



# 5<sup>TH</sup> EDITION OF NURSING WORLD CONFERENCE

October 18-20, 2021

EXHIBITOR



Dartmouth  
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**Theme:**

A journey to untangle the challenges  
of Nursing Profession

# INDEX

Contents	Pages
About the Host	4
Keynote Session (Day 1)	5
Speaker Session (Day 1)	9
Keynote Session (Day 2)	37
Speaker Session (Day 2)	42
Poster Presentations (Day 2)	54
Keynote Session (Day 3)	78
Speaker Session (Day 3)	83
Participants List	99

# *About* **MAGNUS GROUP**

**Magnus Group (MG)** is initiated to meet a need and to pursue collective goals of the scientific community specifically focusing in the field of Sciences, Engineering and technology to endorse exchanging of the ideas & knowledge which facilitate the collaboration between the scientists, academicians and researchers of same field or interdisciplinary research. Magnus group is proficient in organizing conferences, meetings, seminars and workshops with the ingenious and peerless speakers throughout the world providing you and your organization with broad range of networking opportunities to globalize your research and create your own identity. Our conference and workshops can be well titled as 'ocean of knowledge' where you can sail your boat and pick the pearls, leading the way for innovative research and strategies empowering the strength by overwhelming the complications associated with in the respective fields.

Participation from 90 different countries and 1090 different Universities have contributed to the success of our conferences. Our first International Conference was organized on Oncology and Radiology (ICOR) in Dubai, UAE. Our conferences usually run for 2-3 days completely covering Keynote & Oral sessions along with workshops and poster presentations. Our organization runs promptly with dedicated and proficient employees' managing different conferences throughout the world, without compromising service and quality.

# *About* **NWC 2021**

NWC 2021 held during October 18-20, 2021 has been wrapped with multipurpose tasks where sharing the knowledge is just not our aim, it also focuses on bringing everyone together with a familial atmosphere, where you can meet up the committed professional, professors, scientists and young scholars who shares the same area of importance, make the study allocation simple and suitable where each minute is entrenched with inspirational and joyful process.



KEYNOTE FORUM

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1

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OCT 18-20, 2021

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**Donna M. White**

University of Massachusetts-Boston, USA

## Mindfulness..A path to self-care and wellness during stressful times in our lives as professionals

This Workshop will present the factors that often lead to Stress in the Workplace. Variable stressors increase the demand on the human body and may lead to physical and emotional ailments that potentially lead to a loss of purpose in one's life. The presentation is geared towards a reinvigoration of career choices and healthy patterns in the navigation of life choices. Utilizing mindfulness techniques offers a unique approach to self-care and promotes wellness in all domains by engagement in the world surrounding modern healthcare. Emphasis will be placed on the personal experiences by audience participation as time permits.

### Take Away Notes:

- The attendee will describe the patterns of stress in their lives.
- The attendee will utilize Mindfulness techniques as instructed in the educational program that can be used in the workplace.
- The learner will employ 3 techniques to utilize that will promote a holistic approach towards stress relief while working in modern day healthcare

### Biography:

Donna McCarten White is the former consultant Addiction Specialist for the Lemuel Shattuck Hospital, a Public Health Hospital for the Commonwealth of Massachusetts. She is the former Chief Operating Officer and Nurse Executive at Worcester State Hospital. In addition, she was the Director of the DMH and Harvard University Commonwealth Research and Evaluation Unit. In the past she was the Director of Nursing and the Director of Chemical Dependency Services and the Dual Diagnosis Program at Pembroke Psychiatric Hospital. She has received many awards in the past, recently the Frances Slinger Award from the Boston City Hospital Alumni Association on October 5th, 2018 and the Mentor Award from the Massachusetts Nurses Association at their Convention on October 18, 2019 . The University of Massachusetts Boston awarded her the Beacon of Courage Award in 2020 for her work in the field of Addictive and Substance Use Disorders. She is the statewide Chairperson of the MNA Addictions Council and oversees the Peer Assistant Program for Professionals seeking help in recovery. She is certified by the Green Cross Foundation as an educator and therapist in Compassion Fatigue concerns and is a specialist in Addictive Disorders, Compassion Fatigue and Vicarious Traumatization in Healthcare Professionals.



**Adele A Webb**

Capella University, USA

## Global health issues in diabetes care

This presentation will demonstrate the spread and seriousness of the current global diabetes pandemic. By examining the concepts of social determinants of health and how such determinants relate to the global pandemic, this presentation will offer interventions based on a population health framework to decrease the number of cases of diabetes being diagnosed nearly daily worldwide.

### Take Away Notes:

- Explain the difference between public health and population health
- Describe the scope of the epidemic of diabetes worldwide
- Demonstrate effective interventions to both prevent, recognize and treat diabetes globally

### Biography:

Dr. Webb's focus is international nurse capacity building. She has extensive funding for her international work and has published in several journals. She contributed to WHO guidelines and testified to the Institute of Medicine and the White House. A sought-out speaker on international nursing care, she collaborates with WHO and the World NCD. Adele has contributed to nurse capacity building in 53 countries. she received the Nicholas Andrew Cummings award for Excellence in Interprofessional, is an International Council of Nurses Global Health Fellow, and a Fellow in both the National Academies of Practice and the American Academy of Nursing.



## Callie Anne Bittner MS, RN

Colorado Center for Nursing Excellence, Denver, Colorado, USA

### Grow your own APRNs and keep them forever; Success in Colorado

Rural youth are twice as likely to commit suicide in Colorado. Nine of the ten counties with the highest overdose rates are rural. 51% of all rural counties do not have an addiction counselor. Colorado ranks 17th for adults with mental illness who did not receive treatment. The suicide rates are among the highest in the nation. 73% of Colorado is rural, and there is a critical shortage of mental health providers.

Building on several years of a successful “Grow Your Own APRN” (GYO) recruitment and retention strategies, this program was developed with grant funding to support current nurse practitioners to return to school and obtain a post-graduate psychiatric nurse practitioner certificate in rural provider shortage areas. The purpose is to create access to behavioral health care in rural Colorado communities lacking in psych mental health providers.

The design methods are based on a GYO APRN model that the Colorado Center for Nursing Excellence has tested since 2015 and measured using the Nursing Community APGAR Questionnaire. Findings from the original four APRN grants indicate that nurse practitioners in rural areas are finding that up to 50% of their patient panels have acute and/or chronic health conditions that are exacerbated by undiagnosed psychiatric conditions. These NPs began asking for a path to return to school to obtain a PMHNP post-graduate certificate so they could treat their patients for both physical and behavioral health diagnoses in the communities they are rooted in.

This three-year grant to recruit 39 rural NPs to return to school filled up in 16 months and more spots were added for a total of 47 NPs. Those NPs have either begun school or are currently applying. All will complete online education programs to become PMHNPs and will modify their current business models to allow the APRNs to provide full integrated care to their patients. Initial conclusions are that NPs can and will take the opportunity to add a psych mental health specialty to their communities, creating access to behavioral health care by APRNs in areas that previously had no behavioral health provider.

#### Take Way Notes:

- Describe the mental health provider access issue in rural areas.
- Evaluate the potential to replicate the use of the Grow Your Own model in your state to increase access to behavioral health services.
- Understand the value of workforce innovation using nurses to their full scope of practice.

#### Biography:

Callie Anne Bittner is a Project Director at The Colorado Center for Nursing Excellence, Colorado’s nursing workforce center whose vision is to transform healthcare through workforce innovation. Utilizing over ten years of clinical and teaching experience, She is responsible for leading various programs at The Center including the United Health Foundation Behavioral Health Access grant, The Nursing Leadership Connection, Nurses on Boards Coalition, and the Colorado Action Coalition. She is a published author, national speaker, formally trained leadership, and executive coach, holds a bachelor’s degree in nursing and a graduate degree in nursing leadership and education. She resides in southwest, rural Colorado.

SPEAKERS | DAY  
1

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**Wing Wong JS\*, Ho KHM, Mak AK, ChowMCM**

School of Nursing, Tung Wah College, Hong Kong

## Substituting simulated ward practice for clinical practice during the COVID-19 pandemic: Action research

**Background:** All clinical practicums for nursing students in Hong Kong have been suspended since February 2020 because of the COVID-19 pandemic. To avoid delays to student graduation and maintain the quality of clinical learning, the school of nursing created a simulated ward for 121 nursing students to complete 120–350 outstanding hours of clinical practice in medical and surgical areas. In addition to the Nursing Council of Hong Kong's order to use simulation practice to replace a certain number of clinical hours in the near future, an action research approach was employed in this study to explore its impacts on nursing students, teachers and school administrators and reveal how a quality simulated ward practice can be conducted effectively and efficiently in the future.

**Methodology:** This study constituted the first cycle of action research. Medium-fidelity simulation training was implemented from August to mid-September 2020. Individual semi-structured interviews were conducted with students, mentors and taskforce members after the training. Feedback collected from teachers and students through an online course evaluation survey was also used as secondary data to supplement the results obtained from individual interviews.

**Results:** Twenty-three individual semi-structured interviews were conducted with nine students, nine mentors, and five taskforce members. Feedback from 35 students (29.4%) and 19 teachers (63.3%) was received via the course evaluation survey. All student interviewees were very satisfied with the training because it provided more learning opportunities than the wards and protected the time allowed for more in-depth learning from the mentors and classmates. Given that they would become ward nurses after their training, this activity boosted their confidence in case management and enabled them to learn more about the duties of a ward nurse. They suggested that simulation training should also be provided before their first clinical practicum to reduce their confusion and frustration. From the mentors' perspective, this endeavour was a good opportunity for students to learn something they had no chance of doing so in the ward and provided the latter with additional time for them to think critically and act. Moreover, errors were allowed in a controlled environment. However, the students could not benefit from working collaboratively with allied health workers and worked in the absence of a rushed atmosphere. The training was a time-consuming and labour-intensive activity, and some of the mentors expressed worry and fear about the risk of contracting COVID-19 during the training despite the precautionary measures taken. They also provided valuable inputs to improve the quality of training in a simulated ward. From the taskforce members' perspective, they faced numerous challenges in the setting up of a simulated ward and organizing this activity in a short period of time. Their concerns included the availability of nursing laboratories, equipment, labour, training, learning materials, time, and teaching and learning qualities. The survey revealed that the mean rating of students' satisfaction was 4.45 out of 5. By contrast, the mean rating of teachers' satisfaction was 3.26 out of 5.

**Conclusion:** The results of this study provide insights for organizing simulation training in a simulated ward.

### Take Away Notes:

- The pros and cons of using a simulated ward for training nursing students
- Three-dimensional and in-depth information on using medium-fidelity simulation training

**Biography:**

Dr. Julia Wong has worked in public hospitals for over 11 years, specializing in orthopaedic and rehabilitation nursing. She became a Fellow of the Hong Kong Academy of Nursing in Education and Research and completed her Doctorate degree in Higher Education at the University of Liverpool in 2018. Apart from 11 years of clinical working experience, she has also been working in the field of nursing education in local universities and private institutes since 2009. She has also started conducting research since working in a public hospital. She received several research awards and two research grants in 2016 and 2020.

**Joanne Smith-Young<sup>1\*</sup>, April Pike<sup>1</sup>; Rebecca Law<sup>2</sup>, Roger Chafe<sup>3</sup>, Rick Audas<sup>4</sup>**

<sup>1</sup>Faculty of Nursing, Memorial University, St. John's, Newfoundland and Labrador (NL), Canada

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## **Patient involvement in chronic disease management: Research highlights**

Numerous potential benefits come from developing new approaches for working more closely with patients to better manage their own healthcare and service delivery. These benefits include increased patient satisfaction and trust, improved patients' quality of life, and better understanding of personal responsibilities in chronic disease self-management. Patients manage their chronic illnesses every day and thus develop expertise in their own care. Health professionals need to welcome, value and foster this expertise and patients' Individual experience with their condition. By involving patients in chronic disease self-management, health professionals can deliver care more effectively and efficiently.

In this presentation, I discuss findings from four research studies recently conducted in the province of Newfoundland and Labrador (NL), Canada that illustrate that information sharing, advocacy, and communication are important aspects to consider in chronic disease self-management.

The first research study presents a novel reciprocal teaching and learning approach between health professional students and seniors living with chronic disease in the community using a mixed methods research approach. The second research study illustrates parents' experiences in accessing diagnostic and treatment services for children and adolescents diagnosed with Autism Spectrum Disorder (ASD) using a qualitative approach specifically, grounded theory (GT). The third study describes the circumstances surrounding parental advocacy in parents of children with ASD. The fourth study highlights an integration of patient-oriented research and classical GT principles to understand the psychosocial process of adults' experiences with hearing loss.

Findings from the first study reveal how the concept of 'Who's Teaching Who?' was threaded throughout seniors and professional students narratives that illustrate the importance of shared decision-making in delivery of patient care. The second study, 'Managing the Wait' illustrates how parental self-advocacy, socioeconomic status, and severity of ASD have an impact on the process.<sup>2</sup> Findings from the third study, "I know how to advocate" reveal some of the barriers parents face in their advocacy efforts with children diagnosed with ASD. Finally, "Embodying hearing loss," shows the importance in taking a proactive approach to hearing health to help mitigate the potential negative outcomes of hearing loss.

### **Take Away Notes:**

- The value of community-based learning opportunities in the education of professional students with seniors affected by chronic diseases;
- The barriers and facilitators to self-advocacy for parents of children and adolescents with Autism Spectrum Disorder in NL, Canada;
- Insight into how qualitative research methodologies, specifically grounded theory, are useful in gaining a unique perspective into how individuals manage their chronic diseases.

**Biography:**

Joanne Smith-Young graduated with a BN in 2001 and MN in 2009 from Memorial University (NL, Canada). She is currently pursuing her doctoral studies in Clinical Epidemiology, Faculty of Medicine at Memorial University. She is also the research coordinator in the Nursing Research Unit, Faculty of Nursing at Memorial University. She has worked with faculty from various disciplines on numerous research projects. Her research interests include chronic disease management; mental health; and qualitative research methods specifically, grounded theory.

**Mary Fanning<sup>1\*</sup>, Dan C. Harris<sup>2</sup>**

<sup>1</sup>Assistant Vice President / Associate CNO, WVU Medicine – Morgantown, West Virginia, USA

<sup>2</sup>Director, Security, WVU Medicine – Morgantown, West Virginia, USA

## **Addressing workplace violence: Insider secrets to achieving positive organizational outcomes**

**Project Overview:** Workplace violence in healthcare extends beyond emergency and behavioral settings. Executive leadership is challenged with establishing a systems to support the workforce in a challenging work environment. Leaders at a 790-bed, Magnet designated, academic medical center were challenged with establishing a comprehensive, standardized, and evidence-based workplace violence program with a focus on education, mitigation, and infrastructure enhancements. Utilizing a multimodal approach, leaders representing five distinct disciplines led a rapid cycle initiative which resulted in positive employee, patient, and organizational outcomes. Learn the systematic approach utilized by this team which can be replicated to yield similar successes to reduce workplace violence.

**Objectives:**

- Describe the process development for a comprehensive, standardized, and evidence-based workplace violence program.
- Identify key metrics to measure outcomes of an effective workplace violence program.
- List outcomes yielded through the implementation of a comprehensive workplace violence program.

**Background:** Workplace violence in the healthcare setting is escalating on a daily basis. What once was isolated to behavioral health and emergency room settings, is now prevalent in all areas of the inpatient and ambulatory care settings. Senior leadership quickly realized that a focused effort was needed to address serious patient and employee near misses and injuries as a result of actual acts of violence. In addition, they were astutely aware of the need to be prepared for the unanticipated events with employees, patients and visitors.

Empowering a multidisciplinary steering committee representing security, nursing, education, behavioral and children's leadership was the initial step in the organization's reset on a workplace violence program. Input from direct care staff as well as a formalized pivotal leadership team validated leadership's insight that a drastic improvement was needed.

Workplace violence is not isolated to one area of the country or type of facility. Implementing creative practices can positively impact employee retention as well as patient outcomes. This presentation is critical for the 2020 Vizient Connections Education Summit to share best practices achieved by this organization that can be replicated at other organizations.

**Intervention:** Five key leaders in the organization were hand selected by executive leadership to begin the reboot of a Workplace Violence Program (WVP) for the organization. The initial step was to evaluate an evidence-based workplace violence prevention training program. During the five-day trip for the AVADE® Workplace Violence Prevention Advanced Instructor training program, the group quickly enmeshed and synergistically began to work together to brainstorm opportunities in their organization.

Upon completion of the course, the team quickly developed an executive overview and proposal including a programmatic objective, structure and process improvements, and desired outcomes. A WVP Model was developed, cost comparison for WVPs, and summary of workplace violence injury data. The team completed a comprehensive assessment including administrative, behavioral, and environmental categories.

The team completed additional work including developing a detailed work plan, review of employee injury, workers compensation, and claims data, developing a multimodal education plan, identification of internal trainers, revising 29 internal policies related to workplace violence, identifying enhancements to internal reporting system, developing recommendations for employee support post event, and meeting with members of a Pivotal Leadership Team.

Throughout the preparation process, the team identified inconsistencies in internal data collection and the inability to benchmark externally. The team developed a dashboard to include metrics including Employee Satisfaction, Patient Satisfaction, Event Reporting (Events and Near Misses), Security Reporting, Patient Injury Reporting by job class, Injury Location (ED, B Med, Inpatient, Outpatient, Other), Workers Compensation (Combative Patient Claims, Non-Zero Claims, Missed Work Days, Dollars Paid), and Training (WVP Classes, WVP Employees Trained, Active Shooter Classes and Employees Trained, Peer-to-Peer Classes, Peer-to-Peer Employees Trained).

Throughout the entire process, the team brought individual strengths to the initiative in which they were approved to provide oversight for a comprehensive, standardized, and evidence-based workplace violence program with focus on education, mitigation, and infrastructure enhancements.

**Outcomes:** Less than a month after the group returned from the training program evaluation, executive leadership supported their official designation as the Workplace Violence Program Steering Committee and approved out-of-budget cycle funding for program. Multiple structures and processes were implemented from a qualitative perspective. A multi-modal education plan was developed with priority for vulnerable staff and hospital locations that had previously not received formal training. The training plan included staff from entry level positions to providers and administrators. Training included workplace violence mitigation and defense as well as peer support training. Policies and procedures were reviewed and revised in conjunction with human resources and legal services. Standardized practices were implemented such as positioning, verbal de-escalation, electronic medical record documentation, patient handoff and debriefing, and peer support. Response teams were formed related to behavioral emergencies and workplace violence. Environmental enhancements were planned with initial implementation including securing the building, significant expansion of duress buttons, and visitor screenings. A comprehensive marketing campaign began including organizational branding of WVP, 'zero tolerance' signage, an intranet "button" to house all WVP information and employee 'badge buddies' and unit posters with training techniques.

The team worked diligently to develop a dashboard to track quantitative programmatic outcomes. Baseline data was reviewed and analyzed on Employee and Patient Satisfaction related to security, event reporting for security events and employee injury related to workplace violence, workers compensation data for combative patient claims, non-zero claims, missed work days, and dollars paid. The team plans to collect and report this data, along with training numbers and evaluations, on a quarterly basis to multiple committees. These include environment of care committee, nursing quality council, hospital leadership forum, and the hospital board of directors. It is anticipated that all quantitative and qualitative outcomes will have a positive impact on workplace violence in the organization.

**Uniquely Innovative:** The Workplace Violence Program utilized an innovative approach of strategically pairing five key leaders in the organization with unique skills sets and varied views on program opportunities. Although a strategy used in other improvement projects, the team had the experience and professional background, as well as personal passion, to work synergistically together in program development and implementation. All team members were completely vested in the program outcomes without personal agendas. Having the energy and drive to make the program a success, the team quickly reached credibility as internal experts and resources for the entire organization related to workplace violence.



**Eileen G Scarinci**

Chief DNP North Jersey Community Research Initiative, Newark New Jersey, USA

**Treating infectious diseases during the Covid pandemic in a vulnerable population**

The Covid 19 Pandemic has created many barriers for treating patients with infectious diseases. We are an urban Health Care Center located in Newark NJ, which had one of the highest rates of Covid in the state. Our patients are living in shelters, multifamily dwellings, public housing and on the street. Public transportation was an issue for a time and it was difficult. Will investigate use of Monoclonal Antibodies to be used on Covid positive people who are high risk to keep them out of the hospital.

**Take Away Notes:**

- Suggestions for treating HIV, Hep C, STDS and PREP and PEP, as in patient and via telehealth.
- The audience will be helped to understand the use of telehealth and also in office care of patients during this pandemic.
- Audience will better understand the use of Monoclonal antibodies in the treatment of high risk positive Covid patients.

**Biography:**

Eileen G Scarinci is a Doctor of Nursing Practice from Case Western Reserve University. She has been practicing in the HIV and infectious disease area for over 20 years and did her Doctoral Thesis on HIV and Spirituality in women, which was published in The Journal of the Association Of Nurses In AIDS Care. She works full time as Chief DNP at NJCRI and is also a clinical preceptor for Rutgers University. She is also involved with clinical research at her clinical site. She will be pursuing her Post Masters Certificate in Nurse Practitioner Emergency Care.



**Denise Stage\***, Carol LaMonica-Way, Jo-Anne Senneff

Houston Methodist Willowbrook, Houston, TX, USA

## The impact of mindfulness training on stress and burnout during the first six months of practice

Anxiety, stress, and burnout are endemic in healthcare. Lyndon (2016) estimated the prevalence of burnout in health care providers at 50 - 70%. Researchers have demonstrated that increasing mindfulness and resilience could mitigate stress and burnout, limit the adverse sequelae, and improve both the workplace environment and patient outcomes (Perla et al., 2017; van den Riet, Levett-Jones, & Aquino-Russell, 2018). Gilmartin et al. (2018) reported that brief mindfulness practices were associated with favorable changes in stress, anxiety, and burnout in acute care providers.

Moreover, transition to practice can be associated with stress and anxiety for newly licensed nurses (Boehm & Tse, 2013). This scholarly project assessed the impact of integrating mindfulness training into a large system nurse residency program for newly licensed nurses by offering four, hour-long, interactive learning activities along with tools, reminders, and a log for self-practice throughout their first six months of practice. Burnout, stress, and mindfulness were measured via an online survey at the beginning of the February 2020 residency cohort with repeat measures at three and six months.

Validated assessment tools used: Burnout - Physician Work-Life Study's Single Item (PWLSSI) (Dolan et al., 2015) and the Oldenburg Burnout Inventory (OBI) (Demerouti, 2008); Stress - The Perceived Stress Scale (PSS) (Cohen, Kamarck, & Mermelstein, 1983); and Mindfulness - The Mindfulness Attention and Awareness Scale (MAAS) (Brown & Ryan, 2003). The surveys were completed anonymously online with minimal risk to the participants in this improvement project. The outcome measures were analyzed using an unpaired t-test comparing scores from a non-intervention cohort and the intervention cohort.

The scores were compared for stress, burnout, and mindfulness scales were compared at pre-program and post-program (6 months). Pre-program, there was no significant difference between cohorts for PSS, WLSSI, or the MAAS. There was a significant difference in the OBI scores. MAAS scores were higher pre-program for the intervention cohort than the non-intervention cohort, and there was a significant difference between the non-intervention and intervention cohorts on all three areas at post-program. Perceived stress was higher for the non-intervention cohort compared to the intervention cohort. Burnout was higher for the non-intervention cohort compared to the intervention cohort. Finally, Mindfulness was lower for the non-intervention cohort compared to the intervention cohort.

Given the COVID-19 pandemic, this was a timely intervention that appears to have help mitigate stress and burnout for this population while increasing their mindfulness. Therefore, mindfulness training will be fully integrated in the nurse residency program for future cohorts and possible added to other curricula. Outcome measures will continue to be tracked and the mindfulness training adjusted based on stress measures and resident feedback.

### Take Away Notes:

- Explain the impact of burnout on healthcare provide well-being and patient care.
- Outline specific mindfulness-based interventions that have been associated with mitigating the negative sequelae of stress and burnout.

- Engage in formal and informal mindfulness-based interventions that will improve their well-being and the therapeutic relationship with patients.

**Biography:**

Denise Stage McNulty is the former Director of the Center of Professional Excellence and currently serves as a Professional Development Specialist and Adjunct Faculty at Texas Women's University. She will graduate from the University of Texas at Tyler with a DNP May 1, 2021. She has published a concept analysis on mindfulness with a model of mindfulness in healthcare and nursing professional development. She also serves on the TNA Nursing Professional Development Committee and has presented regionally and nationally on topics such as mindfulness, emotional intelligence, leadership, effective teaching strategies, and effective communication.



**Faye A. Fairchild**

Department of Nursing, Columbia College, 1001 Rogers Street, Columbia Missouri

## Increasing nursing student success with early individual remediation

**Background:** Nurse educators should implement remediation strategies to reduce student nurse attrition, improve graduation rates, and ultimately decrease the nursing shortage. This pilot study aimed to increase the retention rate of at-risk nursing students in an undergraduate 'Pharmacology for Nursing' course by implementing remediation strategies immediately after the first failed exam.

**Methods:** Five specific remediation interventions were implemented after the first failed exam. These five methods include: review of incorrect questions, rephrasing of exam questions, review of audio-lectures, review of exam preparation and methods for reading the assigned textbook. Unit exam scores and course failure rates pre and post implementation of individualized remediation were measured.

**Results:** Students who completed the remediation demonstrated a statistically significant increase in their scores from the first failed exam to the last exam taken.  $M$  = increase of 17.3 percentiles;  $p < .0001$ ; 95% CI = (13.8, 20.9). Cohen's  $d = 0.604$ , indicated a medium to large educationally significant increase in the Pharmacology course pass rates.

**Conclusions/Discussion:** The results from this individualized remediation pilot program were similar to the data that both Hadenfeldt (2011) and Wiles (2015) reported. Hadenfeldt (2011) and Wiles (2015) described improvement in student scores and nursing program completion after initiating individualized examination review and/or comprehensive improvement plans. Based on the comments, the student's perceptions were very positive about the early individualized remediation process. Students felt they learned valuable study skills and that faculty interaction was key. These findings are consistent with research by Wiles (2015) and Poorman, Webb, and Mastorovich (2002) where positive benefits were noted by students when implementing individualized feedback and faculty-initiated interactions. Strengths of this pilot study included demonstration of statistical significance ( $p < 0.0001$ ) by increasing the Pharmacology unit exam percentile scores from the first failed exam to the final unit exam by a mean of 17.3 percentiles upon completion of the remediation process. In addition, educational significance was achieved (Cohen's  $d = 0.604$ ) by increasing the Pharmacology course pass rates for the cohort of students who participated in the pilot early remediation intervention (100%) as compared to the previous cohorts (88.08%).

Limitations of the pilot study included a short project time interval of eight weeks, use of convenience sampling and a small non-random sample size. In summary, employing an early individualized remediation process for at-risk nursing students demonstrated significant success in retention of nursing students in a Pharmacology course. However, factors to consider for future course implementation and study replication include the amount of time required for this level of individual remediation and the level of faculty commitment, both of which are significant. For this individual remediation to be successfully implemented and supported by faculty it will require administrative support for course and workload adjustments when calculating faculty work hours. Financial benefit to the college needs to be calculated. Students who are retained continue to pay tuition. Revenue gained from retaining students needs to be compared against the increased cost of faculty time/workload to support this type of intensive remediation program.

**Take Away Notes:**

- Explain how the audience will be able to use what they learn? The concepts and principles of remediation discussed in this pilot study are applicable to all collegiate level course work and all disciplines.
- How will this help the audience in their job? Faculty members can take one, two, three or all of the remediation practices in this pilot study and implement in their courses and measure against previous groups of their own student cohorts (or groups) to see if these remediation strategies make a difference for their student populations in regards to course grades, exam improvement and/or passing the course. In addition, they can also see if employing these remediation strategies improve the student evaluations of their teaching.
- Is this research that other faculty could use to expand their research or teaching? Yes, it is easily replicated.

**Biography:**

Dr. Faye Fairchild, DNP, RN, CNE has been a professional registered nurse for 34 years. For the first 20 years of her career, she worked in the practice environment in various ICU staff nurse positions, Nurse Manager, Quality Improvement Coordinator, and senior-level leadership roles in Human Resource, Information Services, Clinical Access, and Organizational Development. The last 14 years of her professional career have been spent traveling as an educator with the company Paul Prior & Associates presenting workshops for bedside nurses and working in the academic environment as a full-time nurse faculty member at Columbia College, Columbia, Missouri



**Pamela Cook<sup>1</sup>, Rebecca Toothaker<sup>2</sup>**

<sup>1</sup>Nursing Department, Bloomsburg University, Bloomsburg, Pa., USA

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## Reflective journaling through one minute paper

**Background:** Reflective journaling has been the impetus to promote a learner-centered environment where the student learns the practice of nursing through reflection. The National League of Nursing (2019) reiterates the importance of reflection and critical thinking within the core competencies. Reflection through journaling encourages active student learning which is recognized as best teaching practice. Students generate self-awareness, and learn to foster a safe environment when reflective thinking and journaling are paired together as a teaching strategy. The use of a flipped classroom in nursing education programs can enhance critical reflection and critical thinking outcomes. This study aimed to develop and examine a Reflective Journaling Tool to evaluate the one-minute paper technique as an effective journaling method in one academic setting.

**Methodology:** A mixed method study was conducted with nursing students from two cohorts during one semester. This purpose of this study was to measure Generation Z's perspective of the use of reflective journaling through the one-minute paper as a reflective tool. A newly developed 16- item questionnaire was used as a pretest-posttest design to explore the students perceived level of individual reflection in the nursing classroom. Students were asked to journal at the end of traditional lecture using two prompts: 1) What is one thing you learned in the classroom today? and 2) what is the muddiest point? At the beginning of the next lecture the students were presented with a compiled list of muddiest points along with a study guide using pictograms, tables, charts, and further explanation of unclear concepts to enhance understanding. Data was collected from sophomore and junior-level undergraduate nursing students from one pre-licensure baccalaureate nursing program for one semester.

**Results:** Data was analyzed using descriptive statistical analysis showing positive correlation of reflection when using this innovative teaching strategy. Students' narratives were positive and accentuating the use of reflective journaling in examination of content learned. The results further conclude a positive correlation in the use of the one-minute paper to develop a better understanding of the content when compared to traditional lecture-based class; stimulates class discussion; aided participation, enhanced peer learning and critical thinking.

**Conclusion:** An emerging movement in nursing education recognizes the value of educating students with multiple innovative teaching strategies, develop critical and reflective thinking skills for practice, and instilling attitudes and values related to effective reflection. This method offers a new lens on traditional pedagogy in nursing education, that can aid in critical thinking and application of concepts in the new generation of nurses.

### Take Away Notes:

- Apply concepts of reflective journaling through the one-minute paper to enhance critical reflection in nursing students.
- Explore the one-minute paper as a viable option for review of evidenced- based concepts in nursing.
- Apply innovative teaching strategies to engage Next Gen nursing students in the classroom setting.

**Biography:**

Professor Pamela Cook, assistant professor at Bloomsburg University, United States and is currently finishing her Ph.D. in Nursing Education from Indiana University of Pennsylvania. The title of her dissertation is “The Lived Experience of Informal Peer Mentoring by Junior-Level Pre-Licensed Baccalaureate Nursing Students in the Clinical Learning Environment.” Her tentative graduation date is August 2021. Pamela’s research interest lies in student peer mentoring, along with innovative teaching strategies and student issues. Her most recent publication can be found in Nurse Educator (2020) titled Nursing Students Perceptions of Just Culture in Nursing Programs: A Multi-site Study.

**Mohammad Alkawaldeh<sup>1, 2\*</sup>, Tiffany Moore Simas<sup>1, 2</sup>**

<sup>1</sup>University of Massachusetts Medical School, Worcester, MA, USA.

<sup>2</sup>Department of Obstetrics and Gynecology, UMass Memorial Medical Center, Worcester, MA, USA.

## Telehealth in the era of COVID-19: Obgyn telehealth services

**Background/Introduction:** With the emergence of the novel SARS-CoV-2 virus, the coronavirus disease 2019 (COVID-19) pandemic caused an urgent need to alter healthcare delivery, to facilitate social distancing and safety while meeting patients' needs. Telehealth has previously expanded access to patients and reduced barriers, and amidst the COVID-19 pandemic, it serves the dual purpose of treating patients while maintaining public health. The Department of Obstetrics and Gynecology at UMass Memorial Health Center instituted telehealth across all divisions. The objective of this study was to describe patients' experience, safety concerns, technical issues, and satisfaction factors related to implementing telehealth services during the COVID-19 pandemic.

**Design/Setting:** A cross-sectional survey was administered to general obstetrics and maternal-fetal medicine patients at UMMHC.

**Methods:** Participants completed a survey within 14 days of their telehealth visit. The 16-item questionnaire assessed patients' experiences regarding general health, access to OBGYN appointments, availability of telehealth visits, and telehealth experience during the pandemic. Safety and technical concerns were examined, along with information technology familiarity using an 8-item validated questionnaire.

**Results:** The survey was completed by 147 participants. The majority of which were white (n=82, 63.6%) and not Hispanic or Latino (n=103, 77.4%). Most telehealth visits were conducted by audio only (n=129, 87.7%), while the remaining used audio and video. The pandemic affected OBGYN appointments moderately or to a great degree for 45.2% (n=62) of participants. The majority reported that telehealth supported them in social distancing (73.7%, n=101) and from spreading COVID-19 (69%, n=91), moderately or to a great degree. Nearly half reported that having access to telehealth decreased feelings of anxiety, while the majority (76.5%, n=101) felt comfortable communicating with providers using telehealth, both moderately or to a great degree. The healthcare of women of Hispanic or Latino origin (p=0.01), lower education (p=0.03), and lower-income (p=0.01) was more negatively impacted by COVID-19 compared to their white counterparts. Black or African American women were more likely to report having their healthcare appointments negatively impacted to a moderate or great degree (p=0.04). Most women (89.7%, n=113) had positive telehealth experiences, and 56% (n=69) found telehealth more convenient than in-person care due to flexibility in location (70.9%, n=88) and time (71.3%, n=87). Overall satisfaction with telehealth was reported by 89.6% (n=112), and 84.2% (n=101) would use it in the future. Few participants (3.3%, n=4) encountered technical difficulties, and most had familiarity with technology.

**Conclusion:** Although not a replacement for in-person OB care, telehealth offers an effective way for patients to safely receive care while minimizing unnecessary contact. This study demonstrates satisfaction and positive experiences with telehealth by most participants, suggesting a feasible healthcare delivery method that can be further improved and utilized in a post-pandemic world.

### Take Away Notes:

- The audience will be able to identify safety concerns, technical issues, and satisfaction factors related to implementing telehealth services during the COVID-19 pandemic.
- It will be able to identify how patients perceived OBGYN telehealth services.

**Biography:**

Dr. Alkawaldeh studied Nursing Informatics at the University of Massachusetts, United States (US), and graduated with a Ph.D. degree in 2017. He then joined the research group of Prof. Hae Ra Han at Johns Hopkins University School of Nursing, Baltimore, the US, for one year of post-doctoral training. Dr. Alkawaldeh currently holds an assistant professor position at the University of Massachusetts medical school and serving as a senior project director at the Department of Obstetrics and Gynecology at the Umass Memorial Medical center. His research program focuses on interventions using technology (e.g., telehealth, mHealth applications, and machine learning) and lifestyle changes.



**Etti Rosenberg**

Department or policy in nursing, Clalit health Organisation, Tel Aviv, Israel

## Covid diaries support nursing teams

**T**owards the end of the second wave of COVID-19 Clalit's chief executive nurse initiated the publication of a book expressing last year life experience of Clalit's 14,000 nurses in all outlines, and which relies on the COVID-19 diaries in the Clalit's

**Facebook community:** The book, which was published in December 2020 and distributed to all teams, contains themes that have been edited with added value to the voice of the nurses in this book and in general.

Our purpose was to Describe key themes in the written dialogue of the nurses and discuss their meaning and examine their importance, value and symbolism for the continuation of the future discourse of nurses in the media and publications

**Methods:** Each text written by the nurses submitted to the book, mainly posts and 30 interviews that were transcribed and submitted for editing was analyzed based on the main themes, in order to help edit the book which has historical value

**Main results:** The main theme in writing is taken from the world of warfare. Dealing with the virus was described as a war and the team described itself as warriors. Concepts of victory and loss, as well as expressions of battlefield, battle and brotherhood of warriors dominated the description segment. The second most prominent theme: medical heroes, and here the angels stood out in white, depictions of royalty, immortal, superhuman behavior, self-sacrifice and superheroes and seek to ensure that it includes descriptions of action as well as gendered representation and learned health perceptions. We believe that it is of great value to combine forces also precisely in the messages in the media to all our partners.

### Take Away Notes:

- Using social media during crisis is away of support and burnout prevention.
- Nursing is an hierarchy profession but implementing sharing and writing creates a virtual home as long as the language is positive.
- Writing the history while its in creation leverage the nursing profession.
- Nursing identity is a constant both inside and with the world so keep working on it.

### Biography:

Etti Rosenberg is a nurse practitioner in policy and management at Clalit Health Organization the largest in Israel and head of the policy department for 14,000 nurses in 14 hospitals and 2500 community clinics. She studied Nursing at the Tel Aviv university Dina school of nursing Peach Tikvah and graduated as MA in 2004 from Clark university. She then worked as the nurse executive for Belinson hospital followed by heading the Tel Aviv community district. She is the admin for the nursing social media for Clalit and for the Israel ethics committee. she is the only Israeli Nurse featured in the WHO / WIGH/ICN/Nursing Now outstanding women nurses 2020.



**Rosemarie White**

Delaware State University, Dover, DE, USA

## Diabetic screening and self-care in the severely mental ill person

**Introduction:** The literature supports that diabetic screening is indicated for severely mentally ill persons taking any antipsychotic medication coupled with patient-centered self-care education and health care collaboration. The severely mentally ill patient can make lifestyle changes that can delay or prevent the progression of type 2 diabetes.

**Question:** Are severely mentally ill persons taking antipsychotic medication at risk for the development and progression of type 2 diabetes without diabetic screening with nursing and medical intervention to educate them on diabetic self-care to promote lifestyle changes that will delay or prevent this disease?

**Method:** A search of the literature was conducted using the following databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL), PubMed, Medline, ProQuest, EBSCO, and Google Scholar to support an evidence-based answer to the clinical question.

**Results:** The body of evidence supports that severely mentally ill persons are at a higher risk for development or progression to diabetes as an adverse effect of antipsychotic medications. The opportunity for intervention to make a difference in the quality of life for this population through diabetic screening and education in self-management of diabetic care to slow or delay the progression is another avenue of improving the quality of life.

**Discussion:** A missed opportunity occurs if SMI persons are not screened and given self-assessment skills and education to slow or prevent progression to type 2 diabetes. Persons with SMI need emotional support from health care providers and families to overcome barriers for self-care with comorbid diseases of severe mental illness and diabetes.

### Take Away Notes:

- The audience will state that diabetic screening is indicated for any persons diagnosed with severe mental illness taking any antipsychotic medication that needs to be screened for diabetes.
- State that diabetes is an adverse effect of antipsychotic medications.
- Faculty and providers can recommend that severely mentally ill persons taking an antipsychotic medication be screened for diabetes and provide diabetic self-care and education to this population, thus improving quality of life.

### Biography:

Rosemarie White earned an MSN-Informatics degree in 2010 from the University of Phoenix. Currently, she teaches Community and Psychiatric-Mental Nursing in the Baccalaureate Nursing Program. She will receive a DNP degree in June of 2021. She will also complete her Psychiatric Mental Nurse Practitioner certification in July of 2022.



**Miranda Squire\***, Karen Hessler

UCHealth, USA

## Violence in nursing: Silent epidemic

**Background:** Healthcare workers face a daily threat that has a potential to injure them both psychologically and physically, patients who are violent. The actual prevalence of verbal and physical violence is not known as professionals tend to under-report violent incidences. Violence faced by healthcare workers at the hands of patients and/or visitors is not discussed openly. Reflecting this hidden narrative, little can be found in the existing literature that explores the physical and psychological toll of sitting with a patient for long hours in a one-to-one assignment. There is an existing culture and undercurrent that violence is just “part of the job”.

**Purpose:** The purpose of this study was to gain understanding of the experience of staff asked to complete a one-on-one assignment (also known as a sitter) with a patient who has become verbally and/or physically violent.

**Method:** The method of phenomenology was used in five focus groups conducted virtually clinical nurses and nursing assistants who were employed in a hospital setting. Focus groups were conducted with five or fewer participants and were recorded for transcription purposes. A semi-structured interview guide lead focus group discussion about the experience of patient to healthcare worker violence in a one-on-one assignment. All interview transcripts were transcribed word-for-word and analyzed for codes and themes in an iterative and repetitive qualitative analysis process.

**Results:** Qualitative analysis produced 4 themes: (1) *Silent Epidemic*, (2) *Culture of UNSafety*, (3) *Emotional Occupational Hazard*, and (4) *Policies and Response*. Presentation of findings will include discussion of each of theme with participate quotes to support each.

**Implications:** Resources and policies currently in place may not be robust enough for clinical applicability at the bedside. Staff should be encouraged to report events when they occur no matter the diagnosis of the patient and provide necessary feedback toward the goal of improving safety of patients and staff. Regular educational offerings to ensure staff are competent in de-escalation techniques, current policy, and last resort clinical judgement actions that protect their own safety are essential.



**Matthew Hickling\*<sup>1</sup>, Scott D. Barnett<sup>2</sup>**

<sup>1</sup>Community Care Physicians, PLLC / Siena College, Latham, NY, USA

<sup>2</sup>Children's National Hospital, Washington, D.C., USA

## **Psychological impact of Covid-19 on nurses: A survey utilizing standard measures of distress, resilience and growth**

Nurses are high risk front-line workers dealing with Covid-19. Psychological distress has been found to impact a large number of nursing professionals during the Covid-19 pandemic. Healthcare workers have been identified as having significant emotional reactions to exposure related to Covid-19 in both direct and indirect settings. This study conducted an online survey of 112 nursing professionals with a 66 item, online questionnaire, which included standardized measures of psychological functioning and qualitative reactions to their experience dealing with Covid-19. Subjects were primarily female (92%), younger (40% - 25-34 years of age) and located in the North Eastern United States. Significant findings included the presence of moderate or greater levels of anxiety (62%), depression (31%), and PTSD (15%). Measures of depression, anxiety, posttraumatic stress, and posttraumatic growth were strongly correlated. Results found nurses who provided direct patient care had significantly greater intrusive thoughts and memories of their experiences than nurses who did not. Prior history of depression or anxiety did not appear to impact the findings. Subjective results supported the impact on personal lives as well as professional work responsibilities. The use of standardized instruments measuring depression, anxiety, stress and psychological growth following stressful work in a pandemic setting allow for improved comparisons across studies as well as providing a more precise quantifiable measure of areas of adverse emotional impact. Suggestions for helping nursing professionals cope and deal with impact on psychological well-being are discussed. The impact of psychological distress during the height of the Covid-19 pandemic on later functioning is postulated as well as limitations and benefits of online investigation at times of crisis. Concerns about the representativeness of online surveys, type of practice and timing of impact during a prolonged pandemic are discussed.

### **Take Away Notes:**

- The results provide an improved understanding of the psychological impact that the coronavirus has had for nurses working in both direct and indirect settings rendering care to patients.
- The use of standardized psychological instruments offer a practical as well as easily administered option for direct understanding of adverse emotional reactions to reactions found in a nursing profession as well as a practical and reliable method for comparison across studies.
- Better understanding of adverse psychological reactions will allow nurses to in a more efficient and proactive fashion offer needed services before long-term implications such as leaving nursing as a profession or suffering potentially avoidable long-term psychological injuries might occur.
- The utilization of these measures will greatly impact the accuracy and utility of understanding and intervening with psychological distress commonly found in the present and future nursing environments.

**Biography:**

Matthew Hickling studied Nursing at Sage Colleges in Troy, NY and graduated with his BSN in 2012. He has worked in pediatric nursing throughout his nursing career in areas of Intensive Care, Oncology and Hematology, and Emergency Medicine. He received his Master of Science in Nursing Advanced Practice - Nursing in Child Health from SUNY Stony Brook in 2018. He became a board-certified pediatric nurse practitioner in 2018 through PNCB. He is currently working as a Pediatric Nurse Practitioner in a Developmental Pediatric outpatient setting. As well as an adjunct faculty member for the Nursing Department at Siena College teaching Health Policy and Leadership.

## Christine Greenidge

NYC H+H/Metropolitan Hospital Nursing and Patient Care Services, USA

### How to help frontline staff own the care experience of patients

Despite overwhelming awareness of the importance of the care experience of patients, organizations still struggle to provide the best care experience for patients and families. With increasing demand of health services, staff must meet the needs of patients and also strive to ensure care is rendered efficiently and compassionately. These two variables are influential in the overall experience of a patient in a facility. Unfortunately, the struggle impacts the quality of services, the understanding of who the patient is, cultural barriers that need to be broken down and, in the end, the reputation and or brand of an organization's quality of service.

With a plethora of possible solutions to decrease the gap between staff and the care experience of patients, identification of a "sure" tactic or strategy remains doubtful. What should an organization do? How is it possible to help improve the care given and the satisfaction of patients and their families? This session will provide plausible, simple and appropriate solutions to providing a better experience for patients. It takes a "bundle". The typical perception and understanding of a bundle is very simple; many things together in concert". Indeed, She phrase a "bundle of joy" projects image of a cuddling baby, leaving one with a warm, deliberate smile. The concept of the "Care Experience Bundle" was envisioned from observing how healthcare organizations created bundles to reduce infections; namely, CLABSI and CAUTI Bundles. The use of these bundles provides standard work when done as designed and consistently, have led to significant reduction in these hospital- acquired infections. Thus, the "Care Experience Bundle" was modeled after the concept of consistent, standard approaches in providing care to achieve improved outcomes. Staff were empowered to identify behaviors they will use to improve the experience of their patients. These behaviors are likened to a pledge and are rooted in the organization's ICARE Principles. Most importantly, staff described the need to hold each member accountable for the behaviors they implemented on the units.

#### Take Away Notes:

- Identify factors that influence the engagement of staff in honing in on care experience.
- Assist staff in creating a "bundle" of care that meets the demographic profiles of patients they serve.
- Empower frontline staff to own the experience of their patients.

#### Biography:

Dr. Christine Greenidge is presently a Deputy Chief Nursing Officer. A strong advocate for the patient's experience, she champions raising staff awareness of their roles and responsibilities in the experience of patients and their families. As a member of the System-wide Nursing Care Experience Task Force (CETF), representing NYC Health+ Hospital/Metropolitan, she was instrumental in developing the 'Care Experience Bundle' that was grounded in behaviors that staff crafted to ensure their patients have an outstanding care experience. The Care Experience Bundle is making a significant difference in the experience of patients and the engagement of staff.



**Jaspreet K. Dhaliwal**

Pennsylvania State University, USA

## Promoting caregiver engagement during transitional care using the 4ms framework of age-friendly care

This presentation shares results and lessons learned from a Doctor of Nursing Practice (DNP) project conducted while pursuing Doctorate at the Penn State University. The 4Ms Framework of Age-Friendly Health Systems was used to improve engagement between healthcare providers, patients, and their family caregivers during transitional care of older adults with heart failure. Provider training on 4Ms Framework was provided to advanced practice providers (APPS) serving high-risk older adults in a home-based longitudinal primary care program across 3 U.S. states. A newly created 4Ms Screening Tool was implemented to promote age-friendly care. Evaluation methods included retrospective chart reviews, descriptive statistics, and narrative feedback from the providers. Majority of providers reported usefulness of 4Ms Framework in improving care of older adults. The project generated valuable qualitative data aligned with patient-centric care.

### Take Away Notes:

- Learn about the 4Ms Framework.
- Apply the 4Ms Framework in Transitional care.
- Explain the importance of “What Matters” conversations in Person and Family centered Age-Friendly Care.

### Biography:

Dr. Jaspreet Dhaliwal recently completed her Doctorate in Nursing Practice (DNP) from the Pennsylvania State University in 2021. She received her MS in 2008 from the University of Rochester and has been a practicing nurse practitioner for over 13 years. In her current role as a Clinical Services Manager for PopHealthCare, she provides clinical and operational oversight to care teams of Advanced Practice Providers (APPs) and Registered Nurses (RNs) providing primary care to high-risk older adults in a longitudinal home-based program.



**Angela Lang<sup>1\*</sup>, James Bumby<sup>2</sup>, Christine Feierstein<sup>2</sup>, Carol Klingbeil<sup>3</sup>**

<sup>1</sup>Manager of Nursing Education and Magnet Programs, Adjunct Assistant Clinical Professor, USA

<sup>2</sup>Assistant Clinical Professor, University of Wisconsin Milwaukee, WI, USA

<sup>3</sup>Program Director, University of Wisconsin-Milwaukee, WI, USA

## Using the “Circle Way”: A Tool for developing a reflective practice

Reflection is an evidence-based strategy to promote deeper learning and intentionally improve one’s understanding of the impact of one’s professional actions and of the emotional response to learning one’s professional skills. Teaching reflection skills and setting a structure for group sharing is enhanced by a structured approach. The “Circle Way”, is a novel approach that provides structure and guidance for meaningful communication and teaches students to be authentically present with the group members. Important skills such as active listening, effective communication, and reflection are taught and practiced in this repetitive process. Developing respect for classmates as well as respect for the process of learning is central to the Circle technique. The “Circle Way” is a safe and effective tool for enhancing the clinical learning experience for faculty and for students.

Processing the clinical or education experience is an important part of practical learning experiences. Instructors and group leaders often share concerns and challenges when trying to engage students in meaningful reflection after a learning experience. Actively engaging all students in reflection and providing equal opportunities for each student to share their ideas is a pedagogical challenge in clinical settings, group experiences and the classroom.

Clinical educators for nursing provide insight into the challenges and opportunities for improvement when processing clinical practice experiences. A Qualitative study was performed with participants representing novice to experts in their experience as clinical instructors. Transcripts of the two focus groups were reviewed for themes. Challenges of clinical debriefing and strengths of using a structured approach such as “the Circle Way” were identified.

Faculty who used “the Circle Way” found that it was effective in creating a structured learning environment, allowing reflection, gaining all viewpoints, motivating students, helping communication skills, and developing clinical judgement.

Topics covered: Nursing Student Post conference. “The Circle Way”. Jean Watson’s Science of Caring.

### Take Away Notes:

- Explore the use of the Circle Way to create an learning environment that is safe and democratic, teaching effective communication skills and authentic presence, to think and act like a nurse.
- To use the circle as a means to integrate the nursing process, foster safe nursing practice, and develop clinical judgement.
- Discuss methods of increasing student engagement through authentic presence.

### Biography:

Dr. Angela Lang is a Clinical Nurse Specialist in Maternal/Infant care. Her diverse experience as an educator and presenter spans twenty-five years in informatics and nursing. Dr. Lang is currently an Adjunct Assistant Clinical Professor at University of Wisconsin-Milwaukee and the Manager of Nursing Education and Magnet Programs at Advocate Aurora Health-West Allis. In her current role, she promotes nursing excellence through nursing shared governance and empowerment of nurses. Dr. Lang has experience teaching clinical nursing instruction in the U.S. as well as Tanzania, Africa. Her global health interests have led to multiple international trips.



**Lori Rhodes**

WOC NEP program, USA

## Untangling skin breakdown & poor wound healing outcomes

The major categories of chronic dermal ulcers are complex and difficult to prevent and treat. These are the categories of venous stasis, neuropathic (diabetic), arterial insufficiency, and pressure ulcers/injuries plaguing patients who suffer with the health conditions after which the ulcers are named. Although there are multiple etiologies of open wounds and chronic dermal ulcers, this session will focus on these major four categories and how clinicians can impact optimal patient health and healing modalities along with prevention or recurrence of these ulcers.

Pressure ulcers/injuries are a huge issue in any health care setting, including the home. Attempts to fight pressure injury formation through preventive means are met with varying levels of success. There are costly and regulatory ramifications to the development and deterioration of pressure injuries in any setting as well as the difficult issue of human suffering. Pressure injury prevention, treatment, and care rendered through clinician caring, collaboration, communication, and close engagement is also as important as best practice and evidence-based prevention and treatment measures.

### Take Away Notes:

- A brief introduction to the pathophysiology of pressure, venous, arterial, and neuropathic ulcerations
- The components of a robust wound assessment
- “T.I.M.E”, an acronym that guides best practice cares for healing modalities
- Current pressure ulcer guidelines
- How to defy recalcitrant (non-healing) chronic wounds
- Other hot topics such as prevention of hospital-acquired infections, common factors that impact wound healing, the wound microbiome, optimizing the Braden Scale for robust pressure ulcer prevention interventions, and other best practices for managing complex wounds.

### Biography:

Lori graduated from nursing school with her ADN in 1987 and earned a BSN in 1995. She worked in a variety of settings such as surgical orthopedics in acute care, long term, rehab, and subacute care, home health, physician practice, and nursing education at ADN and BSN levels. She opened and managed an outpatient wound clinic as her first position after achieving her certifications. Other pieces of WOC nursing she has participated in were/are: Skin/wound –related medical device in-services to nurses and patients (wound care dressings, skin care products, a fecal management system, and lymphedema medical equipment). Instructor in a nursing assistant education program with a contribution to a nursing assistant textbook to update the pressure ulcer/skin care portion of the textbook, Volunteer for Project Medishare Haiti, Board member of the Orlando Chapter of Legal Nurse Consultants, Preceptor for Emory WOC NEP program students, Member of the Florida Association of Enterostomal Nurses, Experienced clinical reviewer for a worker’s compensation insurance company as a clinical auditor for best practice/current appropriate wound care, and designer/management of the program that oversees the injured workers that have wounds and are at risk for pressure ulcers.



**Patricia Love**

Nursing and Department of Health Sciences, Florida Gateway College, Lake City, Florida, USA

**Resilience in the face of change; covid-19, chaos, and commitment**

The purpose of this poster is to provide a description of how two faculty members in a small RN-BSN online program, prepared for an accreditation visit when the pandemic created a stressful change in preparation and delivery of information. This disruptive change provided a paradox of change that can enliven or destroy, depending on the response. Moreover, a spirit of trust, caring and sharing evolved that served to support and promote hardiness and commitment of the nurse educators to succeed in meeting the challenge transforming face to face visit to a virtual platform. The structural thread for this process is Parse's Human Becoming theory. Transcending the challenge of converting an 8-hour orientation in person to an online format, co-creating rhythmical patterns relating to using complicated media as neophytes, and review meaning given to hardiness and commitment, produced this innovative approach to collaboration. The lived experience accepted the challenge to stay involved even when the challenge seemed overwhelming, sidestep unproductive behaviours, and view your work as important and worthwhile enough to warrant your full attention, imagination, and effort.

**Take Away Notes:**

- Develop a strategy for transformational coping.
- Discover the strength and support in collaboration.
- Design an action plan for unexpected stressful events.

**Biography:**

Dr. Patricia Love has served as an educator in several areas of nursing including Undergraduate Clinical Practice, Undergraduate Skills Lab Instructor, Undergraduate Didactic/Classroom Lecturer, Online Course Instructor, Graduate instructor, DNP chair and Transition to Professional Practice advisor. Dr. Love's primary focus of research is in teaching, as well as engagement in nursing practice, civility in nursing and humor in health care professionals. She has presented locally, nationally, and internationally. She is certified in perioperative nursing and a legal consultant as an Expert Witness assisting with malpractice issues in perioperative nursing. Dr. Love is active in several nursing organizations at all levels including the American Nurses Association, Association of perioperative Registered Nurses, Florida Nurses Association, National League for Nursing and Sigma Theta Tau.



**Xiaoyun Zhou<sup>1\*</sup>, Sisira Edirippuige<sup>2</sup>, Centaine L. Snowwell<sup>2</sup>,  
Matthew Bambling<sup>1,3</sup>, Dongying Liu<sup>4</sup>, Anthony C. Smith<sup>1,5</sup>, and  
Xuejun Bai<sup>6</sup>**

<sup>1</sup>Centre for Online Health, The University of Queensland, Australia

<sup>2</sup>Centre for Health Services Research, The University of Queensland, Australia

<sup>3</sup>Faculty of Medicine, The University of Queensland, Australia

<sup>4</sup>Nursing Psychology Professional Committee, Tianjin Psychological Association, China

<sup>5</sup>Centre for Innovative Medical Technology, University of Southern Denmark, Odense, Denmark

<sup>6</sup>Academy of Psychology and Behavior, Tianjin Normal University, China

## **Lived experience of frontline nurses supporting two hospitals in Wuhan during the COVID-19 pandemic: An interpretative phenomenological analysis**

**I**n February 2020, a medical team was sent to Wuhan, the epicentre of the outbreak of COVID-19 to provide frontline support in the fight against the pandemic.

Interpretative phenomenological analysis (IPA) was used to explore the experience of the frontline nurses. A purposive sampling method was used that resulted in n=15 participants. Data collection consisted of semi-structure interviews with individual nurses. IPA was adopted to analyse collected data by three independent researchers. Fifteen nurses were interviewed, including two head nurses and thirteen nursing staffs. Services were provided in two locations: A Hospital (for mild and moderate patients) and B Hospital (for severe and critically ill patients). The experience of working on the frontline differed between locations of service and the service roles. Generally, frontline nurses supporting Wuhan likened their experience to being on a battlefield. Four participant themes were identified: (1) It's time to fight: leaving with uncertainty (2) rapid adaption to a dynamic high stress environment (3) mental health: a high prevalence along with a reluctance to seek professional help (4) the aftermath: there were both positive and negative impacts. Our study provides in-depth information about the lived experience of frontline nurses. Results suggested that even though frontline nurses confronted diverse challenges, they were able to adapt rapidly and fulfil their job. Suggestions on future preparation for public health emergencies are provided, also, follow-up study about psychological impact on frontline nurses and their family members is suggested.



**Machiko Higuchi**

National College of Nursing, Japan, National centre for Global Health and Medicine, Tokyo, Japan

**Development of global perception among nursing students in Japan**

Nursing education was first established in Japan in 1885, only 25 years after Florence Nightingale established her nursing school in Britain. However, only 11 nursing colleges had been established by the 1990s in Japan. Nursing education has since developed rapidly, with 272 nursing degree programs being offered from the 795 universities that have been established in Japan as of 2019. However, there are more than 1000 nursing diploma programs that are responsible for imparting basic education for nurses in Japan. Since 1948, the nursing education syllabus has been revised nine times according to societal demands. In 2008, the revised curriculum emphasised that one of the most important competencies nursing students must possess is the ability to provide services not only to their native country but also across the world. However, this is difficult to implement for nursing educational institutes because there is an extreme shortage of qualified nursing educators in Japan. Nursing ethics were introduced in the International Council of Nursing in 2002: ‘Inherent in nursing is a respect for human rights, including cultural rights, the right to life and choice, to dignity and to be treated with respect. Nursing care is respectful of and unrestricted by considerations of age, colour, creed, culture, disability or illness, gender, sexual orientation, nationality, politics, race or social status.’

The National College of Nursing, Japan, was established in 2001 with the aim of training nurses to work effectively in international society. An important and compulsory subject involves implementing nursing practice in developing countries. Through this article, we discuss the future of nursing education, specifically how to develop solidarity for global peace through nursing services by introducing a system of nursing education in Japan.

**Biography:**

Professor. Machiko Higuchi graduated Primary Health Care Management at the Mahidol University in 1993 and received PhD degree (Medical Anthropology) in 1998 at University of Colombo. She served as an expert of JICA (Japan International Cooperation Agency) in establishing the nursing school in Sri Lanka. Prior to that she was assigned by the Foreign Ministry of Japan to oversee the ethnic conflict between Sinhalese and Tamils in Sri Lanka. In the year 2001, she was sent to the University of Michigan by the Japanese Government as a visiting scholar cum WHO collaborator. She has published more than 80 research articles.

# KEYNOTE FORUM

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5<sup>TH</sup> EDITION OF  
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OCT 18-20, 2021

NWC 2021



## Natalia Cineas

Senior Vice President, Chief Nursing Executive Office of Patient Centered Care,  
New York City Health + Hospitals, New York, NY, United States

### Social determinants of health and the role of public health systems

The social determinants of health as defined by the World Health Organization and U.S. Centers for Disease Control represent a vast range of physical, environmental, economic, social, cultural, political, governmental and community conditions that have a significant impact on people's health, well-being and quality of life. Numerous analyses have found that these conditions may be responsible for 70% to 80% of all health outcomes, making addressing the social determinants of health vital to improving overall community and population health and alleviating widespread health disparities. Public health nurses play a critical role in assessing and incorporating the social determinants of health into professional practice and patient care, in order to alleviate health inequities and achieve greater health and well-being at all levels of society. Public health nurses and public health systems are uniquely positioned to identify social determinants of health among localized patient populations, and to communicate and collaborate on partnership programs with healthcare agencies, healthcare systems, governmental entities and other concerned stakeholders to take action on these factors affecting patients and communities. Public health nurses also act as "change agents" through vigorous public policy advocacy regarding mitigating the social determinants of health; these efforts are indispensable to enacting policies and carrying out comprehensive changes in healthcare systems to reverse the negative effects of health inequities worldwide. Because the roles of public health nurses span a wide variety of practice settings, including acute care, post-acute care; palliative and hospice environments; homes; schools; public and private workplaces; governmental offices, and correctional facilities, public health nurses are ideally situated to observe, measure, report about, and take action on many of the social determinants of health. Some of the collaborative efforts developed by public health nurses to address the social determinants of health include developing screening tools, performing data analysis and forming multi-organization partnerships integrating healthcare systems, service referral networks, academic allies, governmental authorities, and community colleagues to address the issues directly affecting the health of local patient populations. Public health nurses serve as leaders, as role models and as healers, providing care and compassion for patients, families and society regardless of ethnicity, culture, creed, gender, economic status, age or sexual orientation, thereby fostering an environment celebrating diversity, inclusion and social justice for all. Public health nurses bring a substantially different and valuable perspective to healthcare systems, a vision that encompasses far more than just treating disease and trauma and extends into promoting wellness and healthy lifestyles. Public health nurses and public healthcare systems are actively developing programs to build healthier communities, establishing policies and events designed to foster early detection and treatment of chronic conditions, such as regular blood pressure and cancer screenings, as well as educational programs that highlight the importance of good nutrition, exercise and other healthy lifestyle behaviors. Nurses are integral to designing and implementing national and international public health policies that address the social determinants of health and mitigate widespread disparities in health and healthcare, thereby enhancing overall individual, community and population health.

**Take Away Notes:**

- Provide a broad overview of the framework for the social determinants of health, including the five key areas: Neighborhood and Built Environment, Social and Community Context, Economic Stability, Education, and Health and Health Care.
- Explain how the social determinants of health contribute to diseases, chronic illnesses, infections, maternal mortality and morbidity, situational emergencies and accidents, and domestic violence.
- Examine how the social determinants of health have a significant impact on evidence-based professional practice and overall patient care within public health systems.
- Illuminate the important role that public health nurses and public health systems play in identifying and addressing the social determinants of health in local communities and patient populations.
- Discuss developing programs to promote health and wellness taking the social determinants of health into account.

**Biography:**

Dr. Natalia Cineas is Senior Vice President, Chief Nursing Executive, Co-Chair, Equity and Access Council for NYC Health + Hospitals, the largest U.S. public health care system serving more than 1.4 million New Yorkers annually, directing 9,600 nurses and 970 social workers. She previously held nursing leadership roles at Mount Sinai St. Luke's Hospital; and Columbia University Medical Center New York Presbyterian Hospital. She holds a DNP from George Washington University, MSM and BSN from New York University, and BA in Psychology from Stony Brook University. Dr. Cineas serves as adjunct faculty at Columbia University School of Nursing.



## Daryle Wane

BSN Program Director/Professor of Nursing Pasco-Hernando State College, FL, USA

### Nursing education in a pandemic- Thinking outside the box

During this unprecedented time in the history of the world, nursing students and nursing faculty have literally been immersed in a health pandemic and yet expected to learn, perform, and excel within this limitation. The following methods will be utilized to gather data for analysis. Using reflective techniques, we will examine students and faculty perceptions about learning during the pandemic. Exploring databases, we will incorporate current research findings as they pertain to learning during the pandemic. Finally, we will focus on developing strategies that require all of us to think outside the box to improve engagement and student/faculty outcomes.

#### Take Away Notes:

- Explore how the impact of a health pandemic has affected both nursing students and nursing faculty in their learning/teaching experiences.
- Discuss current research themes as it relates to nursing education during a health pandemic.
- Identify strategies that can be used to think outside the box to improve learning/engagement outcomes for both student and faculty.

#### Biography:

Dr. Wane has a PhD in Nursing Science as well as a master's degree from University of South Florida and is a Board-Certified Family Nurse Practitioner. She also has undergraduate degrees in Nutrition and Nursing from Brooklyn College and Downstate Medical Center College of Nursing. She is the BSN Program director at Pasco-Hernando State College. She has published numerous supplements in textbooks as well as journal articles and has been serving as an editorial board member and peer reviewer for several journal publications. She is also a member of Sigma Theta Tau Nursing Honor society.



## Ilene Gottlieb

Vibrational healing from the heart, inc., ceo/president, palm beach gardens, fl, USA

### Conscious heart connection a tool for self-care and wellbeing in the 21st century

The key to experiencing true happiness, success, overall wellbeing and inner peace in your professional and personal life begins and ends with a conscious connection to your heart ... period! During these challenging times, self-care is a necessity in order to maintain overall health and wellbeing. Conscious heart connection is a simple and portable tool that assists us in releasing stress and promoting balance in all areas of our lives, from the holistic perspective. Join Ilene as she shares the benefits of conscious heart connection as the key to your success in powerfully being present for your patients, your colleagues and manifesting your heart's desires.

#### Take Away Notes:

- The participant will learn the benefits of conscious heart connection from the holistic perspective.
- The participant will understand the energy of emotions and their role in either promoting dis-ease or health and wellbeing from the energetic perspective.
- The participant will learn how conscious heart connection benefits their relationship with themselves, their patients and colleagues, and their families.
- The participant will understand how conscious heart connection enhances their ability to be present thereby increasing their efficiency and accuracy in the clinical setting.
- The participant will experience conscious connection to their heart energy center through the process of guided meditation.

#### Biography:

Ilene Gottlieb, The Heart Healer, combines over 50 years in Nursing and 25 years in Vibrational Healing to create a holistic approach to clearing energy blocks and promoting healing. She helps an International clientele of heart-centered individuals and entrepreneurs who struggle with fear, self-sabotaging, negative thoughts or behaviors and self-worth issues, to experience inner peace, self-confidence, empowerment and clarity about their soul's purpose. She received her Diploma in 1975 from the Hospital of the University of Pennsylvania School of Nursing, has several certifications in the field of vibrational healing and has published numerous articles on vibrational healing, spirituality and aromatherapy.

SPEAKERS | DAY  
2

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**Brian Trzaskos**

Motivation beyond measure willsboro, NY USA

**It's not the carrot or the stick; it's what makes your people tick: How smart healthcare leaders can leverage the new science of motivation to maximize workflow and increase patient satisfaction**

That's how much money U.S. companies have invested in "employee engagement" programs since 2010 and we've barely moved the needle. Gallup reports that over 66% of healthcare workers are disengaged from their work and 54% of healthcare professionals report experiencing significant burnout. As a result, most health care organizations continue to wrestle with costly turnover, morale draining presenteeism, sub-par patient satisfaction reporting, and sky-rocketing operating costs. Considering that nurse engagement is the #1 predictor of mortality variation across hospitals, something has to change! Common sense would suggest that the best way to improve engagement would be to ask people what motivates them and then deliver that at every level of the organization. Motivation, by definition, is our "reason for moving" and represents the powerful combination of both energy and purpose. Unfortunately, studies show that approximately 80% of people can't accurately predict and/or articulate what their own internal motivators are. Fortunately, the new science of motivation is unlocking the tremendous potential of this DNA-level discovery, measuring intrinsic motivation, and smart leaders are learning how to leverage it for extraordinary results. In this energized session, we will introduce attendees to the surprisingly simple approach smart leaders are leveraging to connect each of their team members to their unique motivational drivers and create extraordinary results. If you're a CEO or senior leader who KNOWS your people are capable of so much more and are frustrated by continually missing the bullseye, this is the session for you!

Following this session, participants will be able to

Identify the top reason for the most costly "dead zones" in their organizations current motivational culture

Understand the new science of motivation's 3-key elements for eliminating burnout and maximizing patient satisfaction

Understand how uncovering their team's (and their own) motivational drivers can quickly amplify change resilience, boost problem solving acumen and expand emotional intelligence across their organization

**Take Away Notes:**

Participants will leave with a deeper understanding of their own and other people's inherent motivational drivers as well as how to use this knowledge to enhance positive communication, stimulate productive action, and create high performance "employer of choice" cultures.

**Biography:**

Brian Trzaskos is a human behavioral expert, co-creator of Sensation-Based Motivation coaching, and a recognized specialist in training human development professionals the new science of bioenergetics and motivation. Educated as a physical therapist at SUNY Buffalo and the world-renowned Craig Hospital, Brian has experience in neurophysiology, somatic psychology, and integrative rehabilitation methodologies, including mindfulness and Tai Chi. He has created two holistic rehabilitation centers, an international training institute, and a somatic coaching certification program. Currently Brian is one of the only practitioners licensed in the U.S. to employ the Motivational Maps assessment, which measures the full spectrum of motivation.

**Mahmoud Ahmed Elsheikh<sup>1,2\*</sup>, Michiko Moriyama<sup>1</sup>, Md Moshir Rahman<sup>1</sup>, Mayumi Kako<sup>1</sup>, Ahmed Hashem El-Monshed<sup>3</sup>, Mohamed Zoromba<sup>3</sup>, Hamada Zehry<sup>4</sup>, Maha Hazem Khalil<sup>5</sup>, Mostafa Amr<sup>6</sup>**

<sup>1</sup>Graduate School of Biomedical and Health Sciences, Hiroshima University, Hiroshima, Japan

<sup>2</sup>Community Health Nursing Department, Faculty of Nursing, Cairo University, Cairo, Egypt

<sup>3</sup>Psychiatric and Mental Health Nursing Department, Faculty of Nursing, Mansoura University, Mansoura, Egypt

<sup>4</sup>New Mansoura General Hospital, Neurology, Ministry of Health and Population, Mansoura, Egypt

<sup>5</sup>Neurology, Mansoura University Faculty of Medicine, Mansoura, Egypt

<sup>6</sup>Psychiatry, Mansoura University Faculty of Medicine, Mansoura, Egypt

## **Effect of a tailored multidimensional intervention on the care burden among family caregivers of stroke survivors: Study protocol for a randomized controlled trial**

**Introduction:** Caring for stroke survivors creates high levels of care burden among family caregivers. Previous initiatives at alleviating the care burden have been unsuccessful. The proposed study aims to evaluate the effect of a tailored multidimensional intervention on the care burden among family caregivers of stroke survivors. Based on the perceived needs of family caregivers, this intervention takes into account scientific recommendations to combine three different approaches: skill-building, psychoeducation and peer support. To ensure feasibility of the intervention and the implementation process, the intervention was designed by an interdisciplinary team including nine academic researchers from different specialties (experts in the fields of neurology, psychiatry, family health, chronic care, community health and public health), as well as eight intervention nurses with a bachelor's degree in nursing and with work experience in hospital stroke units. The designing process for each family caregiver in the intervention involved the following five subsequent steps: (1) intervention nurses assess the caregiver's needs using the Family Needs Questionnaire-Revised (FNQ-R), which is used to collect data on each caregiver's unique perceived needs in caring for a family member with stroke. The FNQ-R enables the creation of individualized interventions tailored to each caregiver's stated needs. Furthermore, using FNQ-R before and after the intervention helps in assessing the effectiveness of the intervention; (2) caregiver's needs are reviewed, identified and summarized by the interdisciplinary team; (3) telephone interviews between the intervention nurse and the caregiver are held to prioritize the summarized needs; (4) the interdisciplinary team then creates an intervention plan based on the summarized needs in line with the appropriate skill-building and psychoeducation strategies likely to fulfil the needs identified. A peer support session is included in the intervention plan as an essential strategy; and (5) the intervention plan is shared with the caregiver to ensure participant collaboration.

**Methods and analysis:** Using a prospective, randomized, open-label, parallel-group design, 110 family caregivers will be enrolled from Dakahlia Governorate, Egypt between December 2019 and May 2020, and randomly assigned to either the intervention group or the control group. The tailored multidimensional intervention will be administered for 6 months, including three home visits, six home-based telephone calls and one peer support session. The primary outcome is the care burden as measured using the Zarit Burden Interview. Secondary outcomes include changes in the family caregivers' perceived needs (Family Needs Questionnaire-Revised), coping strategies (Brief-Coping Orientation to Problems Experienced) and quality of life (WHO Quality of Life-BREF). Outcome's evaluation will be conducted at baseline (T0), month 3 (T1) and month 6 (T2). Independent t-test will be performed to compare the mean values of study variables between the two groups at both T1 and T2. After adjusting for confounding variables, analysis of covariance will be used to assess the effect of the intervention. In addition, repeated measures analysis of variance will be conducted to assess changes in effect over time.

**Take Away Notes:**

- The tailored multidimensional intervention has been conceptualized based on evidence-based practice and recommendations.
- The intervention was designed and validated by an interdisciplinary team of nurses and physicians from different specialties based on the feasibility of the intervention and the implementation process.
- The evidence gained from this study will add to the knowledge base for nursing and medical practice on how to support family caregivers of stroke survivors and reduce their care burden through targeted interventions.

**Biography:**

Mr. Mahmoud Elsheikh studied nursing at Cairo University, Egypt and graduated in 2008. He obtained his master's degree in the field of Community Health Nursing from the same university. After that, he was selected as an instructor at the same institution. He then traveled to Japan in 2018 and joined the research team of Prof. Michiko Moriyama at Hiroshima University. Now, is PhD student at the Graduate School of Biomedical and Health Sciences, Hiroshima University. After one year he will get PhD degree and come back to Egypt to obtain the position of lecturer of Community Health Nursing at Cairo University, Egypt.



**Nyonka NI\*, P. Martin**

Community of Health science, University of the Western cape, Cape Town,  
western Cape, South Africa

## Parent's perception of nursing support in neonatal intensive care units in private hospitals in the Western Cape

Parents undergo negative experiences that include parental anxiety, depression, and posttraumatic stress when their newborn babies are hospitalised in neonatal intensive care unit. During this stressful period, parents need assistance from staff in order to cope. A quantitative, descriptive survey design was used to describe parents' perception of nursing support during their baby's admission in neonatal intensive care units (NICU) at three selected private hospitals in the city of Cape Town in the Western Cape Province. A structured existing 21- item Likert type questionnaire, the Nurse-Parent Support Tool (NPST) was used to collect data from an all-inclusive sample of 85 parents with a response rate of 78.8% (n=67). The purpose of the questionnaire was to determine their perception of information giving and communication by nurses; emotionally supportive behaviours by nurses; care given support or instrumental support and to identify parents' perception of esteem or appraisal support while in the NICU environment. The data was analysed using Statistical Package for Social Sciences (SPSS) version 24. The findings of this study suggested that the overall mean score for parents' perception of nursing support was high 4.6 ( $\pm 0.5$ ) out of a possible of 5. There was no significant difference in the overall mean perceived support score between the different facilities. No significant differences were found in terms of all the demographics characteristics with regard to perceptions of the support that was received, thus indicating that there was no relationship between the demographic variables and perception of support.

The findings suggested that though high parental support was reported, the area of involving parents in the care of their babies i.e. letting them decide whether to stay or leave during procedures need improvement.

### Take Away Notes:

- This study sheds light on some of the challenges parents face when their babies are admitted to the NICU and will further highlight the type of support made available to them by nurses during this critical period. This study will recommend possible solutions to problems identified.
- The findings of the study may assist nursing education institutions to orientate studied towards better training for the neonatal nurse.
- Lastly, findings from the study may assist policymakers to develop policies that render support to parents of babies during their admission at the NICU.

### Biography:

Mrs. Immaculate Ndango Nyonka, graduated in the university of western cape as a professional registered nurse 2010. Obtained her master's degree in midwifery 2019 at the University of Western Cape. She has worked at Netcare N1 city hospital, Medclinic and 2 military hospital cape Town. She has experiences in maternity ward, trauma, and NICU. She has worked at the University of Western Cape as a clinical supervisor with undergraduate nurses students.



**Lerato Matshaka\*, Charlene Downing, Nompumelelo Ntshingila**

Department of Nursing, University of Johannesburg, Johannesburg, South Africa.

## Facilitation of caring through the development of mindfulness- A concept analysis.

**Background:** Caring is a core of nursing. Patients who are cared for feel valued and feel motivated and have a positive outlook to life. Similarly patients who experience uncaring from student nurses feel demotivated and they do not feel motivated and thus may display a negative outlook regarding their health. Uncaring behaviour by student nurses negatively affects the quality of healthcare provided by student nurses. Thus student nurses must be trained in a way and manner in which they will be caring and be of value to the patients. The current study explored how mindfulness can be used to facilitate caring provided to patients by student nurses.

**Purpose:** This presentation aims to provide an in-depth analysis of the concept facilitation of caring through the development of mindfulness and outline its essential attributes, and related attributes.

**Method:** The literature was searched electronically using databases such as Africa-wide Information, Business Source Ultimate, CINAHL, Medline, Psych INFO, ScienceDirect, EBSCO (Health Source: Nursing and Academic Edition), Sage, Ujoogle and Google Scholar. Articles from 2015 to 2020 were searched to target recent and up-to-date information about the definitions, attributes, antecedents and consequences of the concept facilitation of caring through the development of mindfulness. Walker and Avant's framework was utilised to analyse the concept of self-care

**Results:** The results of the concept analysis identified nine essential attributes, namely; a process of assisting, empowering, acknowledges the human as a valuable and unique individual, love, Ubuntu, a process of becoming, focus in the present moment, paying attention with an open heart, enhances empathy for self and others. The definition of the central concept is that facilitation through the development of mindfulness is a process implemented by the nurse educator to assist, empower the student nurse to acknowledge the human as a valuable and unique individual, to show love, and Ubuntu, through a process of becoming that enhances empathy for self and others, and paying attention with an open heart while focusing present in the moment when caring for the patients. The model, related, borderline and contrary cases were provided to show a rich representation of the concept.

**Conclusions:** The result of the concept analysis was used to describe a model to facilitate caring through the development of mindfulness by student nurses.

### Biography:

Lerato Matshaka completed her Bachelor's degree in Nursing at the University of Johannesburg (UJ) in 2013 Cum Laude. Lerato obtained her Research methodology for non-degree purposes at UJ in 2015 Cum Laude, and completed her Masters' degree in Ethos and Professional Practice in 2018 Cum Laude. Lerato is currently busy with PhD. Lerato was one of the eleven students that represented UJ at the Appalachian State University at the United States of America on a student exchange program in 2012. Lerato was the first recipient of the Albertina Sisulu Award at UJ in 2013. Lerato is a Lecturer at UJ.



**Armiel Suriaga**

Christine E. Lynn College of Nursing, Florida Atlantic University, Boca Raton, Florida, USA

## **A multi-year investigation of the social determinants of opioid-related deaths in older adults**

**Background:** Opioid-related deaths remain a significant public health problem in the United States. Opioids cause approximately 75% of all drug-related deaths. Since 1999, nearly half a million Americans have died from opioid overdoses. While most public attention and research are focused on the opioid deaths among the younger population, little is known about the opioid crisis occurring in older adults. Studies showed that 14.4 million Medicare Part D beneficiaries, mostly older adults, were prescribed at least one opioid in 2017. More than 1,000 older adults died from opioids (as a cause of death) between 2014-2018 in Florida alone. However, there is a dearth of longitudinal studies about the manner of deaths of older adults who used, misused, or abused opioids.

**Methods:** This secondary analysis utilized data from the Florida Drug and Law Enforcement (FDLE) agency on drugs found in deceased persons between 2014 - 2018. This study used a binomial with logit link functions to examine which social determinants such as proportion by race, median household income, education level, percentage of people in poverty, and population density are predictors of opioid death rate in Florida. Chi-square statistics were used to determine the association between gender, race/ethnicity, and opioid-related deaths, as well as the relationship of the manner of death to the opioid drugs involved. The trend of opioid-related death (ORD) was also analyzed by Florida county and through the study years 2014 to 2018.

**Results:** A total of 4,241 cases of decedents > 65 years old with opioid-related deaths were analyzed. One thousand seven of them had opioids as a cause of death (COD). Older adults who died from opioids (COD) were primarily non-Hispanic whites (93.04 %); 56.50 % male vs. 43.50 % female; 56 % died from accidents (unintentional deaths), and most of these deaths happened in metropolitan or urban counties (96.82 %). Gender had a significant association with ORD ( $p < .001$ ) (males more affected than females), and the relationship between the manner of death to the opioid drugs involved showed statistical significance ( $p < .001$ ). Education level of high school graduates and higher below state average was also a significant predictor of Florida's opioid death rate from 2014-2018 ( $p < .001$ ).

**Conclusion:** Opioid-related deaths pose a significant problem in older adults, particularly those deaths that resulted in accidents and suicides. The social determinant of low education (high school graduates and higher below state average) played a predictive role in opioid death rate in this age group, which necessitates a harm reduction program tailored for older adults in affected counties or communities.

**Take Away Notes:**

After participating in this oral presentation, the audience will learn the social determinants of health such as education level, poverty, median household income, gender, race and population density that play a predictive role in opioid-related deaths

among older adults. For practicing nurses, this presentation synthesizes the role of opioid drugs in pain management to our vulnerable population, (people > 65 years old or the older adults), as well as the risks and harms associated with opioids. For nurse researchers, this presentation offers opportunities to conduct harm reduction initiatives to reduce opioid-related deaths in geriatric population. For government agencies, this study provides additional evidence of the negative consequences of opioid use in older adults, while equitably redesigning allocation of resources to combat this opioid epidemic by focusing on the social determinants of health. In addition, this study calls for other stakeholders to develop actionable plans tailored to address the urgent needs of older adults in the affected counties and communities beset with the increasing opioid-related deaths.

**Biography:**

Armiel Suriaga is a full-time faculty at the Christine E. Lynn College of Nursing at Florida Atlantic University. He received his BSN with honors at West Visayas State University in the Philippines in 1992 and completed his MSN at Walden University in 2014.

Armiel was an American Association of the Colleges of Nursing (AACN) and Johnson and Johnson nurse faculty scholar in 2018 and 2019, and a Florida Nurses Foundation Edna Hicks scholar in 2019. He received a Distinguished Alumni Award from West Visayas State University and from Iloilo Science and Technology University, both in 2018.

**Rui Zhao<sup>1</sup>, Yuanyuan Wu<sup>1</sup>, Duying Jian<sup>2</sup>, Xia Shen<sup>1</sup>, Lili Fu<sup>2</sup>, Haimei Liu<sup>1</sup>, Yihui Zhai<sup>1</sup>, Jing Chen<sup>1</sup>, Qian Shen<sup>1</sup>, Hong Xu<sup>1</sup>, Ying Gu<sup>3</sup>, Qing Zhou<sup>1</sup>**

<sup>1</sup>Department of Nephrology and Rheumatology, Children's Hospital of Fudan University, 201102, Shanghai, China

<sup>2</sup>Department of Social Work, Children's Hospital of Fudan University, 201102, Shanghai, China

<sup>3</sup>Nursing Department, Children's Hospital of Fudan University, 201102, Shanghai, China

## **A therapeutic play program based on stress and coping theory and cognitive development theory for children under going kidney biopsy procedure with local anesthesia: The development and feasibility testing**

**Background:** An ultrasound-guided percutaneous kidney biopsy is a safe procedure to understand pathological changes and establish the diagnosis, while it may cause anxiety and distress among children and their caregivers, especially for those children undergoing local anesthesia.

**Aim:** To develop a medical play program for children undergoing an ultrasound-guided percutaneous kidney biopsy with local anesthesia and to test the feasibility of the program.

**Methods:** A multidisciplinary team consisting of nurses, social workers, and nephrologists developed a medical play program using Lazarus & Folkman's transactional model of stress and coping and Piaget's cognitive development and theory of play as a framework. We assessed the feasibility of the program by interviewing the four nephrologists conducting the kidney biopsy procedure and ten children-parent dyads.

**Results:** A prebiopsy medical play program led by nurses was developed. The main tools were a self-designed 15-page picture book named "Renal Biopsy Treasure Hunt" and a set of biopsy package. The nurses will use these tools to help children understand the steps of the procedure and corresponding coping strategies. In-depth interviews with nephrologists, children, and their caregivers showed that the pre-biopsy medical play program is clinically feasible. The children and parents found it interesting, acceptable, and useful in helping children cope with the stressful biopsy procedure.

**Conclusions:** The pre-biopsy medical play program for children undergoing kidney biopsy with local anesthesia was feasible and well accepted by the nephrologists, children, and parents.

## Sue Roe

The Roe Group Enterprises, LLC Tucson, Arizona, USA

### Reflecting on reflective practice

Reflective practice is not new to healthcare and nursing. It has been defined, discussed, researched, included in curriculum, and is considered best practice in the workplace. Its definition and scope is clear and straightforward. It is “the ability to reflect on one’s actions so as to engage in a process of continuous learning” as defined by Schon (1983). More simply, and at its core, it is way for people to be curious about their performance or practice, be willing to learn from what they have done, and then for them to use this information to develop and improve their future performance or practice. Given the importance of reflection to practice and its direct contribution to excellence in care, the critical question is “why has it been so challenging to successfully embed this essential and growth-producing activity, in a sustainable way, into daily practice?” This presentation will offer insights into and guidelines that support and can facilitate an effective daily reflective practice. The “why”, “what is”, and “how to” become a reflective practitioner are the primary goals of the presentation. Time spent with participants will also include theory, current models, related concepts such as emotional intelligence, and supporting evidence. Challenges and barriers to establishing a reflective practice will be explored and actively discussed. Delving into challenges and barriers is central to committing to reflective practice. Practical strategies will be shared with the aim of participant’s setting realistic intentions to either establishing a sustainable daily reflective practice, or enhancing the one they already have in place.

#### Take Away Notes:

- Assess “why” reflection is best practice.
- Explore “what is” reflective practice.
- Identify the ROI (return on investment) of reflective practice.
- Establish “how to” effectively incorporate reflection into practice.
- Determine ways to sustain an effective reflective practice.

#### Biography:

Dr. Roe is principal/senior practice consultant of The Roe Group Enterprises, LLC. Her focus is on Innovation in workforce enrichment, leadership, holistic practice, competency-based and core curriculum, and assessment. She has diverse administrative experience and is an invited speaker at conferences locally and nationally. She has taught at universities for over 35 years. She has written books and articles on holistic practice and leadership and is currently publishing an e-news briefing, Who listic NOW! She has received awards for her professional leadership and continues to serve on community and professional boards and committees as president and chair.



**Giuseppina Seppini<sup>1\*</sup>, Emiliano Bruno<sup>2</sup>**

<sup>1</sup>Direction of Healthcare Professionals, S. Croce e Carle Hospital Cuneo, Italy

<sup>2</sup>Head Nurse, Nephrology and Dialysis Unit, Ordine Mauriziano Hospital, Turin, Italy

## **Grief, resilience and advocacy. Call to action for Italian nurses during covid-19 pandemic**

On 21 February 2020 in Italy, the first person-to-person transmission of the coronavirus 2 (SARS-CoV-2) infections, which caused the CoViD-19 disease, marked the beginning of an exceptional condition, subsequently becoming a national public health emergency. Nurses experience uncertainty in their practice. Uncertainty and frustration are inevitably linked to the care relationship and the awareness of human finitude. These are limits that we are used to facing. The experience of overcoming the limit is the basis of our creativity, which helps us understand and transfer the meaning of existence into care. The Coronavirus pandemic that overwhelmed us like a tsunami, has catapulted us into a reality that has been resized in its anthropological and relational value. Nurses' experiences were characterized by a multidimensionality of the condition of compassion, dictated by the profound loneliness in which the patients found themselves, by the multiple reflections on the gestures of care and on the care relationship, in whose dimension the end of life had become not one of the themes, but the main theme that permeated the daily life not only of nurses, but represented the main theme of the existence of each individual, a compassion also determined by the abyss of the intrinsic uncertainty of the pandemic itself and by the moral dilemmas that it itself unleashed. The helping profession such as nursing, never like in this high-touch situation, with high contact with COVID-19 positive patients, has required the nurses themselves, an extraordinary ability to take charge of the pain of others with an important relational asymmetry between nurse and patient, compassion often exacerbated by constant organizational dynamism, with scenarios that opened up to ethical reflections within contexts where the greatest life expectancy was privileged. Contexts within which a shared plan of care was not always possible, but only an emergency medicine. Places in which nurses had to deal together with other professionals, with the criterion of clinical reasonableness and with a "soft utilitarian" approach, in the face of the scarcity of available resources. Also the Advocacy, a fundamental principle for the nursing profession, according to which "the actions by the nurse must be based on the recognition of the human rights of the human being", in order to allow decision-making and empowerment of the person, is certainly been put to the test. Often, the resilience process has allowed the transformation of care experience into a possibility of personal and professional growth, with repercussions from an operational point of view, in the clinical-organizational, ethical and educational fields. Especially in the first wave of the pandemic emergency, the involvement of Italian nurses was a real call to arms. Just like in a war, the pandemic had some effects on nurses: direct and indirect outcomes determined by contracting the disease or caused by the suffering experienced through the pain of others. What certainly emerges also from an organizational point of view, is the need not to return to the pre-existing, to the world of before, through the manifestation of generative approaches and a transformative resilience.

### **Take Away Notes:**

- Understand the experience of nurses with respect to the concepts of suffering, advocacy and resilience during Covid-19 pandemic.
- It can be a useful benchmarking tool based on professional experience.
- It is a literature review and this one can be used to expand other research or teaching.

**Biography:**

Giuseppina Seppini MSN, RN, S. Croce e Carle Hospital (Cuneo), Italy, Criminologist, Forensic Analyst, Adjunct professor of Nursing Research, Master of Science in Nursing, Faculty Medicine and Surgery, Catholic University, Turin Italy; Adjunct professor of Theory and Methods of professional Management, and applications in Nursing, Master of Science in Nursing, School of Medicine, University of Turin; Vice-President/Scientific Manager of National Association Neuroscience Nurses; Member of International Association of Forensic Nurses; Member of Worldwide Association of Women Forensic Experts; Director of Piemonte Forum Lex Association (association for preventing and combating violence against women and crime); Member Italian Academy of Forensic Science (Forensic/legal Nursing).

POSTERS | DAY  
2

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NWC 2021





**Elizabeth Goldsby**

Ball State University, USA

## Utilizing Imogene King's theory of goal attainment with opioid recovery

The plight of the opioid crisis locally, regionally, and nationally across the lifespan and continuum of care has devastated individuals, families and communities. The etiology of the opioid crisis is multi-faceted. CDC reports during the time period of 1999-2017 greater than 700,000 American have died from drug overdose.

1. During the same time frame almost 400,000 people died from an overdose involving any opioid, including prescription and illicit opioids.
2. By utilizing Imogene King's conceptual system of goal attainment an innovative process can be used to carve out a progressive approach with a concentration on recovery.

This model embodies the nursing process for health promotion education, family and patient-centered care and can be related to recovery from opioid addiction. King's theory is holistic, relationship-based and facilitates family and patient-centered care. Evidence of the model has been widely referenced and utilized nationally and internationally across the lifespan and continuum of care. The model of goal attainment is comprised of three interacting systems: personal, interpersonal and social system. Each of the respective systems has attributes for the relationship-based care. Personal includes self, body image, growth and development, time and coping<sup>3</sup>. Interpersonal includes interaction, transaction role, and stressors<sup>4</sup>. Social systems include autonomy, decision making, organization, power, and status<sup>4</sup>. Each of the interacting systems align with the nursing process to facilitate communication, interaction, decision making, and goal attainment. Potential long-term impact and scalability utilizing this nurse-led model within an interprofessional focus has the potential to increase the promotion of education and decrease incidence of overdose and death.



**Eunice Ojo**

University of Central Florida Orlando, Florida, City, USA

## Nursing compliance with pressure ulcer prevention: An integrative literature review

**Background:** Pressure ulcer is an important event that could negatively impact patient's treatment, recovery, and overall patient's outcomes.

**Purpose:** The purpose of this literature review was to gain insight into nursing compliance with pressure ulcer prevention and its impact on pressure ulcer prevention.

**Method:** A literature search was conducted through databases of CINAHL, MEDLINE, Cochrane Database of Systematic Reviews, Cochrane Central Register of Controlled Trials, and ERIC. The searched items related to pressure ulcer included pressure ulcer, pressure injury prevention, compliance, education, adherence, measurement, and monitoring. The search generated over 100 journal articles out of which 20 were selected for this review. Studies that were conducted in the hospitals, acute care health facilities, focused on pressure ulcer rather than wound, and peer reviewed articles were included in the review.

**Result:** Three attributes of compliance were identified: care planning that was developed to meet the needs of the individual patients and to tailor it to accomplish the goals of such plans.

Patient risk assessment was used to determine patient's level of risks for developing pressure ulcer and to initiate an appropriate prevention intervention. Monitoring was a major theme that involved methods of conducting inspection to ensure compliance and to determine the effectiveness of pressure ulcer prevention.

**Conclusion:** Compliance monitoring is needed to determine the effectiveness of monitoring devices and for making healthcare choices for patients based on evidence-based practice. However, available literatures have identified the need for further studies on compliance monitoring and the degree of effectiveness of devices or methods used for monitoring compliance.

### Take Away Notes:

- Identify the need for compliance monitoring for pressure ulcer prevention intervention.
- Identify gap in knowledge regarding nursing compliance with pressure ulcer prevention.
- Explain two ways of measuring nursing compliance.

### Biography:

Eunice Oladepe Ojo is a final year Doctor of Nursing Practice (DNP) student in the College of Nursing at the University of Central Florida. Her DNP project focuses on "Barriers and Facilitators of Fall Risk Screening and Prevention: Nurses' Perspectives. She holds a master's degree in nursing from the University of South Florida with an emphasis on nursing education. She currently works as a clinical education specialist at Advent Hospital Tampa where she provides clinical education and professional development. She is a member of American Association of Critical Care Nurses and Association for Nursing Professional Development.

## Melissa Viatori

Currently Practicing at Duke University Hospital

### Veno-occlusive disease screening and staff education poster presentation

**Basis of inquiry:** Veno-Occlusive Disease (VOD), otherwise known as Sinusoidal Obstruction Syndrome (SOS), is a rare, but often fatal side effect of hematopoietic stem cell transplants. Although one medical treatment is available, early diagnosis and screening are essential. Recently, evidence-based practices indicate that the European Bone Marrow Transplant (EBMT) Criteria for screening may promote earlier diagnosis for successful treatment. (Ciairo, Cooke, Lazarus, & Chao, 2020).

**Purpose/Objectives:** The purpose of this project was to determine the usefulness of EBMT screening criteria for VOD/SOS in an effort to diagnose and treat patients earlier. As this was a practice change for staff, an additional objective was to determine if staff education on screening guidelines would facilitate their knowledge of VOD screening knowledge and subsequent use.

**Methods:** IRB approval was obtained for this project. In order to determine the need for the project, a retrospective chart review was performed to establish the number of patients diagnosed with VOD/SOS over prior 5 years and associated laboratory data at time of diagnosis. Staff education was performed via 30-minute presentation during 3 different provider meetings. Chart review findings were also shared during staff during the presentations to reinforce the need for screening. Participants completed pre- and post-test surveys. Descriptive statistics were performed on chart review data and paired t-tests were used to determine change in staff knowledge and screening use,  $p < 0.05$  (SPSS 26).

**Findings or Outcomes:** Over 5 years, there were 13 documented VOD diagnoses. Based on laboratory data, VOD/SOS was not being diagnosed early using Baltimore and Seattle criteria as compared to EBMT criteria. Staff education on the EBMT Criteria significantly increased knowledge and expected use,  $p < 0.0005$ . Future study using a larger sample size of patients with VOD diagnoses to compare screening criteria and diagnosis onset is warranted. Overall staff education was effective and can be provided to all healthcare providers.

**Learning Outcome:** The learner will be able to better understand the need for better VOD/SOS screening criteria in hematopoietic stem cell transplant recipients. Additionally, the learner will observe that there was a statistically significant increase in post-test scores when compared to pre-test scores after participants received VOD/SOS screening education.



**Deborah H. Smith**

College of Health and Education, Marymount University, Arlington, Virginia, USA

## Increasing access using a hybrid model of prenatal care

**Background:** Women in the U.S. average 12 to 14 in-office prenatal visits throughout their pregnancy. Professional organizations agree fewer prenatal care visits and flexibility for patients is needed. Studies show that using a combination of telemedicine (TM) visits with face-to-face (FTF) visits can increase access to care, allow flexibility in scheduling, and decrease missed visits due to work schedules. There is also a cost savings for transportation and babysitting. These changes can be implemented without decreasing patient satisfaction or perinatal outcomes.

**Purpose:** Provide an innovative approach to the traditional model of prenatal care for low-risk, low-income women to reduce healthcare inequity.

**Description/Population:** Low-risk patients from the Maternity Clinic based at the Virginia Hospital Center (VHC) in Arlington, VA are recruited to participate in a program that provides a hybrid approach to prenatal care consisting of 4-5 TM visits in place of FTF visits.

**Intervention:** TM visits are performed by a Registered Nurse (RN) who follows approved scripts and protocols. Fetal monitoring and blood pressure equipment are provided to patients through a grant; these vital signs are sent to the RN two days prior to assess if the TM visit can continue as scheduled or if the patient should be seen in person. All TM visits and communication with the RN are done via the patient portal to allow for HIPAA compliance. Satisfaction, compliance with prenatal care, and perinatal outcomes are measurements.

**Discussion:** This innovative method for prenatal care provides improved access, flexibility, and continuity for patients who otherwise rotate through residents. Implementation at a larger institution requires understanding the administration and multiple departments involved in various aspects. It is also key to have an RN with the right knowledge, temperament, demeanor and communication skills with patients and providers.

**Take Away Notes:**

- Innovative ways to increase access and flexibility for prenatal care using a combination of telemedicine with face-to-face visits.
- This method can increase be expanded to populations who do not have easy access to prenatal care.
- Using a Registered Nurse for these visits can help open prenatal visit slots to allow access for high-risk patients.

**Biography:**

Deborah H. Smith, CNM studied Nurse-Midwifery at Emory University, Atlanta, Georgia and graduated with a MSN in 1997. She will receive her Doctorate of Nursing Practice from Marymount University in May, 2021. She currently teaches as full-time a Continuing Instructor at Marymount University, Arlington, Virginia. She practices as a part-time nurse-midwife at the Virginia Hospital Center Physician's Group, Arlington, Virginia.

## Janet Gichau

Kaiser Permanente Integrated System, USA

### Evaluating nurse's perceptions of informatics implementations to uncover areas of improvements, a delphi study

**Background:** The recent mandate to acquire and use electronic health systems (EHR) significantly contributed to utilizing various conventional implementation processes. However, these implementation processes have left the nurses with an unsatisfying experience, evidenced in the defaulted use of unsafe workflows, complaints about the slowness of systems, additional workloads, less or inappropriate clinical content, and many more.

**Purpose:** This study aimed to evaluate nurses' perceptions of informatics implementations to uncover areas needing improvements.

**Theoretical Framework:** The Healthcare Socio-Technical Framework (HSTF) guided this study. HSTF comprises eight interrelated and interdependent dimensions. When appropriately integrated, these dimensions are considered key to conducting successful implementations.

**Methods:** The researcher conducted a descriptive-exploratory cross-sectional study at Kaiser Permanent Medical Center, Southern California. A purposeful study sample size n=30 included inpatient and Emergency Department clinical nurses as expert panel >18 years of age, providing 50% direct patient care in their daily roles. Three rounds of Delphi surveys guided the consensus agreement of the eight HSTF dimensions' priorities to the nurses. Further, dimensions rated utilizing a consensus level of =>80% and =<3 points of a 4-point scale per each survey question.

**Results:** 1st Round- narratives elicited seven dimensions

2nd Round- five dimensions met the consensus agreement

3rd Round- two more dimensions added to first five from 1st Round

Overall, the highest to the lowest-ranked HSTF dimensions were as follows; 1. Internal Organization factors, 2. User-Interface, 3. Post Implementation Evaluations and monitoring, 4. Workflow integration, 5. Clinical Content, 6. Hardware/software, and 7. People involved

**Conclusion/Implications:** Study results inform the informatics implementation areas dissatisfying end-users. Recommend the implementation team to incorporate 8-HSTF dimensions in future processes and involve clinical nurses in informatics implementations as end-users.

HSTF-dimensions do not work independently but interdependently and interrelated cohesively to produce satisfying implementations.

Lynn Doyle<sup>1\*</sup>, Jennifer Fraone<sup>2</sup>

<sup>1</sup>Department of Nursing, Laboure College, Milton, Massachusetts, United States

<sup>2</sup>Department of Nursing, Milton, Massachusetts, United States

## Strategies to improve clinical decision-making and nursing process during a time of reduced clinical options within pediatrics

**Situation:** Lack of suitable and sufficient pediatric clinical opportunities for nursing students within a 2-year ASN program. Lack of preparation for nurse graduates to face the complexity and responsibility for clinical decision making.

**Background:** During the covid pandemic, Laboure College has faced a dramatic decrease in clinical opportunities within pediatrics. The Future of Nursing progress in diversifying our profession has reported that the best way to diversify nursing is to increase the diversity of nursing students (IOM, 2011). Laboure College is proud of our 60% diverse nursing student population. As NCSBN (2009) has pointed out, novice nurses need to better be prepared to provide safe patient care. Students needed to be given alternative experiences to enhance their clinical judgement. Alternative approaches to enhancing clinical judgement may also increase opportunities for the diverse student to gain confidence and competence in outcome expectations.

**Assessment:** Offering opportunities to *think like a nurse* have the potential to increase the students' ability to improve clinical judgement (Caputi, 2018). Clinical judgement can be supported and enhanced through alternative experiences (Klenke-Borgmann, Canrell & Mariani, 2020). Preliminary data supports that standardized online unfolding pediatric cases increases clinical judgement. Qualitative data- evaluation & reflection and qualitative data- unit exam & quiz scores will be provided.

**Recommendation:** Continue to explore alternative experiences in pediatrics to enhance confidence and competence in *Thinking like a nurse*

### Take Away Notes:

- Educators will be able to identify alternative clinical experiences that enhance clinical judgement.
- Easy and applicable method to utilize within our current pediatric clinical shortage.
- Alternative methods to engage our students.

### Biography:

Dr. Lynn Doyle is an associate professor at Laboure College. She has been in nursing for over 30 years. Her focus has been practicing pediatrics and quality improvement at the bedside was her DNP focus. Professional development of faculty and students is the basis of her career. Her experiences span southwest, Midwest and New England.

Jennifer P. Fraone MSN, RN studied at Chamberlain College of Nursing and graduated with her MSN in nursing education in 2014. She has been working as a full time faculty at Laboure College as an Assistant Professor in their ADN Nursing program and has been an integral member of implementing the Concept Based model and NCLEX next generation into the curriculum.



**AnnMarie Vang**

Aspen University, Denver, Colorado, United States

**Coping mechanisms for remote nurse educators**

The poster presentation will discuss the DNP project results of a quasi-experimental research study and educational opportunity for remote nurse educators. Results of the student as well as information on the specific methods for assessing stressors and finding appropriate coping mechanisms will be shared.

**Take Away Notes:**

- Specific suggestions for assessing personal stressors and identifying coping mechanisms to deal with the stressors of being a nursing professor.
- The way we educate is changing. Technology allows for more virtual positions. With these changes come new occupational stressors. Understanding how to identify these stressors can prevent burnout in a remote nurse educator population.

**Biography:**

Dr. AnnMarie Vang started her nursing career as an RN in 2006. Her nursing experience includes cardiac care, step-down care, occupational health, and long-term care. Her true passion lies in education and she completed her MSN in nursing education in 2010. She has eleven years of higher education experience in various roles from teaching, team management, curriculum development, and mentorship. In 2020 she finished her DNP at Aspen University. She is a firm believer in life-long learning and helping others to be the best version of themselves.

Lynn Doyle\*<sup>1</sup>, Eric Buonaccorsi<sup>2</sup>

<sup>1</sup>Department of Nursing, Laboure College, Milton, Massachusetts, United States

<sup>2</sup>Department of Nursing, Milton, Massachusetts, United States

## Implementing clinical judgement strategies to improve pharmacology learning outcomes within a skills-setting

**Situation:** Decreasing trend in Pharmacology scores on a standardized test. Lack of preparation for nurse graduates to face the complexity and responsibility for clinical decision making associated with medication administration.

**Background:** Sunding, M. & Cope, V. (2018) completed a literature review of graduate nurses' clinical judgement and identified a need to close the gap between theory and practice. Smith, J. & Crawford, I. (2003) identified that up to 75% of novice nurses were implicated in a medication error. The National Council of State Boards of Nursing (NCSBN) has determined that the entry level nurse must show proficiency in clinical judgement and has projected dramatic testing changes to begin as early as April 2023. (NCSBN 2015). Laboure College is an ASN concept-based nursing program located in New England. In 2017, it was noted that standardized testing aggregate scores in pharmacology were declining. In 2019, pharmacology modules were imbedded within all but the entry level course. In spring semester of 2021, three pharmacology skills sessions were piloted within the second semester of the program. Students are given unfolding cases applying the NCSBN clinical measurement model (NCSBN 2015). The students apply pharmacology module topics they have studied to solve cases and then administer the associated medications in a skills lab.

**Assessment:** Offering opportunities to *think like a nurse* have the potential to increase the students' ability to improve clinical judgement (Caputi, 2018). Clinical judgement can be supported and enhanced through alternative experiences (Klenke-Borgmann, Canrell & Mariani, 2020). Preliminary data supports that utilizing the NCSBN model enhances clinical judgement. Pharmacology standardized scores have increased 6% since the enhanced pharmacology modules have been imbedded. Student feedback has been overwhelmingly positive. Additional aggregate data will be provided.

**Recommendation:** Continue to explore alternative experiences in a skills-setting to enhance confidence and competence in *Thinking like a nurse*

### Take Away Notes:

- Alternative clinical experiences that enhance clinical judgement.
- Methods to augment clinical judgment in a skills-setting.
- Increase active learning strategies within pharmacology.

### Biography:

Dr. Lynn Doyle is an associate professor at Laboure College. She has been in nursing for over 30 years. Her focus has been practicing pediatrics and quality improvement at the bedside was her DNP focus. Professional development of faculty and students is the basis of her career. Her experiences span southwest, Midwest and New England.

Eric Buonaccorsi MSN, RN-BC, CMSRN is an assistant professor at Laboure College. He has been working in nursing for over 10 years. His focus in practice has been medical surgical and nursing informatics. He is currently enrolled in a DNP program with a focus in education.



**Nicole Giancaterino, Lois Lopez**

Chamberlain University, Chicago, IL, USA

## Nursing's role in the human trafficking crisis

Human trafficking is a vicious crime of modern slavery and a persistent public health concern that transcends race, demographics, social class, and gender. Human trafficking is a multi-billion-dollar industry globally, and it's estimated to affect over 15,000-18,000 victims in the United States annually. Human trafficking disproportionately affects underserved women and children, with more than 70% of trafficking cases involving women and girls and a majority forced into the sex industry. However, this inhumane, illegal practice also involves men trafficked for various forms of labor exploitation or other abusive practices. Trafficked victims are subjected to sexual, physical, and psychological abuse through forced labor, commercial sex, and slave-like treatment. Human traffickers are motivated by greed or driven by quota and use violence and coercion to prey and exploit the vulnerable, thereby damaging psychological health and endangering their victims' physical well-being. Some examples of human trafficking include commercial sex, including domestic minor sex trafficking, child soldiers, forced labor, and stealing of human organs. In the last decade, victims' recruitment has moved from the streets to various platforms on the internet, providing greater efficiency and anonymity for sex traffickers. Despite their indiscernibility, some human trafficking victims are known to have received medical care while under a traffickers' control. Healthcare providers, especially emergency providers, are one of the few groups of professionals likely to have contact with victims while they are still in captivity. Nurses are a vital part of this support team. Nurses must be educated on how to identify and support patients who are victims of Human Trafficking. They will determine if the individual is a victim and alert supportive services and encourage them to seek help from authorities, watch for signs of trafficking and respond using established procedures. Also, nurses can help facilitate the long-term care and support that victims may need.

### Take Away Notes:

- Understand the prevalence and severity of Human Trafficking in the USA
- Be able to identify signs of trafficking victims
- Be able to care for trafficking victims under their care
- Identify and alert supportive services
- Identify and facilitate long-term care and resources for victims

### Biography:

Nicole Giancaterino is a Curriculum and Instructional Developer for Chamberlain University. She earned her Bachelor of Science in Nursing (BSN) from Marquette University in Milwaukee WI. She completed her Masters in Nursing degree from St. Xavier University in Chicago, IL. In 2014 she completed her DNP from Rush University in Chicago, IL. Nicole is a Obstetrics Clinical Nurse Specialist and has practiced in Maternal Child and Community Nursing settings.

Lois Lopez is a Curriculum and Instructional Developer for Chamberlain University. She earned her Bachelor of Science in Nursing (BSN) degree from Jacksonville University in 2014 after a long and rewarding career in law enforcement. She received her Master of Nursing (MSN) degree with and emphasis in Executive Leadership from Chamberlain University in 2017 and will complete her Doctor of Nursing Practice (DNP) degree at the same institution in April of 2021.



**Kelly Hakanson**

Department of Bariatric Surgery, Multicare Capital Medical Center, Olympia, WA, USA

## Outpatient fluid resuscitation in the postoperative bariatric patient

**Background:** One of the most common complications after bariatric surgery is dehydration. To support decreasing healthcare costs and increasing patient satisfaction, we must find a way to begin treating these simple complications in the outpatient setting. The purpose was to create an outpatient infusion center to support dehydration treatment for this patient population.

**Methods:** We utilized our infectious disease clinic to create an outpatient infusion center. Collaboration between our bariatric clinic and infectious disease clinic were established to create nurse visits workflows, protocols, and policies to support nurse led visits for the dehydrated bariatric population. This took place at a small outpatient setting in WA, USA.

**Outcomes:** Due to the hospital acquisition by a larger health system during this implementation, all policies, protocols, and workflows were forced to go through the approval process a second time. Therefore, no measurable results were found relating to patient satisfaction and costs due to limited patient treatments. However, collaboration between clinics was created, and policies in protocols were established to create outpatient dehydration treatment for the bariatric patient.

**Implications for practice:** Outpatient dehydration treatment has the potential to decrease healthcare costs, increase patient satisfaction, and expand the outpatient nurse's current scope. Collaborations between clinic settings will allow for this work to continue.

**Take Away Notes:**

- Prevalence of dehydration in the postoperative bariatric patient.
- How to create and implement a nurse driven protocol.
- How outpatient treatment of dehydration could be a preferred method for bariatric patients.

**Biography:**

Kelly Hakanson, MSN, RN studied at the University of Colorado where she received her MSN in 2021. She worked for UCHHealth's Bariatric Center of Excellence in Aurora, CO for 5 years. After which, she moved to Multicare Capital Medical Center in Olympia, WA to work as a Practice Manager for their specialty outpatient clinics. This included work with their bariatric program for accreditation as a Bariatric Center of Excellence.



**Emily Hadley<sup>1</sup>, Amy Rama<sup>2\*</sup>, Cheryl Crotser<sup>3</sup>**

<sup>1</sup>nursing student Roberts Wesleyan College, Rochester, NY, US

<sup>2</sup>Assistant Professor of Nursing, Roberts Wesleyan College, Rochester, NY, US,

<sup>3</sup>Professor and Dean School of Nursing, Roberts Wesleyan College, Rochester, NY, US,

## **Nursing students' attitudes towards older adults**

This is a qualitative study that examines baccalaureate nursing students' attitudes and perceptions towards older adults before and after education. The participants are junior level nursing students in a baccalaureate program at a small liberal arts college. They participated voluntarily to take a survey before their required geriatrics course and after their course was completed. The two surveys were analyzed and themes were identified. The results of the study exemplify the participants' views of older adults and feelings about caring for them. Some participant's views changed after education from either negative to positive or positive to negative, or there was no change. Recommendations for future study are included.

### **Take Away Notes:**

- Describe characteristics of the older adult population.
- Describe unique views of nursing students on caring for the older adult population.
- Describe nursing students' thoughts and views of nursing students towards caring for the older adult population.
- Identify educational strategies to enhance nursing students' understanding in caring for the older adult population.

### **Biography:**

Dr. Amy Rama graduated from the University of Rochester in 2003 with a degree in biology and in 2004 with a degree in nursing. She has a Master's degree in nursing (graduated 2007) and a doctorate in nursing practice (graduated 2015) from the University of Rochester. She is currently practicing as a family nurse practitioner in college health. She teaches undergraduate nursing as an assistant professor at Roberts Wesleyan College in western New York. She has taught at Roberts for 2.5 years. Prior to joining Roberts she taught at Alfred State College for 3 years.

**Judith Fruiterman**

Marymount University, USA

## Health disparities considered in the context of social justice

**Purpose:** The purpose of this poster is to illustrate how social inequalities foster health inequity and as such are fundamentally unjust. Rather than focusing on health outcomes, mechanisms and structures within social institutions are considered as primary drivers of health disparities.

**Background:** It is inarguable that the promotion of health equity as well as the reduction of health disparities looms large as a critical and urgent goal imperative to improving the health of the population as well as essential to demonstrating fairness and justice within social conscience. What is clearly evident is that the universe that is considered health and the sphere of social structure are fused and it may be argued that failures in a society's health are clear demonstration of injustice within the society. Most specifically, the institutionalization of systems and structures within society that perpetuate inequity require new arrangement that does not undermine the basic equality of all its members.

**Approach:** A review of the literature focused on social and institutional drivers of health inequity will serve to outline an agenda for address of social systems that once reconsidered within the context of social justice will promote a more just access and distribution of health services which in turn will influence more fair and equivalent health out-comes.

**Major Points and Rationale:**

- Although “health” may not be considered an intrinsic human right, the demand for equality of access or entitlement to health care services may well be once the issue is considered within a social justice construct
- Health disparities are systematically and structurally tied to social disadvantage
- Policy, including both medical and social policies, can reduce health disparities
- Health disparities are systematic yet plausibly avoidable
- Health equity needs to be considered as social justice in health and requires social mechanisms, arrangements and structures to craft sustainable success.

**Conclusions:** Health inequality is unjust when it exists as a function of unfair, basic social structures. Consideration and recommendation for improvement of these structures at a policy level is imperative if sustainable change is to be made.

**Laura duran**

UT Southwestern – William P. Clements Jr. University Hospital, USA

**Practice change compliance**

Healthcare professionals in acute care hospital settings at the frontline of patient care affect many aspects of the patient's hospital stay, including infection prevention. The wearing of artificial nails by healthcare professionals in direct patient care is against best practice although it is often seen. Therefore, the following PICOT question arises: In direct patient care providers who fail to adhere to policy (e.g., artificial nail use per hand hygiene policy) (P), how does a multimodal approach (I) compared to a single approach (education) (C) affect compliance with policy (O) within six months (T)? A systematic review was conducted using CINAHL, PubMed, and Cochrane databases to review interventions that increase compliance in clinical practice and hand hygiene. Education, conducting audit and feedback (A & F), and providing reinforcements were necessary to increase clinical practice change compliance. Implementing the interventions gleaned from the evidence, the compliance rate with the desired practice changes progressively improved from baseline audits from a 26% increase in September 2020 to 34% in November 2020. A consistent plan of the 3-prong intervention approach of education, A & F, and reminders was executed to increase compliance. The project provided an evidence-based method for increasing compliance which can be used in multiple challenges facing the organization.

**Kara Benneche<sup>1</sup>, Linda Stopsky<sup>2\*</sup>**

<sup>1</sup>Director of Operations/Telehealth, Northwell Health, Syosset, NY, USA

<sup>2</sup>Supervisor, Care Management, Lactation Consultant, Northwell Health, Syosset NY, USA

## The birth of telelactation during the covid crisis

In March of 2020, Northwell Health created a telelactation service as an innovative way to support moms through the breastfeeding process. In response to the Covid-19 crisis, post-partum mothers and infants were being discharged early after delivery. With little resources available and limited education provided during their hospital stay, many moms had little to no support related to lactation services. In addition, many patients did not have family resources to support their discharge due to quarantine recommendations. Northwell Health identified the need to support new moms and initiated a telelactation program at two of our facilities. Telelactation consults used audio-visual technology and professional lactation consultants to answer questions related to the breastfeeding process, resolve existing breastfeeding issues, and provide support to mothers in the comfort of their own home.

**Purpose for the Program:** The Covid-19 pandemic led to shortened hospital stays for post-partum women and their babies thus limiting traditional in hospital education, resources and support systems. The goal of the telelactation program at Northwell Health is to provide remote lactation consultations via audio visual technology thereby supporting new parents related to the breastfeeding process and provide breastfeeding support to mothers in the comfort of their own homes. Studies have shown that telelactation offers a service that rivals in-person care and is often more convenient for the mother, less costly, and encourages self-efficacy.

**Proposed Change:** Northwell Health aims to provide new mothers with every available opportunity to breast feed. The telelactation program offers an extra layer of support to help mothers feel confident, encouraged, and cared for. Northwell Health plans to expand the telelactation service to additional Northwell Health sites as well as Northwell employees.

**Implementation:** During the Covid 19 crisis, a need for telelactation services was identified at Northwell Health. The program started with one registered nurse who is an International Board Certified Lactation Consultant (IBCLC) taking referrals via email from hospital based lactation consultants at two Northwell sites. A telelactation script and workflows were created. Also, the telelactation RN, a novice with telehealth, received education related to telehealth use and troubleshooting technical issues. The RN emailed referred moms to set up 1 hour appointments within 72 hours of discharge. In the initial phase of the telelactation program (March 2020-October 2020), 335 telelactation consultations were successfully completed.

**Outcomes and evaluation:** To assess the success of the program, patient satisfaction scores and continued breastfeeding/ breastfeeding exclusivity percentages are being used as key performance indicators (KPIs). Initial results from 10/26/20 to 12/23/20 are as follows:

100% of patients felt that the Northwell telelactation support call was helpful

96% of patients felt their decision on how to feed their baby was supported

69% of moms were exclusively breastfeeding at 6 weeks

**Take Away Notes:**

- The learner will be able to explain that the use of audio-visual technology is an effective method of providing education, assessment and support to breastfeeding moms.

- Describe the development of telelactation program at Northwell Health during the covid 19 crisis.
- Discuss the benefits of improving access to lactation services through the use of audio-visual technology.
- The audience will learn how they can incorporate a telelactation program at their facilities.
- The audience will learn that by providing remote lactation consultations via audio visual technology helps to support new parents in the breastfeeding process and provides breastfeeding support to mothers in the comfort of their own homes. Studies have shown that telelactation offers a service that rivals in-person care and is often more convenient for the mother, less costly, and encourages self-efficacy.

**Biography:**

Kara has a healthcare career that spans 24 years. Her experience includes roles as clinical nurse, educator, manager and executive leader. She has worked in multiple settings including emergency department, cardiology, critical care, quality, obstetrics and telehealth. She has a Master's degree in Nursing Education and is currently pursuing an MBA with a focus in Healthcare Management.

Linda has been a Registered Nurse for 35 years. Her experience includes pediatric intensive care, labor and delivery, mother/baby, outpatient and inpatient obstetrical education and is a certified lactation consultant for 25 years. Linda is passionate about health care disparities in our society and has participated in writing several grants related to women's health. She has also volunteered to provide education to new mothers to support the underserved in our communities. In 2020, Linda was integral in the development of tele- lactation program at Northwell Health.



**Deborah A. Smith**

Department of Nursing, Brazosport College, Lake Jackson, TX, USA

## Use of a multifactorial fall protocol in primary care to reduce falls in older community dwelling adults

**Background:** Falls among older community dwelling adults 65 years and older claim at least one life every twenty minutes in the United States. Unintentional falls affect 28% of community dwelling adults aged 65 years and older. Only 50% of primary care providers perform fall risk assessments and fewer than 38% utilize multifactorial fall assessments. The purpose of this quality improvement (QI) project was to improve management of falls through implementation of an evidence-based multifactorial fall risk protocol in a primary care clinic aimed at decreasing fall rates among community dwelling adults 65 years and older.

**Method:** The Plan-Do-Study-Act (PDSA) and Diffusion of Innovations (DOI) provided theoretical frameworks for this project. This QI project used a retrospective chart review comparison and correlation design post-implementation of the STEADI fall protocol primary care. Aims included increasing provider and staff knowledge, use of the STEADI multifactorial fall protocol, and decreasing patient fall rates. Results: The STEADI fall prevention protocol was used in 92% of patients. Fall assessments increased by 48% from prior year. Appropriate referrals for physical therapy or other disciplines were associated with high-risk patients ( $r = .43, p < .01$ ). Other interventions included 30-day follow-ups for high fall risk patients, medication reduction, and home safety education. Fall rates decreased by 13.4% from pre-implementation (28.8%) to post-implementation (15.4%).

**Implications:** Use of the STEADI fall risk protocol in this primary care clinic improved provider and staff assessment and management of fall risk and decreased fall rates for patients aged 65 and older. This study helped to untangle the challenges of the nursing profession by providing an evidence-based multifactorial fall management protocol in effort to mitigate falls and the devastating consequences of falls. This study found importance in adherence to fall interventions in high-risk patients and provided a standardized method of assessment and individualized intervention.

**Conclusion:** Nursing practice should encourage the opportunity for aging-in-place and prevention of unintentional falls. This project provided support for the use of an evidence-based multifactorial fall management protocol in primary care and added to existing knowledge about fall management through multifactorial fall assessments and interventions.

### Take Away Notes:

- This quality improvement project will address implementation of an evidence-based fall prevention protocol in primary care to decrease falls among community dwelling adults 65 years and older. Nursing practice will learn how preventative safety measures on falls management impacts community adult dwellers 65 years and older.
- Falls contribute to devastating loss and disability, and a gap in practice was found among primary care providers in how patients at risk for falls were assessed, and how interventions were provided for health management of this vulnerable population.
- A standardized fall protocol will best address falls if it includes fall screening risk levels followed by a multifactorial assessment including assessment of feet, vision, postural blood pressure, functional ability, and medication review. Lastly,

based on risk level and multifactorial assessment, individualized interventions should be provided. These interventions consist of home safety education, medication reduction or adjustment, 30-60-day follow-up for high-risk patients, and appropriate referrals to help mitigate falls.

**Biography:**

Dr. Deborah Smith completed her second doctorate, the DNP, from Texas A & M University Corpus Christi. Dr. Smith's other graduate degrees include: EdD in Higher Education Leadership from Dallas Baptist University; MSN from West Texas A & M University, and MBA from Webster University. Dr. Smith also holds a BSN from West Texas A & M University, BS in Business from Le Tourneau University, and Associate Degree Nursing from Alvin Community College. Dr. Smith has interest in research and evidence-based studies in safety and frailty in Gerontology, and geriatric mental health.

**Alaina Valcourt, Elizabeth McInally**

<sup>1</sup>Assistant Director of Nursing, DotHouse Health, Dorchester, Ma, USA

<sup>2</sup>Director of Nursing, DotHouse Health, Dorchester, Ma, USA

**Nurses providing abnormal test results with in the nursing scope of practice**

The purpose of this project was to standardize the practice of ambulatory care nurses relaying abnormal test results to patients, while remaining in their scope of practice, through the development and implementation of protocols and competency training. It is imperative to patients' health that they receive test results in a timely, appropriate, and understandable manner. Providers had previously been responsible for relaying abnormal results, but often requested the assistance of nurses to relay results due to provider time constraints. This practice falls outside of the nursing scope of practice. Nursing leadership knew a solution was needed to keep nurses working within their scope, while continuing to support providers and patients. A review of the literature found no evidence based practice (EBP), articles, or research regarding nurses relaying abnormal test results to patients. The state board of nursing was contacted and advised that there must be policies and protocols in place that include a competency sign off for nurses to relay these results. With no guidance through EBP, nursing leadership followed the guidance from the board of nursing, and developed 12 abnormal lab result protocols. Nursing leadership developed these protocols with information from Up to Date, Mayo Clinic, and the CDC. Protocols were reviewed by an inter-professional group including Medical Doctors (MD) and Nurses. In a joint effort with providers, the Medical Director created EPIC Smart Phrases that coincided with each protocol, extracting key points from the protocols and including EPIC smart text options for providers to easily modify to meet specific patients' needs. Working with this inter-professional team, a workflow was developed allowing providers to review the abnormal lab results with accompanying protocols, and send nurses messages requesting they relay the results using the EPIC Smart Phrase. Once the protocols were finalized, competency training for all nurses through simulation phone calls with providers were completed. Messages in TEST patient charts were sent to individual nurses for each lab result being tested for competency. The nurse and provider simulated a phone call with the provider acting as the patient and the nurse calling the patient with the abnormal lab result. The nurse was evaluated utilizing a rubric completed by the provider. Nurses who did not pass the competency were re-educated and repeated the competency. By utilizing protocols and competency training, nurses can safely and effectively work at the top of their licenses. The development of these protocols has significantly impacted patients, nurses, and providers. Nurses report feeling more confident in their knowledge about these lab results, and feeling more equipped to answer patient questions that arise during these calls. Providers and nurses have shared that this has improved the nurse-provider relationship, with nurses feeling more comfortable approaching providers with questions and providers better understanding the nursing scope of practice. Nurses and providers state this comfortability comes from the interactions during the competency training sessions. Through nurses, patients now receive abnormal lab results sooner, and the information the patients receive is standardized and consistent.

**Take Away Notes:**

- How to have nurses work at the top of their license in order to relay abnormal test results to patients.
- Assist in expanding what nurses are able to do in order to assist patients in a more timely and efficient manner.
- Show others a way to better work as an interprofessional team, and the impact this has on all members of that team.

**Biography:**

Alaina Valcourt RN, BSN, PhD-C is the Assistant Director of a community health center just outside of Boston, Massachusetts. She has been in a nursing leadership position for just over one year. She currently is studying for her PhD in Nursing Science with a focus in nursing education and global health research. She also is the Chair of the Executive Board for the University of Massachusetts Medical School Dominican Republic- Batey Health Initiative. She works alongside the Director of Nursing Elizabeth McInally. McInally RN, BSN who has been a nurse for 13 years with 5 years being in primary care. McInally has been in progressive leadership roles for the past 4 years, most recently becoming the Director of the Nursing Department 2 years ago.



**Hye-Young Jang<sup>1\*</sup>, Ji Hye Kim<sup>2</sup> and Hye Jin Nam<sup>3</sup>**

<sup>1</sup>College of Nursing, Hanyang University, Seoul, Republic of Korea

<sup>2</sup>College of Nursing, Woosuk University, Chonbuk, Republic of Korea

<sup>3</sup>College of Nursing, Seoul National University, Seoul, Republic of Korea

## **An integrative review of interventions for enhancing family involvement in care in the long-term care facilities**

Family involvement plays an essential role in the quality of life of older adults living in a nursing home setting. Interventions to foster family involvement in care have been conducted to provide family members with opportunities and resources that empower them to actively participate in their relative's life in the nursing homes. However, an insight into the family involvement interventions in nursing homes is lacking. The aim of this review was to provide an overview of the interventions for enhancing family involvement in care in the long-term care facilities. We conducted an integrative review by searching the databases including PubMed, PsycInfo, CINAHL, Cochrane Library, and EMBASE. Studies were eligible if 1) interventions involved family members, 2) nursing home setting, 3) were original research articles in which effects of the interventions were evaluated. In total, 17 intervention studies were included in this review. The types interventions were derived under four categories: decision making on care plan (n=7), supportive activities (n=4), involvement in sharing care (n=4), and education (n=2). Among them, the interventions enhancing family participation in decision making on care plan were the most frequent. The roles of family identified in the interventions included team member (n=7), servant (n=3), visitor/entertainer (n=5), and learner/patient advocate (n=8). This review illustrates the body of work addressing the diverse ways of family involvement in care and the role of family members. The evidence described in this review suggests that family caregiving roles should be continued following relatives' institutionalization as it has a positive impact on well-being of family members, older adults, and staff members.

This work was supported by the National Research Foundation of Korea (NRF) grant funded by the Korea government (MSIT)(NRF-2019R1C1C1004534).

### **Take Away Notes:**

- This review expands the knowledge on the various approaches and components of interventions to foster the inclusion of family members of people living in nursing homes.
- Facilities will be able to delegate diverse roles to family members in order to encourage them to be actively involved in older adults' care.
- The benefits of family involvement in care presented in this study confirm the importance of continued, close relationship between family and their relatives in nursing homes.

### **Biography:**

Hye-Young Jang is currently an assistant professor at Hanyang University. Her research interest is partnership, communication, and person-centered care among older adults, their families, and nursing staff, particularly in long-term care facility.



**Keiko Hattori\*, Junko Shimizu, Michiko Koyama**

Nihon Institute of Medical Science Japan

## Experiences of nursing skills in home health care nursing practice

**T**his Purpose of the study is to analyze students' experiences of nursing skills in home health care nursing practice and clarify the current situation. Research method is descriptive statistics from students' nursing skill experience records. Data collected: Students' nursing skill experiences recorded in the "Nursing Skill Experience Record. The "nursing skill experience record" is a record of the skills experienced in practical training during the four years of university. Research subjects: 93 fourth-year students.

**Nursing skill experience record Tabulation results:** The items that 100% of the students experienced (including observation) were able to measure vital signs, listen to breath sounds, and perform hand washing based on standard precautions. The second most common item experienced by 80% to 99% of the students (including observation) was the ability to listen to intestinal peristalsis. Next, 60% to 79% of students experienced (including observation) the following items: 74% were able to maintain pubic hygiene (e.g., wash and wipe pubic area), 73% were able to assist with grooming, 69% were able to listen to heart sounds, 69% were able to provide care to prevent pressure ulcers, 67% were able to change bed clothes, 66% were able to care for nails, and 66% were able to change nails. The items that 50% to 59% of the students experienced (including observation) were "able to perform a full-body cleaning" (57%), "able to assist with walking and moving (assistive devices)" (57%), stoma care (including changing pouches) 56%, and partial bathing (foot bath, hand bath, etc.) 52%. These were the technical items that more than 50% of the students observed or experienced.

**Conclusion:** Due to the medical situation in Japan, people who are highly dependent on medical care and recuperators with multiple diseases are living in the community in order to shorten the length of hospital stay. It can be inferred that the severity of the illnesses of home care patients will continue to increase, and that a higher level of both knowledge and skills will be required of visiting nurses.

### Take Away Notes:

- To serve as a guide for nursing students to acquire nursing skills in home health care nursing practice.
- It will serve as a reference for the nursing skills that must be acquired prior to home health care nursing practice.
- To understand the nursing skills necessary for home health care nursing in Japan's aging society.

### Biography:

Keiko Hattori has worked at Nursing school. She completed a master's degree in intercultural communication from Rikkyo University. At the University of Nursing, she lectures on international nursing.

**Mohammad Alkawaldeh\*<sup>1,2</sup>, Kristina Brewer<sup>1</sup>, Tiffany Moore Simas<sup>2</sup>**

<sup>1</sup>University of Massachusetts Medical School, Worcester, MA, USA

<sup>2</sup>Department of Obstetrics and Gynecology, UMass Memorial Medical Center, Worcester, MA, USA

## **The role of telehealth in obstetrics and gynecology settings during COVID-19 outbreak: A systematic review**

**Introduction & Background:** For decades, technology has played a crucial role in medical care and is only becoming increasingly prevalent as innovation continues and accessibility improves. With a wide range of telehealth modalities, telehealth services in obstetrics and gynecology have diverse and extensive applications. The pandemic (COVID-19) accelerated the need for healthcare providers to rethink how they deliver care, necessitating the rapid implementation of telehealth services to prevent virus transmission while continuing to satisfy patient needs.

**Objective:** To systematically review the role of telehealth services in Obstetrics and Gynecology (OBGYN) during the COVID-19 outbreak. Specifically, this review aims to provide an understanding of (1) what constitutes OBGYN telehealth modalities; (2) who delivers OBGYN telehealth services; and (3) how OBGYN telehealth services achieve desired effects.

**Design:** Systematic review under preferred reporting items for systematic review and meta-analysis (PRISMA) guidelines.

**Methods:** Scopus, CINAHL, PubMed, and EMBASE databases were searched, facilitated by Boolean and Medical Subject Headings techniques, and the search was expanded using the stemming technique. The included studies focused on telehealth services offered in OBGYN settings during the COVID-19 pandemic, incorporated patient outcomes, were published in English, and were conducted between 1/2020 and 6/2021. Of the 2178 references initially retrieved, 29 satisfied inclusion criteria and were used for data extraction and analysis.

**Results:** Study designs included cohort intervention, retrospective cohort, commentaries, case reports, and quasi-experimental designs. The telehealth modalities used in OBGYN during the pandemic comprise virtual care through audio and video teleconferencing, remote surveillance and screening, webinars and recorded sessions for education, and smartphone-enabled technologies and applications. These modalities served a wide range of patient populations and needs, including prenatal care, postpartum and lactation care, urogynecologic conditions, genetic counseling, abortion care, substance use disorder in obstetric patients, and even some needs of support persons for obstetric patients. Telehealth services are mostly delivered by OBGYN providers, followed by lactation consultants, specialist care teams, expert counselors, and finally research investigators. Some positive outcomes of telehealth included easier access to care evidenced by lower no-show rates, increased safety during the pandemic, reduction in the number of in-person visits and hospital admissions, utility throughout all stages of pregnancy and other OBGYN conditions, free and immediate access to educational resources, and professional guidance. Negative outcomes are primarily related to promoting inequities with regards to technology access in low-resource populations, lower data quality, and inability to achieve all aspects of care via telehealth modalities, such as obtaining imaging and administering certain tests or treatments.

**Conclusion:** While further research is needed to fully understand the effectiveness of telehealth and determine any long-term consequences, telehealth services were essential for maintaining safety and providing appropriate care during the COVID-19 pandemic.

**Take Away Notes:**

- The audience will be able to identify the role of telehealth in OBGYN settings.
- It will be able to list few examples of what constitutes OBGYN telehealth modalities.
- It will be able to identify how OBGYN telehealth services achieve desired effects.

**Biography:**

Dr. Alkawaldeh studied Nursing Informatics at the University of Massachusetts, United States (US), and graduated with a Ph.D. degree in 2017. He then joined the research group of Prof. Hae Ra Han at Johns Hopkins University School of Nursing, Baltimore, the US, for one year of post-doctoral training. Dr. Alkawaldeh currently holds an assistant professor position at the University of Massachusetts medical school and directs the clinical research at the Department of Obstetrics and Gynecology at the Umass Memorial Medical center. Dr. Alkawaldeh's research program focuses on interventions using technology (e.g., telehealth, mHealth applications, and machine learning) and lifestyle changes.



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3

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NWC 2021



## Patrick Baker<sup>1\*</sup>, Marc W. Roderick<sup>2</sup>

<sup>1</sup>Patrick Baker, MHA, RN, BSA, Palarum, LLC, Lebanon, OH, USA

<sup>2</sup>Marc Roderick, MHSA, Palarum, LLC, Lebanon, OH, USA

### Breakthrough technology reduces patient falls in hospitals by over 70%+

**P**atient falls are devastating reality in healthcare. Each year between 700,000 to 1 million patient falls occur in U.S Hospitals. One out of every 5 falls results in a serious injury leading to increased healthcare costs and potentially avoidable healthcare events. Despite the severity of this problem, we've made little to no progress on improving our fall rate nationally.

The advent of wearable technology redefines how we look at fall prevention technology and patient safety. A fall prevention system, utilizing wearable technology in a patient sock creates a more predictable and accurate safety platform to protect our patients. With a focus on providing the right alert at the right time to the appropriate clinical provider, this technology enhances the current standards of care whilst driving new standard protocols and creating sustainable results.

#### Take Away Notes:

- Review impact of hospitals falls (patient outcomes, financial impact, LOS).
- Discuss barriers with current solutions (bed alarms, chair alarms, etc.).
- Highlight wearable technology advancements (Smart Socks).
- Why is it different?
- Impact on RN productivity.
- Reduces false alarms and alarm fatigue.
- Empirical evidence from acute care hospitals.

#### Biography:

Patrick Baker is an award-winning C-suite nurse executive, author and well-known speaker on health care and nursing. Patrick is a former Vice President of Patient Care Services and Chief Nursing Officer at West Chester (Ohio) Hospital.

Marc Roderick is an award-winning healthcare executive with extensive experience in hospital operations and administration, as well as service line and business development.



## **Mustafa Z. Younis**

Jackson State University, USA

### **A review of health care reform in USA & the affordable care act (CA)**

On March 23, 2010 President Barak Obama signed the health insurance reforms adopted in the Patient Protection and Affordable Care Act (PPACA), and the subsequent reconciliation bill, which are to be phased-in over the next 10 years. Most provisions will not take effect until Jan. 1, 2014. However, some new provisions must be implemented when plans renew after Sept. 23, 2010.

The new healthcare reform was passed with strong partisan support and faced significant opposition due to ideological and political differences and the expected outcomes of its implementation.

In this presentation the author will provide some background about the American healthcare system, and some proposals and ideas to reform the system. Then we will discuss the main theme of Obama's healthcare reform and some expected positive and negative outcomes of such reform. The Supreme Court rulings on June 28, 2012 on the future of Obama's Health Care Reform and the Trump Administration effort to repeal the reform will be discussed.

#### **Biography:**

Mustafa Z Younis is an internationally recognized scholar at Jackson State University, Mississippi, USA. He served as a member of the Executive Committee of the International Society for Research of Healthcare Financial Management. He has authored and published over 200 articles, abstracts and presentations in refereed journals and meetings, and has presented at national and international conferences. He has articles appeared in leading journals such as "Nature" "the Lancet" and "JAMA" and European Journal of Health Economics. He has administrative experience as Chair of the Department of Health Policy and Management at Florida International University (FL, USA), where he led the accreditation efforts for the Healthcare Management Program & Senior Advisor to the President of Zirve University.



## Petrova N.G

The nursing department 1-st Saint-Petersburg State medical university  
I.P.Pavlov, Russia

### The role and problems of nursing staff in the modern healthcare system of Russia

One of the priority directions in the Concept for the Development of Healthcare of the Russian Federation is the increasing of availability and quality of medical care. The most important role in solving this problem belongs to the nursing personnel - the most numerous part of medical workers. Nurses play a priority role in prevention, rehabilitation, health education of the population, provision of primary medical care and, of course, in providing of nursing care. The successful solution of these numerous tasks is possible when there is a sufficient number of professional qualified motivated personnel. In this regard, it is important to emphasize that in Russia like in other countries, there is a pronounced shortage of nursing personnel, which is increasing in dynamics. The total deficit of nursing personnel is about 800 thousand. Among the problems of qualification, one can note the still small share of nurses with higher education and the incompletely defined role of these specialists in the Russian health care system. Other problems that affect the motivation of nursers and the possibility of optimal using of their potential are: insufficient wages, low prestige of this profession in society, misunderstanding of nurses's role of by the medical community (doctors), lack of the educational process from the needs of practical health care, lack of implementation of the concept of nursing process and honest criteria for the quality of nursing work, limited opportunities for the professional growth, lack of a single coordinating structure at the federal level and others. These problems require the adoption of a comprehensive strategy for the development of nursing in the Russian Federation.

#### Take Away Notes:

The audience will learn about the most pressing problems of nursing in Russia from this presentation. So it will be possible to compare these problems with similar problems in other countries, to analyze possible options for solving these (or other) problems, to outline the ways of possible scientific cooperation in the field of in-depth analysis of problems in nursing care, to introduce the data obtained on its basis into the training nurses educational process in different regions, to introduce the practical activities of possible organizational solutions what will be useful for the further development of nursing in overall.

#### Biography:

Petrova N.G. graduated from the 1-st Saint-Petersburg State I.P.Pavlov medical university (Russia). Then she completed her postgraduate education at the Department of Social Medicine at the same university and became Ph.D. in public health and health care. She worked as an assistant professor and professor of this department. For the past 10 years Petrova N.G. is the head of the nursing department at this university. Since 2001 she is a professor. Petrova N.G. is the author of over 500 papers in the field of public health, nursing and nursing education, and the quality of medical care



## Sofica Bistriceanu

Academic Medical Unit – CMI, Romania

### Improper communication leads to type2 diabetes

Nowadays there is an explosion in the number of people diagnosed with type2 diabetes in the world. This unprecedented spread of this disease on the planet has consequences of interest for us: increase costs for delivering medical services, decrease life expectancy and life quality, work inefficiency. Why, how it works? The presentation will provide some insights relating to the value of communication for people's health, how improper communication can lead to type2 diabetes. The author used real case approaches for making a difference between the effects of people interaction in various circumstances. Her evidence indicates that the misuse of words' energy, offensive attitudes are involved in type 2 diabetes manifestation. Communication skills influence the blood vessel's function, and subsequently unsafe interactions between individuals lead to altered blood vessel control, finally determining impaired functioning in the fragile area. Computing all factors implied in this process help us a better understanding of the disease appearance, evolution; best management of disease, the value of promotion of wellbeing at the individual, community, society level offer us great satisfaction, gratitude from the people, the community we serve up, and finally, as an ideal, their love; it will shine on our trouble time, as necessary, defining our excellence over time.

#### Take Away Notes:

- Identify improper communication as a key for altering people's health.
- Recognize the communication skills connected with the blood vessels functioning.
- Understand how unsafe communication initiates, maintains, advances the injuries on the cells, tissue, system level.
- Propose a model to ameliorate the dysfunctions mentioned above.
- Compose a plan to promote people's health, relating to the communication value in clinical practice.
- Apply, monitor, evaluate this plan into the community.
- Return with own data for comparative data.
- Extract, use relevant data in clinical practice

#### Biography:

Dr. Sofica Bistriceanu studied in Romania at the 'Gr. T. Popa' Iasi University, and graduated as MD in 1984, research in family medicine, Maastricht University, 2000, Ph.D. in 2009, Iasi, at the same institution. She joined the European, American, Asian Primary Care Research Group, American Academy on Communication in Healthcare, APTR, IHI, NICHQ, EPCCS, Wonca meetings. She is the author of about 70 research studies shared abroad and received awards for some of them. She is a member of The Journal of Patient Experience (JPX) Editorial Review Board (ERB). She is the representative of the Academic Medical Unit located in BT, ROU. She is the author of six volumes of poems published by Ed. Cronica Iasi.

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3

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OCT 18-20, 2021

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**Danielle Beasley**

The University of South Florida, College of Nursing. Tampa, FL.

## Antepartum maternal depression screening and education: A focus on health disparities

Antepartum (perinatal) depression is depression occurring during pregnancy and is associated with poor self-care, decreased motivation to seek help, as well as a negative perception of the benefits of obstetrical care. Antepartum Depression is recognized as one of the significant risk factors for postpartum depression. Antepartum depression can lead to adverse outcomes for mothers and infants. Women with antepartum depression are more likely to suffer from emotional withdrawal, difficulty interacting with others, excessive concern about their ability to parent and use substances with known adverse effects on pregnancy, including tobacco, alcohol, and cocaine. Antepartum depression has a high probability of turning into postpartum depression, which might have important implications for early detection during pregnancy of women at risk for postpartum depression. Diagnosing antepartum depression can be difficult if women are only screened once throughout pregnancy. In addition, antepartum and postpartum depression education is lacking within the prenatal period. Most women at risk were also associated with a health disparity. Health disparity is a health difference that is closely linked with economic, social, or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic -status, gender, age, or mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. Health disparities denote a specific kind of difference, namely, worse health among socially disadvantaged people and members of disadvantaged racial/ethnic groups and economically disadvantaged people within any racial/ethnic group. The highest prevalence was among American Indian, Native Alaskan, Hispanic, and African American women. The purpose of this quasi-experimental study was to test medical and nurse practitioner students' pre and post intervention maternal depression knowledge, including self-efficacy, and motivation for antepartum patient teaching of maternal depression with the focus on self-identification and screening. Knowledge for maternal depression was tested pre/post intervention using the "Speak Up When You are Down", The Postpartum Depression Awareness Campaign Exam. Self-efficacy and motivation were measured pre/post intervention by using the Physician/Nurse Practitioner Student Teaching Self-Efficacy Questionnaire (PTSQ) and the Physician/Nurse Practitioner Student Teaching Motivation Questionnaire (PTMQ). A convenience sample of 71 participants consisting of medical and nurse practitioner students underwent an online intervention focusing on antepartum maternal depression education, screening and identification. Both groups had a pre/post intervention mean increase for knowledge, self-efficacy and motivation. Both groups performed similarly from pre to post intervention and student profession did not moderate the increase from pre to post intervention.

### Take Way Notes:

- This presentation is relevant to medicine and nursing practice given the rising prevalence of antepartum and postpartum depression. The audience will benefit from interprofessional collaboration.
- Will gain knowledge of antepartum depression and the importance of screening and education throughout pregnancy.
- Will gain the knowledge of how to educate antepartum patients, effective methods and understanding the aspects of health disparities.

- The findings of this research may lead to the standardization of maternal depression screening and education in each trimester during the antepartum phase of pregnancy.
- The enhanced self-identification of symptoms may also increase additional depression screenings in between the set standardized screenings. Thus, leading to the prompt treatment of maternal depression throughout pregnancy and postpartum.
- This will give great insight into an evolving problem of maternal depression occurring throughout pregnancy and not just postpartum.

**Biography:**

Dr. Danielle Renee Beasley was born in Ft. Lauderdale, Florida. She began her career in nursing after graduating from Pasco Hernando Community College in 2004 with an Associate of Science degree in Nursing. She graduated from Walden University in 2014, with a Master of Science in Nursing (MSN). In January 2015, she was hired at the University of South Florida, College of Nursing, to teach obstetrics and fundamentals in nursing in the Baccalaureate Nursing Program. Interested in pursuing higher education, she was accepted into the PhD in Nursing Sciences Program at the University of Florida in the spring, 2017. After completing her PhD in Nursing Sciences at UF in December 2019, she plans to continue teaching, become a tenured assistant professor and begin a trajectory of research following her dissertation work of women's health. Dr. Beasley has published with the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), and currently has several manuscripts submitted for publication.



**Tena Brow, Rebecca Pike**

King Faisal Specialist Hospital & Research Centre, Saudi Arabia

## **Outpatient chemotherapy infusion center bed utilization: A review of multifactorial delays inhibiting efficiency - Tertiary care center – Saudi Arabia**

**Introduction:** With increasing rates of cancer diagnoses globally, outpatient chemotherapy infusion centers around the world have seen an increase in demand to accommodate this rapidly growing population. When it comes to bed utilization, the infusion center in Saudi Arabia is no different as it struggles to maintain manageable bed utilization with growing number of oncology patients, creating delays/waiting list for patient to receive chemotherapy.

**Aim:** The aim of this project is to explore the root causes that are creating inefficient bed utilization in infusion center.

**Design:** Exploratory research design used to better understand the current bed utilization process and where the most treatment delays occur.

**Data Collection:** A data collection sheet was developed by senior oncology nurses who work in the infusion center. Validation of the final collection form was reached after multiple discussions. Data was collected over a month. Using over 40 nursing auditors and 3 data analysts.

**Results:** Over a month, a total of 2,231 patients visited the infusion center (average 112 patients/day). On an average day we found over 100+ hours of cumulative delays stemming from 5 main categories: patient related 30.5% (patients arriving late, absence of blood work taken), clinical presentation 10.5% (abnormal labs, abnormal physical assessment), clinic issues 24.5% (additional education required, overlooked requests, incomplete ordering parameters), infusion center issues 18.5% (nurse availability, absence of workstation on wheels (WOW), translator required) and pharmacy delays 16% (extra volume, medication delay > 1hr prep).

**Implication to Practice:** On a daily basis, infusion center nurses are addressing a large number of issues due to inefficiencies. This leads us to believe there is potential for significant improvements that will benefit bed utilization, along with workflow, patient/staff satisfaction, and hospital resources. We recommend a multifaceted approach to address each category. This may include a 'Treatment Ready Campaign' for patient adherence, standardized workflow, increased technology equipment and others.

**Conclusion:** In the future, to improve efficiency, the data findings (multifactorial delays) highlight where focus is needed. With a multi-disciplinary approach, the finding will guide infusion centers on where to start implementing change.

### **Take Away Notes:**

- Better understanding of root causes that lead to inefficient bed utilization in ambulatory settings.
- Impact of inefficient infusion center workflow.
- Insight into patient experience in a middle eastern culture.
- Understand additional tasks nurses address during infusion treatment appointments.

- Future recommendations on how to improve bed utilization in ambulatory setting.

**Biography:**

Tena Brown studied Bachelor of Nursing at Ryerson University, Canada in 2007. She has worked a total of 14 years both inpatient/outpatient medical oncology units in Canada and at the Magnet designated hospital: KFSH&RC in Saudi Arabia. She has won the Daisy Award for nursing innovation and continues to lead innovation/ improvement projects.

Rebecca Pike studied Bachelor of Nursing at Memorial University, Canada in 2016. She has worked a total of 5 years in inpatient/outpatient medical oncology/hematology units in Canada and at the Magnet designated hospital: KFSH&RC in Saudi Arabia. She has been co-leading improvement projects.

**Nalyazi Molly**

Butabika Hospital, Uganda

**The knowledge attitude and practices towards the use of ORS in management of diarrhea in under fives**

The study on knowledge, attitude and practices towards use of ORS in management of diarrhea among under fives was conducted in bombo hospital located in luwero district. Across sectional and descriptive study design was used to determine the knowledge attitude and practices of caregivers of children in the use of ORS in the management of diarrhea in children. Questionnaires were used to gather data from 40 respondents. The study found that 65% of caregivers knew and were familiar with the use of ORS and could correctly use it. Regarding attitude 87.5% of the caregivers had positive attitude towards use of ORS. Regarding practice 55% of the caregivers agreed on the usage of ORS when the child got diarrhea. The results showed a relationship between knowledge, attitude and practice though practice is still low in the use of ORS and diarrhea is still the problem in children. The ministry of health should strengthen the use of ORS in the management of diarrhea. The ministry of health should address on the causes of diarrhea since it's still rampant.



**Navpreet<sup>1\*</sup>, Dr. Anurag Chaudhary<sup>2</sup>, Dr. Pankaj Kumar<sup>3</sup>**

<sup>1</sup>Deputy Nursing Superintendent, Department of Nursing, DMC & Hospital Ludhiana, Punjab, India.

<sup>2</sup>Professor & Head, Department of Social and Preventive Medicine, DMC & Hospital Ludhiana, Punjab, India

<sup>3</sup> Associate Prof. Department of Psychiatry, DMC & Hospital Ludhiana, Punjab, India.

## **Perceived stress and anxiety among nurses working in covid isolation area in a tertiary care hospital of Northern India**

**Background:** Coronavirus has caused serious health problems worldwide and has become the largest health crisis of this century. It has impacted healthcare workers in addition to general population, leading to extreme stress and anxiety due to risk of exposure and health concerns in the former. Nurses play a frontline role in the delivery of healthcare services to the COVID-19 patients. This study aimed to assess perceived stress and anxiety among nurses working in COVID isolation area in Dayanand Medical College & Hospital Ludhiana, Punjab, India.

**Methods:** A descriptive design was used to assess perceived stress and anxiety among 750 nurses working in COVID isolation area in Dayanand Medical College & Hospital selected by convenient sampling technique. Perceived Stress Scale-10 (PSS) was used to assess stress level and Zung self- rating anxiety scale-20 (SAS) was used to assess anxiety level. Data was collected by self-report (Interview schedule) method.

**Results:** Findings of the present study revealed that out of 750 nurses, 494 (65.8%) had moderate stress level, while 200 (26.6%) of the nurses had mild to moderate anxiety level while providing health care to COVID patients. Nurses in 20-30 year age group had high perceived stress i.e. 66% as compared to nurses more than 41 years of age in whom high perceived stress was 7%. Nurses who had work experience less than 5 years reported high stress level i.e. 63%. Accidental exposure during patient care, Infection acquired during duty, job related stress and positive family support in both PSS and SAS was found to be statistically significant. There was a strong association between PSS and SAS scores ( $p = 0.000$ ).

**Conclusion:** This study reports moderate level of perceived stress and anxiety among nurses working in COVID isolation area. Considerable proportion of nurses working in different COVID areas of hospital appear to experience some degrees of stress and anxiety during COVID-19 pandemic. So it becomes essential that health organization takes measures to improve nurses' mental health by introducing stress management programme to ensure positive mindset and maintain mental health among nurses providing health care to COVID patients.

**Key words:** Perceived stress, anxiety, nurses.

### **Take Away Notes:**

- Challenges faced by nurses while managing COVID patients like physical exhaustion and mental stress because of working in an unpredictable situation.
- To emphasize on the mental health of frontline workers during pandemic like COVID-19.
- How health care organizations can contribute to improve psychological well- being of nurses.

### **Biography:**

Navpreet graduated in Nursing at Adarsh College of Nursing (Baba Farid University of Health Sciences, Faridkot, Punjab, India) in 2013 and joined as Clinical Instructor in same institute. After one year studied Masters in Science (Nursing) at College of Nursing Dayanand Medical College & Hospital (BFUHS) in 2016. Then joined Dayanand Medical College & Hospital as Nursing Supervisor at 16 Nov. 2016 and promoted as Assistant Nursing Superintendent in August 2017. Now presently working as Deputy Nursing Superintendent in same Hospital since June 2018.



**Anita Frauwallner**

Institut AllergoSan, Graz, Styria, Austria

## Highly effective probiotics for the hospital: What needs to be done

The application of antibiotics has been a story of success. Nevertheless, more and more hospitals search for strategies to combat the spread of resistant bacteria in the US and to reduce negative side effects of antibiotics by supportive treatment via medically relevant probiotic treatment to not only ensure patient survival but ultimately aim for patient wellbeing. In several Cochrane reviews the problem of antibiotic-associated diarrhea (AAD) has been addressed. Especially *Clostridium difficile* infection (CDI) is a serious problem, since the spore-forming species is very common in hospitals and nursing homes. According to a report by the Robert Koch Institute about 20-40% of hospital patients are colonized by *C. difficile* underlining its role as an imminent threat when the application of antibiotics becomes necessary. The spread of this toxin-producing germ is specifically problematic for children as well as for elderly or severely ill patients already suffering from decreased immune function. To help prevent AAD as well as an infection with *C. difficile* a high-quality probiotic was developed consisting of bacterial strains that inhibit *C. difficile* growth and toxin production. Double-blind, randomized and placebo-controlled studies have confirmed the applicability of the product – OMNi-BiOTiC® AB 10 – in the battle against intestinal dysbiosis and antibiotic-associated diarrhea (Koning et al., 2008). Very recent studies have shown the suppression of multi-resistant bacteria (Zollner-Schwetz et al., 2020) and a reduced incidence of antibiotic-associated diarrhea among residents of nursing homes (Van Wietmarschen et al., 2020) through application of this distinct formulation. Furthermore, OMNi-BiOTiC® AB 10 supports the restoration of the structural and functional diversity of the intestinal microbiota as has been displayed in patients with early sepsis (Stadlbauer et al., 2019). Today, the range of indications for OMNi-BiOTiC® AB 10 reaches from supportive administration during the use of antibiotics to prevent *C. difficile* growth, to the treatment of diarrhea even of unknown origin, up to the reduction of chemotherapy-induced diarrhea. Recent years have shown that the modification of the intestinal microbiota by administration of probiotic bacteria has the potential to not only prevent a dysbiosis of the gut microbiome of hospitalized patients but also to use medically relevant probiotics for the improvement of liver function – even in cirrhotic patients. The liver as our central organ of detoxification and regulation of metabolism represents a crucial regulatory hub where the application of indication-specific probiotics can exert a significant positive influence. Via the gut-liver axis our intestinal microbiota is strongly connected to our metabolism and can deteriorate or improve all functions of the liver as well as diabetes (Horvath et al., 2019) and cardio-metabolic diseases (Sabico et al., 2019). OMNi-BiOTiC® HETOX was specifically developed to fight these modern plagues. In 2015 the study which showed the enormous improvement of liver function even in critically ill patients and the outstanding support of patients' innate and acquired cellular defense system was awarded President's choice of distinction at the American Liver Week (Horvath et al., 2016).

There is enormous medical and financial potential in the application of highly effective multispecies probiotics in hospitals. These medically relevant bacterial combinations do not only help to save time and expensive medication but significantly improve treatment strategies for gastrointestinal problems and metabolic issues linked to a broad range of medical conditions in hospitalized patients.

### Take Away Notes:

- The administration of high quality multispecies probiotics to reduce antibiotic-associated diarrhea and complications

due to C.difficile which will increase patient wellbeing and additionally save nurses' time and hospitals' money.

- The knowledge about intestinal dysbalance in patients receiving antibiotic therapies or suffering from liver problems and the positive effects that can be achieved by high-quality probiotic supplementation will help the audience to consider suitable natural therapeutic approaches without side effects.

**Biography:**

For almost 30 years, Anita Frauwallner has led Institut AllergoSan, an Austrian company that conducts scientific research in the field of probiotic medicine in cooperation with numerous university clinics. Her declared goal is to pave the way for a preventive and holistic medicine that is based on natural substances that address the cause of the disease, not the symptoms and still stand up to scientific scrutiny in every respect.

Anita Frauwallner began her career at the University of Graz. After studying linguistics and working as a university assistant to Univ.Prof. Dr. Alfred Kracher, she devoted her life to in-depth training in naturopathic medicine and microbiome research. In the first 10 years, Institut Allergosan was run purely out of private scientific interest. From 2002 onwards, large research cooperations with two Dutch university hospitals were established. These resulted in studies on "multispecies probiotics for the treatment of antibiotic-associated diarrhea" and on "allergy prevention during pregnancy" that received worldwide attention. Since that time, the dedicated expert on intestinal health has also been a consultant for naturopathic laboratory medicine and became a pioneer of an international network of evidence-based research with multispecies probiotics. She has also been able to pass on her knowledge as a successful author of books

**Mark Hayford Dwira<sup>1\*</sup>, Catrin Evans<sup>2</sup>, Julie Roberts<sup>3</sup>**

<sup>1</sup>School of Health Sciences, University of Nottingham, Nottinghamshire, U.K

<sup>2</sup>Catrin Evans, School of Health Sciences, University of Nottingham, Nottinghamshire, U.K

<sup>3</sup>Julie Roberts, School of Health Sciences, University of Nottingham, Nottinghamshire, U.K

## **The role of male migrants in survivors' of female genital mutilation/cutting (FGM/C) access to FGM/C-related care services in the United Kingdom (UK). A qualitative study**

**Background:** The provision of FGM/C-related care services is considered a significant step in improving the diverse health challenges of survivors of FGM/C in the UK. However, access to these care services has been reduced among survivors except for obstetrics and maternity. This is because survivors' have been worried about the potential effects of newly introduced laws in the service delivery and whether their decisions to take up care services remain acceptable by their current or future male partners. While migrant survivors' perspective has extensively been studied, little is known about the views of their male partners or guardians.

**Aim:** This exploratory qualitative research investigates whether male migrants' views on and perceived roles in decision-making can support FGM/C survivors' access to care in the UK.

**Methods:** This study will purposively sample 30 male migrants who have a close relationship with FGM/C survivors using the Social media networks, emailing list of partnered Community-based organizations (CBOs), and snowballing via the gatekeepers of CBOs. Repeated semi-structured online interviews will then be used to collect and analyses data simultaneously according to the principles of constructivist grounded theory. This data collection and analysis method has been chosen to allow the researcher to re-contact participants after the first interviews, build rapport with them, and develop a theory about how men can support survivors to access care, respectively.

**Discussion:** This research will increase understanding of how male migrants' roles would support survivors in accessing FGM/C-related care services through theory development. The current UK FGM/C care pathway remains silent about men inclusion. Therefore, not only will this study provide some insight into their roles in this context, but it could also inform stakeholders such as the National Health Services (NHS) to expand the care services to involve male partners for their experienced health consequences as a result of their association with survivors. In addition, this study will provide a baseline reference on this topic for future research explorations as it is the first to explore male migrants' perspectives on all FGM/C-related care services in UK and OECD countries as a whole.

**Implications on Practice:** This study could inform healthcare professionals to encourage users of FGM/C-related care services to visit the various facilities with their partners, as they are urged to accompany their female partners during their uptake of obstetric and maternity services.

### **Biography:**

Mr Dwira holds a BSc in Environmental Health and Sanitation Education from the University of Education, Ghana and an MA in Public Health from Nottingham Trent University, UK. After completing his bachelor's and master's degrees, he worked as a health tutor at Nurses' Training College Kokofu, in Ghana and a research assistant at the Nursing department of the University of Ghana. He is currently pursuing a PhD in Nursing Studies at the University of Nottingham. His research focuses on how male migrants' role would help survivors access care in the UK. He has published the study's protocol in the JBI.

## Sherita House

School of Nursing, Indiana University, Indianapolis, Indiana, United States

### **Military and civilian healthcare professionals experiences of relational coordination, job satisfaction, and retention in a military treatment facility**

Job satisfaction and retention of military and civilian nurses and physicians who work in military treatment facilities (MTFs) are critical to maintaining quality of care and operational readiness. Decreased retention of military and civilian nurses and physicians can negatively impact operational readiness and patient care outcomes. Relational coordination (RC), a theory about the coordination of work within and between distinct workgroups, has been used to understand communication and relationships among healthcare professionals. The dimensions of RC are essential to the development of high-quality healthcare provider relationships and effective care coordination. The purpose of this study is to (1) explore the relationship between military and civilian nurses', residents', and physicians' experiences of RC, job satisfaction, and their intent to stay, and (2) whether race, age, gender, and rank influence the relationship between RC, job satisfaction, and intent to stay. T-tests, one-way ANOVAs, and logistic regression were used to explore these relationships. RC was positively associated with job satisfaction and intent to stay within workgroups. Job satisfaction mediated the relationship between RC and intent to stay within workgroups. Defense Health Agency leaders should focus on strategies to improve job satisfaction because improving job satisfaction may be an indirect way to improve the retention of healthcare professionals in MTFs.

#### **Take Away Notes:**

- Participants will be able to describe how relational coordination can be used as a framework to enhance worker well-being.
- Upon completion participants will be able to discuss the relationship between Army and civilian nurses', residents', and physicians' experiences of relational coordination, job satisfaction, and intent to stay.
- Upon completion participants will be able to describe how demographic characteristics influence the relationship between Army and civilian nurses', residents', and physicians' experiences of relational coordination, job satisfaction, and intent to stay.

#### **Biography:**

Dr. Sherita House obtained a Bachelor of Science in Nursing in 2005 and Master of Science in Nursing Education in 2009 at Winston-Salem State University. She received a Doctorate in the Philosophy of Nursing at the University of North Carolina at Chapel Hill in 2020. She is currently a postdoctoral fellow under the direction of Dr. Robin Newhouse at the Indiana University School of Nursing. Dr. House's research focuses on health systems and intervention development. She works prn as a staff nurse in the cardiac intensive care unit and serves as critical care nurse in the United States Navy reserves.



**Alexandra Myers<sup>1</sup>, Ashleigh Boyd\*<sup>2</sup>**

<sup>1</sup>Emergency Department, University of Missouri St. Louis, St. Louis, Missouri, USA

<sup>2</sup>Emergency Department, Treat The Nurse©, St. Louis, Missouri, USA

## Increasing nurse satisfaction while decreasing compassion fatigue

The purpose of this quality improvement project was to identify and reduce the level of Compassion Fatigue (CF) in Emergency Department nurses by implementing a self-guided intervention. CF was the largest concern for nurse vacancy rates by administration and confirmed that ED Nurses were in the moderate risk category CF via Professional Quality of Life (ProQOL-5) survey results. I would like to share the quality improvement project results and discuss the importance of supporting the Nurses wellbeing.

**Method:** A Plan Do Study Act method of quality improvement was used for this project. The self-guided intervention of Real-Time Transformative Response© (RTR©) was used. The (ProQOL-5) was used to measure and determine if it was effective in reducing levels of CF in ED Nurses.

**Intervention:** The RTR© method is used to greatly reduce or eliminate stressful events that are the root causes of a person's specific stressors. RTR© was distributed to ED Nurses via a three part, self-guided, video educational series. ED Nurses were surveyed pre-RTR© and post-RTR© intervention to determine the effectiveness of the method.

**Results:** 34 ED nurses (N=34) completed RTR© training and ProQOL-5 surveys. The overall mean score for the pre-RTR© training survey was 107 (sd =1.1385), and the post-RTR© training survey was 106.613 (sd=1.1677) ( $t = 1.6924$ ,  $df = 66$ ,  $p = 0.0476$ ). Mean scores pre-and post-RTR© training: compassion satisfaction was 3.59 (sd = 0.9521) increased to 3.95 (sd = 0.7766) ( $t = 1.997$ ,  $df = 66$ ,  $p = 0.000$ ), burnout was 2.71 (sd= 1.1501) decreased to 2.36 (sd = 0.9120) ( $t = 1.997$ ,  $df = 66$ ,  $p = 0.000$ ), and secondary traumatic stress was 2.45 (sd = 1.0002) decreased to 2.25 (sd = 0.9143) ( $t = 1.997$ ,  $df = 66$ ,  $p = 0.0017$ ).

**Conclusions:** Increasing compassion satisfaction and having an overall decrease in CF, BO, STS from using the self-guided RTR© methods concluded that it is a valid coping mechanism for Nurses.

### Take Away Notes:

- Understand the implications of using self-guided techniques that are encouraged as yearly training to institute a healthy coping mechanism for bedside clinicians.
- Increasing nurse satisfaction should be made a priority: increasing the well-being of nurses increases patient satisfaction from having a more attentive and compassionate nurse thus reducing turnover rates.
- Learn the science behind neurofeedback awareness, biofield therapy, and energy-psychological approaches
- The RTR© method could be implemented in multiple departments to encourage awareness and reduction of compassion fatigue throughout the hospital but could also consider expanding into ancillary departments due to increased stressor events occurring to staff. After education and implementation of the self-guided techniques of the RTR© method can be mastered and used within minutes or seconds of stressor events. Reducing stress, burnout and increasing overall satisfaction and positivity while at work not only helps the person that is enduring stressful events but everyone else around them including co-workers.

- Self-guided techniques reduce cost of training, increase entire staff awareness of supporting each other and focusing on the Nurse outcome versus the patient outcome, shifting the paradigm into treating the nurse and not the patient.

**Biography:**

Ashleigh Boyd is a Nurse with over 20 years of experience in the emergency department. She has researched and developed a clinically proven tool to reduce stress. Her passion is to help Nurses ease their stress and increase their self-worth. She is trained in Pathophysiology, Quantum Physics, Subconscious Behaviors, Physiology Hacks, iNLP techniques, Neuroscience, High Performance Habits, Holistic Medicine, Meditation, Biofield Awareness and other healing modalities that assist in long-lasting & rooted transformation.

## Mary Franczek

School of Nursing, Northern Michigan University Marquette, MI

### Extra credit nursing assignment: Self-care

Nurse's self-care is an ethical requirement according to Provision 5 of the American Nurses Association (ANA) Code of Ethics. Younas, 2017, completed a literature review of nursing student's self-care practices. He found a need for further research to identify interventions to improve student self-care practices. The short form of the Integrative Health and Wellness Assessment (IHWA) tool was developed to support self-assessment and self-reflection on the eight dimensions of wellness defined by the Theory of Integrative Nurse Coaching (TINC). These dimensions include (1) Life Balance and Satisfaction, (2) Relationships, (3) Spiritual, (4) Mental, (5) Emotional, (6) Physical (Nutrition, Exercise, Weight Management), (7) Environmental, and (8) Health Responsibility (Dossey, 2016). The International Nurse Coach Association permitted use of the IHWA with students and participants of my speaking engagements. Students completing the IHWA for extra credit set self-care goals and improved their self-care practices over the first semester in nursing school. Students in the first semester, within our School of Nursing, are given the opportunity for one point of extra credit. IRB approval was sought to present information on this teaching method at nursing conferences. The IRB recommended that students be given the choice to complete the Integrative Health Wellness Assessment (IHWA) and write self-care goals. Or, students can write self-care goals without completing the IHWA. This is at the start of the semester. If they complete how effective they were in accomplishing the goals, they are provided an extra point at the end of the semester. 33/40 students completed the IHWA form in winter 2021 voluntarily for the extra credit at the beginning of the semester. 27/40 completed the end of semester extra credit opportunity. Physical exercise was the most consistently reported as being effective in this cohort. Green, 2020, researched the use of a self-care pilot project with students in an accelerated nursing course. In her conclusion she emphasizes all nursing students would benefit from teaching of self-care, no matter what length of their program. My research will continue to assess the effectiveness of this teaching innovation.

#### Take Away Notes:

- A nursing educational innovation to assist student nurses in establishing a self-care routine.
- Use of the Integrative Health Wellness Assessment benefit participants in setting realistic self-care goals.
- Research proves that nurses who prioritize self-care function better at the bedside.
- This educational innovation is easily replicable with a variety of nursing populations.
- Nursing excels in the ability to lead others to health promotion and improved health.

#### Biography:

Mary Franczek graduated with a MSN in Integrative Therapies from University of Phoenix Online in 2006. She is a Healing Touch Practitioner, an Advanced Holistic Nurse-Board Certified, and certified as an adult health instructor for Mental Health First Aid. Her interest in self care was sparked by her certifications with Healing Touch. Mary also received a certificate as a Nurse Educator in 2009. She has been teaching nursing since 2009 and is an Associate Professor. She is accepted for publication on an article on Advanced Care Planning and the Veteran Population. Her nursing background is in oncology and perioperative nursing.

**Dawnetta Marcum**

Nursing, University of Pikeville, Pikeville, KY, USA

**Chronic obstructive pulmonary disease and readmissions: Patients, protocol and outcomes**

Chronic obstructive pulmonary disease (COPD) is a growing health concern in the United States. The incidence of COPD is higher in urban America with incidence rates higher in eastern Kentucky than the national average. Kentucky is historically known for its tobacco rich agriculture. Smoking is a major risk factor for COPD patients. The management of COPD costs the United States billions annually. Many residents in eastern Kentucky require assistance with home management of COPD. An eastern Kentucky home health agency strives to manage COPD patients in the home and to prevent hospital readmissions. The purpose of this quality improvement initiative was to reduce hospital readmissions for patients with a primary diagnosis of COPD receiving home health services using an evidence-based protocol. The project used methods of QI including the Plan-Do-Study-Act cycle to test change initiatives. No COPD patients were readmitted during the implementation period. The agency has adopted the protocol as their new standard of care for COPD patients. During the virtual presentation, the presenter will share the evidence-based practice quality improvement initiative completed in the Doctor of Nursing Practice program at Northern Kentucky University. The findings from the initiative, the steps in the evidence-based practice process, and how to implement these steps in quality improvement initiatives within a clinical practice area will be reviewed.

**Take Away Notes:**

- Participants will be able to identify and understand the steps of the evidence-based practice (EBP) process as they are used within a quality improvement (QI) initiative.
- Participants will be able to apply the EBP process in QI initiatives within their clinical practice settings.
- The EBP protocol developed has the potential to impact COPD readmission rates, financial burdens placed on Americans, and to reduce penalties associated with COPD readmissions for acute care facilities.
- Additional research should be conducted to expand upon the findings of this initiative.

**Biography:**

Dr. Dawnetta Marcum graduated with her Doctor of Nursing Practice (DNP) from Northern Kentucky University (NKU) in May of 2021. She currently holds the position of chair at the University of Pikeville Elliott School of Nursing and is an Associate Professor of Nursing. She received the Evidence-Based Practice/Research Excellence Award as a graduate of NKU with her DNP project titled: Chronic Obstructive Pulmonary Disease and Readmissions: Patients, Protocol and Outcomes. She will be submitting her manuscript for publication in the fall of 2021 to WORLDviews on EVIDENCE-BASED NURSING.

**Craig A Tobias, Natalie Cline\***

Cleveland Clinic Foundation, Cleveland, OH

## Second Victim Phenomenon

A second victim is defined as “a health care provider involved in an unanticipated adverse patient event, medical error and/or a patient related injury who become victimized in the sense that the provider is traumatized by the event. Frequently, second

**Purpose (What):** To provide and improve awareness and education regarding nursing wellness related to effects of adverse patient outcomes. While research is new, we feel nursing has the opportunity to drive caregiver wellness regarding adverse patient events and how they affect not only nursing but healthcare.

**Relevance/Significance(Why):** Increased awareness for caregiver wellness and health is abundant, but knowledge regarding caregiver effects when involved in adverse patient events is less prevalent. Our oral presentation and poster provide awareness and education, literature review of current state, and opportunities for leadership and growth in a growing field of caregiver wellness .Strategy and Implementation (How): Second victim is defined as a health care provider involved in an unanticipated adverse patient event, medical error and/or a patient related injury who become victimized in the sense that the provider is traumatized by the event. Frequently, second victims feel personally responsible for the unexpected outcomes and feel as though they have failed their patient, and feel doubts about their clinical skills and knowledge base. While healthcare is not new to adverse patient events, transparency and employee wellness are. Current state of our research shows great interest with our poster being accepted at Nurse Manager Congress (2017), Pathways (2018), and oral presentations at Bioethics Council Cleveland Clinic Foundation (2017) and the Greater Cleveland Nurse Ass. (2018). While there are few programs nationwide currently supporting caregivers suffering from adverse patient events, awareness and education followed by peer support have shown great promise in caring for caregiver effected.

**Evaluation/Outcomes (So what):** Data collected from a survey at the Cleveland Clinic Foundation showed 45% of registered nurse identified as a second victim at some point of their career. Even with a robust EAP, greater than 80% felt they didn't know who could help and 75% stated peer assistance would be helpful. The growing interest of oral and poster acceptance has showed nursing's interest in this field.

**Implications for Practice (And now):** Peer to peer support is the greatest request from a caregiver suffering from the effects of being involved in adverse patient events. The opportunity for nursing to take the lead in caregiver wellness and support in this very important and difficult field is great.

### Biography:

Craig Tobias, BSN, RN MSN/MBA Grand Canyon, BSN- Ohio University, Athens, OH (2015) ADN- Owens Community College Findlay, OH (2007). Professional experience in nursing leadership with second victims. Currently working nursing research regarding second victim phenomenon.

Natalie Cline, MSN Nursing Education, RN, CMSRN in Cleveland Clinic Foundation and BSN Ashland University, Ashland, OH (2012) MSN in Education, Kent State University, Kent, OH (2016). Personal experience and four years of education on second victim phenomenon.

PARTICIPANTS LIST

<b>Adele Webb</b> Capella University, USA	7
<b>Alaina Valcourt</b> Dothouse Health, United States	72
<b>Amy Rama</b> Roberts Wesleyan College, United States	65
<b>Angela Lang</b> University of Wisconsin-Milwaukee, United States	32
<b>Anita Frauwallner</b> Institut AllergoSan, Austria	90
<b>AnnMarie Vang</b> Aspen University, United States	61
<b>Armiel Suriaga</b> Florida Atlantic University, United States	48
<b>Ashleigh Boyd</b> Treat The Nurse, United States	94
<b>Brian Trzaskos</b> Motivation Beyond Measure, USA	43
<b>Callie Anne Bittner</b> Colorado Center for Nursing Excellence, United States	8
<b>Carol LaMonica-Way</b> Houston Methodist Hospital, United States	17
<b>Christine Feierstein</b> University of Wisconsin-Milwaukee, United States	32
<b>Craig A Tobias</b> Cleveland Clinic Foundation, USA	98
<b>Dan C. Harris</b> WVU Medicine, USA	14
<b>Danielle Beasley</b> The University of South Florida, USA	84
<b>Daryle Wane</b> Pasco-Hernando State College, USA	40
<b>Dawnetta Marcum</b> University of Pikeville, United States	97

<b>Deborah A. Smith</b> Brazosport College, United States	70
<b>Deborah H. Smith</b> Marymount University, United States	58
<b>Denise Stage McNulty</b> Houston Methodist Hospital, United States	17
<b>Donna M. White</b> University of Massachusetts - Boston, USA	6
<b>Eileen Scarinci</b> North Jersey Community Research Initiative , United States	16
<b>Elizabeth Goldsby</b> Ball State University, USA	55
<b>Elizabeth McNally</b> Dothouse Health, United States	72
<b>Eric Buonaccorsi</b> Laboure' College, United States	62
<b>Etti Rosenberg</b> ClalithealthOrganisation, Israel	25
<b>Eunice Ojo</b> Advent Health Tampa, United States	56
<b>Faye A Fairchild</b> Columbia College, United States	19
<b>Giuseppina Seppini</b> S. Croce e Carle Hospital, Cuneo,Italy	52
<b>Hye-Young Jang</b> Hanyang University, Korea Republic of	74
<b>Ilene Gottlieb</b> Vibrational Healing From The Heart, Inc., United States	41
<b>Janet Gichau</b> Kaiser Permanente Integrated System, United States	59
<b>Jennifer Fraone</b> Laboure' College, United States	60
<b>Jessie (Jaspreet)</b> Dhaliwal Pennsylvania State University, United States	30

<b>Jo-Anne Senneff</b> Houston Methodist Hospital, United States	17
<b>Joanne Smith-Young</b> Memorial University of Newfoundland, Canada	12
<b>Judith Fruiterman</b> Marymount University, USA	66
<b>Kara Benneche</b> Northwell Health, United States	68
<b>Keiko Hattori</b> Nihon Institute of Medical Science, Japan	75
<b>Kelly Hakanson</b> Multicare Capital Medical Center, United States	64
<b>Laura Duran</b> UT Southwestern Medical Center Dallas, United States	67
<b>Lerato Matshaka</b> University of Johannesburg, South Africa	47
<b>Linda Stopsky</b> Northwell Health, United States	68
<b>Lois Lopez</b> Chamberlain College of Nursing, United States	63
<b>Lori Rhodes</b> WOC, USA	33
<b>Lynn Doyle</b> Laboure' College, United States	60,62
<b>Machiko Higuchi</b> National College of Nursing, Japan	36
<b>Mahmoud Ahmed Elsheikh</b> Hiroshima University, Japan	44
<b>Mark Hayford Dwira</b> University of Nottingham, United Kingdom	92
<b>Mary Fanning</b> WVU Medicine, USA	14
<b>Mary Franczek</b> Notrthern Michigan University, United States	96

<b>Matthew Hickling</b> Community Care Physicians - Siena College, United States	28
<b>Melissa Viatori</b> Duke Hospital, United States	57
<b>Miranda Squire</b> UCHealth, United States	27
<b>Mohammad Alkawaldeh</b> University of Massachusetts Medical School, United States	23
<b>Mohammad Alkawaldeh</b> University of Massachusetts Medical School, United States	76
<b>Mustaffa Z. Younis</b> Jackson State University, USA	80
<b>Nalyazi Molly</b> Butabika Hospital, Uganda	88
<b>Natalia Cineas</b> New York City Health + Hospitals Corp, USA	38
<b>Natalie Cline</b> Cleveland Clinic Foundation, USA	98
<b>Navpreet</b> Dayanand Medical College & Hospital Ludhiana, India	89
<b>Ndango Immaculate Nyonka</b> University of the Western Cape, South Africa	46
<b>Nicole Giancaterino</b> Chamberlain College of Nursing, United States	63
<b>Pamela E Cook</b> Bloomsburg University, United States	21
<b>Patricia Love</b> Florida Gateway College, United States	34
<b>Patrick Baker</b> Palarum, LLC, United States	79
<b>Petrova N G</b> Saint Petersburg State Medical University, Russia	81
<b>Rebecca Pike</b> King Faisal Specialist Hospital & Research Center, Saudi Arabia	86

<b>Rebecca Toothaker</b> Bloomsburg University, United States	21
<b>Rosemarie White</b> Delaware State University, United States	26
<b>Rui Zhao</b> Children's Hospital of Fudan University, China	50
<b>Sherita House</b> Indiana University School of Nursing, United States	93
<b>Sofica Bistriceanu</b> Academic Medical Unit – CMI, Romania	82
<b>Sue Roe</b> The Roe Group Enterprises, LLC, United States	51
<b>Tena Brown</b> King Faisal Specialist Hospital & Research Center, Saudi Arabia	86
<b>Wong Sze Wing Julia</b> Tung Wah College, Hong Kong	10
<b>Xiaoyun Zhou</b> The University of Queensland, Australia	35



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