments are created equally. Online instruction allows for unprecedented access to materials and content but yet many individuals on both sides of the screen (student and educator) are not adequately prepared to undertake this learning journey. Therefore, it is important to understand the level of preparation that is required in order to meet established learning outcomes for both the student and the educator. Using the PEP approach (Preparation, Engagement and Performance), attention is directed to addressing critical elements that help improve both student learning outcomes as well as professional instructional outcomes. Preparation will focus on E-learning, technology and cognitive levels. Engagement will focus on: creativity, value and impact. Lastly, Performance will focus on incremental steps leading to creating foundational building blocks. The PEP approach is analyzed based on student and educator perspectives. Access to technology is but one part of the equation: Providing a creative environment that is mindful of cultural diversity and multigenerational participants is a key element in helping to not only deliver content but also to ensure that information can be retained and applied.

Audience Take Away

- Identify components of PEP approach to improve student and educator outcomes.
- Describe the importance of how looking at both sides of the screen (student and educator) perspectives will help to improve outcomes.
- Promoting both student and educator engagement in the online learning environment.
- Recognizing critical elements needed to interact with participants who are culturally diverse and multigenerational.
- By recognizing the factors contained within the PEP approach, the audience will be able to incorporate principles into their own online teaching interactions.
- Increased knowledge and awareness of relevant factors will help improve professional outcomes.
- The PEP approach can be used to expand both research and teaching methodology.
- By providing an organized approach, this can certainly help to improve efficiency of design.
- This information will contribute to accuracy of design as well as providing additional information in which to base instructional designs.
- Students benefit from the instructional, cultural, and generational adjustments for learning.

Biography

Daryle Wane, PhD, ARNP-FNP-BC, BSN Program Director of the Bachelor of Science in Nursing Program at Pasco-Hernando State College, has 37 years' experience in the professional discipline of nursing and 25 years' experience in higher education. Dr. Wane has taught nursing classes across the curriculum in Bachelor's, Associate Degree (Generic and Transition) and LPN programs. She has developed nursing curriculum and designed nursing programs functioning as a subject matter expert and a participant member of the Instructional Technology design team. She has authored several publications in nursing and nutrition, serves as a Peer Reviewer for several journals/organizations such as Nursing Perspectives Journal, Journal of Advanced Nursing, MEDSURG journal, Journal of Nursing Education Practice and AAOS (American Association of Orthopedic Surgeons). Dr. Wane is also a member of the Editorial Board of Annals of Public Health and Research Journal and serves as an editor for Medicine. Academic degrees and certification include: BA in Nutrition from Brooklyn College, BA in Nursing from Downstate Medical Center, a Master of Science degree and a Doctorate of Philosophy in Nursing Science from University of South Florida, Board certified Family Nurse Practitioner and member of Sigma Theta Tau.

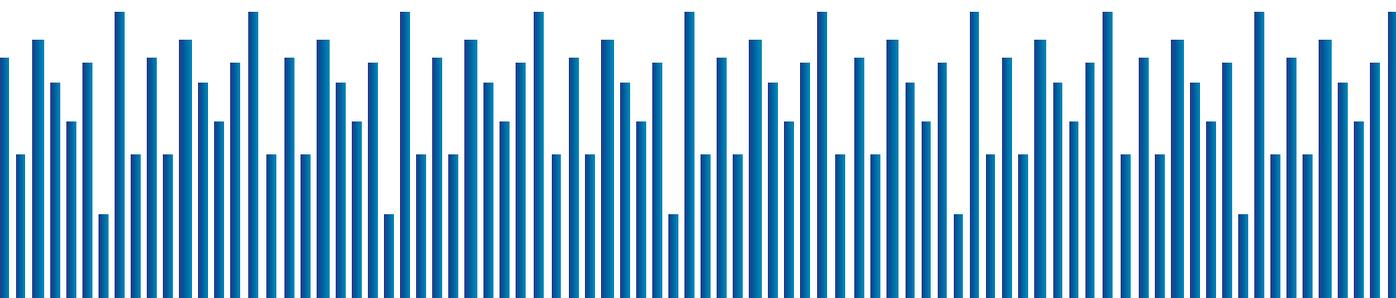
DAY 2

Speakers

2nd Nursing World Conference

October 16 - 18, 2017 | Las Vegas, USA

NWC 2017



Sessions on: Nursing Research | Nursing Informatics | Advances in Nursing

Session Chairs

Daryle Wane

Pasco-Hernando State College, USA

Mary Val Palumbo

University of Vermont, USA

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Title: Creating a civil, viable and quality health care environment

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Ethical protection of clinical research participants through quality improvement processes for informed consent

Shirley Bristol
Loma Linda University, USA

Clinical research is a category of research that utilizes individuals or groups of individuals or their behaviors or materials from humans, such as tissue samples, either directly or indirectly. Examples of clinical research include patient-focused research regarding mechanisms of disease, studies of therapies, technology development, epidemiological and behavioral studies and health services or outcomes studies.

The ethical principles of autonomy, beneficence, and justice represent key ethical concerns for human subject protection in clinical research as identified in The Belmont Report of 1979. Informed consent is basic to an understanding of ethics in the research process. All published national and international research ethics codes, regulations and guidelines reflect the principle of informed consent. The use of informed consent in clinical research is for the purpose of maintaining human rights, nationally and internationally. Investigators must protect vulnerable research subjects from potential exploitation, and other forms of harm, within the design of the research study. All persons are vulnerable, in the broad sense of the term, since all are susceptible to harm. Vulnerability also encompasses a narrower concept that, at times, and in certain respects, some individuals or groups of individuals are more vulnerable than others. In countries in compliance with regulations for informed consent processes, researchers explain to potential participants the overall purposes and conditions of the study and their understanding before providing a voluntary consent, free from coercion. Researchers must consider and respect an individual's gender, ethnicity, culture, language, religious beliefs, and disability during the informed consent procedure. The informed consent process may be complex, and the quality of the process is usually not monitored.

The use of informed consent in developing countries also raises difficult issues. Some individual developing countries, including Uganda, India, and Thailand subscribe to the requirements of informed consent, although the process may not meet universal ethical standards. For example, in resource-poor, low-developed countries (LDC's), attempts at informed consent may be difficult due to a lack of education and health literacy and an appreciation of the value of an individual's right to decide. In these situations, such constraints may negatively impact the actual use and quality of the informed consent process.

Despite the challenges of the informed consent process, clinical research is essential for improving patient care outcomes, worldwide. Achieving this goal, however, implies respect for the rights of human subjects in every study, along with a protective plan for the informed consent process. This presentation examines the current status of informed consent around the globe, focusing on the respect for individual autonomy, beneficence and justice as well as key ethical concerns for human subject protection. The use of innovative quality improvement methodologies is suggested to protect participant dignity, to improve research and clinical outcomes while safeguarding consent relationships and activities.

Nurse led virtual clinic for vascular service- improving patient journey

Sandra Almeida

Auckland City Hospital, New Zealand

Increased life expectancy is a result of successful health interventions which in turn have caused considerable financial pressure on the health industry in many countries including New Zealand. There is increased incidence of chronic illness with the ageing population leading to unprecedented alterations in the healthcare delivery system. These changes include financial pressures, directives from government health boards to improve quality and patient safety, advancing technology and workforce shortages. These changes have an adverse effect on funding decisions which inadvertently have an effect on the work environment. With limited resources health providers need to find innovative and cost-effective means to improve health care service delivery with an emphasis on developing high quality services that is patient centric with reduced inequity of services and a whole system approach.

Quality care of vascular surgery patients commences in the pre-operative period and extends to the postoperative coordination of care and long-term surveillance. Efficient use of technology and data is now a prerequisite for supporting and enabling the key developments needed to reshape the health and care system. To meet the challenges of improving health and providing timely, efficient, safer, cost-effective care, technology via nurse led virtual clinics has been introduced to help tackle inequalities and improve access to services for all. Surveillance for abdominal aortic aneurysm (AAA) and post endovascular aneurysm repair (EVAR) is challenging, costly, lengthy and a burden for the patient and health care system.

A trial of nurse led virtual clinic was set up in February 2016 for vascular patients mainly on abdominal aortic aneurysm surveillance and post endoluminal aneurysm repair. Discussions held with the vascular multidisciplinary team determined the patients to be considered for a nurse led virtual clinic. Technology media such as use of telephone and texting were utilised for virtual consultation. Face to face consultations were replaced by virtual media. Virtual clinics were documented and captured via a clinic letter and database. To date it has been widely accepted by the patients and health service with positive feedback and has extended into other areas within the vascular service.

It is essential that the expert nurse is knowledgeable, skilful and offers accurate health advice to the patients. Albeit, virtual clinics tend to have a linear format, the expert nurse should be able to identify possible complications. The benefit of this model of care has proven to be successful among both patients and the health service. Benefits reported include effective communication between patients and specialists, reduced travel time and cost especially to those in rural areas. It has improved the patient journey, clinic capacity and proven cost-effective to vascular service

Audience Take Away:

- Maximising the utilization of expert skilled nurses to their potential
- Developing nurse led virtual clinics in their own specialty areas to decrease burden on the outpatient clinics
- Enhancing nursing leadership and autonomy
- Delivering patient centred care which is equitable, high quality, safe and cost-effective

Biography

Sandra Almeida is a Clinical Vascular Specialty nurse at Auckland City Hospital, New Zealand and has been in the role for the past 3 years. She received her training in Mumbai, India in 1993, gained some experience in surgical intensive care, thereafter travelled to the Middle East before settling down in New Zealand. Has since been working in vascular surgery services at Auckland City Hospital. Sandra also enjoyed a short duration of clinical teaching at Auckland University for year 2 nursing students. She recently presented her initiative work of nurse led virtual clinics at the Health Informatics New Zealand in 2016. Sandra is currently studying for Masters in health practice and is passionate about delivering a positive patient experience throughout their journey.

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It's not enough to treat everyone the same

Traci Stewart*, Susan M. Hasenau, Mary E. Mitsch, Janet M. Baiardi
Madonna University, USA

This presentation is based on the results of a DNP project, a descriptive study, guided by Critical Social Theory and Feminist Pedagogy, that demonstrated a lack of general knowledge among nurses, nursing students and nurse educators concerning lesbian, gay, bisexual and transgender [LGBT] behaviors although attitudes and acceptance of the LGBT population were favorable. Therefore this author believes there exists opportunities for important LGBT education and health promotion in our nursing programs beyond the common assessment question “are you sexually active with men, women or both”?

In the United States, lesbian, gay, bisexual and transgender [LGBT] persons have faced a long history of discrimination, intolerance and exclusion. From the Save our Children Campaign in the 1970s to the most recent regulation of bathroom use. The U.S Department of Health and Human Services [USDHHS], though Healthy People 2020 has recognized the health disparities that history, current discrimination, intolerance and exclusion has caused this population. Some of the disparities of this population include lower perceived risk of sexually transmitted diseases for lesbians and underreported incidents of domestic abuse for gay men. Bisexual and transgender men and women face increased rates of depression than their heterosexual counterparts and transgender men and women have higher victimization and suicide rates than all groups. A review of LGBT nursing literature reveals a theme of “nursing’s silence” about LGBT issues, heterosexism and homophobia expressed by both patients and nurses in the profession. The USDHHS highlighted the need to improve LGBT health and decrease the shortage of knowledgeable and culturally aware providers for this population. Nursing is in a position to help fill this gap however the author suggests based on the findings of this project we need more discussion of LGBT health in our nursing programs.

Audience Take Away:

- Examine nursing’s history of silence, heterosexism and homophobia and how it may have contributed to nursing’s current knowledge, attitudes and acceptance of LGBT health.
- Begin to question your own biases and comfort working with and caring for LGBT patients
- Identify the opportunity for improved LGBT health education and health promotion in nursing programs

Biography

Traci Stewart, DNP, NP completed her doctorate of nursing practice at Madonna University in Livonia, Michigan where she also finished her MSN and BSN. She is currently working at the John D. Dingell VA Medical Center in Detroit, Michigan as a nurse practitioner in the Department of Sleep Medicine. Additionally she holds a position as assistant adjunct faculty at Madonna University teaching Evidence Based Practice in the undergraduate Health Sciences Program.

A new role for the clinical nurse specialist: New research on patient navigators

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¹North York General Hospital, Canada

²Simon Fraser University, Canada

³Queens University, Canada

Objective: To define the role of the patient navigator and its capacity to enhance patient experience

Significance and Background: An Integrated Care Collaborative (ICC) is a unique model that enhances care for hip and knee replacement patients by assigning them a patient navigator (PN)- a dedicated Clinical Nurse Specialist (CNS) who guides patients through the care continuum, coordinates input across clinical settings and streamlines discharge and rehabilitation.

Purpose: There is a dearth of research on benefits of PNs and no literature describing benefits of the PN role in orthopaedic surgery. As per a three year grant from the Ministry of Health and Long-term care in Ontario, Canada, qualitative research was initiated to explore the experience of patients who undergo a hip or knee replacement and interact with a PN.

Framework: A qualitative thematic analysis approach was utilized. Thematic analysis focuses on examining themes within data describing a selected phenomenon. Data is collected from patients to describe what was experienced and how.

Methods and Analysis: The main research question is: What does it mean to patients who have a hip or knee replacement to have contact from a PN throughout their care continuum? Purposive sampling was utilized. Telephone interviews were conducted until data saturation was reached. 16 patients participated. Interviews were coded separately by 2 people.

Findings and Implications: Preliminary findings show that patients contact the CNS for various reasons to eliminate a gap in their care and patients express benefit in having access to the PN. The navigator role is an innovative model that eliminates gaps within the health care system and within the patient's journey. Patient navigators will be the key to positive future changes in health care.

Audience Take Away:

- The audience will be able to define the role of the patient navigator in the context of hip and knee replacement surgery.
- The audience will learn about current research findings and implications for future practice.
- The audience will learn about the benefits of patient navigation and why the role has a positive effect on patient experience.

Biography

Larissa Teng is a patient navigator and Clinical Nurse Specialist in orthopaedics at North York General Hospital, in Toronto, Ontario, Canada. She specifically works with patients preparing for elective hip and knee arthroplasty surgery. She completed her Masters in Nursing and Bachelor of Sciences in Nursing at Ryerson University in Toronto, Ontario. Her current research focuses on patient experience and outcomes relating to the patient navigator role. Larissa has presented at various conferences locally and nationally to inform and educate others on the role of the patient navigator.

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Nursing research publishing academic and research network

Lasty Balseiro Almario*, Margarita Acevedo Peña, Silvia Crespo Knopfler, Ma. Susana González Velázquez Adiel Agama Sarabia and Daniela Javier Cabrera

National Autonomous University of Mexico, Mexico

Introduction: The academic network is a university organizational structure which joins wills under agreements in order to achieve common goals, mainly in the formation and researching areas, and under values such as solidarity, respect, tolerance, and co-accountability among its members.

Background: In the field of nursing in Latin-America, there are important contrasts regarding the scientific productivity; with Brazil and Colombia at the head, and followed level by Chile, Argentina, and Mexico. This situation reflects a poor development in the area of scientific publishing in many other countries of the region; and therefore elicits the need to strengthen the collaboration with those countries with low scientific productivity.

Objectives: To strengthen the activities of the professors at ENEO regarding the network and those of their national and international peers in order to support nursing scientific publishing.

Methodology: This is a quantitative, not experimental, transversal, comparative, and diagnostic study. The universe is constituted with 13 academic entities, including ENEO, FES Iztacala, and FES Zaragoza, from the UNAM, 6 national entities - Autónoma de Chihuahua, Autónoma de Guanajuato, Autónoma de Chiapas, UAM Xochimilco, and the State of México – and 4 international entities – Index foundation, Lima, Perú, Colombia and Paraguay. The independent variable is Academic Network, and the dependent variable is nursing scientific publishing. The population is constituted by the Network's professors who develop and carry out the training in their entities.

Results: The network has initiated the academics formation in research with diverse courses, workshops, and seminars on how to elaborate researching projects, and how to write scientific articles, as well as on other diverse strategies regarding the nursing scientific publishing.

Conclusions: It is expected that the academic and research network consolidates as an organ which favors the sharing of knowledge among national and international nursing academic groups.

Audience Take Away:

- The Academic and Research Network allow the promotion and strengthening of the scientific publication in Nursing in the national scope of Mexico and in the international one with several countries.
- The audience will be able to identify that the main idea of the Network is to train academics in research with courses, workshops, seminars that allow the development of research projects, writing scientific articles and reviewing, publishing essays and books, etc. for the benefit of national and international nursing.
- Nursing research publishing academic and research network

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Investment time for development of patient's independence-Focus on nursing care process in kinaesthetics

Hiroko Tadaura^{1*}, Kumiko Sakaki², Hatsumi Suzuki², Norbert Feldmann³, Sabine Bartholomeyczik⁴, Haruki Monma⁵, Ryoichi Nagatomi⁵, Peter Bewert⁶, Stefan Knobel⁷

¹International University Health and Welfare Graduate School, Japan

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⁷European Kinaesthetics Association, Switzerland

What is “time concept” for expert nurses who believe that they should use the most? It is reported that nurses often believe the time which is categorized for urgent and important is greatness. It is necessary to focus on it in Nursing. However, the most important time is said different from it. Sense of “time” by nurses affect both their nursing practice and patients. Today, we focus on Nursing applied for Kinaesthetics concept. It is mentioned to be applied cybernetics learning process. Time to use Kinaesthetics is reported as “Investment time for development of patient's independence”. Though some nurses are reported that they worry about its time consuming, however, there are a lot of evidence of health improvement in holistic, less pain, feeling of dignity care, higher QOL. Kinaesthetics which has developed in Europe, mainly Germany, Austria and Switzerland is getting a well - known concept in Japan. It is also known in Italy, Netherland, Finland, and Russia etc. Kinaesthetics is written in official nursing school books not only Europe nowadays. Several papers suggested that nursing care using Kinaesthetics concept is effective in pain for various cases having acute and chronic disease included in cancer, elderly, children and handicapped etc. In our previous study, investigations under actual clinical intervention study having controlled group scientifically determined the effectiveness of pain by nursing applied for Kinaesthetics concept in promoting health of the elderly and nurses in an elderly care setting of acute hospital, too. As of this year, a big international research starts related to Kinaesthetics. Japan, Germany, Switzerland, Austria and Finland etc cooperate together. This study aims to find out Kinaesthetics evidence from Meta analysis finally. Today, we report about clinical evidence and various effectiveness to use “Investment time for development of patient's independence” to focus on Nursing care process in Kinaesthetics.

Audience Take Away:

- Audience can consider about kinds of time in nursing care process. Audience can learn and bring renewed understandings of time management matrix in care. Audience can realized what is an investment time for development of patient's independence in nursing care to think about example of transfer support.
- Audience will be able to get renewed focus to see each nursing care with time management matrix. Hence, audience will be able to become to analyze which nursing care time can develop for patients' independence.
- Audience realize how much powerful to use investment time for development for patients.
- Audience can understand its' evidence from clinical study about Kinaesthetics.

Biography

Hiroko Tadaura is a Professor in Graduate School of Nursing and Rehabilitation Science in International University Health and Welfare Graduate School, Tokyo, Japan. She is also Part-time Professor in Graduate School of Medicine, Tohoku University, Miyagi, Japan. Guest Researcher in School of Nursing Science in University of Witten /Herdecke, Witten, Germany in 2008-2011. Senior Guest Researcher in School of Nursing Science in University of Witten/Herdecke, Witten, Germany in 2012-2015. She is also a Member of European Kinaesthetics Association. IOS New Scholar Award of Self Care Dependent Care Nursing, International Orem Society, USA in 2014.

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Live well die gently

Anne-Maria Olphert

Lincolnshire Partnership Foundation Trust, UK

In 2013 the author commissioned a piece of work to audit 320 deaths over a 6 month period 1st April 2013 – 31st September 2013 in adults only, from a population of 100,000 patients. Deducting the sudden/unexpected deaths left 231 records to be audited. The findings were disappointing and revealed inconsistencies in care, treatment and understanding. We found patients were left little choice in where they chose to pass away with no provision of hospice beds, voluntary sector provision was negligible and patients were not being identified early enough to support them and their families. Respondents to the national 2014 VOICES survey reported that more than 82% of people would prefer to die at home, with 8% preferring to die in a hospice, 6% in a care home, 3% in a hospital and 1% somewhere else. However, individual preferences change as death approaches, with fewer individuals wanting to die at home and more wanting to die in a hospice. For our population (100,000) the audit of deaths revealed that patients had died in the following areas: 41% had died in hospital, 49% in home/usual place of residence, 8% in a hospice/community hospital and 2% no place recorded. In 2014 the author was awarded a Florence Nightingale Scholarship to travel to the USA and in 2015 a Winston Churchill Fellowship to travel to New Zealand. Both tours were to visit centers of best practice in palliative and End of Life Care and share the learning and networks back in the UK.

In September 2015 the organization was awarded funding from the Macmillan Cancer Trust to be applied to a project for the scoping and review of End of Life Services across the same 100,000 population, including support to the implementation of key actions and outcomes. The project has focused on end of life care, i.e. care provided in the last phase of life (usually 12 months), as opposed to the broader palliative care (supporting a person with a serious illness for which there is no potential cure). Identifying that someone is entering the last year of their life not only benefits the individual, to enable provision of supportive care that meets their needs and wishes, but can also reduce the burden on the health and social care system through the commissioning of more effective services.

A further audit of deaths over a 6 month period was done (July 15th – December 15th) looking at 206 expected deaths for the same 100,000 population to compare practices and see if there were any variations. This revealed that without any actions or interventions the results were nearly identical 40% had died in hospital, 48% in home/usual place of residence, 8% in a hospice/community hospital and 4% no place recorded.

Changing the way we care in the last 12 months of someone's life has an everlasting effect for the families and loved ones. The project has considered practices from around the world looking at living wills, starting the conversation, identifying our 1% earlier, awareness raising, and consideration of choices. This presentation will share the learning from the authors gained experiences.

Audience Take Away:

- The audience will hear about the benefits of examining and visiting centres of best practice from around the world.
- The audience will hear how several centres of best practice around the world deliver innovative practice for end of life care.
- The audience will be given real examples of changes made and how these can be delivered in other centres.

Biography

I have worked as a nurse for over 30 years holding several roles including Ward Manager, Neonatal Sister, Children's Intensive Care Manager, Director of Children's Community Health Services, Chief Nurse for a Clinical Commissioning Group, and now as Director of Nursing/AHPs and Quality in Lincolnshire. I was awarded the Florence Nightingale Leadership award in 2011 and Travel Scholarship in 2014. After receiving the Winston Churchill Fellowship in 2015 I was able to secure funding from Macmillan and recruit the first ever General Practitioners dedicated to End of Life and Cancer Care. I've published widely in several journals and I'm currently on the editorial board of the British Journal of Nursing, a Clinical Trustee for a Children's Hospice, Clinical Trustee for ADHD Solutions and an active Soroptimist.

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Creating an innovative mindset

Wayne D. Nix
RNvention LLC, USA

According to the American Nurses Association's Quality of Practice, "the registered, nurse contributes to quality nursing practice through creativity, innovation, and overall quality improvement". Nurses have an obligation to facilitate the development of not only theoretical processes, policies, and business models, but also the creation of physical products through innovation.

An understanding in product innovation processes will help nurses meet the "Resource Utilization" competency set forth by American Nurses Association's Leadership Institute Competency Model.

As problem solvers, nurses are primed to recognize opportunities for innovation in healthcare. However, many nurse innovators lack the knowledge on the product innovation process. Nurses may not understand how and where to start the innovation process. Other potential barriers include lack of an understanding of the need to approach the opportunity in a systematic way and not knowing how to navigate around problems in the development process.

In this presentation, we will discuss innovative strategies to channel individual creative thinking skills, knowledge sets, passion and leadership attributes required in the product development process.

We will help reframe views to an open mindset, discuss the need for nurturing environments to grow, as well as share actionable, measurable and systematic "how to" guides which can be learned and replicated for use by individuals and groups.

Audience Take Away:

- Recognize the positive impact the nurse can have on product development.
- Identify how innovation can result in practice advancement.
- Describe systematic approaches to innovation.
- Identify potential barriers to innovation and how to overcome
- Identify potential resources and alliances within and outside the healthcare system.

Biography

Wayne possesses 20+ years of medical experience and is a veteran of Louisiana Army National Guard. He holds active licensure as an RN and RRT. He is passionate in the mission to help nurses innovate the future. In 2015, he and his wife Dawn, who is also a nurse, cofounded their company RNvention LLC. In the last three years, Wayne has obtained a patent, a trademark, and has begun manufacturing of the company's first product, MultiNix, The utility tool of Frontline clinicians. When not participating in entrepreneurial activities, you'll find Wayne decompressing through his favorite hobby cooking!

Using advanced nursing roles to develop the only nurse led dementia assessment unit in Europe

Valerie Provan

Cumbria Partnership NHS Foundation Trust, UK

The concept of developing a Nurse Led Unit started in 2003 due to concerns around the over prescribing of psychotropic medication in dementia care, with ‘Person centred care’ talked about, but not observed in practice. The Trust was developing a new Unit but had no vision around developing something different “If you only do what you have always done you will only get what you have always had” Albert Einstein

Following discussion with the commissioners, the medical and nursing director, I put a business plan forward for the development of a Nurse Led Unit as well as a training development plan for myself and the staff. With the completion of the non-medical prescribing course in 2004 I started reviewing the patient’s medication, reduced and stopped antipsychotics and looked at behavioural management, pain relief and alternative therapies.

I started to take on the role of assessing, diagnosing, prescribing medication and discharging patients under the mentorship of the Consultant Psychiatrist. As my confidence and competencies grew his hours on the ward reduced until he had one session a fortnight and this was to review the patents who were detained under the Mental Health Act.

In 2007 the Mental Health Act was reviewed and allowed a broader range of professionals to carry out a range of functions under the Act. Nurses were now able to undertake the Approved Clinician (AC) and Responsible Clinician role. A Responsible Clinician (RC) is the AC who has been given overall responsibility for a patient’s case. ACs allocated as RCs would undertake the majority of the functions previously performed by Responsible Medical Officers (RMOs), whose role ended on the implementation date of the Act.

Following the AC training, it has enabled me to be the Responsible Clinician for all the patients admitted to the Dementia assessment ward, the role normally held by a Consultant psychiatrist, and only require the Consultant for clinical supervision and covering my annual leave.

Identified outcomes include:

- Reduced costs- nurse RC cheaper than medical RC.
- Improved patient experience- reduction in psychotropic medication, reduced falls.
- Improved relatives experience – ‘I have my husband back’, ‘closer relations with RC’ ‘talks in layman’s terms’.
- Increased staff confidence, competence and satisfaction, reduced sickness.

Audience Take Away:

- Have confidence in Advancing the Nurses Role.
- Use Advanced Nursing Roles and innovative practice to improve patient care.
- Think creatively to fill the gaps in your service.
- It’s not all about the ‘profession’ now, it is about who is best to take on the role.

Biography

On the 1st of June 2003 I took up the post of Nurse Consultant (Older Adults, Mental Health) in Cumbria Partnership NHS Foundation Trust. I trained as an Independent Prescriber in 2004 and started to develop a Nurse Led Dementia assessment unit. In 2006 I was asked to take on the role of Non-Medical Prescribing Champion for the three Trusts,- Acute, PCT and Mental Health, and I have helped develop competency workbooks, audit tools, reflective practice and on-going professional development for all prescribers in Cumbria.

I hold an honorary lecturer post at the University of Cumbria and teach on the student nurse and Dementia degree course.

Nurse's meal assistance embodied knowledge which allows a Dysphagia patient to eat orally

Momoyo Kawai
Teikyo Heisei University, Japan

For humans, eating orally is not just for maintaining life, but it's also a joy of life. In Japan, dysphagia disorder is on the rise due to an aging population, cerebrovascular disease, etc. While there are those who are reviewing the importance of being able to eat orally, on the other hand I cannot deny the tendency to be negative about oral ingestion due to the risk of pulmonary aspiration, and for emphasizing safety. As dysphagia disorder has many varied symptoms, caregivers, family members, and even nurses are providing meal assistance with no confidence in themselves.

Therefore, my research has focused on the nurses' embodied knowledge for physical assistance in regards to meal assistance for dysphagia patients. There are 5 categories in regards to the embodied knowledge for assisted physical interactions with dysphagia patients. This was understood through the visual image of the inside of the mouth, for which nurses could use the sense of touch as a clue, but should not be able to see inside of objectively. Also, through physical interaction the dysphagia patient's intent could be aligned, allowing for them to eat. The nurse was able to get the patient, whose physical movements had been weakened due to palsy, to be able to eat independently, and could experience the joy the dysphagia patient felt in being able to eat on their own.

Audience Take Away:

- It is important for a nurse with expertise to administer the meal assistance for dysphagia patients.
- It is essential that embodied knowledge cultivated from personal experience should not be used only by the individual, but rather shared among nurses for the further development of skills.
- It is important to refine the nurses' physical sensation. In particular for the meal assistance for dysphagia patients, the feel from the nurses' hand serves as a clue, and is a key tool for communication.
- From communication through physical interaction, nurses can feel for themselves how oral ingestion can serve to compliment the bodies of dysphagia patients, and it is important to recognize the link to an increase in appetite.

Biography

After working at a hospital as a nurse, I went to graduate school and obtained my master's degree and doctorate in nursing science. During that time I was involved with "patient safety" at a hospital for the Japan Council for Quality Health Care, and as well participating in PSIC training (The Patient Safety Improvement Corps) in the United States. In regards to nurses' embodied knowledge, I have focused my research using the operating room, ICU, meal assistance for dysphagia patients as well as video. I received an academic award in regards to my research for nurses embodied knowledge for meal assistance for dysphagia patients at the 12th Japanese Society of Nursing Art and Science. I am currently involved with nursing education at a university.

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Multifactor examination of nursing job satisfaction: Across sectional survey in a tertiary hospital, Qatar

Badriya Khalifa Al Shamari*, JohncyPaulose, Christine Ou, Emmanuel Ngwakongnwi
Hamad Medical Corporation, Qatar

Background: This study examined overall job satisfaction among Nurses in a tertiary hospital setting in order to understand the relationship between job satisfaction in terms of four dimensions: autonomy, work environment, incentives, and perception of quality of patient care.

Methods: A cross sectional study of 435 Nurses at Al Rumailah hospital, Doha, Qatar was conducted using a validated Nursing Work Index-Revised questionnaire. Stepwise multiple linear regression was conducted to examine predictors of nursing job satisfaction.

Results: The study included 435 respondents, 68.2% of whom were hired from abroad. Mean age of respondents was 38.42±8.96. Most were female (87.1%), educated to degree level (50.6%), were married (84.5%), and work at the staff nurse level (84.1%). A majority (65.8%) of respondents had over five years of experience at current job. Overall, a greater proportion of respondents (53.3%) rated satisfaction with current job above 5, on a 10 point scale. Nurses from abroad tended to have higher ratings of job satisfaction compared to locals. There was no statistically significant difference in mean job satisfaction score by practice area ($t=4.467, p=.0.139$).

Conclusion: Expat Nurses tended to rate job satisfaction higher than those hired locally. Incentives (including financial and non-financial benefits) were a significant predictor of nursing job satisfaction. Autonomy and contract type were additional statistically significant predictors of job satisfaction, after adjusting for confounders.

Audience Take Away:

- Audience will get an insight into the, nurse's satisfaction with their job in different dimensions (autonomy, work environment, incentives, and perception of quality of patient care) and the strategies to be implemented to improve patient care.
- Medical staff employing nurses will know how the nurses perceive their job in various perspectives. It appeared that incentives greatly influenced nurses' job satisfaction but, the individual questions that make up incentives revealed that the non-financial compensation (such as opportunities for advancement and praise and recognition for a job well done) contributed to job satisfaction more so than salary and benefits alone. This speaks to the importance of providing non-financial incentives along with financial benefits, which may be efficient and lower cost strategies for organizations to boost employee morale, and satisfaction.
- It was also found that rating of job satisfaction was higher among nurses hired from overseas compared to local hires in the country. This suggests that there are certain inequalities in the nursing workforce that need to be studied and addressed. Even with varying levels of job satisfaction between local and overseas hire nurses, participants rated the quality of care given to patients as high. This suggests to us that the nurses work hard to provide quality patient care even if they are not satisfied with certain aspects of their job. However, it would be wise to look at and implement organizational strategies to improve the quality of nurse's work life in striving for excellence in patient care.

Biography

Ms. Badriya Al Shamari, RN, BSN is currently Director of Nursing Research, working with Corporate Nursing, Medical Research Center and Academic Health System at Hamad Medical Corporation. She has been leading research projects and activities contributing to excellence in nursing services and quality of patient care in the state of Qatar. She has been instrumental in promoting Nursing Research across HMC and educating staff on the challenges and issues of conducting clinical research. She is also the first young Qatari Nurse accepted to participate in the national Leadership program in the category of "Rising Leaders" at Qatar Leadership Center.

Prior to current role, Ms. Badriya was Director of Nursing at a clinical setting overseeing Pediatric Services, PASS (Pre Assessment Surgical Screening) and Plastic Clinics at Rumailah Hospital - Hamad Medical Corporation. During the course of her research career, she has established a group that is working on a number of research proposals. Her first published research focused on examination of nurses' satisfaction, the result of which was published in the International Journal of Nursing on June 2015.

2nd Nursing World Conference

October 16-18, 2017
Las Vegas, USA

Japanese elderly now and in future

Tetsuo Fukawa

Institution for Future Welfare, Japan

Japanese aging rate is already highest among developed countries, and it will increase towards unprecedented 40 percent in 2060. The Japanese population has been ageing rapidly with a very low fertility rate since the 1990s. This low fertility together with a long life expectancy makes it more serious and difficult to reform the social security system in Japan. Japanese social security system needs to be more effective and sustainable, but the process is under way with many difficulties.

We discuss present situation of Japanese elderly in terms of healthcare, long-term care, living arrangement and their health status. Then, we simulate future situation of them in 2065.

As population is aging, how to provide long-term care for the frail elderly is a mounting concern to the whole society in the developed countries. The need for long-term care is quite common among the very old. It is quite a remarkable event in Japan that the provision of long-term care has been changed from welfare and rationing services to needs-based insurance benefits. As long-term care cost is more closely related to the aging of the population than the healthcare costs of the elderly, it is indispensable to prevent and reduce the incidence as much as possible.

Financing of the social expenditure such as LTC benefit, family benefit, benefit for low income families and benefit for handicapped is still one of the key issues in Japan, and new options have been pursued, including broadening the financing basis of social benefits, a desirable mix of public systems and private arrangements, and redefinition of the elderly. Concerning a redefinition of the elderly, we calculated a threshold age. If we define the elderly as the oldest 20 percent of the population based on the stable population in the Life Tables, then the threshold age for the elderly was 59 years old in 1960, 68.5 in 2014 and will be 71 years old in 2050.

For healthcare and LTC services, it is especially important to incorporate right incentives in the system, and new forms of solidarity, including fair share of burden among generations, are indispensable in order to make Japanese social security system sustainable. Future Japanese elderly shall provide implications for new forms of solidarity.

Audience Take Away:

- The audience will learn the present and future situations of aged society.
- The audience may be suggested on new forms of solidarity.

Nurse managers' attitude and competency towards delegation in Jeddah city

Roa Sabri Gassas*, Sabah Mahmoud Mahran, Hasnah Irfan Banjar
King Abdulaziz University, Saudi Arabia

Delegation is the key for nurse managers and future leaders in order to guarantee productive outcomes. The use of delegation in nursing management can solve many issues including nurse shortages. The study aimed to describe nurse managers' attitude and competency to delegate effectively in a hospital setting. Descriptive correlational design was used which is a type of non-experimental design to collect data from five hospitals, first is University Hospital affiliated to King Abdulaziz University, other four hospitals are affiliated to the Ministry of health. Non probability purposive sampling technique was used to recruit 90 nurse managers. Data were collected by a questionnaire to measure nurse managers, attitude and competency in delegation. In general nurse managers were unsure about their attitude towards delegation, but agreed that it saves time. Regarding competency, nurse managers' agreed on the importance of competency and that communication is an important part of delegation. All nurse managers agreed that they were familiar with their legal responsibility regarding delegation. The study concluded that there is a highly significant correlation between the attitude and competency where Pearson correlation coefficient is 0.000**. This study recommended that nurse managers should communicate and facilitate the delegation process through developing clear guidelines as well as creating an environment that supports delegation, resolution of conflict and encourages teamwork.

The presentation will describe the significance of delegation in management especially first level managers, the research methodology will be explained in details (design, setting, tools and analysis), additionally the research result will be displayed followed by research discussion, finally research conclusion and recommendations.

Audience Take Away:

- The audience will be able to know new information's in the field of nursing management.
- The research result will aid higher management in understanding the following; staff retention; unit outcome; delegation concept; how to use delegation as tool in daily practice.
- Research recommendation will provide practical solutions.

2nd Nursing World Conference

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Las Vegas, USA

Feasibility study and prototype computerized program development of anesthesia electronic medical record

Sudta Parakkamodom*, Phongthara Vichitvejpaisal, Annop Piriyaatsom, Suthipol Udompunterak
Mahidol University, Thailand

Normally, anesthesia personnel, particularly nurse anesthetists, make records on patients' information during the surgical procedure. Pre and postoperatively, they visit patients to make sure that their customers are well informed regarding the whole process and satisfied with the service as well as any complications that might be existed.

The investigators developed an anesthesia electronic medical record at the point of care. The objectives were to record peri-operative patients' information in a real-time fashion, managed all administrative tasks as annual reports, and operated data as search engine for research and educational purpose.

After IRB approval and ClinicalTrials.gov Identifier: NCT03037996, a prototype EMR including preoperative (AN01), intraoperative (AN02) and postoperative (AN03) events were developed and validated for its appropriateness. Target groups were thirty anesthesia personnel including 5 anesthesiologists, 5 for each 1st, 2nd and 3rd year residents; as well as nurse anesthetists and students. They all worked on 397 peri-operative patient data in virtual space. The fill-in anesthetic record was parallelly performed via the EMR and a paper-pencil matter (PPR).

The AN01, AN02, and AN03 showed its reliability of 0.73, 0.73 and 0.78 respectively. There were no significant differences of recorded data between the EMR and PPR.

An electronic medical record (EMR) is used not only to manage patient information but also to provide care service and perform job accountabilities. In addition, it yields comprehensive materials for clinical analysis.

Audience Take Away:

- It was user-friendly with flexibility and interactiveness, which yielded lively intercommunication.
- It could transfer data automatically from the monitor; then anesthetists had more time to care for their patients.
- It provided retrievable data, which delivered informative materials for administrative report, educational and clinical research.
- It was available with integrity and confidentiality, therefore consumer protection rights was highly secured.

Biography

Ms. Sudta Parakkamodom, B.N.S, M.S. is a nurse anesthetist, head of steering committee of Feasibility Study and Prototype Computerized Program Development of Anesthesia Electronic Medical Record and quality control at Department of Anesthesiology, Faculty of Medicine Siriraj Hospital, Mahidol University, Thailand

Creating a civil, viable and quality health care environment

Jennette S. Logan*, Malliga Jambulingam, Maija R. Anderson, Angela Davis, Pawn Johnson-Hunter
Morgan State University, USA

A viable quality health care environment is described as a living, healthy, and positive place to work and grow. It is capable of maintaining itself, germinating and developing under favorable conditions. Unfortunately, there are barriers which distract, interfere or inhibit this type of environment. One main culprit is incivility. Incivility causes psychological and physiological problems for all involved. (Clark 2013). It causes clinicians to leave the bedside, educators to leave the classroom and students to leave the nursing programs. Further, it hinders communication, collaboration, mentoring and support. Additionally, incivility contributes to medication errors as well as poor patient outcomes and satisfaction.

Statistics support that 82- 95% of all nurses have experienced incivility (Dumont, Meisinger, Whitacre and Corbin (2012), Cooper, Walker, Winters, Williams, Askew and Robinson (2009) and 56% of nursing students have experienced incivility (Cooper, Walker, Winters, Williams, Askew and Robinson, 2009). The most common response to uncivil behavior, (34%) is to do nothing (Clark, 2013). Nurses are the largest source of health care providers today. In order to maintain a viable, quality health care environment, nurses, new graduates and nursing students must be prepared with skills to develop and maintain collegiate relationships. During this presentation, nurses will be introduced to evidenced based skills such as Cognitive Rehearsal, CUS, DESC and Code Pink to address incivility. This will help to create a civil, viable and quality health care environment.

Audience Take Away:

The audience will be able to address incivility in the health care environment using evidenced based strategies. Also the audience will be provided with research statistics to help them begin the discussion about incivility in their work place. Nursing students and New graduates will also be provided with skills to address incivility and promote collegiality in the health care environment.

With evidenced based strategies, the nurse will be able to: 1) address incivility in the work place and 2) teach others to practice the skills until they become a part of the accepted nursing/health care norm or culture. This will contribute to a viable work environment.

Nurses will be encouraged to conduct research described during this session utilizing larger sample sizes so that results can be better generalized. Additionally, nurse educators can thread incivility education throughout the curriculum and introduce incivility strategies during orientation training.

A civil environment will enable the health care provider to provide better patient focused care without distractions. Collaboration and communication among the health care team will improve patient outcomes.

Utilizing evidenced based skills to address incivility will:

- Enable the learner to gain confidence to break the cycle of incivility which has been accepted as the normal culture.
- Prepare students/new graduates to address incivility in the classroom and clinical setting.
- Increase collegiality among healthcare teams.
- Increase positive patient outcomes and satisfaction and decrease medication errors.
- Improve nurse and nursing student retention, especially in acute care or other stressful environments.
- Contribute to a viable, quality, health care environment.

2nd Nursing World Conference

October 16-18, 2017
Las Vegas, USA

Biography

Jennette S. Logan recently received a Doctorate of Nursing Practice in Specialized Health Care from Regis University in 2016. Her Capstone Project was entitled "Using Cognitive Rehearsal to Address Incivility in Nursing: Student Perceptions". She is determined to make a difference in how nurses interact in the educational and clinical settings. Dr. Logan has presented her research at the Sigma Theta Tau International (STTI) Conference in Cape Town South Africa, the DNP Conference in Baltimore Maryland, NWC conference in Dubai, UAE, the STTI Creating a Healthy Work Place Conference in Indianapolis, Indiana and will present at the STTI Conference in Dublin, Ireland in July 2017.

Creating a civil, viable and quality health care environment

Malliga Jambulingam*, Jennette S. Logan, Maija R. Anderson, Angela Davis, Pawn Johnson-Hunter
Morgan State University, USA

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Sessions on: Health Care | Mental Health and Psychiatric Nursing

Session Chairs

Lavoy Bray

American Association for Men in Nursing, USA

Rose Kearney-Nunnery

University of South Carolina Beaufort, USA

Session Introduction

Title: Attitudes of nursing staff toward interprofessional in-patient-centered rounding

Umesh Sharma, Mayo Clinic Health System, USA

Title: Back to the future: Patient experience and the link to quality, safety, and financial performance

Mitch Hagins, Studer Group, Canada

Title: Global health with emphasis on women and children

Stephen Ogbonmwan, Gable End Medical Services LTD, UK

Title: Transforming rural health care: High quality distance delivery of nursing education

Mary Nielsen, Missoula College University of Montana, USA

Title: Building global health capacity for future nurses

Fay Mitchell-Brown, California State University, USA

Title: Hope for recovery in mental illness: A nursing priority

Kelly Holt, St. Joseph's Healthcare Hamilton, Canada

Title: Nurses managing coherent patients-flows across medical sub disciplines – problems and possibilities

Janne Seemann, Aalborg University, Denmark

Title: Post discharge pain experience following primary total hip or total knee arthroplasty in patients whose primary language is not English

Yvonne Ramlall, Sunnybrook Health Sciences Centre, Canada

Title: Dually diagnosed young adults: Who are they and how can we help them?

Siobhan A. Morse, Baylor University, USA

Title: Analysis of an evidenced based practice change: Normal saline vs. heparin solution flushes for central line maintenance of Oncology patients

Londia L. Goff, West Virginia University Hospitals, USA

Title: Using improvement science methodologies to advance healthcare processes

George Reeder, Northwell Health, USA

Title: Life after the intensive care unit- you have the power to change outcomes and improve quality of life

Tracey Wilson, University of Maryland Medical System, USA

Kimberly Bowers, University of Maryland Medical System, USA

Title: Quality healthcare in developing countries -Utopia or Reality?

Betty-Ann Pilgrim, Southern Medical Company Ltd, Trinidad and Tobago

Title: Safe handling of Hazardous Drugs (HDs): Keeping health care providers safe at work

Mikaela Olsen, The Johns Hopkins Hospital, USA

Title: Perceptions and determinants of partnership trust among hispanic participants in a culturally relevant health promotion organization (PASOs) in South Carolina

Arelis Moore de Peralta, Clemson University, USA

Title: Public health nursing and health inequalities: A systematic review of evidence

Elizabeth Njoki Waitthaka, Bournemouth University, UK

Attitudes of nursing staff toward interprofessional in-patient-centered rounding

Umesh Sharma^{1*} and David Klocke²

¹Mayo Clinic Health System, USA

²Mayo Clinic Rochester, USA

Historically, medicine and nursing has had a hierarchical and patriarchal relationship, with physicians holding monopoly over knowledge-based practice of medical care, thus impeding interprofessional collaboration. Power gradient prevents nurses from demanding cooperative patient rounding. We surveyed attitudes of nursing staff at our tertiary care community hospital, before and after implementation of a patient-centered interprofessional (hospitalist– nurse) rounding process for patients. There was a substantial improvement in nursing staff satisfaction related to the improved communication (7%–54%, p50.001) and rounding (3%–49%, p50.001) by hospitalist providers. Patient-centered rounding also positively impacted nursing workflow (5%–56%, p50.001), nurses' perceptions of value as a team member (26%–56%, p¼0.018) and their job satisfaction (43%–59%, p¼0.010). Patient-centered rounding positively contributed to transforming the hospitalist–nurse hierarchical model to a team-based collaborative model, thus enhancing interprofessional relationships.

Biography

Dr. Sharma is chair of the Division of Community Hospital Medicine for Mayo Clinic, representing hospitalist practices across all Mayo Clinic Health System locations.

Back to the future: Patient experience and the link to quality, safety, and financial performance

Mitch Hagins^{1*}, Bonnie S. Cochrane¹, John A. King², Gino Picciano², Maureen M. McCafferty¹, Brian Nelson²

¹Studer Group, Canada

²Consultant, Canada

Improving patient experience has emerged as an important healthcare policy priority across Canada and beyond. Tools and systems for monitoring patient experience metrics are becoming increasingly refined and standardized, and the trend toward greater accountability for improvements that are sustainable and affordable is well underway. For many healthcare professionals, this represents a renewed focus on core patient needs and priorities, following decades during which structural and technological changes have dominated healthcare agendas. Improving patient experience in our contemporary healthcare environment presents major challenges-and opportunities - for health leaders. The experiences of Studer Group partner organizations in Canada, the United States and beyond are relevant and instructive in this context. These organizations have adopted a model known as Evidence-Based Leadership (EBL) that enables and supports the alignment of all activities and behaviours toward specific organizational goals, including measurable patient experience improvements. This presentation will discuss case studies of organizations that have adopted EBL. These organizations are demonstrating rapid progress in patient experience indicators while simultaneously making gains in critical areas such as clinical outcomes, safety, physician and staff engagement, and financial performance. Emerging evidence concerning the factors and processes that underlie these improvements will also be discussed. Beyond Patient experience lies the next frontier Patient Engagement. The presenter will introduce its importance as we move along the continuum from patient satisfaction, to patient experience to patient engagement.

Audience Take Away:

- Attendees will become more knowledgeable about the impact of patient experience on quality, safety and financial performance.
- Attendees will learn of experiences from innovative healthcare organizations, which are striving toward high performance across all major metrics, with a key focus on improving employee engagement, which positively impacts patient experience.
- Attendees will leave this session with renewed passion to do the worthwhile work that all health professionals desire, making a difference in the lives of others.

Biography

Mitch Hagins' expertise comes from 32 years of healthcare leadership, sales and marketing, strategic planning and senior management. He uses these experiences to coach organizations who all demonstrate year over year improvement in their pillar goals including patient experience, employee engagement, physician engagement, core clinical measures and other partner-specific metrics. Because of these results, Mitch achieved coach of the year and received a Studer Group Fire Starter Award and he also received recognition in 2010-11 Who's Who of Executives, Professionals and Entrepreneurs.

2nd Nursing World Conference

October 16-18, 2017
Las Vegas, USA

Global health with emphasis on women and children

Stephen E O Ogbonmwan
Gable End Medical Services, UK

Definition of Global Health: How does it relate to women and children?

Current Challenging Global Health Issues

UK Government refers to global health as 'health issues where the determinants circumvent, undermine or are oblivious to the territorial boundaries of states, and are thus beyond the capacity of individual countries to address through domestic institutions. Global health is focussed on people across the whole planet rather than the concerns of particular nations.

Working Definition: Global Health is collaborative trans-national research and action for promoting health for all globally.

Discussion will be based on the following recent internationally agreed global health issues which I will call 'CURRENT CHALLENGING GLOBAL HEALTH ISSUES'

Ebola's unprecedented survivors: Never before have there been so many survivors of the Ebola virus.

Post Traumatic Health Disorders: The mental health consequences of war, displacement, Ebola, gender-based violence, natural disasters and other traumas will become more apparent.

Reversing the health workers shortage: According to the World Health Organization, there's a global shortage of 7.2 million doctors, nurses and midwives. Workforce 2030 was slated for release in 2016.

The danger of Air pollution: A study last year linked air pollution to 6 million deaths per year in China mostly women and children and about 20 percent of all adult male deaths during this decade.

Polio, HIV and Zika Virus: Most devastating diseases of our time – but they're waning or, in the case of polio, on the verge of eradication. At the same time, Zika virus, Ebola flare-ups and other unexpected threats in 2016,

Climate change: More extreme weather and rising sea levels, temperatures, and carbon dioxide levels could usher in a wide array of human health effects

The Role of Politics and power shifts: Changes in the White House may determine adverse development policies and funding, and certain public health topics may become highly politicized targets eg reducing funding for reproductive health and family planning in the USA and other donor dependent activities globally.

The enduring wealth gap: Globally, the percentage of people living at or below \$1.90 per day dropped from 44 percent in 1981 to 12.7 percent in 2012. Despite this remarkable progress, the wealth gap is growing. A large divide between the haves and have not.

The 59.5 million refugees problem today: That's more than at any time in human history, even at the end of World War II. The movement of people – not just of those exiting Syria, but of all who are on the move worldwide – has huge implications for health systems around the world.

Human Trafficking, Sex slaves and prostitution: Never has so many women and children been sold and trafficked in the history of mankind since the Trans-Atlantic Slave trade

Maternal mortality, perinatal mortality and resurgence of resistance strain of tuberculosis: The scourge of malaria fever and the discovery of plasmodium falciparum strains resistant to lumefatrane and artemether (coartem)

Cancers especially of the female genital tract and childhood cancers. Effect of technological development on human health especially mobile phone on the general health of children.

2nd Nursing World Conference

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Las Vegas, USA

Biography

Dr Stephen E Ogbonmwan is about sixty years old. He is a consultant obstetrician and gynaecologist in the United Kingdom with facilities in the UK and Nigeria. His area of interest is reproductive health; screening for gynaecological cancers and intrapartum obstetrics and where he has published several articles sited in PUBMED and referenced on very many occasions. He also runs a blog at edogloba-[organization.org](http://edogloba-organization.org) on contemporary issues, good governance and anti-corruption.

2nd Nursing World Conference

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Transforming rural health care: High quality distance delivery of nursing education

Mary Nielsen

Missoula College University of Montana, USA

Health care for patients in rural communities across the United States and around the world remains a unique challenge. Rural residents often face long travel distances, wait months for an appointment, or are unable to access healthcare. While nursing makes up the largest group of health care professions, most are employed in big hospital systems, leaving rural communities without an adequate supply of nurses to meet workforce needs.

Montana has found innovative ways to provide knowledgeable and skilled employees in rural communities to assist in alleviating the mounting nursing healthcare workforce shortage. Through the Healthcare Montana project, expanded access to nursing and allied health education is being offered through distance technology, work-based learning experiences, and homegrown innovations. This includes development of specialized training for transforming practicing rural nurses to be educators, success skills for staff, mobile simulation for professional development, and Registered Healthcare Apprenticeship Programs for the first time. Increasing credential completion and employment will help overcome workforce challenges in frontier and remote communities.

Eleven nursing education colleges and rural employers from across the state of Montana created a common curriculum for a Practical Nursing (PN) Certificate of Applied Science program, Associate Degree Nursing (ASN) program with a seamless progression to a Registered Nurse -Bachelor's Degree in Nursing (BSN) program. The PN and RN-BSN Completion programs are offered in a distance learning modality, providing access to rural students committed to their community. Rural communities can "grow their own" increasing their nursing workforce and the quality of care.

2nd Nursing World Conference

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Building global health capacity for future nurses

Fay Mitchell-Brown
California State University, USA

Nurses are integral to global health initiatives and nursing faculty have the responsibility to provide this opportunity for future generation of nurses to improve the health of people locally and internationally. Because nursing is a global profession, nurses should be key partners in global health initiatives in an effort to strengthen health systems and the raise the quality of health care for all people. A nurse who has a global perspective knows that what happens in one part of the world undoubtedly affect people in other parts of the world. The purpose of the presentation is to share how a nurse leader advocated and engaged nursing students in a global health initiative in a vulnerable population in Mexico to improve the quality of health care in the region.

The baccalaureate nursing program in a rural community lacked a global health component so nursing students were not provided the opportunity to examine issues that affect the health and health care in a global arena. In response to students' growing demand for some kind of global health care experience, nursing professor, Dr Fay Mitchell-Brown, responded by implementing a health care service learning project for ten highly motivated nursing students. This service learning project took place in the village of Cacalote, Oaxaca, Mexico in January 2017.

Oaxaca has a large concentration of indigenous people and most regions are dominated by poverty, idolatry, witchcraft, diseases, and inaccessible health care. The existence of personal, financial, organization, social and cultural barriers to health care services create a significant compromise to the quality of health care provided in the region. This creates an inevitable state for suboptimal health and negative health outcomes for this vulnerable population. This global project provided students with several opportunities: (1) hands on experience in treating clients and learning about diseases in the region, (2) creation of health education classes in a community forum where a language and cultural barrier exist, (3) immersion in a multicultural health care experience, (4) management of limited resources to provide high quality care at a low cost, and, (5) participation in planning and delivery of health care through the use of mobile clinics.

The students benefitted profoundly from this global experience and it provided them with substantial opportunities to recognize the importance of social determinants on health outcomes, the importance of patient centered care, delivery models of care, and the creation of quality strategies to improve care in the domestic and global arena. Participation in this global health project also provided students with a better understanding of the myriad of global health care issues that affect this vulnerable population and helped students understand the role that health care providers play in transforming quality health care locally and beyond.

Audience Take Away:

- State how the understanding of global health can improve quality of health care locally.
- Describe specific projects that were implemented to improve the quality of health care in the region.
- Summarize the importance of the leadership and mentorship of nursing faculty in a nursing program in improving the quality of health care locally and internationally.
- The audience will gain an appreciation of the importance of including future nurses and health care providers at all level in global work and collaboration to improve quality health care for all people.
- This will Increase the audience's understanding of measures that can be applied to increase quality health care and health outcomes for populations.
- This will provide the audience on specific recommendations to improve quality health care locally and globally.

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Biography

Dr Fay Mitchell-Brown's clinical background is in pediatric and critical care nursing. After completing her doctoral degree, Dr Brown assumed a faculty position in the nursing program at the California State University, in Chico, CA. Dr Brown's research interests are chronic illnesses vulnerable populations, cultural nursing and global health. Dr Brown has travelled all over the globe and is passionate about learning about other cultures. Dr Brown' goal is to help student nurses gain an understanding of the importance of global health and its impact on health care locally.

Hope for recovery in mental illness: A nursing priority

Kelly Holt

St. Joseph's Healthcare Hamilton, Canada

Hope is necessary to recovery in mental illness; without it, recovery cannot occur (Leamy, Bird, LeBoutillier, Williams, & Slade, 2011; Mental Health Commission of Canada, 2015; McCauley, McKenna, Keeney, & McLaughlin, 2015). As frontline clinicians, nurses are optimally positioned to influence hope in their patients. The responsibility to promote hope in patients is communicated within the nursing literature; however nurses' experience of operationalizing this need into practice has been little explored. This study expands on existing hope research through exploration of how nurses perceive the role of hope and their role in fostering hope in the recovery of persons with mental illness.

This study utilizes semi-structured interviews to explore mental health nurses experiences of fostering hope in their patients with mental illness. The qualitative research method, Interpretive Description is employed to inductively conceptualize the experience of fostering hope. The results of this study indicate key interpersonal nursing interventions in the promotion of recovery in persons with mental illness, and describe the impact of systems and historical barriers to hope. Conclusions suggest building hope-fostering capacity in mental health nurses through education on specific hope interventions.

Audience Take Away:

- The audience will reconsider the functions and value of the therapeutic nurse-patient relationship, review current theory of hope in recovery, and gain an understanding of factors impacting hope and thus recovery in persons with mental illness.

Biography

Kelly Holt is a Clinical Nurse Specialist with the Mood Disorders Program at St. Joseph's Healthcare Hamilton. She is passionate about best practices in nursing and mental health, and has particular interest in nursing interventions promoting recovery. She is an Associate Clinical Professor with McMaster School of Nursing, and a Senior Level CPI Non-violent Crisis Intervention Instructor. She holds a post-graduate Diploma in Clinical Behavioural Sciences from McMaster University, with specialization in Cognitive Behavioural Therapy. Kelly attained a BScN degree in Nursing from Brock University, and a MScN degree in Nursing from York University.

Nurses managing coherent patients-flows across medical sub disciplines – problems and possibilities

Janne Seemann*, Jeppe Gustafsson
Aalborg University, Denmark

Horizontal clinical management of integrated patient flows in health care has been put on the reform agenda globally to ensure better continuity of patient care services, increased patient safety and enhancement of the professional quality of treatment.

Since 2013 the North Region of Denmark has sought to improve the coordination of patient flows through their hospitals and also between the hospitals and the primary sector. A sort of matrix structure is combining a vertical expertise based clinical department structure with horizontal managers responsible for integration of patient flows. Research of these initiatives has been conducted by the authors since 2012 and is still going on. The aim of this presentation is to describe and analyze the role of the new horizontal managing nurses in the reorganization of the university hospital.

An important part of the reorganization was to introduce a new overall management structure at the department level of the hospital. Existing specialized departments with extensive cooperation were collected in larger clinics managed by a troika consisting of a clinical director (mainly doctors) and two deputy directors (mainly nurses). One of the deputy directors is responsible for the human resources, while the other is accountable for the patient flows within their own clinics, across the boundaries of different clinics and across the boundaries of the hospital, the local communities and the primary health care.

Although it was not explicitly described these horizontal management positions were originally meant to be physicians. There was, however, a lively discussion in the hospital of whether they should be physicians or nurses but only few physicians applied for this job. As a result, six of the eight clinical departments got nurses for this position. Many physicians suddenly realized that they would be in a subordinate position to the nurses who had applied for the position. Therefore, there was a great deal of resistance from the physicians to the introduction of the managing nurses accountable for patient-flows.

The physicians had emphasized that, according to the law, they are responsible for the treatment of patients, and therefore a deputy clinical manager with a nursing background could not be accountable for patient flows.

In spite of some positive results the new managers feel that they have not been able to fulfill the great expectations that were placed on them in the new management structure/change process. There have been several barriers to their work.

It seems that the new managing nurses accountable for patient flows have been one-man armies in the battle for the visions of more coherent patient-flows. They change between optimism and despair. It is a challenge to maintain self-confidence and motivation and to struggle to gain the trust and support of others. If the barriers to their work are to be overcome, it is necessary that they are addressed and surmounted. They simply cannot accomplish this task alone. They need more power and legitimacy in the organization to deal with these barriers.

Audience Take Away:

- Development of coherent patient processes represent a radical change, which cannot be created through the hierarchy and a one-man army. It implies a strong connection between top-down and bottom-up strategies and a very strong involvement from the professionals in action at the operating core.
- The patient-centred hospital gives priority to both expertise based and patient-centred perspectives or in other words both functional and horizontal strategies. Thus a conflict is built in the structure which must be balanced.
- How vertical and horizontal strategies can be seen in interaction.
- Possibilities and primarily problems for nurses managing across medical sub disciplines.

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Biography

Janne Seemann Professor, PhD, Department of Sociology and Social Work, Aalborg University, Denmark. Head of Centre for Organization, Management and Administration. Scientific focus areas: Innovation, public organization and management, organizational change, inter-organizational management, coordination and cooperation cross organizations, professions, sectors and political levels. Empirical focus: Health care, social sector, labour market. Board Member of International Journal of Integrated Care (IJIC) and Nordic Network for Health Management Research (NOHR). Her recent research has appeared in International Journal of Integrated Care (IJIC), Journal of Health Planning and Management, The Innovation Journal: The Public Sector Innovation Journal.

Post discharge pain experience following primary total hip or total knee arthroplasty in patients whose primary language is not English

Yvonne Ramlall

Sunnybrook Health Sciences Centre, Canada

Background: Pain following total hip or total knee arthroplasty following discharge from hospital is not well understood, especially inpatients whose primary language is not English. The objective of this study was to review how communication barrier impact the understanding of and reporting of pain levels, rather than whether non-English speaking patients actually experience different pain levels.

Purpose: The purpose of the study was:(1) To determine pain scores of the patients upon discharge from acute care; (2) Assess what level of pain scores were satisfactory; (3) Assess the number of prescribed pain tablets taken; (4)Assess the association between pain score and the number of tablets controlling for age and gender and (5) To determine whether the patients were satisfied with their ability to communicate their pain control needs, describe their satisfaction and to say how to improve pain control.

Method: Consent was obtained in the presence of a substitute decision maker. Ethics approval was obtained. Patients were presented with a Study Instruction Sheet. The sheet provided directions surrounding the completion of the Pain Self-Assessment Form (PSAF). Pain scores were measured 3 times/day with an average daily score for 5 days.

Result: Of the 22/143 patients who met the criteria, 20 consented and 2 declined. The overall response rate was 18/19 = 94.7%.Fifty-six percent of patients were satisfied with pain control. Fifty percent reported nausea; 28%reported dizziness and sweating; 22% reported constipation. Thirty-nine percent needed an interpreter.

Conclusion: Post-operative pain control is important to both patients and health care professionals. The most common recommendation was to use a translator. Impaired communication through language barriers complicates the caring process even more. Information from this study will improve discharge teachings.

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Dually diagnosed young adults: Who are they and how can we help them?

Siobhan A. Morse
Baylor University, USA

Recent policy and legislative changes have contributed to two important changes in the substance abuse treatment community: increased access to care for many young adults and the need to develop effective outcomes information. Organizations that can consistently present valid and reliable information regarding patient outcomes and satisfaction will thrive in the new healthcare environment. This presentation will focus the emerging adult population, ages 18-25, and identify differences revealed in this population: in their presentation, retention in residential treatment and their outcomes following treatment. Data are drawn from several years of research at Foundations Recovery Network residential facilities. Implications for practice will be reviewed including specific attention to the role of length of stay in young adults.

Audience Take Away:

- Identify key components of outcome-informed treatment.
- Identify differentiating characteristics in young adults
- Identify factors impacting treatment retention in younger adults and the role of length of stay
- Demonstrate actual one-year outcomes post-treatment in young adults
- Review implications for designing and implementing effective treatment practices.

Biography

Siobhan holds a Master's degree in Health Services Administration from Florida International University. While at FIU, she participated in a number of research projects including a National Institute of Mental Health/Mental Health Statistic Improvement Project (NIMH/MHSIP) Project focusing on the severely and persistently mentally ill; United States Department of Education (USDOE) evaluations; and local evaluations of at-risk youth. As an Adjunct Professor at Florida International University, Siobhan taught Program Planning and Evaluation for the College of Urban and Public Affairs. She also served as a Lead Coordinator in the joint United Way, Children Now and Dade Community Foundation Project entitled "Report Card on the Status of Children's Services in Dade County", where she pioneered the use of report card technologies. Siobhan earned her certification as a Clinical Research Coordinator (CRC) from the Associates of Clinical Pharmacology and conducted over 100 clinical trials with major pharmaceutical companies investigating new and promising treatments. She holds her certifications as an ARISE Interventionist and as a Master Addiction Counselor. Siobhan is currently the UHS Addiction Services Division Director of Clinical Services which includes her former role as Director of Research and Fidelity.

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Analysis of an evidenced based practice change: Normal saline vs. heparin solution flushes for central line maintenance of oncology patients

Londia Goff*, Crystal Peck, Pamela Bunner, Pamela Ash, Crystal Street, Pam Foy, Lindsey Gladish, Lorinda Howard, Tammie Ritenour, Dorothy Donham, Sijin Wen
West Virginia University Hospitals, USA

Context: Guidelines and clinical practice for preventing complications with central venous catheters (CVC) varies greatly across the world. Preventing occlusion dictates most institutions endorse the use of heparin to maintain patency when the CVC is not in use. However, the use of heparin may be unnecessary, provide risk to the patient, and increase health care costs. The American Society of Clinical Oncology Clinical Practice Guideline: Central Venous Catheter Care for the Patient with Cancer recommends routine flushing with saline. There is a need for evidence to validate normal saline may as effective alternative to heparin in line patency.

Objective: To evaluate the outcome of an evidence-based practice change and validate the American Society of Clinical Oncology (ASCO) recommendation of CVC care using routine flushing with saline..

Design: In December of 2014 WVU Oncology Services initiated an evidence-based practice change and removed heparin solution from central line protocols for flushing of the adult cancer patient. Research using a convenience sample equaling 1922 patients in visits over an 8 month period was retrospectively reviewed after the evidence based practice change for outcomes of heparin vs. saline flushing in line patency.

Setting: An outpatient ambulatory academic comprehensive cancer center with laboratory and infusion services for adult oncology patients.

Results: Implementation of a practice change to include pre-implementation education, mandatory in-services, annual competencies, and informative posters with proper flushing technique to educate staff validating the use of a push-pause technique for saline flushing, which is not inferior to heparin for maintaining central line patency for adult oncology patients.

Conclusions: There is sufficient evidence with pre implementation education and proper flushing technique to advocate saline flushes are effective in maintaining line patency in the adult population without the additional cost or clinical syndromes associated with heparin based flushing of CVC.

Audience Take Away:

- Normal Saline flushing with an educationally implemented push pause technique to create turbulence in the lumen to optimize rinsing effect on the catheter allows nurses to make a practice change with confidence in the knowledge that 0.9% normal saline flushes are not inferior to heparin flushes for adult oncology patients with CVC lines at WVU Medicine and MBRCC.
- An initial savings was seen with removal of the heparin solution for CVC flushing. In the 4 month period prior to the practice change the cost of the pre-filled heparin syringes used was 3,365.00 dollars. There was no identified significant increase in the use of alteplase (t-PA), nor significant increase in venous Doppler studies, or removal of CVC lines between the Heparin versus 0.9% normal saline flushing regimes.
- The finding of our intervention supports and validates the ASCO Guidelines and supports evidence for our practice change.

Biography

Londia Goff graduated Summa cum Laude from Fairmont State College with a Bachelor of Science in Nursing. She has worked in oncology for over 20 years. She is currently the Transplant Coordinator/Specialty Care Nurse for the Osbourn Transplant Program of WVU Hospitals. In this role she also serves as the Coordinator for the Radiation Injury Treatment Network, a member of Foundation for the Accreditation of Cellular Therapy (FACT) WVUH Compliance Team and Quality Management Program. She has served as WVUH Nursing Research Council Research Champion/Fellow 2015, National Marrow Donor Program (NMDP) Patient Advocacy Forum, and the Patient/Caregiver DVD Project Review Team of the NMDP. She currently is a member of the Hematopoietic Transplant Coordinator Certification Examination Committee and serves on the Bone Marrow Foundation Medical Advisory Board.

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Using improvement science methodologies to advance healthcare processes

George Reeder
Northwell Health, USA

Through the use of Improvement Science Methodologies, nurse leaders can advance health care processes, the quality of care delivered to patients, enhance patient safety, improve front-line staff's job efficiency, promote employee morale, and reduce costs. Whether a nurse leader follows a structured approach to improve processes or uses improvement science tools individually, many objectives can be achieved. Originating in industry and manufacturing, the methodologies have earned their place in healthcare and have been applied at Northwell Health, a health system based in Lake Success, NY consisting of 21 hospitals and 550 outpatient clinics. Familiarization of the value and application of improvement science methodologies or in-depth training on use of improvement science methodologies such as Lean, which places emphasis on removing waste from a process, Six Sigma which focuses on reducing defects and variation from a process, Plan Do Study Act (PDSA) cycles which utilize small tests of change to improve processes, Fast Track Decision Making, which is a structured means of gathering a problems solutions from front-line staff, and Discrete Event Simulation, a method of simulating real-world scenarios via software, all enable the nurse leader to effectuate change, or assist the facilitation of the methodologies. Change Acceleration techniques, which place attention on the human side of all change efforts requiring buy-in and support, play a vital role in the success of improvement science methodologies and should always be included in any process improvement project to enhance success. Front-line employees can learn to use and spread improvement science to advance health care in their organization and enhance patient care.

Audience Take Away:

- The audience will receive a brief overview of Improvement Science methodologies such as: Lean, Six Sigma, Plan Do Study Act (PDSA) cycles, Fast Track Decision Making, Discrete Event Simulation, and Change Acceleration
- Overview of the tools of the methodologies that can be applied to healthcare
- Examples of how each methodology has been used in healthcare applications
- Explanation how using the presented methodologies can improve job efficiency, reduce costs, and improve patient outcomes

Biography

George Reeder is a program manager on the Improvement Sciences Team in the Office of Clinical Transformation at Northwell Health based out of Lakes Success, NY. He holds a BSN from Molloy College and a MS from Excelsior College in clinical systems management. He teaches classes on improvement science at the Center for Learning and Innovation, Northwell Health's corporate university. He is a certified emergency nurse and served 9 years in the US Army Reserve achieving the rank of Captain. Mr. Reeder volunteers with his local rescue squad as an EMT.

Life after the intensive care unit-you have the power to change outcomes and improve quality of life

Tracey Wilson*, Kimberly Bowers*
University of Maryland Medical System, USA

Post Intensive Care Syndrome (PICS) is a response to critical illness which affects the patient and family along the entire continuum of patient care and recovery. As survival rates of a critical illness increase, the prevalence of psychosocial symptoms has also risen. PICS is finally gaining the attention it deserves.

As a response to critical illness both families and patients may experience an array of psychological disorders. These include anxiety, depression, complicated grief, and panic attacks. It is known that patients and families may continue to experience these symptoms for over a year following a critical illness event making recovery a challenge and affecting overall quality of life.

Certain factors may be key indicators in developing PICS. These include mechanical ventilation, delirium, multi-system organ dysfunction, sepsis, fluctuating glucose, uncontrolled pain, malnutrition and immobility.

Patients who have been identified with PICS report lower level of quality of life and many have a functional dependence further aggravating the syndrome for both the patient and their families.

Just as risk factors have been identified so have interventions to minimize this syndrome. Many of the risk factors are considered modifiable, meaning we have the ability to change these risks. Interventions include vent weaning, optimizing nutrition, aggressive rehabilitation, minimizing sedation, early mobilization, effective communication between healthcare providers and the patient/family, and having an active palliative care team in the intensive care unit.

Family members also suffer from PICS. Risk factors include, previous experience of critical illness, history of anxiety/depression, ability to be present at bedside, education level and support system. There are a variety of interventions being studied to minimize effects of PICS in family members. These include, receiving frequent updates from ICU team in a clear language, taking an active role in the physical care of the patient and keeping a diary.

Audience Take Away:

The public will can use the knowledge learned to select the appropriate instrumentation system for each case.

This session covers the growing concern of Post Intensive Care Syndrome for Patients and Families. Knowledge and technology continue to improve the chance of survival from a critical illness. Due to this increase in survival, we are now faced with the challenges of understanding PICS. This session covers risk factors for PICS, identifies knowledge barriers, and discusses significance of early and consistent interventions for both patients and families.

This session will also include an interview from a family member who suffers from PICS.

1. Identify patients and families at risk for developing PICS
2. Identify interventions to minimize the development of PICS
3. Identify current research directed toward PICS
4. Identify impact PICS has on recovery and interventions to improve outcomes post-acute stay

Biography

Tracey Wilson has worked as a senior acute care nurse practitioner in Medical ICU for 11 years. Her interest include, end of life care, palliative care, communication and moral distress. Her initial work on Post Intensive Care Syndrome was presented on both local and national levels. Currently working on research study to evaluate effect of keeping a diary while in the ICU setting.

Kim Bowers has worked as a senior acute care nurse practitioner in the Medical ICU for 10 years. Her interests include resuscitation and early mobility. Initial work on PICS was presented both locally and nationally.

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Quality healthcare in developing countries -Utopia or reality?

Betty-Ann Pilgrim

Southern Medical Company Ltd, Trinidad and Tobago

This Presentation will provide a critical review of quality healthcare practice in Trinidad & Tobago, from which some generalizations may be made for the wider Caribbean region, wherever appropriate. Using an 'auto-ethnographic methodology', I would chronicle my journey in pursuit of Viable Quality Health Care as a Nurse Manager in a 'third world' health care institution; while I describe and systematically analyze my findings at the beginning of the journey; recount the challenges encountered; as well as identify the achievements and successes attained, plus projections. Within the presentation I would highlight key elements of Health Care in the Twin Island Republic of Trinidad and Tobago.

The sub-geographical focus of the study is the South West Regional Health Authority (SWRHA), the largest single public healthcare system or authority in the southern Caribbean – based in Trinidad; with approximately 1500 nursing and allied nursing staff, 750 beds; and over 50 facilities nationwide. The size and scope of this institution ensures that any appropriate research executed there would have implications for the wider national and regional healthcare sectors. Empirical literature points out that 'external and internal environmental' factors do affect the healthcare product generated by any institution. These are generally captured by the PESTEL Factors Framework (Political, Economic, Socio-cultural, Technological, Environmental, and Legal or Regulatory). Owing to the structural make-up of the countries of the Caribbean, this study specifically sheds light on the impact of socio-cultural and political factors on effective healthcare practice in developing countries such as those of the Caribbean.

Additionally, the study will identify and evaluate several leadership-initiatives which were implemented, including the acclaimed practice of Case Reviews; the Electronic Fetal Monitoring training for midwives at the Obstetric Unit; the Nurse Hourly Rounds; and the rejuvenated Team Nursing. In a bid to produce and develop quality leaders, especially in the healthcare sector, the highly successful "Embracing Leadership Symposium" program was launched in 2012, and continued in 2013, 2014 and 2015. Therefore, one of the questions being addressed in this auto-ethnographic study is "to what extent does innovative-leadership practices, processes and projects impact on a viable quality healthcare service in Trinidad & Tobago and thus the wider Caribbean".

Audience Take Away:

- A sample of innovative leadership practices, processes and projects that may impact positively on quality healthcare
- An environmental impact framework for corporate or institutional evaluation
- A critical review of viable healthcare practice in Trinidad & Tobago and the Caribbean
- An understanding of the power and use of auto-ethnographic studies in Healthcare research
- In Strategic Planning for your institution
- In Turnaround strategies for healthcare institutions
- To develop an appreciation for and a knowledge of auto-ethnographic research methodologies
- It should help Nursing and Healthcare professionals to become more observant of their professional environment, including their product/service, processes, physical evidence, etc.
- It should facilitate Strategic Planning for small and medium sized healthcare institutions.
- Researchers may choose to adopt this methodology exemplified in this Presentation, thereby providing a rich vein of experiential learning opportunities for many who read their research outputs.
- Healthcare researchers may also combine auto-ethnographic research as part of a blended research methodology design.

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Biography

Betty-Ann is a UK-Trained Registered General Nurse, Midwife, and Clinical Nurse Specialist (CNS), with speciality in the Care of Children and Families with Haemoglobinopathies. She has a MSc in Social Anthropology of Children and Child development.

As a distinguished national leader, Betty-Ann held the posts of Nurse Manager /Administrator, Director of Nursing, Lecturer, Board Member of the Trinidad & Tobago Registered Nursing Association, inter alia. Throughout her tenure, she accomplished numerous noteworthy initiatives that attracted national and international acclaim. Recently, she was head-hunted as the Nursing Administrator of one of the most respected private hospitals in the country.

Safe handling of Hazardous Drugs (HDs): Keeping health care providers safe at work

MiKaela M. Olsen
The Johns Hopkins Hospital, USA

Serious adverse effects of hazardous drugs are well-known. It remains impossible to avoid administration of these drugs since many are essential for the treatment of cancer and other diseases. Adverse health effects from occupational exposure to HDs are based on the inherent toxicities of the drug(s) and similar effects have occurred in both patients and HCWs with exposure. Exposure to hazardous drugs in the health care setting can cause acute and chronic health effects (e.g., nausea, vomiting, diarrhea, ocular irritation, headache, cough, dizziness, skin rashes, adverse reproductive outcomes, such as infertility and miscarriages, genetic, and an increased occurrence of cancer) (Centers for Disease Control and Prevention, 2014).

HDs require careful handling by healthcare providers and others who come in contact with them to minimize exposure, the adverse health effects of exposure, and to reduce HD drug contamination of the workplace. A universally accepted definition of HDs is essential so that drugs are recognized as requiring safe handling precautions. Drugs are classified as hazardous when they possess one of six characteristics (American Society of Health-System Pharmacists [ASHP], 2006; National Institute for Occupational Safety and Health [NIOSH], 2004). HDs are administered in all areas of the health care environment. Antineoplastic agents are known to be hazardous and the negative effects of exposure have been published since 1970. Despite this health care providers are often unaware of the exposure risks and how to implement safe handling. The NIOSH 2016 list contains a comprehensive review of all HDs that can be referenced by providers who prepare, administer and otherwise handle HDs or HD waste. This list contains many non-antineoplastic HDs that are given commonly in the health care setting (e.g. immunomodulatory and antiviral drugs). Health care providers must be aware of the health risks associated with HDs and protect themselves from the harm.

HDs are administered in multiple clinical settings, it is imperative that safe handling policies and training extend throughout the organization in both inpatient and ambulatory areas. HD safe handling should be a top priority in all organizations. The handling of hazardous drugs and hazardous drug waste affects each employee who works in the health care setting. Increased awareness of the dangers of HDs is necessary and this presentation will highlight those risks and give strategies for improving safe handling.

Audience Take Away:

- List three characteristics of a hazardous drug
- Describe the adverse health effects that can occur from exposure to hazardous drugs
- Describe three strategies to minimize hazardous drug exposure in the health care setting

Biography

As an Oncology and Hematology Clinical Nurse Specialist, I have responsibilities at The Johns Hopkins Hospital and Health System level. I serve as the nurse leader overseeing the content and development of policies related to safe handling, chemotherapy and biotherapy, and vascular access devices (VADs). I chair the Hospital's inter professional vascular access committee. In this role, I am responsible for ensuring that evidence-based practice is used throughout the Institution to guide all aspects of VAD insertion and maintenance to prevent complications, including central line-associated blood stream infections (CLABSIs).

Nationally, I am an active member of the Oncology Nursing Society (ONS). I am co-editor of the ONS Safe Handling of Hazardous Drugs Guidelines (in press, 2017) and co-editor for the ONS Chemotherapy and Biotherapy Guidelines and Recommendations for Practice (2014), which has sold over 97,000 copies. These publications are internationally used by nurses to guide evidence-based practice. I serve on the American Society of Clinical Oncology (ASCO) and ONS Chemotherapy Safety Standards Workgroup (2016). These guidelines and standards are extensively used by health care providers who prescribe, dispense, and administer chemotherapy in the U.S and internationally. Additionally, I have presented both nationally and internationally, on the topic of safe handling of hazardous drugs.

Perceptions and determinants of partnership trust among hispanic participants in a culturally relevant health promotion organization (PASOs) in South Carolina.

Arellis Moore de Peralta*, Julie Smithwick
Clemson University, USA

Trust is difficult to conceptualize and define because of its diverse applications in different disciplines. The development of relationships based on trust is a central principle in academic/practice community partnerships. Though the measure of public trust in health care organizations has been studied, the conceptualization and evaluation of public trust in Community Based-Participatory Research (CBPR) partnerships is under-investigated. CBPR is a collaborative approach to research that can reduce historic mistrust and health disparities among minority populations. For this qualitative study, we modified Dietz and Den Hartog's (2006) Multi-dimensional Measure of Trust Model to investigate contextual factors that influence perceptions and development of partnership trust in collaborative partnerships pursuing reducing health disparities in U.S. Latino communities. We conducted focus groups and qualitative key informant interviews with stakeholders of a Latino health promotion organization. This qualitative study incorporated some CBPR principles in its design. It builds on an existing academic-community partnership between a university and a community-based organization (CBO) that provides support services and promotes healthy lifestyles among Hispanic families and communities in South Carolina. Data gathered was used to identify types of trust based on a selected typology (Lucero, 2013), used in the context of CBPR partnerships. Stakeholders reported different types of trust depending on their role, and length of time of organizational involvement. We identified determinants of partnership trust among stakeholders, including organizational, socio-economic, and cultural determinants. Partnership trust differed from less strong types of trust (i.e., neutral, and functional trust in a county where the organizational programming only has about 1 year of development), to stronger types of trust (i.e., critical reflective trust in a county where the organizational programming has 10 years of development). Trust in CBPR partnerships does not always begin as a deficit, and a partnership can begin at any type of trust. Thus, reflecting why in our study sample, regardless of the county (length of organizational programming development), participants did not report "unearned" trust. This study also offered the participant community-based organization's leadership valuable information to understand interaction dynamics among their stakeholders with the purpose of increasing effectiveness in their efforts to provide collaborative and culturally appropriate health promotion services to Hispanic communities. We are using study findings for developing a culturally and linguistically relevant quantitative instrument to measure partnership trust as an outcome of CBPR in minority communities.

Audience Take Away:

- The use of community-based participatory research approaches to explore outcomes of health promotion and disease prevention initiatives targeting Hispanic minority communities in the U.S.
- The conceptualization of partnership trust as an outcome of community-engaged health research and interventions targeting Hispanic communities.
- The role of culture as a determinant of trust in partnerships, in addition to organizational and socio-economic determinants.
- Learning from an example on how a community-academic partnership could be used to enable communities and academic institutions to engage each other in partnerships that balance power, share resources, and work towards systems change. Participants could use what they learn from this case-example in either reviewing existing partnerships they are involved in, or developing new partnerships to increase their effectiveness in assisting minorities in improving their health and well-being.
- How to use a qualitative approach to initiate development of a quantitative instrument to access outcomes of community-engaged research and interventions for disease prevention and health promotion.
- How to incorporate community-engaged practices into their health care delivery and promotion efforts targeting minority populations, and in particular Hispanics.

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Biography

Arelis Moore de Peralta (MED, MPH, MD, Dominican Republic; PhD, Clemson University) is a medical epidemiologist and social scientist with experience on health disparities research among Hispanics in the US and Latin-America. She is currently an assistant professor with an inter-disciplinary joint appointment at Clemson University. She has published on behavioral health research in peer-review journals. She received the Vera Paster Award by the American Orthopsychiatric Association in recognition of her work with Latino immigrants. She formerly was a faculty member in the School of Medicine at the Ibero-American University (UNIBE) in Santo Domingo and coordinated disease preventative and control programs in the Ministry of Public Health in the DR and for PAHO.

Public health nursing and health inequalities: A systematic review of evidence

Elizabeth Njoki Waithaka^{*1}, Ann Hemingway¹, Karen Rees¹, Kate Harvey²

¹Bournemouth University, UK

²Public Health Dorset, UK

This presentation seeks to discuss findings from a recent systematic review that aimed to establish the evidence base for public health nurse led interventions in reducing inequalities in health among children, young people and their families. In particular, the presenter will reflect on what works in reducing health inequalities.

The presentation will include a brief background section to contextualise the findings. This section will reflect on public health nursing practice globally in countries where the service exists and introduce the health inequalities concept. We will review the methods used to retrieve the evidence and reflect further on the findings.

Summary of the evidence: The bulk of public health nursing interventions is constituted by individual level- behaviour change interventions consistent with the larger public health interventions landscape. The presentation will then seek to explore what these major findings mean for the reduction of health inequalities. The relationship between behaviour change and the reduction of health inequalities will be discussed. We shall further discuss how the focus on individualised interventions by public health nurses addresses the inequalities in health agenda and reflect especially on the thesis by Arlabaster et al (1996) who opined that ‘the general assumption that the application of effective health care interventions reduces health inequalities is inaccurate’. On the same vein we shall reflect on the use of behavioural theory in the design of effective public health nursing interventions.

The review also revealed that contemporary public health nursing interventions mostly focused on disadvantaged populations. We shall seek to explore how this focus on vulnerable populations addresses the issue of health inequalities and reflect on the inadequate focus on community, societal and policy level interventions and what it means for health inequalities.

Finally, we shall discuss the strengths and limitations of the systematic review and present the conclusions that have been drawn from the review.

Audience Take Away:

- This presentation is particularly useful to the public health nursing community including practitioners, researchers, service commissioners and health authorities across the globe where the public health nursing service exists. Knowledge gained from this presentation will be useful in informing the design of equitable, effective and appropriate public health nursing interventions.
- The presentation also highlights the areas in which public health nursing potential has remained untapped including in the design and delivery of community, societal and policy level interventions and thus researchers and faculty have the opportunity to explore this areas in order to build a definitive evidence base for public health nursing practice.

Biography

The presenting author is a registered nurse (Kenya Registered Community Health Nurse) and a second year PhD student at Bournemouth University. The authors' practice and experience in both clinical and community settings; and in both the private and public sector introduced the author to the significance of health inequalities. The presenter has a bias towards exploring public health nursing practice and its contribution towards addressing the reduction of inequalities in health.

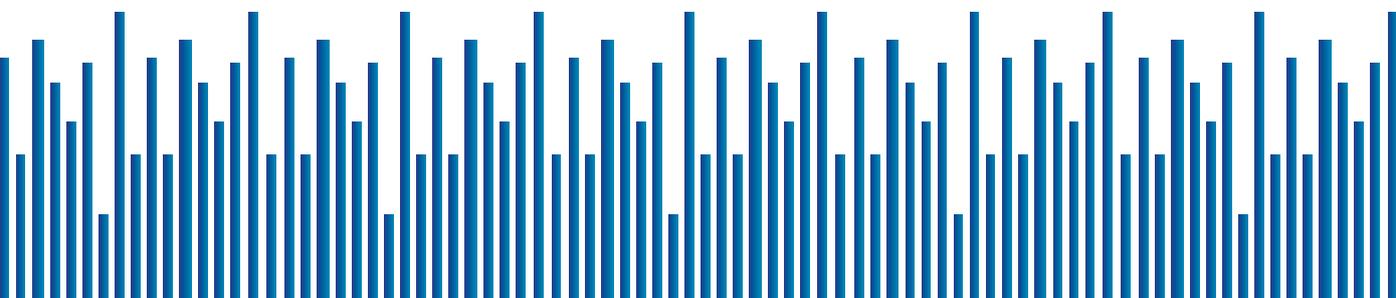
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Poster Presentations

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NWC 2017



Evaluation of stress in patients with forced bedrest after undergoing cardiac catheterization

Yuka SAEKI^{1*}, Hiromi HAGINOYA²

¹Ehime University, Japan

²University of Tsukuba, Japan

The purpose of this study was to evaluate the degree of stress in patients undergoing cardiac catheterization via a femoral artery or vein.

The subjects in this study were nine patients (53-84 years) who underwent cardiac catheterization using a femoral artery or vein. To evaluate autonomic nerve function, salivary alpha-amylase activity (sAA), galvanic skin response (GSR) and ECG were measured and low frequency (LF) and high frequency (HF) were calculated from a spectral analysis of heart rate variability of ECG. Visual analogue scale (VAS) was used as a subjective evaluation. Approval for the present study was obtained from Ethical Committee in the University of Tsukuba.

Although GSR didn't show any significant change, sAA levels tended to increase during forced bedrest compared with immediately after examination, and levels significantly decreased following release from bedrest. This was accompanied by similar changes of LF/HF, which reflects sympathetic nerve activity. Also, VAS at one hour after release from bedrest decreased significantly in comparison with the other periods.

In conclusion, our results suggest that sympathetic nerve activity increased during forced after the examination, followed by a decrease after release from bedrest. Furthermore, uncomfortable sensation were decreased after release from bedrest. Therefore, since stress in patients undergoing cardiac catheterization increase during forced bedrest, appropriate care is required to reduce stress, depending on the situation.

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The nurse's role in patient management of medicinal marijuana

Susan Growe
Nevada State College, USA

The purpose of this presentation is to provide nurses with information about medicinal marijuana and how to provide the best care to patients who are prescribed medicinal marijuana. The cannabis plant has been around forever. However, "in 1996, California became the first state to legalize marijuana for medicinal purposes" (Renehan, 2014). As health care providers and because medicinal marijuana is being legislated in many states, it is essential that nurses understand the difference of Tetrahydrocannabinol (THC) and Cannabidiol (CBD) and its medicinal effects to provide safe patient care. Is there a difference between THC and CBD? Once nurses learn about its medicinal use, it will be necessary to learn how to provide the best care to patients who are prescribed marijuana for medicinal purposes. It is essential that nurses can answer these questions: Are there any interactions with medications with the patient's current pharmacological therapy? Is it prudent to allow patients to use edible marijuana while in the hospital? What safety concerns will nurses need to monitor for patients who have been taking medicinal marijuana for many years? What are signs and symptoms of marijuana withdrawal and what can nurses do to help patients during this withdrawal period? Many patients find it easier to talk with nurses and are why being informed and able to answer the above questions about medicinal marijuana is pertinent as these laws become more enacted across the globe.

Audience Take Away:

- Differentiate between Tetrahydrocannabinol (THC) and Cannabidiol (CBD).
- Identify safety concerns for patients taking medicinal marijuana.
- Recognize signs and symptoms of marijuana withdrawal.
- Apply safe nursing care to patients taking medicinal marijuana.
- This study has the potential to grow and help others expand their research as medicinal marijuana becomes legal globally.

Biography

I have been a nurse for 15 years. I began my nursing career as a pediatric nurse. Later I transitioned into oncology providing care to inpatient and outpatient institutions. For the past ten years, I have been full-time nursing faculty at Nevada State College. I teach fundamentals, pathophysiology, and pharmacology. During my free time, I like to go bird watching. I have a wonderful husband, one daughter, one beautiful granddaughter and another one on the way.

The effect of mental health nursing theory, clinical experience and anti-stigma program on students' attitudes towards mental illnesses

Figen Şengün İnan¹, Neslihan Günüşen¹, Melike Yönder Ertem^{2*}, Zekiye Çetinkaya Duman¹

¹Dokuz Eylül University Nursing Faculty, Turkey

²Izmir Katip Çelebi University Faculty of Health Sciences, Turkey

Objectives: To examine the effect of mental health nursing theory, clinical experience and anti-stigma program on students' attitudes towards mental illnesses.

Design and setting: One group quasi-experimental design was used. The study was performed at the faculty of nursing in Turkey. Data was collected using Beliefs toward Mental Illness Scale and Social Distance Scale. The measurements were conducted before theory (baseline) and after theory (post-test 1), after clinical practice (post-test 2) and anti-stigma program (post-test 3).

Results: The students' total score of the Beliefs toward Mental Illness Scale decreased meaningfully after the clinical experience and anti-stigma program. However, there was not a significant difference in the mean scores for the shaming subscale across baseline, post-test 1, post-test 2 and post-test 3 ($p: .806$). Results demonstrated significant positive differences in the mean scores for the sosyal mesafe scale after theory, practice and anti-stigma program. There is significant difference in the mean scores of the Social Distance Scale of students according to time ($F:124.69, p:.000$). Repeated-measures showed that mean scores of subscale decreased meaningfully in every measurements.

Conclusions: Psychiatric nursing curriculum should be focused on the aim of changing the stereotypes with real information. It should be empower the positive interactions of students with patients at clinical dimension. Also, after the mental health course, anti stigma programme supported the positive attitudes. It is suggested that standart mental health nursing course includes such as these programmes.

Audience Take Away:

- The results of this study showed that mental health nursing course ve anti-stigma training provided insight on attitudes towards mental illnesses and social distance.
- Psychiatric nursing curriculum should be focused on the aim of changing the stereotypes with real information.
- It should be empower the positive interactions of students with patients at clinical dimension.
- After the mental health course, anti stigma programme supported the positive attitudes.
- It is suggested that standart mental health nursing course includes such as these programmes.

Biography

Melike Ertem was born in Ankara in 12 September 1985. She got her bachelor's degree at Ege University Nursing Faculty in 2008. After graduation, she started to work at Dokuz Eylül University Hospital Newborn Premature intensive care unit. At the beginning of 2009, she started to work as a research assistant at Bolu Health School at Psychiatric Nursing Programme in Bolu. She completed her master education at Duzce University. She voluntarily counselled psychological at Elder Health Center in Bolu. During this time, she studied with elderly diagnosed cancer, Alzheimer, diabetes mellitus, hypertension, etc. She studied at European Union Grundving Life Long Learning Project which named "Training and Psyc-Social Therapy for Informal Caretakers of Bedridden Disabled Individuals". After getting postgraduate degree in 2012, she had her PhD degree at Dokuz Eylül University Psychiatric Nursing Department in izmir and completed in 2016. She has been studying motivational interviews with patients diagnosed chronic mental diseases, transactional analysis theory and nursing. She has published papers in reputed journals and oral-poster presentations at conferences.

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A longitudinal study on the emotional health of nursing students

Zekiye Çetinkaya Duman, Hatice Şen², Melike Yönder Ertem³

¹Dokuz Eylül University Nursing Faculty, Turkey

²Near East University Nursing Faculty, Turkey

³Izmir Katip Çelebi University Faculty of Health Sciences, Turkey

Objective: The aim of this study is to investigate the emotional health conditions of the nursing students who are exposed to Problem Based Learning Method.

Method: This study is a descriptive and longitudinal study. Initially, a total of 117 freshmen from a Nursing Faculty in the West Region of Turkey whose 4-year education commenced with the 2011-2012 curriculum calendar comprised the sampling of this study. The number of the sampling decreased to 85 students attributed to the factors such as data loss, suspended student registrations, incomplete surveys and interim major changes of the students, etc. The students' emotional health conditions were solicited at the beginning of each curriculum year and finally at the end of the graduation year via General Health Questionnaire and Socio-Demographic Characteristics data form. Shapiro-Wilk test, Mardia test, Levene Variance Homogeneity tests were utilized to confirm the normal distribution of data. For the comparison of dependent quantitative variables with two repeated measures, the Wilcoxon Signed Ranks Test was utilized and for the comparison with more than two repeated measures, Friedman's Two-Way Test along with the respective Monte Carlo findings were solicited. Finally, Dun's Test was employed for the post-hoc analysis.

Results: 74% of the sampling comprise of female students. 50.6% of the students are regular high-school graduates. 58.8% of the students stay in the dormitories. General Health Questionnaire results showed a statistically significant difference between the first and the 4th emotional health scores and the 3rd and 4th grade students' emotional health total scores. Compared to the first and 3rd grade students, 4th grade students' mean scores are higher. This suggests a positive correlation between the student grade level and the elevated risk of having a mental discomfort.

Conclusion: The results of the study show that the mental health risks increase as the students advance to the next grade. The annual examination of the sample students until their graduation is of importance for rendering the necessary support/guidance services in a timely and prompt manner and assisting with counseling services. Therefore, providing the students with the contents for the counseling services and the psychosocial help in each grade is constructive. According to the results of this study, it is important to examine in detail the educational and clinical workloads and stressors of the nursing students in the 3rd and 4th grades.

Audience Take Away:

- The annual examination of the sample students until their graduation is of importance for rendering the necessary support/guidance services in a timely and prompt manner and assisting with counseling services.
- Providing the students with the contents for the counseling services and the psychosocial help in each grade is constructive.
- It is important to examine in detail the educational and clinical workloads and stressors of the nursing students in the 3rd and 4th grades.

Biography

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Blending caring practice with teaching to improve medication communication

Cindy Rivet^{1*}, Nicole Hebert²

¹The Miriam Hospital, Providence, USA

²Kent Hospital, USA

2.7.6 million Adults in the United States are diagnosed with heart disease. Prescriptions for multiple cardiac medications typically ensue, and if not taken correctly, can place patients at higher risk for adverse drug events and re-hospitalizations. Consistently providing medication information to patients in a way that is understandable during hospitalization is vital in promoting safe medication administration and adherence behaviors after discharge. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey represents patient perception of the care experience, including interactions with the health care team. These perceptions were used to guide a nurse driven evidenced-based quality improvement project to improve Medication Communication domain scores on a 9 bed Intermediate Coronary Care Unit (CCU), with an expected secondary gain of strengthening CCU and pharmacy collaboration.

Collaboration with pharmacy allowed nursing leadership to pinpoint the top utilized/prescribed medications in the CCU, so tailored medication sheets could be developed. Patients were then provided with these tailored medication teaching sheets, which were sorted out by drug class. The nursing specific intervention that is unique to the project is incorporating Duffy's Quality-Caring-Model caring factors into medication teaching. Nurses took at least 5 minutes per shift, utilizing these medication sheets, to review medication type, purpose, side effects, and answering questions. A dedicated pharmacist was available for consulting on complex medication issues.

In order to ensure the effectiveness of the project, RN compliance with providing the medication sheets was monitored, over a 10 week period, by Leadership during daily rounds. Compliance was identified by speaking with patients, visual inspection of patient room for teaching sheets, and through nursing documentation. The initial goal for this was 80%, but the highest level of compliance reached was 73%. Staff were then updated weekly and based on their feedback, adjustments to the project were made.

The Med-COMM project was implemented on October 1, 2016 and preliminary results were reported out at the end of the December (1st quarter FY2017).

Quarterly HCAHPS Top-Box "Always" scores by received date were compared. Medication Communication domain data showed a dramatic increase from baseline quartile scores obtained in April-June 2016 (26th percentile) to intervention pilot completion quartile October-December 2016 (98th percentile); particularly on questions pertaining to understanding the purpose of medication (66th to 98th percentile) and possible side effects of each medication (12th to 98th percentile).

The initial evaluation and success of this pilot program on CCU has led to continuation and expansion of the program. The program was shared at hospital Nursing Operations and current medication sheets are now being utilized for cardiac patients throughout the facility; with translation of materials being expanded to Spanish and Portuguese. The Medication Communication Sub-committee has been charged to implement similar programs focusing on unit-specific high utilized/prescribed medications; with regular report outs to the Patient Experience Committee for continuous quality monitoring.

A patient-centered approach to redesigning patient educational materials by reinforcing key concepts enhanced medication communication for our cardiovascular patients; therefore enhancing patient satisfaction. This simple intervention which enhanced nurse-patient communication about medications is also expected to have a positive effect on medication adherence and patient outcomes.

Objectives: Provide simple, patient-centered strategies to develop a nurse-driven program addressing medication communication.

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Outline how nursing and pharmacy can collaborate to improve patient care, outcomes, and satisfaction; despite limited resources.

Demonstrate how consistently providing medication information to patients in a way that is understandable during hospitalization is vital in promoting safe medication administration and adherence behaviors after discharge, reducing risk for adverse drug events and re-hospitalizations.

Biography

Education: MSN, Clinical Nurse Leader Track, University of Rhode Island, Kingston, RI (2009) BSN, Nursing, Fitchburg State College, Fitchburg, MA (1993)

Experience: Worked at The Miriam Hospital since 1994 in medical/surgical, cardiac specialty areas. Fulfilled leadership roles in numerous quality/safety and shared governance councils, Procedural Advanced Practice Manager for 2 years. Worked in the Coronary Care Unit (CCU) since 2008 with almost 4 years as the Clinical Nurse Leader and as of October 2015 transitioned into the role of Clinical Manager of the CCU, as well as the Procedural Care Unit (with a focus on pre and post recovery of cardiac and endoscopic procedural patients).

Ex utero intrapartum treatment (EXIT Procedure): An inter-professional and inter-facility collaboration for the management of fetal airway obstruction

Linda Dudas

Magee-Womens Hospital, USA

Background: Neonatal airway obstruction that is not diagnosed until delivery creates an emergent situation with high morbidity. The antenatal diagnosis of fetal abnormalities allows pediatric and obstetric specialists to manage the compromised neonatal airway in a safe, controlled manner by using the Ex Utero intrapartum Treatment (EXIT) procedure. The EXIT procedure involves partial delivery of a fetus, allowing continued placental function while the fetal airway is secured. The EXIT procedure requires a coordinated multidisciplinary team including Anesthesiology, Maternal Fetal Medicine, Neonatology, Nursing, Respiratory Therapy, Pediatric Otolaryngology, Pharmacy, Blood Bank, Ultrasound, Surgical Tech Bioengineering, Facilities, and the Mother. The procedure requires the pediatric team to travel to the obstetric facility for collaboration of expertise needed to care for the infant and mother in a safe environment.

Objectives: To establish a multidisciplinary process for safely delivering the fetus with an abnormal airway.

Methods:

- A conference call including all disciplines where all details of plan discussed
- Responsibilities of each discipline outlined and tentative date for procedure set
- Credentials obtained
- EXIT planning tool that outlined discipline and equipment needs discussed
- Written Plan of Care made available in Labor Suite
- Calls scheduled to update team on patient's status, and review details of team and equipment readiness
- Call list established in the event patient presented in labor
- Patient met several team members prior to procedure
- Schematic of OR space and equipment placement developed

Day of Procedure:

- Walk through by team
- Roles of each person reviewed
- Traffic control-no admittance of non-essential personnel
- Teaching room available to view procedure via closed circuit TV

Outcomes: This procedure has allowed the conversion of a potentially catastrophic birth, where a poor outcome was almost guaranteed, to an orchestrated event with improved outcomes.

Implications: Four EXIT procedures have been done successfully over the last 8 years. The established process has facilitated the procedure even in the setting of personnel and/or physical space changes.

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Does academic performance decline when nursing students work 12 or more hours per week?

Dr. Abigail Mitchell*, Dr. Connie Jozwiak-Shields*
D'Youville College, USA

Internationally, it has been a common practice that college and university based nursing programs encourages undergraduate nursing students not to obtain either part time or full time employment during a nursing school semester due to the high intensity and demands of these programs. Limited literature is available on this topic, a few studies suggest that it does have detrimental impact in the performance of nursing students and other studies showed only a slight significance.

Purpose of the study: The purpose of this research study is to identify if a nursing student working part time or more influences their overall GPA in nursing school.

Introduction: In recent years due such factors as a nursing shortage and an increase in nursing salaries there has been a rise in the number of students enrolled in college and university nursing programs. Nursing employment opportunities have expanded due to the increasing health care needs of the large population of “baby boomers”, changes in health insurance, and the increase in health disparities across the nation. The current nursing student is from various generations and because of this many often have family responsibilities. These undergraduate nursing students in order to meet their financial obligations of paying for their education as well as providing for their families often seek employment in addition to their student role. This employment will limit the amount of time the student is able to spend on their nursing studies and thus have a negative impact on their overall academic performance.

Audience Take Away:

- Does student performance decline when nursing students work 12 or more hours per week.
- Recommendations for nursing schools

Problem solving reduces subjective burden levels in caregivers of family members with a new cognitive diagnosis

Linda Garand
Duquesne University, USA

Introduction: Interventions have limited impact when evaluated among family caregivers who have provided dementia care for several years and report high burden levels. We sought to evaluate the effects of problem solving therapy (PST) on burdens levels among a sample of family members new to the caregiver role.

Methods: We randomly assigned 73 family caregivers of persons with a recent Alzheimer's disease Research Center diagnosis of mild cognitive impairment (n = 43) or early-stage dementia (n= 30) to receive problem solving therapy (PST) or nutritional training (NT, comparison intervention matched to PST for time and attention). Burden levels were assessed at baseline and at 1-, 3-, 6-, and 12-months post-intervention using three measures of objective caregiving burden and two measures of subjective caregiving burden. Objective caregiver burden refers to events and activities associated with the caregiving experience (i.e., new responsibility managing medications, providing transportation) and practical consequences of cognitive deficits in the care recipient (such as the frequency of bothersome or embarrassing behaviors exhibited by the care recipient and infringement on the caregiver's time and lifestyle). Subjective caregiver burden describes perceived burden or the emotional reactions of the caregiver (such as worry, fear, frustration and emotional exhaustion) and the caregiver's reaction to frequently occurring bothersome or embarrassing behaviors exhibited by the care recipient.

Results: Results of this study suggest that the PST intervention positively impacts subjective (not objective) caregiving burden over time. Specifically, negative reactions to dementia-related behaviors among MCI caregivers in the PST-group remained relatively low and stable over time, while similar burden levels among MCI caregivers in the NT-group increased steadily over one year of follow-up. The opposite was true for early-stage dementia caregivers. Those in the PST-group showed reductions in burden levels associated with dementia-related behaviors in the care recipient over time, while similar burden levels in the early-stage dementia caregivers in the NT-group increased steadily for six months after the intervention. Compared to caregivers in the NT group, caregivers in the PST group also endorsed improved (lower) perceived burden levels up to six months after the intervention, regardless of the type of caregiver (MCI or early-stage dementia). By one-year of follow-up, perceived burden levels of MCI caregivers were almost as high as early-stage dementia caregivers in both treatment groups.

Discussion: PST, taught early in the caregiving trajectory, prevents or reduces subjective burden levels among caregivers of family members with relatively mild cognitive deficits (MCI or early-stage dementia). These results are promising since a substantial body of literature shows that negative reactions to dementia-related (bothersome) behaviors are the strongest predictors of caregiver burden and depression.

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Reading patients' records or reading English

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¹National Taiwan University Hospital, Taiwan

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³Cardinal Tien Junior College of Healthcare and Management, Taiwan

Readng an English written medical record is a challenge for majority Taiwanese nursing students. However, medical record usually is written in English. Many nursing school in Taiwan establish the subject for understand medical record.

The purpose of the study is to develop an English reading teaching model for junior high school students by adopting mind mapping skills. By practicing the teaching model, the researcher hopes to have a better understanding of students' learning effects after the instruction and the difficulties, solutions, and professional growth the researcher met during the research. In the end, constructional suggestions for other teachers and studies are expected.

The study uses methods of action research. The subjects of the study are seventh graders from remedial programs in a junior high school. Data was collected by teacher's reflective journals, students' feedbacks, interviews, worksheets and homework. Qualitative description was adopted to record the teaching activities and results.

The result of the study found that students had positive outcome in the teaching model of concept mapping in patients' records reading and the teaching model of concept mapping is good for students' understanding of patients' condition. However, basic knowledge of disease pathology, anatomy and nursing processes was necessary.

The study suggested that proposed consistent positive reinforcements were necessary during teaching processes and teacher had to coordinate different paces among different students. Moreover, students' individual learning training was also necessary.

The research provided reflections of the teaching process and the suggestions for future research through the teaching program for the future researchers.

Audience Take Away:

This study aimed to establish an appropriate teaching/learning method in students' patient record reading skills. The authors will share their experiences in helping students to develop their skill.

- The experiences will give the audience to realize how students were lead into understanding patient's admission note and learning how to map a concept.
- In addition, the authors will share their experiences in applying concept mapping in patients' nursing care processes.

Biography

2004~ present-Nurse Practitioner of Trauma Intensive Care Unit, Nurse Practitioner of general surgical ward, Adjunct Lecturer of National Taipei University of Nursing and Health Science.

1989~2004 -Registered Nurse of Surgical Ward, Practical Nursing teacher Junior College of Health Care and Management, Registered Nurse of Surgical Intensive Care Unit.

1998~2003 - Responsible for the practical training of student nurses and training of new nurses and equipment team leader in the intensive care units.

2004~ present- Nurse Practitioner Leader and lecturer in surgical intensive care nursing and nurse practitioner lecturer in OSCE training program. Author publications 2 case reports and a poster. Numerous presentations at scientific meetings.

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Promoting global health through a faculty led health caretrip to Oaxaca, Mexico

Fay Mitchell-Brown
California State University, USA

Participation through global health volunteerism provides a better understanding of the myriad of global health care issues that affect populations, expand boundaries and transform global health care issues in the classroom and beyond. This global project was done largely through the faculty interest of global collaboration but was accelerated due to the overwhelming interests of a few junior nursing students.

This global project describes a nurse faculty-led health care mission to Oaxaca, Mexico January 2017 to provide health care services to the people in Oaxaca. Oaxaca is located in the Sierra Madre Mountains and coastal region has 16 major tribes of indigenous people with approximately 155 dialects. Life in rural Oaxaca is dominated by poverty, idolatry, witchcraft and unmet health care needs

On January 4-13, 2017, a group of 10 nursing students from California State University, Chico led by a nursing professor (FMB) to the Corban Medical Clinic at the Roca Blanca in Cacalote, Oaxaca, Mexico. The team not only provided health services in the medical Clinic but also in 3 villages. The clinic mostly serves mainstream Mexicans whereas population in the villages are indigenous Mexicans. This global project provided students with three opportunities: (1) participation in treating clients in the medical clinic and three villages, (2) providing community education, and, (3) donating medicines and medical supplies for the clients.

At the Corban medical clinic in the village of Cacalote, the team of 11 people worked with the resident registered nurse (US trained), a medical doctor (Mexican trained), a nurse assistant and a pharmacy technician. The patients were seen by the nurse or physician, a diagnosis was made, a prescription was filled by the pharmacy on property if needed, free of cost. The team also participated in providing health services to three villages: Charco Redondo village (1.5-hour drive from the base), San Pedro Atoyac (3 hr. drive from the base) and Yutatuyaa (2 1/2 hr. drive from the base). There is no access to care in these villages everything needed to set up a clinic was brought in by the team. This organization provide this kind of health care access to these villages annually. In each village the team was greeted by the village pastor who gladly offered the church for clinic space. In the church space, rope along with sheets were used rope to make small partitions for clients' privacy when seen by provider. A mobile pharmacy was also set up. There were four providers, 3 providers (2 nurses and 1 physicians) providing services. The students take turns in working in triage, pharmacy and with the providers. A student or two also find time to entertain the kids while the parents wait to be seen. In both the medical clinic and the villages, students were able to shadow a provider with direct interaction with the clients, practice hands on assessments, assist in triage assist in pharmacy, and provided direct patient education on preventative and community health topics.

Our team hosted an educational event in Cacalote and the locals were encouraged to attend by local health officials. After an educational needs assessment was made by the doctor, resident nurse and the faculty member, the ten students were divided into three groups. The three groups focused on education of: (1) mothers and children, (2) adults greater than 60 years, and, (3) youth. An outline of the educational content was drafted in English. We were fortunate to have five Spanish bilingual students who translated the written English information to Spanish on the posters. Because a language barrier exists, the posters were made with very concise statements, bright colors and pictures were drawn to explain or draw attention to important points. Student were also creative in using a glove with sand to explain how to perform a breast self-exam. We demonstrated proper technique for tooth brushing and provided tooth brushes and tooth paste to the children. Some of the same education content was also presented to clients in the village.

The third part of the project included a donation to the organization to purchase medication and the donation of medical supplies for the people in Oaxaca. The donation was made by the faculty leader. The medical supplies were collected by the students from a surplus organization in Chico, California. Each student checked an extra suitcase with needed supplies that were distributed to the clients seen in the clinic and the villages.

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In conclusion, the team gained hands on experience with service learning under the guidance of experienced health care providers, immersion in a multicultural environment, and excitement of passion from this global and nursing experience. All eleven team members reported no drawbacks to this project and all were in favor of doing this again if given the opportunity.

Audience Take Away:

- Discuss how nurse faculty can advocate and lead change to improve and influence health care in Oaxaca, Mexico.
- Understand the influence of culture and health to transform and sustain health care delivery by a global health care team.
- Examine the state of health care to the population serve to recruit interprofessional collaboration globally.

The audience will gain an understanding of the impact of global health projects and its influence locally.

How will this help the audience in their job?

The importance of good access to care and cultural values and its impact on health

Is this research that other faculty could use to expand their research or teaching?

Yes, this kind of work can be used to include global health in nursing curriculum and research projects.

Will it improve the accuracy of a design, or provide new information to assist in a design problem?

Yes, this will provide the audience on specific recommendations to improve quality health care in diverse populations

Biography

Dr Fay Mitchell-Brown's clinical background is in pediatric and critical care nursing. After completing her doctoral degree, Dr Brown assumed a faculty position in the nursing program at the California State University, in Chico, CA. Dr Brown's research interests are chronic illnesses vulnerable populations, cultural nursing and global health. Dr Brown has travelled all over the globe and is passionate about learning about other cultures. Dr Brown' goal is to help student nurses gain an understanding of the importance of global health and its impact on health care locally.

Cardiac arrest management in grey's anatomy – is it compliant with advances cardiac life support guidelines?

L. Ballesty^{1*}, R.M. Lynch, B. Ward
Midland Regional Hospital Mullingar, Ireland

Introduction: Medical TV drama series have increased in popularity over the past 10-15 years with in excess of 20 million viewers for each episode of Grey's Anatomy. Evidence suggests that viewers overestimate the survival chances of resuscitation in cardiac arrest. This effect increases with increasing amount of these medical dramas watched. Advanced Cardiac Life Support training has contributed to the increased survival from cardiac arrest. (42.7% in 2000 to 54% in 2009).

Aims: The primary aim of this study was to determine if cardiac arrest management in Grey's anatomy is compliant with Advanced Cardiac Life Support Guidelines.

The secondary aim was to determine if outcomes of in-hospital cardiac arrest in Grey's Anatomy were consistent with published outcomes.

Results: This is the most comprehensive analysis of Grey's anatomy available. All 246 episodes of Grey's Anatomy in seasons 1-11 inclusive were watched separately by two of the authors and the findings were checked by the third author. Cardiac arrest was observed in 111 (45.1%) episodes. Of these 43.2% were traumatic, 42.3% cardiac, other 8.1% and was not stated in 6.3% of cardiac arrests.

In excess of 60% of all cardiac arrests demonstrated significant deviation from ACLS guidelines.

The initial cardiac arrest rhythm was correct in 10.9%, incorrect in 4.1% and could either was not visible or not stated by the television characters in 85% of patients. Overall survival was 42.3%. 30.6% of patients died while outcome was not stated in 27% of cases.

52 (46.8%) of cardiac arrest patients were defibrillated. Of these 20 (38.5%) were appropriate, 13 (25%), inappropriate and 22 (42.3%) insufficient information was available to determine appropriateness of defibrillation.

Conclusion: Medical TV dramas demonstrate significant deviation from ACLS guidelines. Despite this survival rates are consistent with real life figures. No data regarding survival to discharge was available.

An association of hyponatremia with inpatient falls

Mary Brann

University Medical Center of Southern Nevada, USA

Purpose: The purpose of the study was to examine hyponatremia in the hospital setting to determine if it was associated with falls.

Methods: To determine if hyponatremia was associated with falls that occurred within the hospital, the author retrospectively reviewed all fall cases of patients occurring over a six-month period and manually abstracted data. The sample was all adult patients (18 years of age and older) who fell during a six-month period excluding Emergency Department patients, prisoners, obstetric and pediatric patients, patients whose medical records were not located after three attempts, and patients who did not have a serum sodium result documented during hospitalization. This resulted in a sample size of 163.

All serum sodium levels for each patient's hospitalization were abstracted and mapped against the date of the fall. The number of patients who fell and had normal serum sodium and those who fell and had hyponatremia during their admission were calculated. A chi square test of goodness of fit was performed to determine if there was a significant difference in the proportion of patients who fell and were hyponatremic and those who fell and would have been expected to develop hyponatremia as documented in the literature during hospitalization.

Results: Of the patients who fell, 74 (45.4%) were hyponatremic during their hospital admission. The proportion of those who were hyponatremic (45.4%) was greater than the highest proportion expected (30%). This was statistically significant using the chi square test of goodness of fit, $\chi^2(1, N=163) = 18.24, p < 0.01$. Of those who fell and were hyponatremic (N=74), 37(50%) were hyponatremic within 48 hours prior to the fall or the day of the fall and another 10 patients became hyponatremic the day after the fall.

Conclusions: This study found that hyponatremia (serum sodium <136 mM/L) was associated with falls among hospitalized patients although more research would be needed utilizing different research designs to determine specific relationships. Many of the falls occurred within 48 hours of the patient being documented as hyponatremic or the hyponatremia documented within 24 hours after the fall. This seemed to be a critical time period for those who fell and should be investigated further. Given the association between hyponatremia and falls, clinicians should consider having serum sodium levels incorporated into fall assessments as a more objective criterion to determine fall risk or it could be used as a standalone, at the moment, alert to heighten awareness and help prevent falls.

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Insulin color coding tool-onset, peak duration (OPD) chart

Andrea Catrell
Simmons College, USA

The purpose of this study is to enhance insulin label awareness related to the International Insulin Color Coding System that is used on all insulin vials, pens, and packaging. With this study, an insulin color coding tool, developed and derived from the International Diabetes Federation's color system, by a Simmons FNP student, will be implemented as an educational device for patients with DMII, to research the effectiveness of the increased identification of various color coded labels in reducing confusion and errors with multiple vials of injectable insulin. Research will likely reveal a resounding lack of awareness of this tool and raise further questions about why it is not being used widely as a safety check before administration. In theory, the insulin color coding tool will enable the patient to reach an optimal therapeutic level and maximum control over their diabetes due to increased knowledge of onset, peak, duration, and the corresponding colors. Further research will be conducted to explore the problems with color as an appropriate indicator, as DM is the leading cause of retinopathy and blindness in the country.

Audience Take Away:

- Introducing and exposing professionals and patients to a system that they may not be aware of can increase safety and reduce insulin errors when used as an educational tool.
- This system is being used in a population that is at risk for diabetic retinopathy and blindness, which raises the question as to whether color is appropriate as an indicator; symbols may need to be considered instead.
- As the population of male nurses and providers of direct patient care, the odds of color blindness increase; men have a higher prevalence of color blindness than women and the color system could actually lead to more errors if used as a solitary indicator.
- How will this help the audience in their job?
- Color coding allows for an additional safety check in the reduction of self-administered insulin in patients that take more than one insulin. The OPD chart is also a great visual tool to help patients actively learn how their prescribed insulin is working in their body.
- Is this research that other faculty could use to expand their research or teaching?
- Education is the cornerstone of safe and prudent care and the OPD chart can be given as a tool for patients to take home along with other diabetic teaching tools. It can be updated as the system changes, but the mechanism of action on the body will not change, so patients will walk away with invaluable knowledge; taking an active role in their own care by learning how insulin works in the body is empowering. Also, nurses regularly score poorly on how the different insulin's work, so by having the OPD enlarged to a poster size, to hang in plain sight, can serve as an ever-present tool to use, refer to, and learn from.
- Does this provide a practical solution to a problem that could simplify or make a designer's job more efficient?
- I believe that by conducting my study about the effectiveness of this tool for patient use at home, results will reveal that the system is very beneficial if utilized; it could also strongly indicate that it is a useless system.
- Will it improve the accuracy of a design, or provide new information to assist in a design problem?
- The design problem already exists; no one knows about the color coding system. Providers, pharmacists, nurses, ARNPs, patients, families, and everyone else is absent of knowledge of this system and it either needs to be strongly promoted as a tool or completely redesigned. I hope the OPD chart will allow all facets of the healthcare team to understand the system and use it in a way that I believe it should be used.

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Biography

My name is Andrea Catrell and I am a Registered Nurse residing in Bellingham, Washington State. I have been a nurse for 2 years and I am currently in my 3rd term in a Family Nurse Practitioner Program (online) through Simmons College in Boston. I studied design in college so my background affords me a different perspective on problems in the healthcare setting. As my time at Simmons continues, I find that research is a vast and endless field and that is very appealing to my creative nature. I hope to work in women's health or hospice when I graduate from my program; In the future I hope to join Doctors without Borders in Africa.

The implementation of the HUDDLE communication method in a chronic, adult, psychiatric facility

Millicent Ward
Chamberlain University, USA

Effective communication is something all members of healthcare strive to achieve. To improve poor communication and to encourage interprofessional collaboration in a chronic, forensic, adult, psychiatric facility, the HUDDLE communication method was implemented on two different microsystems. Each microsystem utilized different treatment methods, which catered to different populations; one Social Learning Program and one New Outlook Program. The Agency for Healthcare Research and Quality (AHRQ) Patient Safety Culture survey was distributed at the beginning and end of the intervention implementation. To better gauge the statistical significance of the HUDDLE method, pre- and post-surveys were completed on two control units, as well; one for each program intervention unit. The HUDDLE method was guided by what was called a HUDDLE board; a corkboard where all employees within the microsystem could ask questions, or make suggestions on note cards. Each weekday when the microsystem treatment team met, they would conduct a brief HUDDLE to address the recent additions to the board. Brief answers would be given to each card by responding on the same card the author used. If a card was completed addressed in the brief HUDDLE, the card would be moved to the “completed” section of the board. If a card needed to be addressed in the longer, weekly treatment team meeting, the card would be moved to the “Tx Team” section of the board so that the author would see that their card was being addressed later. The idea behind the board was to guide treatment team meetings to aid in streamlining them, while also including all microsystem staff, regardless of their ability to attend the meetings, in decision making. The direct line of communication aided in improving communication by making treatment team responses more timely and eliminating the “middle man”, which can increase the odds of miscommunication occurring. This poster presentation discusses the HUDDLE implementation process, survey results, and the overall response that the project received.

Audience Take Away:

- HUDDLE communication method is an evidence-based practice method proven to improve communication and collaboration. The method can be individualized to the practice setting, making it versatile.
- In a practice setting where 24-hour care is being provided, the inclusion of all microsystem employees increases the odds of positive patient care and successful patient outcomes. The HUDDLE method implemented with a type of communication tool, such as the corkboard in this project, can increase the inclusion of microsystem staff and intensify collaboration efforts.
- Poor communication and lack of teamwork negatively impact staffing and employee satisfaction. Improving communication, with the use of techniques such as the HUDDLE method, can improve these areas, thereby positively impacting other areas of healthcare, such as budgeting and patient satisfaction.
- The HUDDLE method can be completed with no materials or with basic items, such as a corkboard and note cards, which are relatively inexpensive, making it an economical intervention.
- Since daily HUDDLEs are meant to be brief and to the point, the method can be conducted in a manner that does not increase employee workload or impede the care of patients.

Biography

Millicent Ward is a forensic, psychiatric registered nurse (RN) who primarily works with patients through the use of Dialectical Behavior Therapy. Millicent has experience in other areas such as ICU, medical/surgical, acute mental health, and in-home health services. Millicent obtained her ADN from Three Rivers College in Missouri in 2011. Millicent is a certified Clinical Nurse Leader, having obtained her MSN degree in Clinical Nurse Leadership and Microsystems Management through Central Methodist University, where she also obtained her BSN. Millicent is a current doctoral student at Chamberlain University in their Doctorate of Nursing Practice (DNP) program.

A stress survey in nurse anaesthetist students

Napatchanan Laotaweesuk*, Suchitra Bumrongsawat, Araya Ongiem, Phongthara Vichitvejapisal
Mahidol University, Thailand

Introduction: Nurse Anaesthetist students have to deal with stressful situation during 1-year training program. Usually, students with mild to moderate stress could possibly succeed their goals. However, anyone with severe stress might develop a vicious trouble resulting in poor outcomes or psychological problems. The previous studies revealed that learning difficulty, personal relationship and responsibility in different situation, had terrible effects on most students. As a result, investigators would like to study the stress-related factors in nurse students during their learning program.

Material and Method: After IRB approval, the trial has been registered by ClinicalTrials.gov NCT03094338. A prospective survey was performed in 30 nurse anaesthetist students and verified its causes and effects. All volunteered participants responded to the well-validated research tools 3 times at 2-month interval; at the beginning, during 6 months and at the end of training. It comprised 80-question Siriraj Anaesthesia Related Stress Test (SAST) and 60-question Suanprung Psychological Stress Test (SPST).

Continuous data were presented as mean and standard deviation. Gender within the groups was compared by Chi-square test. Comparisons of all associated factors between groups were performed by Kolmogorov-Smirnov Two-Sample test and t-test independent. Correlation between groups was determined by Spearman's rho and Pearson's. Statistical significance was defined as p-value less than 0.05 with a 95% confidence interval.

Results: Nurse Students expressed peri-operatively worries as mild, moderate and severe stress = 27%, 33% and 30% respectively.

Pre-operatively, they worried about the patients' physical status, emergency cases, choice of anaesthesia, patient with irritable airway and malignant hyperthermia. Intraoperatively, their stress was on massive bleeding, no/low urine output, high airway pressure, displacement of endotracheal tube and air/amniotic/fat embolism. Postoperatively, they concerned on cardiac arrest and panaphylactic/anaphylactoidreaction.

The susceptibility to stress showed no correlation with gender, experience, working data and patient safety issue; however, it was significantly related to sources of stress like personal ones, primarily financial. Their vulnerable periods were pre- and intraoperative period, mainly night duties.

Discussion: Nurse Anaesthetist students were more susceptible to stress at the beginning of school term. This might be possible for they spend only one year in training and work under doctors' supervision, resulting in lack of confidence, knowledge and experience in patient management. In addition, their cognitive ability might not be as sharp as before, probably because of less work responsibility. Therefore, nurses felt bad about the perception of their competency, thus limiting their self-esteem and eventually undercutting their immune power. So, when under pressure, they failed to ease job stress and displayed anxiety and regression; very few tried to correct this by revising such problems. Nurses expressed considerable uncertainties during night shifts, probably because of intense responsibility and a lack of sleep, compounded by deficiency in experience and knowledge.

Conclusions: Sixty-three per cent of nurse students had moderate to severe stress peri-operatively.

Their psychological distress was observed as impairment of cognitive and immune functions.

Audience Take Away:

- Nurse anaesthetist students had to deal with stressful situation at the beginning of school term.
- They worked under doctors' supervision, resulting in lack of confidence, knowledge and experience in patient management. As a result, nurses expressed considerable worries during night shifts.
- Their psychological distress was about the perception of their competency, thus limiting their self-esteem and eventually undercutting their immune power.

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Biography

Ms. Napatchanan Laotaweesuk, BNS. Is a full-time, registered nurse anaesthetist, Department of Anaesthesiology, Faculty of Medicine Siriraj Hospital, Mahidol University, Thailand. Currently, she has responsibility in teaching nurse anaesthetist students, both theory and practice in the operating theatre.

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A survey study of time management in nurse anesthetist students

Suchitra Bumrongsawat*, Napatchanan Laotaweesuk, Araya Ongiem, Phongthara Vichitvejapaisal
Mahidol University, Thailand

Skills in time management are crucial for academic success. It can be defined as clusters of behavioral set that is essential in the organization of learning load. These are comprised of activities such as planning, prioritizing, preparation, and following schedules, which yields an impact on students' achievement.

Nurse anesthetist student is a registered nurse spending 1-year training program in anesthesia. She has to work laboriously to cope with all assigned activities day and night. Time management, therefore, becomes a practical tool for students to reach their goal. It has many good aspects; namely, problem analysis, target determination, planning, implementation, evaluation and revision for improvement.

However, many factors act as barriers to students' attaining and maintaining a high grade point average (GPA). Meanwhile, faculty members target all these issues in developing strategies to improve their academic performance and learning achievement. As a result, investigators would like to determine the effect of skills in time management on GPA among them.

We found that nurse anesthetist students had moderate competency skills on time management. The issue of time management has a vital importance for individuals and organizations, and it is one of the most important keys to success. It is important that students use their time carefully and consciously so that they achieve success both in their private life and in their courses. Therefore, helping all students develop an awareness of and acquire skills on time management would improve their academic achievement and quality of life.

Material and Method: After IRB approval, the study has been registered by ClinicalTrials.gov NCT03091283. It was carried out in 30 volunteered nurse anesthetist students at the Department of Anesthesiology, Siriraj Hospital. The project was explained in details to students and the consent was obtained. All participants had to respond to 58-item questionnaires 2 times, at the beginning of program and 6-month during the training. The data were collected and classified by an educator who did not involve in the study.

Demographic characteristics were expressed as percentage. The questionnaire scores derived from 5-Likert's scale, were stated as mean and standard deviation, and analyzed by Chi-square test. Pearson correlation was determined between the time management and the achievement scores.

Results: Students showed moderate competency skills on time management. Though they had different in educational and experience background, there was no difference of the concerns in all 6 aspects. In addition, the relationship between GPA and time management showed a positive correlation but no statistical significance.

Discussions: Time management on the formation of living objective, the implementation of project, the planning, the assessment and the improvement of time usage and the revision of wasted time activities, were average as compared to their learning achievement. This seemed to deviate from many studies, which claimed that students practicing time management had more free time and got better grade.

Unfortunately, current study was done in an available, small sample size and less time to follow up students' behavior. Likewise, skills on time management might have other unknown, influencing factors. For example, students should have previously fundamental knowledge in study such as making notes and paper or running on assignments, not merely before deadlines. Importantly, other than working and learning worries, they should not have personal or psychological stress background. In addition, they should distract from any temptation atmosphere, e.g. smart phone, games, calls or television series.

Conclusion: Nurse Anesthetist students had moderate competency skills on time management in 6 aspects. The relationship between GPA and time management showed a positive correlation but no statistical significance.

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Summary: Nurse Anesthetist student, a registered nurse spending 1- year training in anesthesia, has to work laboriously to cope with all assigned activities day and night. Study revealed that they showed moderate competency skill on time management. Though they had different in educational and experience background, there was no difference of the concerns in 6 aspects. The relationship between GPA and time management showed a positive correlation but no statistical significance.

Audience Take Away:

- 1) Teacher needs to focus on student strength and stress them on a consistent basis to improve his achievement.
- 2) Presenting several opportunities for student to demonstrate his strength on time management.
- 3) Conducting a time management workshop which is highly interactive to help student managing his time effectively.
- 4) After workshop attending, student should do such things as state his long- and short-term goal, organize and prioritize assignments and commitments.
- 5) An academic advisor plays role by sharing student's agenda of assigned duties, to be more realistic and less anxious attitude of time management.

Biography

Ms. Suchitra Bumrongsawat is a full-time, registered nurse anesthetist, Department of Anesthesiology, Faculty of Medicine Siriraj Hospital, Mahidol University, Thailand. Currently, she has responsibility in teaching nurse anesthetist students, both theory and practice in the operating theatre.

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East meet west: Incorporating ayurvedic and western approaches to achieve health

Lynde McKinley
Saskatchewan Polytechnic, Canada

Ayurveda is a 5000 year old science, the science of life. Ayurveda teaches that health is a process, not a state. It is ongoing, not a one-time attempt at wholeness. The process is participatory; the person must take the responsibility for his or her health. The dynamic balance needs to be achieved in all the aspects of this person's life: physical, biochemical, intellectual, emotional, behavioral, spiritual, familial, social, environmental and universal. Ayurveda simply uses a different terminology to express some of the most advanced ideas of molecular biology and quantum physics. By adding Ayurveda to our practice of traditional western medicine, we are allowing ourselves to be open to the dynamic play between eastern and western medicine. By investing in Ayurveda, Meditation and Mindfulness, we can engage in healing and wholeness on a personal, as well as professional, level. By sharing this with our patients, we can assist them in connecting with their inner healing and self restoration.

Biography

Lynde is a faculty member of the Saskatchewan Collaborative Bachelor of Science in Nursing, a collaboration between the University of Regina and Saskatchewan Polytechnic. Lynde completed her Masters of Nursing from Athabasca University in 2015. She has also studied Ayurveda with the Chopra Center and the Kerala Ayurvedic Academy. She specializes in Meditation and Ayurvedic Wellness.

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Mindfulness in nursing

Lynde McKinley
Saskatchewan Polytechnic, Canada

Mindfulness in nursing involves teaching ourselves and our clients to take a few moments to be still and check in with their body and mind and simply allowing any waves of thought, emotion, or physical sensation to just be. There is no need to judge, analyze or figure things out. Just allow yourself to be present, amidst everything that is in this moment. Mindfulness is paying attention on purpose, in the present moment, to whatever arises or manifests without judgement. Mindfulness is simply observing, watching, examining you are not a judge but a scientist. Simply put, Mindfulness consist of cultivating awareness of the mind and body and living in the here and now. By adding mindfulness to traditional western medicine, we are allowing ourselves to tap into our inner pharmacy, to be open to the dynamic play between eastern and western medicine. By investing in Mindfulness, we can engage in healing and wholeness on a personal, as well as professional, level. By sharing this with our patients, we can assist them in connecting with their inner healing, and self restoration.

Biography

Lynde is a faculty member of the Saskatchewan Collaborative Bachelor of Science in Nursing, a collaboration between the University of Regina and Saskatchewan Polytechnic. Lynde completed her Masters of Nursing from Athabasca University in 2015. She has also studied Ayurveda with the Chopra Center and the Kerala Ayurvedic Academy. She specializes in Meditation and Ayurvedic Wellness.

Blood needs at anemic patients admitted in ICU, can be evaluated by lactate level and vital parameters on admission time

Lordian Kristaq Nunci^{1*}, Ilir Ohri², Edi Grabocka³, Fatmir Agim Methasani⁴
University Hospital "Mother Teresa", Albania

Aim: Evaluation of red cell transfusion effects on tissue oxygenation, by measuring blood lactate levels before and after hemotransfusion. Blood lactate level are suggested as sensitive parameter to evaluate tissue oxygenation. The aim of this study was to verify the efficiency of hemotransfusions that were performed on patients in intensive care based on lactate level.

Material and Methods: In this prospective observational study on (n= 59 patients) who considered that required red cell transfusion (the patients more than 25 point according to APACHE II-score were excluded). We monitor vital signs (BP, HR, Age, APACHE II-score) at admission time, and also was strictly observed lactate level and hemoglobin level at admission before red cell transfusion (pre T), two hours after transfusion (2h post T) and 24 hours after (24 h post T with or no any another red cell transfusion). At first the patients group based at hemoglobin level, Group Ia with Hb < 8g/dl and Group Ib with Hb ≥ 8g/dl. After that the patients group again based at lactate level, Group Ic lactate level ≥ 2,4 and Group Id lactate level < 2,4.

Results: Among another findings, comparison between group Ic and group Id showed that patients belong at group Ic needed 3 more time blood packs than patients on group Id with statistical significance ($p < 0.01$). On the other hand, we concluded statistical differences ($p < 0.05$) between groups Ic and Id on admission time as belongs vital parameters, such as blood pressure, heart rate, age and APACHE II-score.

Conclusions: Statistical significance evaluation ($p < 0,05$) between above mentioned groups shown that lactate level and vital parameters are sensitive indicators in evaluation of blood needs for patients on ICU.

Biography

Lordian Nunci graduated as physician in Medicine Faculty of Tirana University on 1997. During 1998-2002 he stayed as resident near Department of Anesthesiology and Intensive Care. After, he continued working at Intensive Care Unit. In this time he was tried to improve our experience in some fields such as mechanical ventilation, pulmonary care and blood transfusion by followed course in some qualified European centers.

Caught you caring: A nurse driven PDSA project aimed at improving patient satisfaction scores in an outpatient cardiovascular unit

Leslie Bolin*, Kim Jackson, Elizabeth Porter
CaroMont Regional Medical Center, USA

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) program developed by the Agency for Healthcare Research and Quality (AHRQ) surveys the patient experience from the patient point of view in various ambulatory and institutional settings (AHRQ, 2016). CaroMont Regional Medical Center partners with Health Stream Inc. to gather and analyze data through the CAHPS surveys. The manager of the cardiac catheterization laboratory (Cath Lab), cardiovascular short stay (CVSS), the electrophysiology laboratory (EP) and the imaging nursing unit (INU) at CaroMont Regional Medical Center chose the following two questions for the staff of those units to focus on in performance improvement efforts: H4WW “How would you rate the staff’s: Easing (Your/Your Family Member’s) fears?” and H2WA “How would you rate the staff’s helping if (You/Your Family Member) had questions or concerns?” Senior management has set a facility wide goal of increasing the score for H30 “Overall rating of facility.” Performance Improvement Council members from all of the involved units met to brainstorm and discuss ideas for the project. In consideration of the close interaction between INU and radiology, the imaging department was invited to participate in this project and accepted. The CVSS unit focused on H2WA.

Measures were planned to increase staff’s awareness of the wording of these questions on the patient satisfactions surveys. Each unit’s council members surveyed their coworkers regarding their ideas of actions, approaches, and scripting that is helpful in calming the fears of patients and family members and showing willingness to provide desired information and answer questions. The results of these surveys were displayed in a revolving manner in staff areas for the twelve months of the project for modeling of the best ideas of others, as well as, to keep the questions and goals in mind. Results of the Health stream surveys were discussed at monthly department meetings.

Actions were planned to increase the patients’ and their family members’ awareness of staff commitment to assist them in feeling less fearful and to provide the level of information that they desire. Literature supports the provision of pre-procedure teaching to assist in reducing anxiety (Liebner, 2015 and Kruzik, 2009). A group was asked to develop a teaching tool to be provided by cardiology offices to patients scheduled for cardiac catheterization or arteriogram. Some literature suggests that listening to music chosen by the patient in reducing anxiety. A menu of the nearly 50 music genre channels available on the televisions in patient rooms was placed in each room and staff encouraged offering this option to patients and their families.

Staff requested that signage be improved to assist family members from these areas in navigating to public rest rooms, the surgical waiting area, the cafeteria, and the parking deck.

A monthly recognition award was developed for staff to award to peers whom they observe taking measures to calm fears and answer questions.

Audience Take Away:

- This project demonstrates measures that used the input of bedside staff to formulate a performance improvement plan aimed at improving patient satisfaction scores.
- Suggestions from staff involved in direct patient care regarding measures they felt increased patient satisfaction around questions chosen by management for focus were used as a guide for both the literature review and the test actions.
- Both staff actions and environmental factors were targeted as issues impacting patient satisfaction scores.

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Biography

Leslie Bolin has been a nurse at CaroMont Regional Medical Center for 35 years. She has worked as a staff nurse in Progressive Coronary Care, Coronary Care (CCU), and Cardiovascular Short Stay, an Assistant Manager in CCU and as a Utilization Review Specialist. She earned a Diploma from Presbyterian Hospital School of Nursing in Charlotte, NC, a Bachelor's in Nursing from University of North Carolina-Charlotte, and a Master's in Nursing with a Concentration in Education from Gardner-Webb University. She previously presented a nursing research poster at the Sigma Theta Tau Biennial Conference in Indianapolis, Indiana.

The evaluation of primary osteoporosis patients' function and environment status on the basis of ICF

Du Chunping
Sichuan University, China

Objective: To identify primary osteoporosis patients' function and environment status and provide evidence to clinic treatment, rehabilitation therapy and rehabilitation nursing.

Methods: Based on cross-sectional survey, applying brief ICF core set of osteoporosis, using method of convenient sampling to select patients with primary osteoporosis met inclusion and exclusion criteria to conduct our survey.

Result: Totally 240 primary osteoporosis or low bone mass patients were survived. All of the patients' function showed limitation but different level. Meanwhile, including carrying out daily routine (D230), Walking (D450), Moving around (D455), Sensation of pain (B280), Structure of trunk (S760), Lifting and carrying objects (D430), Mobility of joint function (B710), Remunerative employment (D850), the proportion of injuries were more than 90%, most of which the limitation level were light and moderate injuries indicating 5%-49% injuries more than 50% pointed the three parts of environment factors were facilitative factors including Products or substances for personal consumption (E110), Health professionals (E355), Health services, systems and policies (E580), of which the proportion of Health services, systems and policies (E580) were highest.

Conclusion: Osteoporosis has significant effect on patients' function, we should develop clinic treatment, rehabilitation therapy, rehabilitation nursing based on the current evaluation of function.

Biography

Du Chunping has completed his Bachelor degree at the age of 25 years from Sichuan University in china. Her professional title is nurse director, and she is the general head nurse of Rehabilitation Medicine Center of West China hospital, Sichuan University. She has published more than 30 papers in Chinese journals and is the leader of two province research projects. The abstract submit is the product of the province research projects.

Challenges related to health-checkups and detecting health warning signs of adults with an intellectual disability living in the community

Sooja Kim^{1*}, Young-Jae Hong²

¹Kanagawa University, Japan

²Mie University, Japan

We would like to discuss how to provide adults with an intellectual disability (ID) living in the community with proper health-checkups by a single nurse, and how to detect health warning signs by their family.

In Japan, people with ID at the so-called “Sagyō-shō” (workplace) in communities by law are required to undergo an annual health examination. One nurse intervened at six workplaces for six months in a city area, and could successfully carry out previously difficult examinations such as vision tests and hearing tests. As a model proposal in the figure below, after assessing the workplace staff competency to deal with their user’s health check-up issues, a healthcare professional such as a nurse will select an intervention plan. If a workplace has no strategies in place for preparing for health check-ups, a plan for direct intervention will be chosen. As for direct intervention, prior authorization is needed from the workplace administrator, guardians, and users in order to conduct an intervention. If a staff member is trained and already has strategies in place for user health check-ups, a plan for indirect intervention will be chosen. For indirect intervention, it is essential to respect the competency of the workplace staff while improving strategies and individual methods for preparing its users for health check-ups.

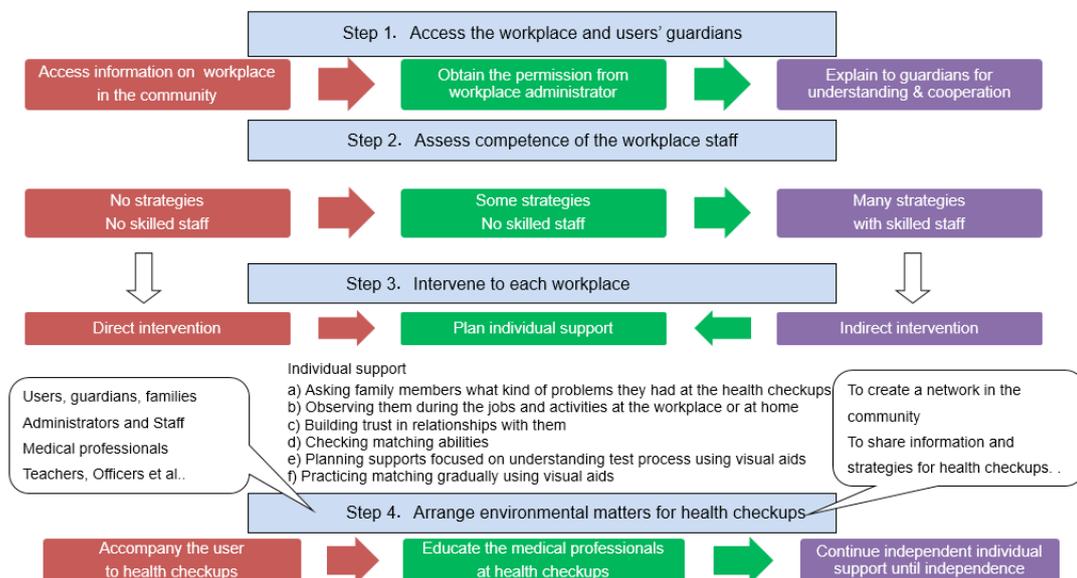
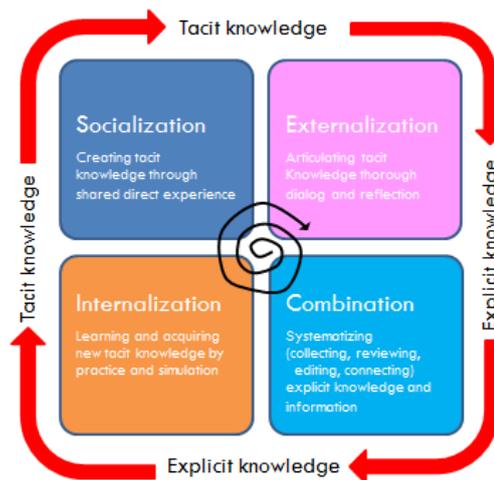


Figure 1. An Intervention model of adults with ID for workplace user health checkups

With the aim at detecting health warning signs of people with ID living in the community having difficulty in expressing their symptoms by their family, we selected a retrospective interview from a qualitative descriptive research design. As a result, when family members with ID had slight differences, their parents could detect them as health warning signs by intuition and knowledge that was cultivated by living together for more than 20 years. It, however, was difficult to express those differences in words to share with others. The families in this study could detect ID’s health warning signs using visible signs and their tacit knowledge. It is especially necessary to consider information on pain expression and toilet behavior for future research. We must also consider how to share tacit knowledge with family and medical staff using any models such as the knowledge conversion model shown on the right.

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Knowledge conversion model (Nonaka et al, 1995)

- As long as there is a single nurse, medical employee or faculty employee who is skilled and educated dealing with ID and health-checkup, we estimate that it would be possible to complete an intervention in one area within a period of six months.
- In daily life, it is important on health management for both guardians of people with ID and medical staff to share information on pain expression and toilet behavior as early as possible.
- If one desires accuracy of individual health evaluation method in one's research, interviewing parents and facility staff and observing everyday life at home and work are effective, even though time consuming.
- Health problems of people with ID having difficulty to communicate are similar in the fields of dementia and pediatric nursing.

Biography

Sooja Kim is an associate professor at Kanagawa University of Human Services. She provided several interventions for workplace users with ID. After summarizing the findings, she presented a model in her doctoral dissertation that can be implemented by one nurse as a community-based approach to ensure appropriate health checkups for people with ID. If we can clarify methods for properly evaluating health condition in this area, it can contribute to the further improvement in the nature of nursing.



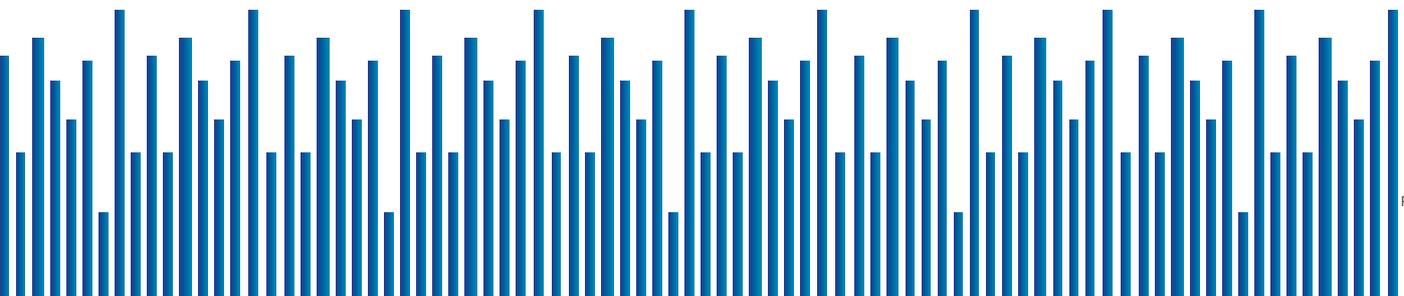
DAY 3

Keynote Forum

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NWC 2017



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In pursuit of a “Drama Free” school of nursing – Quality begins in the classroom

Georgia Smith-Vest

Rasmussen College, USA



Quality and Safety Education for Nurses (QSEN) competencies have three distinct cognitive areas of knowledge, skills and attitudes (KSAs). Development in each of these areas is necessary for nursing students to provide quality health care. In many cases, nursing education focuses on, and student outcomes measure, the knowledge and skills of the students. The presentation discusses the need for nursing and other healthcare related education programs to place equal focus on professional attitude development and the development of “soft-skills.”

Soft-skills, also referred to as “people skills” are universal requirements for any nursing student in the provision of quality patient care. Focus on personal behaviors or “soft-skills” reflective of attitude begin at the time of entry into healthcare education. Utilization of the chain of command, nursing process, and role modeling provide the foundation for the establishment of a “Drama Free” nursing education program. In addition, techniques and strategies utilized by hospitals to improve Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey scores provide actions programs can implement to support student development of soft-skills and professional attitude/behaviors.

The presenter shares examples and experiences in the establishment of a professional “Drama Free” learning environment. The utilization of a student Health Team Code of Conduct to reduce student-to-student and student-to-faculty incivility in the educational setting. Participants are encouraged to review and revise their program’s Student Learning Outcomes (SLOs), course objectives, and project-grading rubrics to ensure an emphasis on attitude. It is critical, for nursing education programs, to provide program emersion experiences addressing attitude.

Audience Take Away

- Practical strategies to implement upon return to practice setting to reduce “Drama.”
- Improved student/faculty satisfaction following the implementation of these strategies.
- Renewed focus on the development of “attitude” in nursing education.

Biography

Dr. Smith-Vest is the Senior Dean for the School of Nursing at Rasmussen College, a regionally accredited private college and Public Benefit Corporation. Dr. Smith-Vest assist in the operation of the College’s nursing programs in five (5) states offering Master’s, Baccalaureate, Associate, and Practical nursing programs.

Prior to joining Rasmussen College, she served as Associate Director at the Accreditation Commission for Education in Nursing (ACEN). Dr. Smith-Vest also served as director of Systematic Evaluation and Quality Improvement at Ivy Tech Community College and as Dean of the School of Nursing at Ivy Tech Community College.

Dr. Smith-Vest holds an earned Doctor of Nursing Practice (DNP) and Master of Science in Nursing (MSN) degrees from the University of Southern Indiana. She has a Bachelor of Science in Nursing from Eastern Kentucky University.

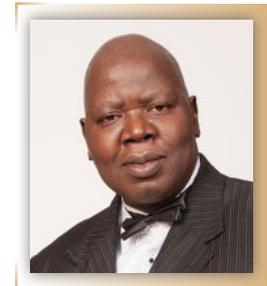
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Improving health care delivery through nursing education

Dr. Gabriel Oluwakotanmi

Hallmark University, USA



Improvement of health care system is a major goal for most governments of the world. Achieving this goal has been difficult for many. The importance of healthy populace cannot be over-emphasized. Afterward, health population will influence every aspect of good living; economic development, political stability, increased productivity, and life-expectancy.

Citizens' health presents a challenge to many nations of the world. According to the recent Pew Research Center, more than 85% of the respondent believes it was a problem in their country.

While there are many ways to improve the health of entire human race, the goal cannot be reached without nurses. Nurses are the majority of healthcare providers in the world. It makes lots of sense to build the foundations and pillars of improved healthcare deliveries on nurses and nursing education. This lecture will explore how it could be achieved.

In recent years, several health-related issues have plunged our societies; Ebola virus outbreak, Zika Virus, mental health, and drug dependence epidemic. The list goes on and on. It is my submission that these issues would have caused more devastation without the courageous and dependable nurses around the globe.

Audience Take Away

- Importance of sound nursing education to the populace's health.
- Achieving increased government participation in alleviation of global nursing shortages.
- Awareness of nursing leaders to encourage and mentor new nurses on ways to practice nursing to its full potential.
- In the growing multicultural world, nurses can use their cultural competence in delivering, improving, and expanding health services.
- Transcultural education among future and current nurses can be greatly enhanced by international clinical experience of nursing students.
- Nurses are major players in the continuing quest for improved global health services.

Biography

Dr. Gabriel Oluwakotanmi is the Director of Nursing Program at Hallmark University of San Antonio Texas. He received his Doctor of Nursing Practice from Touro University, Nevada. He has more than 30 years' experience as a student, clinical nurse, advanced practice nurse, manager, director, and expert NCLEX reviewer. Dr. Olu is fondly called has contributed immensely to nursing education in many different ways; seminars, presentations, research and NCLEX reviews. Surviving nursing school, dealing with unruly students, concept-based nursing education, nursing simulation education, hexad of nursing program success and so much more.

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Halving broken hips in hospital – The pivotal value of nursing leadership in New Zealand

Sandy Blake

Whanganui District Health Board, New Zealand



Introduction: Sitting alongside my role of director of nursing patient safety and quality of a public hospital is my role as clinical lead to the Commission's reducing harm from falls programme in New Zealand. I have a unique opportunity to influence the collective power of the senior nursing workforce.

The Commission oversees the national quality improvement programme to reduce harm from people falling in care settings – hospital, aged residential care – and those receiving care at home. Nurses are well placed to improve patient outcomes as they are at the bedside 24 hours and plan for community care.

Falls are recognised internationally as a nurse indicator of care, yet evidence has not identified sustainable strategies to reduce patients falling and fracturing hips. Measuring and understanding falls enable nurses to “make more informed decisions about care-based criteria and ultimately such measures provide us with an opportunity to really make the quality of nursing care count” (Griffiths P, The Kings Fund, London, England, 2008).

Voluntary serious adverse event reporting revealed falls were the most-reported event in New Zealand hospitals.

- In 2014, 137.6 per 1000 New Zealanders aged 50 or over had an insurance claim accepted for a fall-related injury (up 20% since 2011).
- More than 3640 people over 50 (2.4 per 1000) presented with a hip fracture in 2014, directly costing NZ\$171m.
- In 2012, two patients fell and broke their hips in hospitals each week with a conservative cost per incident of NZ\$47,000. In 2015-16 this rate reduced to four every three weeks.

A fall is a complex interaction between a person's risk factors and environment. No single solution reduces harm but an essential first step is to identify the individual's risks of falling and develop a tailored prevention plan informed by that individual's risk factors.

This first step evolved into the development of the national falls quality and safety process markers which measure risk assessments and care planning. A suite of evidence-based resources were developed to build capability and support nurses to make the right care choices, put evidence into practice and use the tools developed. A Falls Atlas of Healthcare Variation was also developed to show national and local variation to inform quality improvement more broadly than the hospital setting. The ethos of 'aggregation of marginal gains' helped avoid overwhelming organisation capacity while nurses working in multidisciplinary teams avoided tribalism and supported an adaptive organic model of improvement.

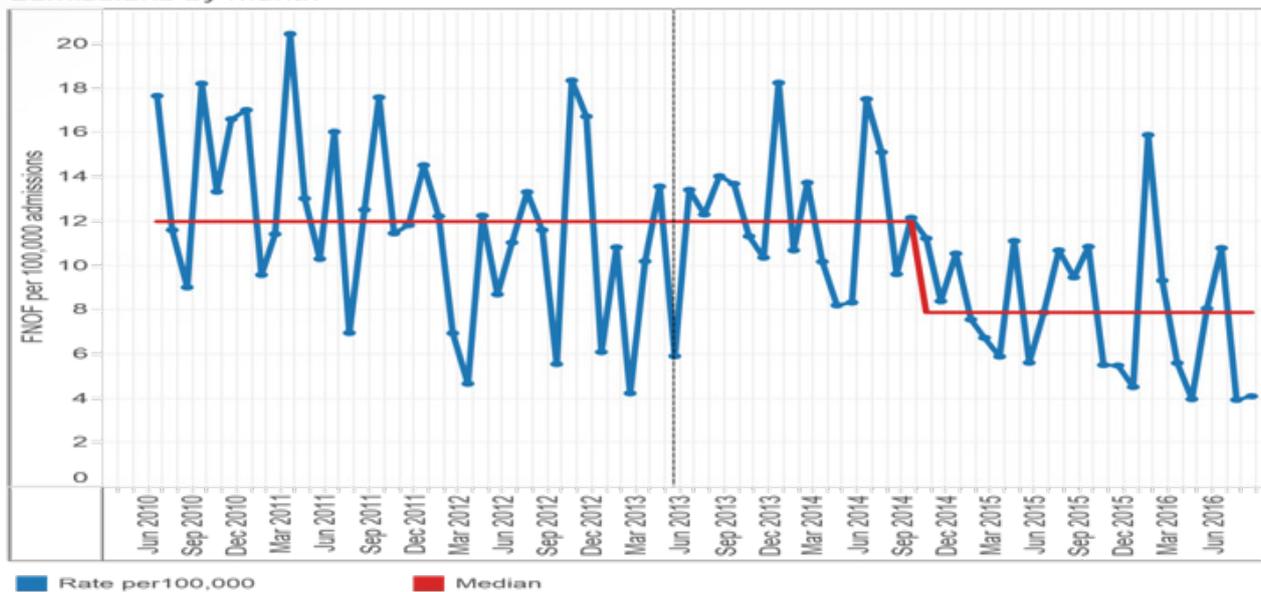
Results:

- Patients aged 75 and older provided with a falls risk assessment increased from 76% to 92% in December 2015; the percentage provided with an individualised care plan increased from 80% to 92%.
- A 41% reduction in in-hospital falls associated with fractured neck of femur to December 2015, and savings to public hospitals of US\$1.9 million (NZ\$2.8 million).

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admissions by month



Conclusion: A nurse-led comprehensive, integrated quality improvement programme approach resulted in a statistically significant reduction in in-patient falls with a fractured neck of femur in New Zealand public hospitals.

Audience Take Away

- Developing and holding on to a vision to reduce patient harm supported by a focus on measurement for improvement.
- Pragmatically translating evidence into practice at the bedside.
- Increase understanding of the power of senior nurses working collaboratively with other members the health sector and each other to lead reducing harm from falls.
- Reinforcing nurses' ability to influence patient outcomes as evidenced by reduced fractured hips in New Zealand hospitals.
- Access to New Zealand's evidence-based tools including a computerized nursing risk assessment.

Biography

Sandy Blake is Director of Nursing and Patient Safety for the Whanganui District Health Board and the national clinical lead for the New Zealand Health Quality & Safety Commission's (the Commission) Reducing Harm from fall programme since 2013. She is the clinical advisor and trainer to the national adverse events programme and is chair of the central region clinical governance alliance. Prior to this Sandy was state-wide nursing director for patient safety in Queensland, Australia.

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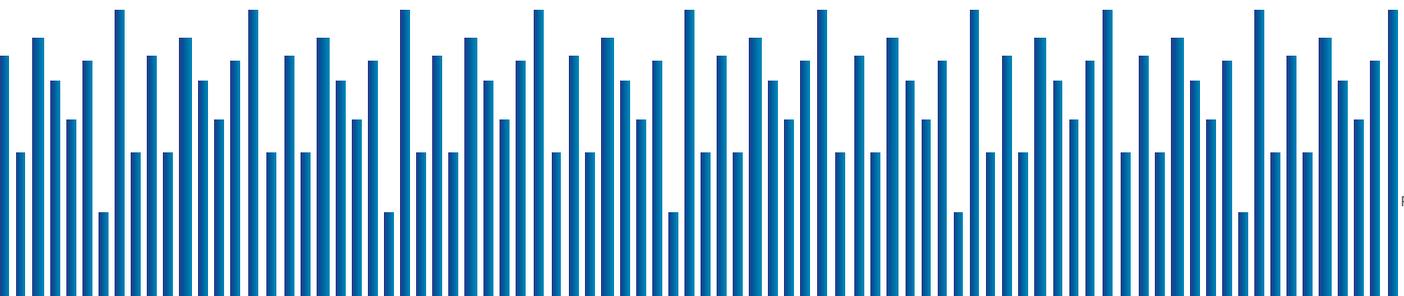
DAY 3

Speakers

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NWC 2017



Session on: Evidence-Based Nursing | Emergency and Ambulatory Care | Oncology Nursing

Session Chair

Valerie Provan

Cumbria Partnership NHS Foundation Trust, UK

Session Introduction

Title: Care of the patient with idiopathic pulmonary fibrosis resolving the mystery

Nicole Marie Candiff-Llorens, Tulane University Hospital, USA

Title: Nurse navigators decrease emergency department use and readmission

Jane Russell, Good Samaritan Hospital, USA

Title: Lifestyle modification toolkit to prevent and manage hypertension among African American Women

Julia Ugorji, University of Maryland, USA

Title: Bring the research library to life in the delivery of patient care

Jaideep Herbert, Vidyanta Skills Development Pvt. Ltd, India

Title: Comparison between video and handbook learning course in liver cancer patients undergoing first trans-arterial chemoembolization: A randomized controlled trial

Ruechuta Molek, Chulabhorn Hospital and Chulabhorn Research Institute, Thailand

Title: Maintaining use of the teach back protocol using a pilot program aimed at increasing patient understanding

Hannah Fulmer, University of Florida, USA

Title: Assessing undergraduate students' sexual practices, perceptions of risk and sources of information

Andrea Pusey-Murray, University of Technology, Jamaica

Title: The Lesotho nursing council taking a lead in HIV prevention through the nurse –midwifery led VMMC delivery model

Mpoeetsi Makau, Ministry of Health, Lesotho

Title: The effect of motivational interviewing on treatment adherence and insight levels of patients with schizophrenia: A randomized controlled study

Melike Yonder Ertem, Abant Izzet Baysal University, Turkey

Title: Using concept mapping as a teaching strategy in students' objective structured clinical examination training

Shao-Po Huang, Chang Gung University, Taiwan

Title: Traumatic amputees' phantom limb pain, coping style and their impact on patient's quality of life during the recovery phase

Li Simin, Sichuan University, China

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Care of the patient with idiopathic pulmonary fibrosis resolving the mystery

Nicole Marie Candiff-Llorens
Tulane University Hospital, USA

IPF stands for Idiopathic Pulmonary Fibrosis, a rare condition that affects 14 - 43 people per 100,000, with a total of approximately 3 million patients worldwide. The lung tissue of someone with IPF becomes thickened, stiff and scarred. Fibrosis is the medical term for this scarring. The tiny air sacs (known as alveoli) and blood vessels of the lungs are responsible for providing the oxygen that every part of the body needs the information to be presented in regard to IPF will 1. Pathophysiology, prevalence and prognosis 2. Clinical features and diagnosis of IPF, 3. Recognizing IPF in clinical practice and 4. Patient Management.

Audience Take Away:

- It will help individuals to understand the importance of early identification and early referral with patients with IPF.
- Most patients with IPF experience breathlessness, which may initially be only on exertion, and cough, with or without sputum, is also common. Over time, there is a progressive decline in lung function, reduced quality of life and, ultimately, death.
- Prognosis is difficult to estimate at the time of diagnosis. When deterioration occurs, it can be rapid. Median survival for IPF from diagnosis in the world is approximately 3 years, and only about 20% of people will survive for more than 5 years.1 The likelihood for rapid deterioration and the detrimental impact of that on quality of life means that early diagnosis and appropriate management is vital.
- Clinical experience suggests that patients with IPF often present quite late in the disease course having had symptoms for many months/years prior to diagnosis. They have often first been misdiagnosed with other more common respiratory diseases like asthma or COPD before an IPF diagnosis is reached. Thus, for some, the potential of starting therapy early to prevent lung function decline is lost. Early recognition is key.

Biography

I am an advanced practice nurse with a specialty in oncology. I have worked in oncology for over 35 years working in surgical oncology, medical oncology, radiation oncology and palliative/palliative care. My goal is to give quality holistic care working in partnership with patients/families in response to their needs. I have been an advanced practice nurse for six years. I see nursing as my ministry. I am a recent lung transplant recipient in Feb 2016 as a result of IPF. I am honored to have the opportunity to speak to nurses from the perspective of a patient and a provider. I AM A SURVIVOR. Many nurses have no idea what IPF is and how to care for these patients. Early recognition is key.

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Nurse navigators decrease emergency department use and readmission

Jane Russell*, Karen Haak
Good Samaritan, USA

The phrase “frequent flyer,” has been used to describe patients who make many visits to emergency departments (EDs) in a given year. Current literature on frequent users of EDs reveals that such patients often suffer from an array of psychosocial problems which might compound chronic medical conditions. The patient-centered medical home has been promoted as a way of organizing health service delivery to reduce costs while offering superior health outcomes and coordination of care. Good Samaritan Hospital developed its Patient Centered Medical Home (PCMH) to serve uninsured and underserved patients in the community. The objective of this endeavor was to achieve the Quadruple Aim: improve the health of a defined population, enhance the patient care experience, reduce the per capita cost of care, and improve the clinician experience. The PCMH is accountable for meeting a large majority of each patient’s physical and mental health care needs including: prevention and wellness; and acute and chronic care. This requires a team of care providers including physicians, advanced practice nurses, registered nurses, social workers, and care providers to meet the needs of the patient. Coordinated care is especially important when patients are being discharged from the hospital and after an ED visit. The medical home practice builds clear and open communication among patients and families, the medical home, and members of the broader care team as needed. Satisfaction among PCMH patients is very high as they are part of their care team and are involved in the planning and execution of their care. 95% of patients surveyed in the fourth quarter of 2015 rated the care they received as very good and felt the staff worked very well together. 93% reported the likelihood of recommending the clinic as very high. PCMH employees rated their work experience as ‘very good’ on the last employee survey. In 2015, PCMH patients had 529 fewer visits to the ER and 135 fewer inpatient admissions. This translates to \$1,675,840 in avoided charges. The cost to run the PCMH for the year was \$ 749,161. This resulted in a cost avoidance of \$926,679.

Audience Take Away:

- Describe how the use of nurse navigators in a Patient Centered Medical Home model can reduce readmissions and decrease unnecessary ED visits.
- Identify the effectiveness of a team-based approach in providing care in the Patient Centered Medical Home.
- Discuss the benefits of cost avoidance and the quality aspects of this Patient Centered Medical Home Model.

Biography

In 2013, Jane Russell graduated from Western Governors University with her Master’s in Nursing and is currently the Director of Continuum of Care at Good Samaritan. She is responsible for Good Samaritan’s Transitional Care and Patient Centered Medical Home programs, inpatient Case Management and Social Services, and outpatient Hospice and Long Term Care. Jane is extremely passionate about providing care and assistance to those who cannot afford health care. She has made numerous presentations on poverty and population health at national conferences and nursing summits. Her presentation, achieving the Triple Aim – One Patient at a Time, won the 2015 HBI Cost & Quality Award. Jane’s experience as a nursing leader and dedication to patient care has helped her to become a valued member of the Good Samaritan team and a respected leader.

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Lifestyle modification toolkit to prevent and manage hypertension among African American Women

Julia Ugorji

University of Maryland SON, USA

Problem: Hypertension is a global public health issue affecting many people in the United States. African American women remain the highest in percentage by race and ethnicity for developing hypertension with poor risk awareness. Hypertension has costly implications for the health care system. Through lifestyle modifications in the form of a nutrition plan called Dietary Approach to Stop Hypertension and increased physical activity, hypertension could be prevented. Among African Americans, the incidence of hypertension increases in their late thirties.

Purpose: To develop a toolkit of resources for African American women between the ages of 20 to 45 years as a reference guide to reduce the risk of developing hypertension through lifestyle modifications. The objective of the project was to support the 7th report of the Joint National Committee on Prevention, Evaluation, and Treatment of High Blood Pressure which cited a critical need for primary and secondary prevention strategies in African American women. The clinical question for the project examined the effectiveness of a lifestyle modification toolkit as an evidence-based strategy to prevent and manage hypertension among the target population.

Background: Hypertension is a chronic disease yet preventable through lifestyle modifications. Information from the toolkit would be used to effect changes among the target population and in the health care system overall. It would also help to expand nursing practice by providing opportunity for nurses working in the community setting.

Methods, Result and Outcomes: Comprehensive literature review with the use of search engines such as CINAHL Plus, PubMed, and EbscoHOST. Key search words such as Toolkit, Hypertension and life style modifications were used. Only peer reviewed articles within the last 5 years were selected. Pender's health promotion model guided the planning and development of the Toolkit by integrating the cultural beliefs and values of the African American women focusing on the educational materials for effective buy-in. A 5-item survey was given to 2 content experts and 3 members from the target population to evaluate the toolkit. Content Validity Index Scale was the measuring tool. The universal agreement calculation (S-CVI/UA) method was used which resulted in a CVI score of 1.00. Data were analyzed using descriptive statistics to obtain a content validity index score. Findings suggested universal agreement on the content of the toolkit. This toolkit would promote positive social change by improving the outcomes of African American women with hypertension.

Summary and Discussion: The Toolkit was designed as a reference guide using culturally based set of strategies that would increase lifestyle modifications to address the gaps identified in care. The Toolkit was created to provide a framework and resources to prevent and manage hypertension among the target population through lifestyle modification strategies in the form of a DASH eating plan and increased physical activities. The Toolkit organized strategies into three domains of care gaps bearing in mind the objectives of the project. The domains addressed in the Toolkit are hypertension as a public health burden to the individual, community, and the health care system, reducing the burden by tackling hypertension, and providing resources to the target population to help review activities.

Audience Take Away:

- Positive social change will occur with the effectiveness of the Toolkit in improving patient outcomes of African American women with hypertension.
- The Lifestyle Modification Toolkit would be used in variety of settings by all nurses. This scholarly project was a community based project, therefore, nurses working in the community health setting would use the toolkit as a framework to provide culturally tailored intervention to the African American women.
- The project was designed and developed for quality improvement using clinical skills, knowledge, and

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expertise to improve outcomes, therefore, the presentation would advance nursing practice through the information contained in the Toolkit.

- The information contained in the Toolkit would be used to effect changes among the target population and in the health care system overall. This presentation would help to expand the nursing practice by providing a model for participants.

Biography

Dr. Ugorji's career as a nurse faculty, clinical instructor, nurse leader, and nurse educator has spanned over 25 years of nursing in United States and abroad. Her professional experience includes teaching in undergraduate and graduate nursing programs, and many years of clinical experience in diverse settings; mental health, community health, and med/surg. Dr. Ugorji is an author of several articles published with the Nigerian nurses and NBNA newsletters. She is a recipient of Carnegie foundation grant and academic scholarship awards. Dr. Ugorji has more than 15 professional presentations, participated in program development locally and internationally. Shares membership with several professional organizations and serve at different levels such as NANNNA President 2015.

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Bring the research library to life in the delivery of patient care

Jaideep Herbert

Vidyanta Skills Institute Pvt Ltd, India

The impact of evidence based practice has gained momentum in nursing practice, education and research widely. The Evidence based Nursing demands changes and new innovations in education, practice, relevant researches and working environment for better outcome. Evidence Based Nursing provides opportunities to the nurses for more effective, systematic, individualized and dynamic patient care and practice with clinical judgment and critical thinking.

For Nurses Today, keeping up to date on the new medical treatment and techniques and reviewing new literature can feel like looking for a needle in the haystack. Evidence based review may help them to learn new techniques and their own researches lead them to Evidence Based Nursing. Today the health care industries are running to their excellence. In order to do so it a need of an hour for nurses to update and adopt the new knowledge and practice.

A recent survey of the state of Evidence Based practice in nursing practice shown that, while nurses had positive attitudes towards EBP and wished to gain more knowledge and skills, they still faced significant barriers to adopt new practice (Melnik, Fineout- Oveholt, Gallagher Ford & Kaplan, 2012). The reason for the same is policy of the organizations which always challenging. But the short term Nursing courses/ hands on Practice session in simulation lab can help the nurses to practice the evidence based Nursing and update themselves with new knowledge and skills.

For healthcare Professionals those are in regular practice or academician would need to update their knowledge and skills. The leaders in Nursing Education must come together for clinical Education through practice in simulation or by review of evidence and turn them into the Evidence based Nursing. The Nurses who studied nursing in 20 years back and practice now days with new technology and for up-skilling and updating them in many of the countries Nurses are forced to attend traditional theory classes, as in service education, in their hospitals to complete their CNE hours or credits. To upgrade the standard of nursing practice and to the effect of “evidence-based practice” through nursing research, we have to bring this new venture into reality of Evidence Based Nursing.

All over the world many nursing students/scholars and experts do the clinical trials, researches but not every research they implement as they have their mandate assignment which they have to do so they do and submit it into the library. Nursing Leaders and experts have to think to bring those researches into Nursing Practice by creating online/practical-hands-on modules, this will bring the “evidence-based practice” research into the practical realm of the hospital and community setting. In other words, together we can “bring the research library to life in the delivery of patient care.”

Recognizing that the pockets of excellence in patient care and safety exists, but the need is for nurses is to translate the researches into practice for effective , safe and efficient patient care through Evidence Based Nursing.

Comparison between video and handbook learning course in liver cancer patients undergoing first trans-arterial chemoembolization: A randomized controlled trial

Ruechuta Molek^{1*}, Kamolchanok Boonprachack¹, Siriporn Rachasee¹, Sunisa Yungyuen², Benjamas Preechakoon³, Phongthara Vichitvejpaisal⁴

¹Inpatient Liver Cancer Department, Thailand.

²Intervention Radiology Department, Thailand.

³Chulabhorn Hospital, Thailand.

⁴Siriraj Hospital, Thailand.

Though Chulabhorn Hospital becomes a well-known cancer center in Thailand, a number of liver cancer are increasing with high mortality rate. This is not an easy assignment as I am a full-time chief, registered nurse, providing care for these patients at our gracious hospital.

Currently, one of interventions for Liver cancer treatment is Trans-arterial chemoembolization (TACE). Moreover, most patients need to undergo TACE several times according to the size of tumor and staging. Thus, when a physician can control its dimension, TACE really helps to prolong and maintain patient's quality of life. Normally, patients are afraid of the procedure. They are always anxious and worried particularly to get the first moments of the technique. This might due to the lack of knowledge and comprehension of the whole process.

In order to solve this problem, I conducted a study to compare the effectiveness between Video and Handbook learning course on providing knowledge of TACE to liver cancer patients. A handbook has been used in health education for years, while a full-animated video is a new learning technique in our practice. This will be a proactive and practical way for us in promoting quality of healthcare. Consequently, patients gain more confidence and cooperate with physicians during the intervention.

Audience Take Away:

- Video significantly improved the learning achievement when compared with Handbook in the selected subject.
- Patients could gain content understanding and retention of knowledge in a short period of time.
- In daily rounds, nurses can do research during their routine jobs as 'Routine to Research' project. This results in the advancement of healthcare and promotion of nursing competency both in practical skills and knowledge.
- A good networking in terms of health educational medias can be proliferated amongst the personnel who taking care of cancer patients.

Biography

Ms. Ruechuta Molek, M.S.N. is a full-time chief, registered nurse at Inpatient Unit, Nursing Department, Chulabhorn Hospital, Thailand. She got a Bachelor's degree from Saint Louis Nursing College, in 1995 and obtained her Master degree in Adult Nursing from Rangsit University in 2014. As Chulabhorn Hospital is a leading Cancer Research Institute, Ms. Molek is interested in cancer patients' quality of life.

In addition, she has finished her studies on Symptom Intensity in Persons with Advanced Cancer Receiving Palliative Nursing Care Protocol and Caregiver Satisfaction, and Factors Influencing the 3- year Recurrence of Liver Carcinoma.

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Maintaining use of the teach back protocol using a pilot program aimed at increasing patient understanding

Hannah Fulmer*, Jacqueline Baron-Lee, Janelle Alongi, Daniel Hoh, Kathrina Busl
University of Florida, USA

The Institute for Healthcare Improvement (IHI) defines Always Events as aspects of the patient experience that are so important to patients and families that health care providers should reliably implement the events one hundred percent of the time. IHI lists the TeachBack method as one of these events. The TeachBack method is a way to check whether patients comprehend health information explained to them by their provider. This utilizes the “chunk and check” method, by giving patients one “chunk” of information and checking their understanding by having them explain it back before moving on to the next. While nurses and physicians may be educated on the method and have undergone training, there is not often systems in place to test adherence and determine if it is in fact being implemented one hundred percent of the time. The Neuromedicine Interdisciplinary Clinical and Academic Program (NICAP) at UF Health piloted a program in the Neurosurgery Clinic where trained undergraduate interns observe advanced registered nurse practitioners’ interactions with their patients in their appointments. The interns complete a checklist that was created to assess different domains of the interaction and the degree of TeachBack that was being used. The checklist determines if key topics such as medication, pain management and expectations, activities after hospitalization, and assistance in reaching the Neurosurgery Clinic were discussed properly to ensure patient understanding. The data from these checklists are summarized and presented to the practitioners themselves. This continuous feedback allows clinicians to identify which part of the method they need to improve upon to better serve their patients. While this initiative is still in the pilot phase and its second Plan-Do-Study-Act (PDSA) cycle, it is currently being expanded to the neuro intensive care unit at the request of the medical director of the unit. In this unit, this method is not to be used uniquely at time of discharge, but whenever new information is being delivered to the patient. Nurses are often the members of the care team who interact most with the patient throughout their experience at the hospital and have the most opportunities to employ the TeachBack method. Educating nurses and other members of the care team on TeachBack is not sufficient in ensuring it is having the desired effect on patients. The program being piloted in neuromedicine at UF Health, is a way to promote a viable change in the quality of the interactions nurses are having with their patients. If given the chance to present on this topic, the audience will be educated on the TeachBack method and how to develop a program to monitor its use to ensure all patients are leaving their encounters feeling confident in their care team and in their own ability to positively influence their health. The audience will also see preliminary patient satisfaction data which shows patients report improvement with communication with their care teams since implementation of this pilot.

Audience Take Away:

- The audience will learn the importance of the TeachBack method in increasing patient understanding and positive health outcomes and how to create a program to determine if it is being utilized properly within the care team.
- Patients are often overburdened with information throughout their care experience and need more than written or verbal instruction to retain and understand the information. This presentation will allow audience members to rethink how they interact with patients and what the patients get from those interactions.
- Performing system checks is a method to increase adherence to important quality improvement initiatives such as TeachBack. This presentation will supply audience members with the tools to develop a program similar to UF Health’s neuro medicine pilot program to increase protocol adherence.
- Increasing TeachBack use in healthcare institutions across the globe is a practical solution to patient confusion and low compliance to medical adherence and post-discharge instructions.

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Biography

Hannah Fulmer is a Canadian citizen pursuing her Master of Public Health with a concentration in Management and Policy at the University of Florida (UF) as well as a Graduate Intern with the NICAP Quality Improvement Team. Hannah has a strong interest in international healthcare quality improvement and is currently managing multiple projects related to reducing readmissions and standardizing the perioperative care process in her role with NICAP. Hannah aims to work as a hospital administrator who continuously utilizes quality improvement tools wherever possible. Hannah has a great respect for the nursing profession as many of her closest friends are practicing nurses in hospitals across North America, and is eager to work towards the 2017 Nursing World Conference's goal of creating viable quality healthcare for patients across the globe.

Assessing undergraduate students' sexual practices, perceptions of risk and sources of information

Andrea Pusey-Murray
University of Technology, Jamaica

The findings reported here form part of a larger research project that the main aim of this study was to survey the sexual practices and perceptions of risk among undergraduate students attending a tertiary institution in Jamaica. To answer the research questions, a cross-sectional survey research design was used. A total of 541 undergraduate students were selected using the stratified random sampling method. Data were collected through the use of a questionnaire and focus group discussion. The questionnaires data were analyzed using descriptive and inferential statistics while the focus group data were analyzed using thematic analysis. The results showed that 66.4% of the respondents obtained most of their information on sexually transmitted infections from the mass media. More than half of the respondents (67.1%) used condoms during sexual activity and 52.6% stated that they have not changed risky behaviors despite concerns about Sexually Transmitted Infections (STIs). The Ministry of Health has instituted STIs campaigns and despite these campaigns the findings showed that only 32.7% of the respondents reported not using condom during sexual intercourse. The findings seem to suggest that there is still much to be done in terms of enlightenment campaigns, because of health hazards associated with risky sexual practices. Based on the findings and their implications the following recommendations were made: the Ministry of Health and the National Family Planning Board should be involved in campaigns that will target parents, schools and churches, to empower them with the tools that will help them to guide their children/relatives who are students about sexual practices and decision making.

Biography

Dr Andrea Pusey-Murray is currently the Program Director for the BSc in Nursing at the Caribbean School of Nursing, University of Technology, Jamaica. She has published in peer reviewed articles in journals such as International Journal of Nursing Science, Bio-medical Science and Engineering, and Mental Health in Family Medicine. She has authored a book chapter entitled, "Attendance and performance of undergraduate students in two nursing courses in a university in Jamaica", in Advancing Education in the Caribbean and Africa and co-authored "Cultural Voices and Human Rights: Case Exemplars" in the Routledge Handbook of Global Mental Health Nursing. She is a member of the Editorial Board of the International Journal of Psychiatric Nursing, a Board member of the International Journal of Medical and Surgical Nursing.

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The Lesotho nursing council taking a lead in HIV prevention through the nurse –midwifery led VMMC delivery model

Mpoeetsi Makau^{1*}, Flavia Moetsana-Poka², Semakaleng Phafoli³, Nkaiseng Ngwane⁴

¹Ministry of Health

²Lesotho Nursing Council

³Johns Hopkins University

⁴Maluti Adventist College

Lesotho has the high prevalence rate of HIV infection estimated at 25% since 2009 (LDHS, 2014). Therefore, Lesotho came up with strategies to curb the HIV infection; amongst which Voluntary Medical Male Circumcision (VMMC) was initiated by the MOH Development Partners in order to reduce HIV infection. It was established that VMMC reduces men's risk of acquiring HIV through heterosexual intercourse by approximately 60%. The Ministry of Health (MOH) has been scaling-up VMMC since February 2012, using a doctor-led model and achieving 27% at the end of 2014. The pace of scale-up is key to achieving the impact of HIV prevention intervention as the World Health Organization (WHO) also recommended scaling up accessibility of VMMC services through use of nurse-midwives and other providers to perform the procedure. Lesotho has low circumcision prevalence and limited human resources for health, but has not yet implemented a policy on task sharing of VMMC. Also, Doctors are not available at all levels of care, yet services for VMMC ought to be accessible at all levels.

Lesotho Nursing Council (LNC), after being approached by Jhpiego as one of the MoH partners, initiated to conduct a pilot study to assess performance of nurse-midwives trained to perform the VMMC procedures, in order to make an informed decision on task-sharing of VMMC procedures in Lesotho; and also to determine whether it is safe for nurse-midwives to perform the procedure. The information gathered would inform an extension on the nurses' scope of practice. The project was supported by Jhpiego technically and financially. Forty nurse-midwives were trained to perform VMMC procedures. LNC Task Team was engaged to monitor trainings and procedures performed to assess the participants' competence after trainings. It was discovered that acquisition of knowledge and skills to participants differed, and it was shorter to those that received training before. There were various stakeholder meetings held for Nursing and Midwifery leaders in order to get their buy-in, share project findings and get their inputs. A study tour was undertaken to Tanzania to learn their approaches and strategies used towards a nurse led VMMC model.

At the end of the project, a final report was presented to stakeholders who agreed that it is safe for nurses-midwives to perform the procedure, and should be included in the pre-service curriculum and in-service trainings for nurses and midwives. Participation of LNC in the development of task-sharing approach for VMMC will allow a key pillar in the prevention strategy.

Audience Take Away:

- Lesotho's HIV and AIDS prevalence rates.
- Sharing the country's initiatives, strategies, challenges encountered, and achievements in reducing the high HIV and AIDS prevalence rates in Lesotho.
- Sharing experiences on how Lesotho adopted the nurse-led VMMC models.
- Learn how the four pillars of Nursing and Midwifery collaboratively worked to improve nursing and midwifery services in Lesotho.
- The countries will learn and realize the importance of nurse led VMMC services on quality improvement and public protection; make informed decisions based on the Lesotho project findings to determine the safety of nurses to perform such services. They will then be in a position to advise themselves whether to extend the nurses' scope of practice in order to contribute towards reduction of high HIV prevalence rates, and also develop the Task-Sharing policy in order to engage in the task sharing approach.
- VMMC is one of the strategies that reduce men's risk of acquiring HIV through heterosexual intercourse by approximately 60%.

The effect of motivational interviewing on treatment adherence and insight levels of patients with schizophrenia: A randomized controlled study

Melike Yönder Ertem¹, Zekiye Çetinkaya Duman²

¹Izmir Katip Çelebi University Faculty of Health Sciences, Turkey

²Dokuz Eylül University Nursing Faculty, Turkey

Objective: The aim of this study is to examine the effect of motivational interviewing on treatment adherence and insight levels of patients with schizophrenia.

Method: The research was constructed in an experimental fashion as such a randomized controlled trial was utilized. Twenty of the patients comprised the intervention group while the other twenty of the patients comprised the control group. Motivational interviews were carried out on an individual basis in the form of a total of 6 interviews held once in a week with an average of 60 minutes to complete for each session. At the end of the last meeting, the intervention and control groups were post tested to solicit their motivational interviewing program reviews. After the initial posttest, the intervention and control groups underwent two more posttests on the 3rd and 6th month follow-ups.

Results: The posttests, based of Morisky Scale and carried out with the schizophrenic individuals from intervention and control groups following the last motivational interviews in three stages, showed meaningful differences. Respectively, first posttest conducted upon completion of the personal interviews yielded $X^2 = 10.828$, $p = 0.004$, 3rd month follow-up yielded $X^2 = 21.933$, $p < 0.001$ and 6th month follow-up yielded $X^2 = 22.552$, $p < 0.001$. In terms of Insight Scale Total Scores, a meaningful difference was found. Respectively, first posttest conducted upon completion of the personal interviews yielded $U = -2.220$, $p = 0.026$, 3rd month follow-up yielded $U = -2.508$, $p = 0.011$ and 6th month follow-up yielded $U = -2.953$, $p = 0.002$. The patients in the intervention group had significantly higher insight mean scores.

Conclusion: Motivational interview method plays a vital role in establishing treatment collaborations with chronic psychiatric patients, maintaining the continuity of self-care, and the acquisition of healthy lifestyle behaviors at the psychiatry clinics and the community mental health centers.

Using concept mapping as a teaching strategy in students' objective structured clinical examination training

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¹National Taiwan University Hospital, Taiwan

²Cardinal Tien Junior College of Healthcare and Management, Taiwan

The Objective Structured Clinical Examination (OSCE) was perceived as a useful strategy to increase nursing students' clinical competency. Over the past few years, the Ministry of Education in Taiwan has funded five-year junior nursing colleges to build OSCE centers and to establish the OSCE center. However, Taiwanese students used to do rote learning and follow text book. OSCE is a big challenge for them. In considering the use of the OSCE as an assessment strategy, the authors tried to help them to apply a leaning strategy to reach to target of OSCE.

Concept mapping is a concise and explicit teaching tool that has been applied in nursing education in Taiwan. Some academics had tried to apply concept mapping as a learning technic in their nursing program as clinical teaching, introduction to nursing and medical English reading. The purpose of this study aims to utilize concept mapping into students' objective structured clinical examination (OSCE) training.

20 students between year three and year five from a five year nursing college were voluntary join the experimentally program. They were told that the outcome would not affect their formal learning. Three stages training processes were applied contained concept mapping in chart reading, concept mapping in simulation training and concept mapping in OSCE. Students were introduced concept mapping in the first stage of training. All three stages were focused on patients center care.

After each meeting, students had a group discussion to evaluate their outcome. Face to face interviews were applied to see their processes. Qualitative data analysis was applied. All students' concept mapping outcomes were filed and discussed the progress by all researchers.

The result found that in the early stage, students were shocked and scared of self- thanking because they used to only receive information and follow text book. A positive attitude toward concept learning was changed in the advanced stages. Students indicated that the strategy helped them to reach the main problem and establish patients' nursing care plan and nursing diagnosis.

Audience Take Away:

- This study aimed to establish anappropriate teaching/learning method. The authors will share their experiences in helping students to develop their skill.
- Three stages process will give the audience to realize how students were leaded into understanding patient's admission note and learning how to map a concept in the early stage.
- The second stage will provide the authors' experiences to help students to face clinical simulation scenarios and how a customized simulation scenario was established.
- The last stage will give how students face the OSCE processes and use their knowledge and skills into the situation.
- Even thought, this study provides an experience to help nursing students to establish skills to handle OSCEs. It also can provide evidence to clinical training center to help new grade nurses. Audience can have an idea to help nursing students and new grade nurses to establish their skills and also to think how to develop a suitable method for students and new grade nurses training to face variable clinical condition.

Traumatic amputees' phantom limb pain, coping style and their impact on patient's quality of life during the recovery phase

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Abstract: Objective to improve traumatic amputees' the experience of phantom limb pain (PLP), enhance patients' quality of life.

Methods: Based on cross-sectional study, adopting questionnaire survey to evaluate traumatic amputees' status of PLP, coping styles and quality of life, and clear the relationship between them further.

Result: 89.7% of the patients experience PLP, the average score of the pain intensity was (6.29±3.28). The style of facing it had the highest score among the three coping styles, but lower than national norm's, and the score of avoiding coping style and yielding coping style were higher than national norm ($P<0.01$); the total score of quality of life was (57.68±29.63). The correlation analysis of PLP the coping style and quality of life showed the significant negative correlation between PLP and quality of life ($r=-0.659, P=0.000$), obvious positive correlation between the style of facing it and quality of life ($r=0.391, P=0.007$), significant negative correlation between avoiding coping style ($r=-0.601, P=0.000$), yielding coping style ($r=-0.709, P=0.000$) and quality of life.

Conclusion: The status of traumatic amputee's PLP need to be improved further and the positive coping style helps enhance traumatic amputee's quality of life, prompting us to take measures to control traumatic amputee's PLP and cultivate patients' positive coping style.

Biography

Li Simin has completed his Master degree at the age of 26 years from Sichuan University in China and majoring community nursing. She work two years and her professional title is nurse practitioner. She has published more than 9 papers in Chinese journals and joined in more than three research projects.

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