

International Nursing Research and Leadership Conference

Oral Presentations and Abstracts

A Scoping Review on the Health Implications of Spiritual and Cultural Practices for Persons with Albinism: A Global Health Perspective

Authors: Reimer-Kirkham, Sheryl; Astle, Barbara

Purpose and Background: The purpose of this scoping review was to analyze the three intersecting concepts for albinism, spiritual and cultural practices, and health care. Stigma and discrimination face persons with albinism, resulting in social isolation and lack of access to health services. More recently, the media has drawn attention to reports of violence and killing of people with albinism in certain areas of Africa for their body parts, to be used in the preparation of “magic” medicines. Human rights and civil society organizations have begun to address this situation. Academic research is urgently needed to fully understand the scope of the problem, the underlying mechanisms, and possible healthcare and social responses to address the health and security needs of persons with albinism.

Methods: A scoping review was conducted employing the review framework by Arksey and O’Malley (2005), and refined by Levac and colleagues (2010). Garrard’s (2016) matrix method was used in reviewing each article for the following data: citation, date, discipline or field, country of author, geographic region of focus, nature of research, type of article, research question, method, sample, sample size, main findings, recommendations, appraisal, level of evidence, and explanatory framework. Additional extraction questions focused on human rights and access to healthcare. Forty articles met the inclusion criteria of the three concepts, were primary research, and peer-reviewed for a total of qualitative (n=16), quantitative (n=9), mixed (n=12) and systematic reviews (n=3).

Results: Findings revealed: the health implications of albinism; the health-related cultural and spiritual meanings attached to albinism; the health-related experiences of persons with albinism, including access to health services; and civil and government initiatives in response to albinism. The majority of the literature focuses on the ophthalmologic and dermatologic implications of albinism, with little examination of other health promotion and disease management issues. A range of cultural and spiritual meanings are attached to albinism, with the more harmful ones attributing albinism to supernatural curses, and inferring healing powers to the body parts of persons with albinism. A pervasive barrier to social inclusion and opportunities for health and wellbeing is the widespread lack of knowledge about albinism. Moreover, in some regions, the security of persons with albinism eclipses the need for healthcare. Civil society and government responses to albinism are: often isolated and independent of each other, with agencies offering targeted interventions that may not include comprehensive healthcare; unable to respond across all the social determinants of health, including education and poverty; working exogenously to the local context; and with minimal acknowledgement of the human rights dimension.

Discussion/Conclusion: This discussion focuses on the human rights of persons with albinism. Further research is critically needed to examine the social and cultural influences on the health, security and welfare of persons with albinism. Advocacy is needed at local, national, and global levels to increase knowledge among all stakeholders (for example, families, informal and formal care providers, civil society, policymakers, and international human rights mechanisms), and to inform measures, including education and healthcare services, in response to human rights violations.

Advancing Nursing through the Skills of Advocacy

Author: Lewis, Mileva

Nurses around the world have a common bond – ethics is foundational to our practice whether in direct patient care, education, administration or research. Ethics, “what one ought to do” is the essence of our “doing” and our “being.” The American Nurses’ Association (ANA) issued a new Code of Ethics for Nurses in 2015 and declared it The Year of Ethics. The ANA Code (2015), the Canadian Code of Ethics (2008) and the International Council of Nurses (ICN) Code of Ethics for Nurses (2012), share common values, among them are: respect of persons;

professional accountability and responsibility for our practice; establishing healthy work environments, promoting social justice, and the role of the nurse as advocate.

While ethical behavior is considered an essential part of the nurse's role international literature continues to report that nurses suffer moral distress, are conflict avoidant, unprepared for the ethical dilemmas facing them in practice. Further, when they do act as an advocate they often experience negative repercussions. Ethics content in nursing curricula has been reduced over time. Despite its inclusion in educational standards, there is no agreement upon what is essential content to be taught. This study established the content validity of the Essential Ethics Content in Baccalaureate Nursing Programs Index (EECBNP). Among the findings is the agreement by nurse ethics experts of the need for skills such as conflict engagement, negotiation, and mediation; content that is absent in nursing ethics textbooks. The purpose of this presentation will be to demonstrate how our respective Codes of Ethics, the knowledge, values, and skills in the EECBNP Index, can be used to empower nurses to be advocates to address ethical issues in their professional life, work place and society.

Nurse ethics experts in the United States completed a survey developed by this researcher called the Essential Ethics Content in Baccalaureate Nursing Programs Index (EECBNP) Index, One hundred and seventeen items in a survey were rated in a on a Likert Scale of Highly Essential (4) to Not essential (1). Of the initial 117 items, 107 or 91% were retained and 10 items were eliminated. No items were added by the experts. The item receiving the highest score possible (4.0) was the Code of Ethics; the item with the lowest score was Allow Natural Death (2.56). The median of eleven categories was 3.36, the highest mean was Ethical Principles (3.69), and the lowest Student Life in General (2.86). This index is composed of categories such as Professional role; Values Formation; ethical principles and theories, models of decision making, advocacy, and moral action. It identified content that should be considered essential, but not currently found in most nursing ethics texts such as: ethical conflicts facing students of nursing; conflict engagement, negotiation, and mediation, and data collection tools such as the Jonsen Four Topics Model. The preparatory literature review for this study uncovered numerous models of advocacy, moral reasoning, and decision-making all of which expand the nurses "ethical tool chest."

Advancing Policy for Lean Leadership: Building Leadership Capacity among Nurse Managers

Author: Udod, Sonia

Purpose & Background: "Lean thinking" has grown significantly in the last few years in the United States, United Kingdom, and Canada. A pressing need to reduce costs while improving quality of care has pressured the government of Saskatchewan to implement a system-wide quality improvement initiative, and has invested in Lean management. High role demands, lack of proper support, and shrinking resources have led to nurse manager (NM) role stress and increased turnover. Nurse managers are essential for building and sustaining workplaces conducive to safe, quality patient care. The complexities of healthcare in Canada and work-life balance demand innovative approaches to achieve and sustain healthy work environments for NMs. These contributing factors have resulted in redefining NM roles within the context of Lean. This study explores leadership behaviors and managerial practices of NMs seeking to implement Lean management strategies in the workplace. This study is conducted in the context of Normalization Process Theory (NPT), which explains how complex interventions, such as Lean, become routinely embedded in practice. This is the first study to generate evidence supporting practice-based theory regarding Lean and effective NM leadership practices.

Methods: This qualitative study builds upon previous work related to Lean implementation. The research environment includes a rural and urban health region featuring semi-structured interviews and focus group discussions with NMs. Using purposeful sampling, we anticipate a sample of 30 NMs. To date, 14 NMs have participated in the study. Data is being analyzed in two steps: 1) the application of Braun and Clarke's (2006) six phase thematic analysis; and 2) mapping of emergent themes with NPT constructs.

Results: Findings to date suggest that managers are central to the implementation of a Lean approach but lack solid understanding of, and confidence in the impact of Lean on the quality of patient care. Amidst workplace pressures and financial constraints, it is expected that managers will include Lean management within their day-to-day activities without a reconfiguration of their role. Limited resources make it challenging for front line staff to apply Lean to care practices creating staff resistance. As well, findings indicate there is a gap between Lean theory

and implementation that continues to challenge the idea that a Lean approach increases time for nurses to care for patients.

Discussion/Conclusion: These research findings are relevant and important because NMs are pivotal players in the implementation of transformative healthcare practices that reinforce behaviors to promote and sustain strategies to reduce waste, improve coordination, and increase patient safety. The exploration of NM experiences with Lean implementation is expected to fill a gap in the literature; the results will be relevant to Canada and beyond, as the need to provide sustainable healthcare systems is a global issue.

The findings of this study will inform evidence-based practice and policy, serving as a base for recommendations that support managers' work environments and enhance our understanding of organizational complexity.

Specifically, these findings have implications for intervention programs to enhance leadership approaches and address work processes.

ALL FOR ONE AND ONE FOR ALL: THE MUSKETEERS DNP SUPPORT GROUP

Author: Crawford, Cecelia

Purpose and Background: Estimates of doctoral students who do not graduate and become All But Dissertation (ABD) range from 40 to 50 percent (Chaswick, Larsen, & Piper, 2010). The literature also notes women having a longer time to completion. The reasons for ABD students not moving to degree completion include funding, timing out of the academic system, troubled student-faculty relationships, and a lack of support (Lovitts, 2001). A partial answer to this academic conundrum is a dissertation support group. This presentation will discuss the journey of the Musketeers, a Doctor of Nursing Practice (DNP) support group. Tools, resources, and processes used to create and sustain the group's work will be described in detail.

Methods: The Musketeers were born during the last class of a DNP program in October 2010. Realizing the academic environment structuring their scholarly activities would now disappear, five students formed a collaborative group to support the next steps of the dissertation process. The group committed to mentor one another as they developed individual progress timelines.

Results: The Musketeers' sustainable social network was created outside of the academic program and coursework. A promise of "No one left behind" and to meet one another at the finish line formed the group's core commitment. The motto of "All for One and One for All" and a fleur de lys symbol captured this promise. A Skype business account was purchased, with one Musketeer facilitating the monthly interactive web-based meetings. A charter document gave voice to the group's mission, vision, purpose, and responsibilities. Structured meetings created a safe and nurturing virtual environment where members discussed dissertation projects and proposals. Each monthly meeting emphasized scholarly expertise, resources, and mentoring to ensure the forward momentum members needed for dissertation completion. Minutes captured each member's incremental progress. All five Musketeers obtained their DNP degrees within a 3 year period. Each Musketeer experienced career growth directly related to obtaining a doctoral degree. For example, one member became the first nurse to be the British Columbia Regional Nurse Practitioner Department Head, with a voting seat at Health Authority Medical Advisory Committee.

Discussion/Conclusions: The dissertation process often means years of solitary activities without peer interaction. Dissertation support groups may prevent isolation, offer mentored support, supply needed resources, and provide a protected space where members hold each other accountable for their scholarly work. Using a charter to clarify functions, responsibilities, and ultimate outcomes, a dissertation support group can assist ABD students in completing the dissertation process and ensure no one is left behind.

All the world's a stage: Experiential learning to harness global social power, embrace change

Author: Campbell, Candace

Statement of the Problem: Experiential learning through applied improvisational exercises (AIEs) is the embodiment of the power of the past, harnessed as a force of the future. Although statistical data varies, according to The Institute of Medicine (2000) and The Joint Commission, (2004-2015), the outcome is clear: communication error is the most frequently cited root cause category of sentinel events in the healthcare industry.

Studies of various risk-adverse environments demonstrate that Kahneman's human factor concept of high communication load, applies to healthcare.

High communication load, defined as the combination of time pressure, workload stress, distractions, interruptions, differences in training, social/cultural differences, fatigue, and degree of professional experience, affects one's ability to process information, and can lead to miscommunication. Stress has been identified as a key experiential factor that programs and modifies brain development. Neuroscience studies reveal the complex mosaic of mental processes that participate in human memory and cognition: a smile from 10 feet away causes a chemical release of dopamine and so-called "happy hormones," while a frown perceived, even briefly, can cause a cascade of stress-inducing adrenocortical hormones. A sense of safety is key to internalize feelings of stability and trust, which necessarily precedes any creative or innovative thinking. As healthcare teams are formed with members who often have never met, but must quickly join to perform complex tasks, it is no wonder that miscommunication exists. The mandate to inculcate highly effective communication among healthcare professionals has been a concern for over 15 years, with little measurable change in outcomes. The modern cognitive research of Bloom, et al.'s taxonomy teaches that the most effective means of learning is through the act of doing. Experiential learning through the use of various improvisational games has been used successfully in the business realm since the early 1990s, as a tool to teach spontaneity, collaboration, creativity, and communication. Although improvisational exercises have been used in the disciplines of art, music, and theater for centuries, the mode of instruction has only recently been used in healthcare.

In the 21st c., it is incumbent upon healthcare teams to create better working relationships among individuals within global, regional, and local health organizations and institutions. Properly facilitated, applied experiential (improvisational) exercises provide a safe, fun, environment for learning.

For many years, this author and professional actor has successfully utilized experiential learning methods to teach clinical simulation and interprofessional communication techniques to nursing and other healthcare groups. She looks forward to an interactive session of sharing experiences through this radical method of knowledge acquisition.

BEHAVIORAL HEALTH ISSUES IN THE ACUTE CARE SETTING: A SCOPING REVIEW

Author: Crawford, Cecelia

Purpose and Background: The literature reveals that behavioral health issues pose significant risk for harm across acute care settings and across the globe (Hahn et al., 2012; Kynoch, K., Wu, C.J., Chang, A.M., 2011). Aggression is an important cause of emotional distress among caregivers and produces negative outcomes for patients/visitors (Hahn et al., 2012). Consequences of patient aggression include absenteeism, decreased productivity, litigation, staff injuries, property damage, staff dissatisfaction, and recruitment/retention issues (Cassidy et al., 2001; Farrell, G., & Cubit, K., 2005; Hahn et al., 2012). This podium presentation describes a scoping review on effective practices and strategies for preventing and managing patient behavioral health issues in acute care settings.

Methods: The review examined the best practices/strategies for the care of nonaggressive and/or aggressive adult medical/surgical and critical care patients diagnosed with or may have behavioral health issues. Customized electronic database searches using keys terms yielded 171 relevant hits, with 163 selected. 157 articles were eliminated as they did not answer the clinical question, targeted inappropriate patient populations and/or institutional settings. Seven studies pertained to the area of inquiry. Article ranking and strength ranged from low to high quality.

Results: The presentation will outline the modern management strategies that can assist clinicians in maintaining safe care environments for patients/visitors and the health team. Examples include body language and therapeutic communication/relationships. Two dimensions emerged from the review analysis. The first dimension was direct care management involving a nurse-patient relationship. The second dimension described the structures, processes, and strategies for optimal patient outcomes.

Discussion/Conclusions: Behavioral health is a global issue. Effective aggression management has moved beyond chemical and physical restraints. Root causes of patient/visitor violence can be traced to the interface between patients and staff and contributing environmental factors. Staff awareness of the patient perspective is key: when staff members value the patients' perspective, aggressive and violent incidents decrease. Staff education on behavioral issues is needed on an annual/ongoing basis. The presentation will conclude with evidence-based

recommendations that can assist clinicians in caring for hospitalized adults who have or are at risk for behavioral health issues. The evidence emphasizes that caring relationships are foundational within a patient, family, and staff-centered caring culture. Developing an awareness of factors that move patient/visitors to behave aggressively and violently can provide safety for both patients and staff. Staff nurses, nurse educators, nurse managers, nurse executives, and other healthcare leaders can organize evidence-based strategies and models into the dual dimensions of health systems and care management in order to ensure that patients, family, and staff remain safe.

ECMO CPR (E-CPR): The nursing experience of implementing a service for out-of-hospital cardiac arrest patients.

Author: Carriere, Sarah

Cardiac arrest is one of the leading causes of death in BC and across Canada. What's more, survival rates among people who experience a heart attack outside of a hospital are particularly low. Approximately nine out of 10 people who suffer a cardiac arrest outside of a hospital do not survive, even with full conventional interventions. Despite medical services (EMS) attending 134 cases of out-of-hospital cardiac arrest (OHCA) per 100,000 adult citizens' yearly, survival rates are between 3-16%. On January 1, 2016, St. Paul's Hospital commenced the Extra-Corporal Membrane Oxygenation (ECMO), CPR program for OCHA patients. The E-CPR program is the first of its kind in Canada.

Historically, patients were treated with E-CPR after prolonged periods of CPR, usually between 45 and 75 minutes. The process and coordinated efforts were done in an ad hoc manner with no clear roles, responsibilities and expectations clearly communicated between multidisciplinary health care teams. After caring for a young and healthy cardiac arrest patient and providing ECMO as a "last attempt" resource that resulted in full neurological recovery, it was recognized that a highly organized and resilient system with close collaboration between pre-hospital and multiple in-hospital series, would be required to identify appropriate OHCA patients and implement E-CPR in a time-frame that could lead to favorable neurological outcomes.

The aim of the E-CPR project is to improve the survival of OHCA patients from 16% to = 30% and to reduce the time taken to initiate E-CPR from the time of CPR to ECMO flow from 75 minutes to 60 minutes. To date, the median time taken to initiate E-CPR is 61 minutes, which is measured using statistical process control charts. Further, the survival rate for the patients treated this year is at 29%. PDSA cycles that led to changes implemented include explicit roles and responsibilities for all team members, room preparation and team huddles prior to patient arrival, and monthly simulation labs.

Challenges faced include management of a patient in the ED that is cared for by multiple health care groups, and dealing with uncertainty. After each case a descriptive and quantitative event analysis is shared with stakeholders and those directly involved with the patient, which details lessons learned, challenges faced, and plans for change and sustainability.

Global Health Competencies for Undergraduate Nursing Students: Preparing for the Future

Authors: Astle, Barbara; Reimer-Kirkham, Dr. Sheryl; Redmond, Anne

Purpose and Background: The purpose of this study was to examine how core global health competencies for nursing students could facilitate the development of global citizenship. Many nursing programs offer international clinical experiences or travel study opportunities for undergraduate students, and most recently, global health competencies have been developed to build capacity for effective engagement in global health policy, education and advocacy. Global health competencies encompass: the effect of globalization on health and health care systems; social and environmental determinants of health; the global burden of disease; healthcare disparities between and within countries; migration, movement and marginalization; and primary health care.

Interprofessional researchers are studying the integration of these competences into health curricula, however, a gap exists in understanding nursing students' perspectives of global experiences and how, with changing social demographics, global citizenship may be a more encompassing competency.

Method: In an interpretive description qualitative study, the researchers explored how global health competencies for nursing students facilitate the development of global citizenship. Repeated semi-structured interviews were conducted with nine Canadian nursing students and recent graduates. In the first interview,

participants reflected on past global health experiences, recalling how they felt as they prepared to leave Canada, while in the host country, and upon their return to Canada. In the second interview, participants provided feedback about faculty-identified global health competencies and identified additional competencies.

Results: Thematic analysis suggests that students' experiences contribute to the need for consideration and development of further competencies. Results relate to curriculum applications and transferability of competencies to promote nursing students' global citizenship in local and global contexts.

Discussion/Conclusion: Students' past experiences inform the need for future consideration regarding topics which extend from themes as culture in context, the transposition of globalization, and relational learning in international experiences. Recommendations will be discussed as related to community-based healthcare education and research, which may contribute towards improvement in nursing education, specifically curricula and program delivery.

Hepatitis B Protection and Millennial Healthcare Workers

Author: Elting, Julie

Purpose and Background: In the 1990s an international public health effort advocated for the routine hepatitis B vaccination of all infants and 'catch-up' vaccination of children to create an immune adult population. This followed a decade of research with infants and children in endemic populations documenting vaccine safety and efficacy. However, it is known that persistence of hepatitis B surface antibody (anti-HBs) created by the vaccine decreases over time. According to the CDC, only approximately 16% of young adults who were immunized as infants have anti-HBs >10 mIU/mL, the recognized threshold for immunity. Regardless, no booster is recommended because follow-up data reveals the infant three-shot series provides either a robust response to a booster in low endemicity populations or protection from chronic disease in populations with high endemicity. However, in 2013 the CDC changed its long-held recommendation for healthcare students and workers. It now recommends that healthcare students and employees immunized as infants receive serological testing to document hepatitis B immunity, with follow-up as appropriate. Without evidence of a positive titer the students/workers may be at risk of contracting hepatitis B through clinical/occupational exposure.

Methods: This was a non-experimental, descriptive study. Secondary data from 241 BSN student health records were reviewed for timing of three-shot hepatitis B immunization series and the results of hepatitis B surface antibody (anti-HBs) serological testing performed at matriculation.

Results: Of the 241 nursing students (4 cohorts), 92 met inclusion criteria with documentation of the three shot hepatitis B immunization series received under 1 year of age. A positive hepatitis B surface antibody titer (anti-HBs > 10 mIU/mL) at matriculation was documented in 13/92 students (14.1%).

Implications for Nursing and Global Health: Documentation of the three shot hepatitis B series does not provide adequate proof of immunity in young adults who were immunized as infants. The results from this study revealed only 14.1% of students immunized as infants had anti-HBs > 10 mIU/mL, consistent with the CDC reported data (approximately 16%). The 2013 CDC recommendations include serological testing for healthcare students/workers immunized as infants, with repeat immunization and titer as appropriate. As more millennials enter the workforce, educational programs and healthcare organizations should ensure policies are in effect that protect students and employees if exposed to hepatitis B in the occupational setting.

How to Help the Suicidal Person to Choose Life: The Ethic of Care & Empathy as Tools for Intervention

Author: Stephany, Kathleen

Purpose & Background: Although healthcare has evolved steadily over time, our progress in caring for people at risk of suicide has been limited. Global suicide rates have actually increased by 60 % in the past 50 years. Studies have identified that we are not doing a good enough job of training nurses and other health care professionals in suicide risk assessment and therapeutic intervention. Based on her research, Dr. Kathleen Stephany has written a book entitled: *How to Help the Suicidal Person to Choose Life: The Ethic of Care & Empathy as Tools for Intervention*. This peer reviewed book is due to be released by Bentham Science in the Spring of 2017 and provides unequivocal, current, evidence-based considerations on how to better care for people at risk of suicide. The ethic

of care and empathy are presented as the means to communicate to the suicidal person that we genuinely care for them and want to help them out of their place of hopeless despair.

Methods: Traditionally there has been a greater focus in the literature on risk factors for suicide with less emphasis on assessment and strategies of intervention. Yet, what we now know is that the essential component of the suicidal person's state of crisis is psychological and emotional. Therefore, we need to acknowledge and address those aspects of their experience especially if we want to gain their trust and help them. In fact, approaches that focus on suicide prevention that do not address the despairing emotional mind set of the suicidal person may not be as helpful as ones that do. The author utilizes two qualitative methods to help us to better understand the lived experience of the suicidal person, the narrative case study approach and the psychological autopsy.

Results: Specific strategies of intervention were introduced by the author that are known to help save lives, the importance of the therapeutic alliance between nurse and patient and providing empathetic responses that communicate caring concern. The results obtained by the author are also well aligned with the work conducted by the International Association for Suicide Prevention (IASP) Aeschi Working Group of suicidologists, Guidelines for Clinicians.

Discussion/Conclusion: We can do a better job of training nurses and other health professionals in how to conduct a thorough risk assessment and how to care for the suicidal person. We need to be reminded that because the essential component of a suicidal person's crisis is emotional, intervention strategies need to ensure that they do not neglect this essential component. Preventing mental illness accompanied by early treatment is also imperative if we are to save more lives. Establishing a therapeutic alliance of trust between the caregiver and patient who is in crisis is crucial, and so is making the suicidal person's story a priority. The ethic of care and empathy are an active means to communicate to our patients that we genuinely care for them and that we want to help them out of their place of hopelessness and despair.

Inside the Mind of an Expert Nurse: A practical framework for critical thinking

Author: Hundial, Hirpal

While the complexity of both human and health care systems has increased, the lack of a shared "mental model" in nursing for critical thinking is problematic. Currently, there are 17 different theoretical definitions of critical thinking in the nursing literature and no practical clinical framework to provide direction for clinical practice (Chan, 2013). The Safe Care Framework was developed to illustrate the step by step critical thinking process that expert nurse's engage to provide comprehensive and safe care for complex patients. The Safe Care Framework assists novice practitioner's to better understand the complex relationships amongst all of the categories of a patient profile and to identify all actual and potential priorities of care. Proactive nursing care through the identification and management of potential risk is a key element for improving patient outcomes. A research study was conducted to determine whether the use of this framework would quantitatively demonstrate higher critical thinking scores amongst graduating BSN students during their acute care experience as compared to those not using the framework for guiding their critical thinking. Results from this study demonstrate novice nurses using this framework were able to both better understand all relationships amongst patient data and identify all actual and potential areas of risk significantly better compared to those not using the framework. This framework has also proved to improve critical thinking in the simulation learning environment.

MAKE HEALTHCARE GREAT AGAIN!

Author: Torres, JoseAngel

Healthcare, an industry genuinely dedicated to helping others and a time-honored profession, trusted and obligated with saving lives and stomping out disease, has been cheapened, by any means necessary and at the cost of so much, into just another customer-driven service industry where satisfaction scores are the driving force healthcare and healthcare workers must follow. A driving force without accomplishment as that destructive IDIOT-ology [sic] has not moved the needle with regard to customer satisfaction. But instead has left behind a trail of overwhelming collateral damage and our nation's greatest silent national crisis.

The belief was, and, sadly, continues to be today, that by increasing customer satisfaction healthcare's quality and cost would improve. However, that has not been the case. Rather focus on variables that DO affect the quality and cost of healthcare, such as outcomes and the safety of healthcare workers and patients, satisfaction surveys focus on wait times, pain management, housekeeping and communication skills, none of which affect the quality or cost of healthcare.

Studies have shown there is NO correlation between satisfaction scores and good healthcare yet no one is interested. And they continue disinterested despite those studies have shown that the most satisfied patients not only spend the most on healthcare but they are most likely to die.

"MAKE HEALTHCARE GREAT AGAIN!" is an epic paradigm shift intended to create a new future in healthcare. To do so, we must rid ourselves of traditional thinking and this presentation is the stone cast across the water that will create the ripples to taking healthcare back. The reason: "We CANNOT solve our problems with the same thinking we used when we created them." –Albert Einstein

Navigating and Understanding Gender Identity

Author: Traister, Tyler

In the U.S., approximately 1.4 million Americans identify as transgender. Traditional beliefs look at gender as binary (male/female) and this binary perspective of gender still reigns prominent in the healthcare setting. Generational and societal shifts allow gender to be viewed as uniquely individual. Has nursing embraced gender diversity and identity? Nursing research lacks available literature on the topic of gender identity. Does this invisibility of trans* in the nursing literature reflect current nursing practice, further perpetuating discriminations and the quality of nursing care for trans* people? A review of the literature published from 1990 to present was conducted using the following search terms: gender diversity and nursing, gender identity and nursing, and transgender and nursing. Published articles were searched through CINAHL, PubMed, & the Cochrane Library. Articles that were excluded from the final review were LGBT nursing care, cisgender male diversity in nursing, letters to the editors, position statements, and magazine articles. The following four themes arose from the literature review: 1) Stigma & Discriminatory practices are barriers to access healthcare, 2) Nursing curriculum and education lack knowledge & sensitivity related to gender identity, 3) Self-Awareness & Cultural Competence is essential 4) Trans* Friendly Communication is vital. The implications for nursing include incorporating trans* health into nursing research, practice, and curriculum, provide initial and ongoing LGBTQ training for nursing and health care staff as well as advocate for information and system changes to normalize gender diversity and create an environment of inclusivity.

Nurse Managers at Risk: Just Show Them You Care

Author: Ricossa, Katherine

Objective: Caring traits were studied and classified using Watson's Caritas Processes to examine the culture of nurse managers.

Background: Nurse managers are vulnerable due to job demands, stresses, and constraints from a lack of self-care, leading to dissatisfaction and burnout.

Methods: A two-phase ethnographic process was used: first, participant observations (n = 16), and second, follow-up interviews (n = 2). Structured and unstructured questions were posed and responses were audio taped and transcribed. Field notes were also taken. The thematic data were categorized into Watson's Caritas Processes. Results: The observations revealed caring practices and the interviewees' responses confirmed these observations. Non-verbal caring behaviors included maintaining eye contact, active listening, and being present. Interviewees noted that rituals were needed to promote personal and professional balance, mentorship, and peer support.

Conclusions: Caring behaviors promote a culture of compassion and support for nurse managers in order to promote professional and personal balance.

Nurses Night Out: A successful strategy for chapter revitalization

Author: Farmer, Pat

Purpose and background: Maintaining a vibrant local chapter of STTI is a priority for all members. This presentation details the process initiated within Omicron Omega, a rural chapter facing a crisis in sustainability. In 2011 the affiliated BSN program closed, eliminating the pipeline of new student members. As the core group of active members dwindled in size, event participation reached very low levels. Members of the Board of Directors (BOD) were filling all committee roles, with virtually no participation from other chapter members.

Methods: In 2015, the Omicron Omega BOD developed a plan to broaden outreach through quarterly events called Nurses Night Out (NNO). Chapter leaders had received feedback that many local nurses did not attend public events under the misimpression that honor society events were exclusive or elite. A campaign to combat this idea was launched through specific messaging and marketing strategies and through focused outreach inclusive of our Associate Degree colleagues. The BOD selected topics most likely to be of interest to the broadest possible group, including advocacy, moral distress in nursing, and cross-cultural adventures for nurses. Presenters continued to provide research findings and scholarly content, but made a deliberate effort to keep material broadly accessible. Each event included food, and after some reflection, beer or wine for purchase. After the second event program organizers began to include standard event fundraising through raffles and other activities. All events after the first were self-sustaining through a low entry fee and donation of food by board members and others. More recent events have resulted in modest fund raising gains.

Results: Initial meeting attendance was three to fourfold previous events, and meetings since have shown steadily increasing attendance. The events created a stronger sense of community among local nurses, which led to a greater interest in Omicron Omega and STTI in general. Chapter membership stabilized and began to increase. Active members have volunteered for committee service and other roles with the chapter.

Conclusion: A strategy focused on greater inclusion, de-mystifying nursing research and scholarship, and on an enjoyable evening out has potential to enhance interest in nursing honor society participation. Unifying a broad community of nurses around common issues provided opportunities for leaders to role model scholarship. Lessons learned in the process of developing Nurses Night Out have potential to benefit other chapters. Challenges remain, especially in outreach to staff nurses.

Nursing Students: Healthy Cooking for the Vulnerable and those Individuals and Families with Chronic Disease

Author: De Natale, Mary Lou

Statement of the Purpose: The purpose of this clinical elective is to enhance the nursing students understanding of the nutritional needs of healthy adults and those with chronic disease while learning to cook healthy meals. Individual patients and clients in the local community can be vulnerable due to normal physiological changes and health conditions. Dietary variation is important for health maintenance and disease prevention amongst all age groups. Supporting the nursing student in the BSN or Masters Level in their knowledge of healthy meal alternatives and their understanding of food preparation for at-risk populations is a learned art and takes practice and teamwork in a clinical teaching environment--kitchen. Because nutrition is a identified priority in health care, nursing students need to learn how to cook and provide health education to those with health care needs.

Method: Through a partnership with Hospitality Management and the School of Nursing a healthy cooking for the vulnerable class was designed to support safety in the kitchen, application of nutritional basics, discussion of food sources, and understanding the implications of preparing a meal on a budget to local vulnerable individuals and families. The students worked in groups to provide a selected menu on a chronic disease (heart disease, cancer, and/or diabetes). Additionally, the students visited a local farmer's market to learn about seasonal ingredients to support self-care and health nutritious choices on a budget for a meal. They used the knowledge as well to cook for over 300 vulnerable low-income individuals living in shelters and helping with also specific nutritional requirements of a balanced diet.

Results: A nursing portfolio of cooking recipes and their evaluation of the course and classes were noted. The nursing students were more conscious of their ability to learn how to cook in the kitchen and recognize health choices for taste/texture, seasoning, and nutritional value in cooking a main entree and also being judged by their peers for their presentation of the meal and work as a team. Nursing students noted that they were more

conscious of a meal plan and were following the class better prepared to answer patient questions, offer menu choices and or resources to support patient and family learning for their health and wellness.

Discussion and Conclusion: There are changes in personal eating habits that contribute to poor nutrition that starts personally and locally and could influence overall health and food choices in communities. There is a rise in obesity and chronic noncommunicable diseases (NCDs) such as diabetes, heart disease, and cancer and nursing students are the catalysts for creative learning and encouragement of the patient and family in their own care. Helping patients and families understand how they might make better choices related to sodium in foods, added sugars in food and beverages, and learning how to cook a protein or vegetables is a potential plan for improving health one person and one family at a time. Nursing students are an example by how and what they eat and this influences care in communities.

Policy, Education, and Advocacy for Military Medics and Licensed Practical Nurses transitioning into a Streamlined Baccalaureate in Nursing Program

Author: Mulligan, Anne

The presentation describes development of a curriculum and faculty development program to support the achievement of student-veterans in the higher education setting and specifically in a Bachelor of Science in Nursing Program. Utilizing the training, education, and experience of United States military medics combined with licensed practical nurses enrolled in a streamlined BSN program provides a model for both groups to transition into high wage, high demand careers. The method followed to determine required curriculum and faculty development to support learning will be described. This model will increase the diversity and add to the baccalaureate prepared registered nurse workforce.

Reframing Mentorship: An appreciative Inquiry for the Internationally Educated Nurse

Author: Ronaldson, Sharon

Purpose and Background: Within nursing, mentorship between the student and graduate student nurse relationship has been a longstanding strategy to support students' clinical placement knowledge and praxis. Peer mentorship between the student to student relationships continues to gain interest in academic settings. However, there is limited evidence focusing on mentorship processes and outcomes particularly related to Internationally Educated Nurses (IENs) and their transitioning into being a learner within an academic setting acclimatizing to Canadian work and life.

Method(s): This exploratory study, using an appreciative inquiry approach, focuses on the peer co-mentorship aspect of the student nurse advocacy program (SNAP) with IENs registered as learners at Langara College School of Nursing. Specifically, this research identifies the strengths and needs of IENs registered in a post degree certificate program and their peer mentors. A purposive, convenience sample of eight (8) participants voluntarily enrolled and consented to the project wherein each IEN was paired with a SNAP-peer mentor and met over a period of one semester, choosing the style of interaction and frequency. Thematic analysis of data obtained from focus group discussions and survey questionnaire suggest all participants bring a number of strengths to the mentorship process.

Results: Findings suggest key attributes simultaneously support the transition of IENs and build upon the capacities of the peer mentors; resulting in the blending of roles.

Discussion/Conclusion: Participants identified strategies to enhance the resources and services within the SNAP program and recommendations lean to inform future IEN education at Langara College and beyond through the process of a co-mentorship model.

Supporting Nursing Research at the Bedside: Evaluation of a program to support evidence-based practice and research engagement

Author: Black, Agnes

Purpose and Background: Excellence in clinical practice, whether locally or globally, must be supported by evidence, yet nurses have identified many barriers to achieving evidence-based practice (EBP) and involvement in research, including limited organizational support and insufficient time to implement new ideas. Leaders at a large university-affiliated tertiary-care health organization have developed and evaluated a research capacity-building program, the "Practice-Based Research Challenge" (PBRC), aimed at reducing barriers to nurses' research utilization in clinical settings and promoting engagement in research and EBP.

The PBRC encourages point-of-care nurses and other health professionals to form teams to conduct small-scale research projects arising from their clinical areas. The PBRC offers participants research methods workshops, mentorship from experienced researchers and leaders, organized around a funding competition. Mentors for the program are drawn from academic settings as well as leadership positions within the organization.

Methods: In its first six years, the PBRC has engaged 420 clinicians and funded 70 separate research projects. Each participant in the PBRC is invited to complete an evaluation at the beginning, midpoint and the conclusion of their funded research project, using a validated tool, the Nurses' Research KAP (Knowledge, Attitudes and Practice). Analysis of data from 146 participants in the 2011, 2012 and 2013 cohorts is complete. A long-term impact evaluation was also performed, using surveys and open-ended questions.

Results: We found a statistically significant improvement in participants' self-reported knowledge of research methods (mean 1.72 vs 2.21, on a 1 to 3 scale); and research methods ability (mean 1.95 vs 2.24). In the long-term impact evaluation survey of PBRC participants, 90% stated they would recommend PBRC participation to colleagues, while 100% agreed the program was useful in promoting EBP.

Conclusions: The PBRC program supports point-of-care nurses and other clinicians to transform care through support to lead research projects. The PBRC is a promising initiative for any health care organization seeking to enhance EBP and engage point-of-care nurses in research and EBP.

Use of Acute Care Services within 30-days of Hospital Discharge: An Analysis of Administrative Data

Author: Hodgins, Marilyn

Purpose & Background: Unplanned re-entry into the acute care system has been described as an indicator of treatment failure (i.e., deficiencies in the discharge process) and as being potentially preventable. Project objectives were to examine the incidence of acute care service use (i.e., hospital readmission or emergency department presentation) by patients within 30 days of a discharge to home and to describe the demographic and clinical profile of these patients. Unplanned re-entry into the acute care system by recently discharged patients is of international concern because it is costly not only to the healthcare system but also to patients and their families.

Methods: Project involved descriptive and correlational analyses of 13-months of administrative data and 19,351 discharges from one tertiary hospital. The median number of hospital discharges per day was 46 but ranged from 5 to 82 per day. For the majority of cases (84.6%), the patients was discharged to a home or home-like setting.

Results: Almost 1,500 hospital admissions and more than 2,000 emergency department (ED) presentations involved patients who re-entered the acute care system within 30 days of a discharge to home. The odds of a 30-day hospital readmission was higher for men than women. Although the odds of readmission was lower for those less than 35 years of age, no significant difference was observed in the odds of readmission among older age groups (35 to 64, 65 to 79, 80 years or older). Approximately one-third of 30-day hospital readmissions and ED presentations involved those aged 35 to 64 years. Almost half of the presentations to the emergency department occurred within 7 days with more than 200 within 24 hours of hospital discharge. Few differences were observed between those who presented to the emergency presentation early (within 7 days) and later (8 to 30 days following discharge) in terms of their sex, age, or presenting concern.

Discussion & Conclusion: Reported rates of re-entry are likely conservative as analysis involved data from only one acute care facility. Discharged patients who accessed services at a different acute care facility were not captured. An unexpected finding was the high rate of re-entry by patients aged 35 to 64 years, which challenges the

assumption that problems during the transition from hospital to home primarily involve the elderly. Since many of the programs developed to assist patients during this transition are geared to older adults, the needs of middle aged adults may not be being adequately met.

Using i-Clickers and evaluative quizzes to enhance student learning in a flipped classroom

Author: Pittman, Carl

Category: Evidence based practice abstract

Purpose: This innovation explored the use of iClickers and evaluative quizzes to improve student learning and provide feedback in a “flipped” medical surgical nursing course.

Introduction: Evidence supports the use of active learning strategies such as the “flipped” classroom and case studies to help students apply nursing concepts in their clinical practice. However, student learning and gaps in that learning can be difficult to assess in the classroom. iClickers and evaluative quizzes are one way of addressing this problem.

Implementation: The format of the medical/surgical nursing classes in this baccalaureate program was changed from a lecture/powerpoint format to a “flipped” classroom. This change in format involved students being assigned reading assignments, videos, and powerpoints to study before class began. Class time then was used for an evaluative quiz, a brief lecture covering the class objectives for the day, and then, group work on case studies. While the quizzes at the beginning of class provided a window into the students’ preparation, gaps in learning weren’t apparent until after class, when the instructor had an opportunity to review the quiz results. Accordingly, measures to fill in the gaps weren’t timely, but were relegated to time stolen from the next class meeting. The methodology of quizzing was changed from the previous on-line model embedded in the learning management system of the university to a series of quiz questions on powerpoint slides. The quiz was administered to students at the beginning of class, using iClicker polling, and covered the assigned reading and preparatory materials. Questions were presented one at a time, with a polling time of one to one and a half minutes. At the end of polling, the aggregated responses to the question were shown by the instructor. The instructor then asked students their rationale for choosing various answers. In turn, the instructor offered rationales for both the correct answer and incorrect answers. This process was followed for each of five questions. If significant numbers of students had difficulty with the quiz questions, the instructor would modify the short lecture which followed the quizzes to include more teaching related to those topics that students had trouble with. Conversely, if students demonstrated a good grasp of a concept, less time needed to be devoted to it.

Evaluation: The use of i-Clickers and evaluative quizzes in a “flipped” classroom allowed the instructor to quickly assess students’ preparation for class. This strategy also allowed the instructor to tailor the minimal lecture used in each class to better address gaps in student learning.

Course journals, and after class comments, showed students appreciated the nearly instant feedback on the quizzes. Student scores on the midterm exam that covered these topics also were appreciably better than those of previous cohorts, although the use of i-Clickers was only one of the possible causes for this improved learning.

Using innovative technology in hospital dementia care

Author: Hung, Lillian

Purpose and Background: Staying in the hospital can be a very stressful experience for patients with dementia. A familiar face and reassuring voice of a trusted loved one can offer a sense of safety and comfort. Yet family can't always be there in person with the patient. This innovative project examines whether using an iPad to play a video purposefully created for the patient by his or her family may contribute to enhancing safety and quality of care.

Methods: In this project, we used a mixed method approach. The study was conducted in an older adult mental health unit at the Vancouver General Hospital. The intervention involved inviting the patient participants to watch a one-minute video of their family. The recorded video made by family included a reassuring, comforting and supportive message to help the patient feel safe and allow staff to help with a specific care task. The process was examined by structural observations (Dementia Observation System, DOS) and with video recording. We conducted statistical analysis (t test) of the quantitative ratings of behavioural and mood changes in patient

participants to compare mean differences between baseline phase (A1) and intervention phase (B1). Also, we conducted staff interviews and video analysis to investigate contextual factors and staff experiences.

Results: Our preliminary findings lend support to the positive effects of the intervention. When the intervention of iPad was introduced during B1 phase, our results showed a significant change in mood, engagement, and participation. Staff described the benefits and barriers of using an iPad with family videos for patients with dementia. Key factors that influenced the effect of the intervention included: (a) knowledge and skills of staff in applying person-centred care approach, (b) the nature of the videos, and (c) environmental factors. Other lessons learned that enabled the success of the intervention will be discussed in this presentation.

Discussion/ Conclusion: This study is among the first to examine the effects of using an iPad loaded with family videos to reassure patients with dementia and promote safety and quality of care in the setting of the hospital. This research has potential to contribute to the knowledge base of using technology (iPad) as a non-pharmacological intervention in hospital dementia care. The iPad loaded with short family videos can be a safe, easy and low-cost solution for supporting patient safety and quality of care, as well as reduction of staff injuries in the clinical settings.

Validity of a Chinese Self-report Pubertal Development Scale

Author: Noel Po Tai, Chan

Purpose and Background: Tanner pubertal assessment questionnaire (PMQ) has been a golden standard in the assessment of sexual maturation status (SMS) in children. However, using the Tanner PMQ with its pictures or drawings of naked males and females, could raise objections from school principals and parents. It is also possible that completion of the scale in classroom situations could cause embarrassment for some students and this might deflect attention from the questionnaire itself. In response to such resistance by schools and parents, and to improve participation rates in studies involving pubertal assessment of children, a Pubertal Developmental Scale (PDS) was adopted to assist children to assess their own SMS without exposure of body that caused embarrassment. The purpose of the study was to validate a Chinese version of the self-reported PDS

Methods: A cross sectional study with 129 boys and 161 girls aged 8 to 18 years were recruited. Two instruments were used in this study; the self-reported PDS and the line-drawing Tanner pubertal questionnaire. Children completed both the self-reported PDS and self-reported Tanner pubertal questionnaire prior to physical examination through visual depiction by a same gender rater.

Puberty Category Score (PCS) which were derived from the PDS, was used to categorize children into one of five pubertal development stages. Tanner derived composite stage (TDCS) which was derived from the Tanner pubertal questionnaires, was used to compare with PCS to obtain the inter-rater agreement.

Results: Moderately high agreements were found between raters' TDCS and PCS in girls [weighted kappa (WK) 0.57 (0.44, 0.71); Kendall-t-b 0.60 (0.51, 0.69)] and in boys [WK 0.58 (0.47, 0.69), Kendall t-b 0.50 (0.38, 0.62)]. The correlation between self-reported PDS and rater's assessment was substantial in girls [Kendall-t-b 0.61 (0.54, 0.69)] and moderate in boys [Kendall t-b 0.49 (0.38, 0.61)].

Discussion/Conclusion: The Hong Kong Chinese children and adolescents were able to reliably estimate their own SMS using a Chinese version PDS. This instrument may be useful in epidemiological studies when cost, privacy and other concerns preclude the use of other SMS assessment tools.

VERBAL DE-ESCALATION TECHNIQUES IN ACUTE CARE: AN EVIDENCE REVIEW

Author: Crawford, Cecelia

Purpose and Background: As mental health disorders increase, healthcare providers encounter more patients with psychiatric disorders and related problems in the hospital emergency department and inpatient acute care settings (Nadler-Moodie, 2010). Nurses are expected to prevent, manage, and care for patients with potentially disruptive and assaultive behavior; yet may not have the tools, skills, and preventative processes in place as part of their daily practice (Chapman, R., Perry, L., Styles, I., & Combs, S., 2009; Robertson, T., Daffern, M., Thomas, S., & Martin, T., 2012). An integrative review was conducted to determine what is the quantity, quality, and consistency

of the evidence for verbal de-escalation practices to mitigate disruptive, agitated and/or violent behavior for the adult patient/visitor in the acute care setting.

Methods: A comprehensive search strategy was used to identify published English written evidence between January 2008 to February 2014 via PubMed, CINAHL, Science Direct, PsycNET, Cochrane Library, and Google Scholar. A total of 5526 hits yielded 10 articles that met criteria in addition to 3 contextual articles; therefore, 13 articles were included in the final evidence review.

Results: Findings demonstrate that verbal de-escalation techniques are the first line of treatment in preventing and managing potentially dangerous behaviors to ensure the safety of patients, staff, visitors, and hospital property. Verbal de-escalation consists of negotiation, problem solving, limit setting, and verbal feedback using verbal and non-verbal communication skills. It encompasses practical, non-coercive approaches designed to enhance the therapeutic patient/nurse relationship. Verbal de-escalation has the potential to decrease the effect of patient aggression on multiple outcomes, including staff efficiency and moral, sick leave, disruption to quality patient care, and cost of staff injuries.

Discussion/Conclusion: De-escalation competence requires initial and on-going education for staff nurses. Education consists of orientation to the physical environment and assessment skills for physical, cognitive, and mental status domains. Information from this review can assist in the development of actions plans, policies, and procedures for aggressive behavior management. The ultimate goal is to support nurses in knowing the situation, the patient, and themselves; to use verbal de-escalation to assist the patient in managing, maintaining, and/or regaining self-control. To date, the evidence reflects expert opinion and descriptive studies. Results identified that there is global lack of consensus regarding what is understood by the term 'de-escalation techniques' and reported inconsistency in treatment approaches or the lack of a standard approach. Therefore, further empirically based research studies are needed on the effectiveness of verbal de-escalation techniques before and after implementation.

Contemplative pedagogy, Part 1: Exploring theoretical underpinnings.

Authors and contacts:

1. Anne Bruce, RN, PhD (Nurse Educator—Professor; abruce@uvic.ca)
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Around the world a quiet revolution is unfolding in teaching and learning through the introduction of contemplative practices in higher education (Zajonc, 2013, p. 91)

In this presentation we will explore the theoretical underpinnings of contemplative pedagogy including overlapping concepts of contemplative practice and contemplative knowing. A distinguishing feature of this approach is an epistemological framework of first, second, and third person knowing. This framework and its implications for the scholarship of teaching-learning will be explored in the context of a web-based graduate nursing course. Challenges encountered when using contemplative practices will be addressed.

Contemplative pedagogy, Part 2: Engaging an exemplar in nursing education

1. Deborah Thoun, RN, PhD (Nurse Educator—Associate Professor; thoun@uvic.ca)
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Contemplative pedagogy cultivates inquiry into what is deeply meaningful for students. It focuses on human flourishing, is grounded in first-person inquiry, and gives rise to an ethical frame that fosters discernment, enabling students to hold differing views simultaneously. In this presentation, we will share our experiences of teaching-learning in an undergraduate nursing theory course over the last three years, that have been guided by contemplative pedagogy. Our intention is to engage participants in experiential work and discussion that integrates contemplative practices such as writing, meditation, visualization, and that explores the merits of this approach.

Poster Abstracts

A Descriptive Cross-Sectional Study of Nursing Students' Empathy in Macau

Author: Wong, KaFai

Purpose and Background: Empathy has well known as an essential character of caring for patients. Numerous studies had steadily accumulated in support of the utility of empathy in nursing practice, thereby improving a professional quality of nursing students and patients' satisfaction. However, there was limited study on local nursing students' empathy. To address that, this study aimed to investigate local nursing students' empathy in Macau.

Method: A descriptive cross-sectional study carried out at the nursing school in Macau. A sample of 494 (N=494) nursing students agreed to participate in the study, giving a response rate of 92.3%. Students completed the Chinese Version of Jefferson Scale of Nursing Students Empathy, a valid and reliable self-report scale. The scales' possible score could range from a minimum of 20 to a maximum of 140. The higher scores indicated higher level of empathy. Descriptive and inferential statistics were used for the data analysis.

Results: Overall nursing students displayed a higher level of empathy (M=109.03; SD=11.5). Females were found to be significantly more empathetic than males ($p < 0.005$). The senior year's students displayed more empathetic ability, whereas the junior year's students were the least. Students had received training on the concept of empathy had higher scores than those without training. Similarly students performing clinical practice had higher scores than those without any clinical experiences.

Discussion/Conclusion: Empathy is an important multi-dimensional characteristic of nurses which could be fostered in the early stages of nursing students' undergraduate studies. A thorough study of the contributing factors to forming an empathic ability is essential in order to inform the strengthening of the nursing education curricula locally. On the other hand, nursing students' clinical practicum could enhance their growth of empathy that further supported experiential learning in clinical setting could facilitate their abstract learning of empathy. That type of hands-on learning enabled nursing students knowing more about how to provide good quality care to their patients. In general, the necessity of empathy enhancement in our nursing profession was confirmed and relevance to our nursing practice.

ART Medication Adherence Interventions in HIV+ MSM: Reminder and Social Support Systems

Author: Knudson, Inga

HIV continues to be highly prevalent, with more than 1.2 million people estimated to live with HIV in the United States and more than 50,000 new infections every year. Many of studies have been conducted to assess the best interventions for preventing viral transmission. Fewer studies, however, focus specifically on HIV+ MSM with adherence barriers. We reviewed interventions to improve medication adherence among this population to make recommendations for future practice. We searched CINAHL, PubMed, and PsycINFO for articles, focusing on experimental studies published within the last 5 years, with interventions to improve medication adherence among HIV+ MSM. Six studies met our inclusion criteria, comprising two categories: 3 studies on cell phone reminder systems and 3 studies on mental health and social support systems. Adherence ($p=0.007$, $p=0.041$, $p=0.04$) and viral control ($p=0.043$, $p=0.013$, $p=0.003$) was higher among individuals that received electronic reminders than those that did not. Adherence was also higher among people who were treated for depression ($p < 0.001$), a psychiatric comorbidity highly associated with HIV. Interventions that primarily treated depression were more effective at improving adherence than those that were primarily behavioral or psychosocial and focused on adherence. We recommend future research to conduct studies that focus on specific group interventions, such as CBT or DBT, and look into the adoption of a central organization text message reminder system. Quantitative studies are needed to examine which HIV+ MSM would benefit from reminders alone, as opposed to those that need social support or a combination of the two to improve medication adherence.

Best Practices for Delivering Telehealth Mental Health Services to High Risk Clients

Author: Elting, Dirk

Purpose and Background: Nearly 80 million Americans live in a mental health professional shortage area (American Psychological Association, 2011). One approach to managing this healthcare problem is the delivery of psychotherapy to clients via telehealth. While unheard of a decade ago, using the web/teleconferencing to meet client needs is increasingly common and brings multiple benefits by offering direct care and eliminating extra expenses for clients/providers to travel. Lack of transportation and distance to care creates a burden for individuals and families in rural and urban settings. The literature is expanding in this area, providing supportive evidence for telehealth delivery of psychological services for depression, anxiety, and other common disorders. However, less is known about the delivery of telehealth services to high-risk clients.

Methods: An evidence-based practice project collaboration was established between Chaminade University of Honolulu School of Nursing senior students and Acceptance and Change Psychotherapy. The six-student team utilized the Johns Hopkins Nursing Evidence-Based Practice Model to identify the problem, search for and appraise the evidence, and provide structure for synthesis/policy recommendations. The EBP question: What are the best practices for delivering telehealth mental health services to low and high risk clients?

Results: There is increasing evidence to support the expansion of telehealth services to clients at low-risk for self harm. There is limited evidence to support the delivery of telehealth to high-risk clients or clients in crisis situations.

Discussion/Conclusion: Mental health practitioners must approach telehealth with the same vigilance as in-person services regarding obtaining complete health and psychological client histories, consent for services, safeguarding records, and providing continuity of care. In addition, practitioners must ensure their use of telehealth is secure and compliant with federal and state privacy regulations. Clients may need training to become comfortable with using telehealth, particularly older clients or those uncomfortable with, or suspicious of, technology. As with other services, therapists should understand state laws and insurance reimbursement rules before engaging in telehealth. Liability coverage should delineate telehealth to protect practitioners and clients. Expanded access to clients and therapists through telehealth may enhance patient-physician collaborations, improve health outcomes, increase access to care and members of a patient's healthcare team. A reduction in medical costs are seen when used as a component of a patient's longitudinal care. Telehealth may be most beneficial between a client and therapist with an established, ongoing relationship. More research is needed to assess viability of telehealth with clients at higher risk of self-harm.

Comparisons of associate degree nursing student engagement in flipped and lecture classrooms

Author: Luster, Larry

This research is being developed for a dissertation that will be examining the connection between student engagement and the types of instruction within a nursing classroom. The research will examine how two approaches of instruction impact student engagement within associate degree nursing programs in the Pacific Northwest. The two approaches to be examined will be a traditional lecture classroom and a flipped classroom method of instruction. The current research on flipped classroom indicates that it has a large impact on student engagement with the classroom. However, the research on this approach has not been rigorously explored, related to the discipline of nursing (Bernard, 2015). The current research on flipped classroom is focused on grades within programs and therefore limits the understanding of the concept of engagement. The concept of engagement includes behavioral, emotional and cognitive aspects that are not included into the study of flipped classroom. This research seeks to develop a better understanding of a flipped classroom related to a deeper understanding of the concept of student engagement. The use of the National Student Survey of Student Engagement (NSSE) will be the instrument used to measure the concept of student engagement. The NSSE instrument is used by over 1500 colleges and universities throughout the United States and Canada to measure student engagement (NSSE, 2016). The current research on flipped instruction lacks depth as to the measurement of the concept of student engagement. The current research will examine student engagement as it impacts the behavioral, cognitive and emotional components of engagement versus purely academic scores and grade point averages. The research shows that a flipped classroom actively engages student in the content of a course and

provides deep learning of the material in the classroom (Bergman and Sams, 2014). The implication for this approach could benefit nursing students as students need a deep learning to develop both their critical thinking in the classroom as well as in the clinical setting to provide care to complex patients.

Development and Evaluation of Preceptor Training Program for Nurse Preceptors in King Chulalongkorn Memorial Hospital

Author: Kheawwan, Dr. Pataraporn

Purpose & Background: Preceptorship represents an important aspect in new nurse orientation. However, there were no formal preceptor training program developed for nurse preceptor in King Chulalongkorn Memorial Hospital. The purposes of this study were to develop and evaluate formal preceptor training program for nurse preceptors in King Chulalongkorn Memorial Hospital.

Methods: A quasi-experimental study design was utilized in this study. Participants were 37 nurse preceptors. Inclusion criteria consisted of 1) being a nurse employed for at least 3 years; 2) being a competent practitioner; 3) having good communication skill; 4) being good in team working; and 5) willing to be a nurse preceptor. Adult learning theory was applied by using blended learning approach integrating e-learning, instructor-led training, group discussion, video, audio, online education resource, and simulation training. Two-day workshop was set for face-to-face coaching. Knowledge of the participants was assessed pre and post program. Skill and critical thinking were assessed using Preceptor Skill & Decision Making Evaluation form at the end of program.

Results: Statistical significant difference in knowledge regarding preceptor role and coaching strategies between pre (18.46 ± 4.29) and post program (33.95 ± 3.23) were found. All participants had satisfied skill and decision making score after completed the program. Most of participants perceived benefits of preceptor training course.

Conclusion: Developing the preceptor competency in clinical setting is challenging, yet essential to meet requirements of current and future nursing practice. The creation of a formal preceptor course allows nurse to refine tool and curriculum for preceptor training within hospital setting. The results of this study reveal that KCMH preceptorship course is an effective formal training course for nurse preceptors.

Employing Evidence-based Interventions to Combat the Global Phenomenon of Tobacco Use among Vulnerable Populations: A pilot study proposal

Author: Solorzano Martinez, Angel

Purpose:*A Pilot Study proposal to reduce the incidence of tobacco use among homeless individuals living in a shelter.

Clinical Question: Can Motivational Interviewing (MI) in conjunction with Nicotine Replacement Therapy (NRT) reduce the prevalence of smoking among homeless individuals?

Background

- Tobacco use is global health issue affecting people across cultures
- Vulnerable populations face higher rates of smoking compared to general population
Research studies about tobacco control among vulnerable populations are limited (Bonevski et al., 2011)
- Health related problems with Tobacco Use
- Cardiovascular and respiratory diseases leading to higher morbidity and mortality rates (Goldade et al., 2013).
- Smoking rates are higher among adult homeless individuals compared to the general adult population (Bonevski et al., 2011) Previous Research using MI + NRT
- Zwar et al. (2011) conducted a study in Australia with nurses counseling to smokers using NRT. Participants who attended four or more MI counseling sessions held by nurses showed an increased likelihood in quitting smoking (Zwar et al., 2011).
- Okuyemi et al., (2013) conducted a randomized controlled study in which participants received 8-week treatment of 21-mg nicotine patch and MI. Results showed that the group that received motivational interviewing showed a reduction of 13.7 cigarettes smoked from baseline compared to the

standard care group which showed a reduction of 13.5 cigarettes smoked from baseline (Okuyemi et al., 2013).

- Shelley et al., (2010) conducted a pilot study using MI and cognitive behavioral therapy for 12 weeks. The study results showed that the participants who did not quit smoking showed a reduction of cigarettes smoked averaging 11.4 a day from the average baseline of 13.1 cigarettes smoked per day (Shelley et al., 2010).

Methods: Pilot Study's Conceptual Framework: Health Belief Model

Target Population: Adult Sheltered Homeless

Timeframe: 8 weeks

Public Health Nurses Duties: Follow Ups, Data Collectors, and Educators

Interventions: 1 hour weekly motivational Interviewing sessions to be provided to the participants and Nicotine Replacement Therapy (NRT)

Data Collection: Biochemical Readings, Surveys, and Interviews

Results: *Analyze Salivary Cotinine readings from baseline*Evaluate Survey Responses and do a qualitative analysis*Evaluate the effectiveness of MI and NRT from baseline biochemical readings*Present Findings

Discussion> Addressing the global health phenomenon of tobacco with evidence-based strategies is imperative> Appropriate training provided to PHNs and counselors is imperative for the pilot study> Identifying valid and reliable evidence-based interventions to combat the phenomenon of tobacco is key for future research> MI & NRT may assist vulnerable individuals who want to quit smoking> Decreasing the prevalence of smoking among vulnerable populations can enhance the health outcomes of the most vulnerable> Biochemical readings can enhance the validity of results> Implementing a pilot study in a homeless shelter can enhance participation and retention

Experiences during the First Year of Practice Among New Nurses in Tertiary Hospital

Author: Thanomlikhit, Chanya

Purpose and Background: Transition from student to staff nurse can be difficult for nurses beginning their nursing profession. Although literature supports the effectiveness of nurse residency program for the new nurses in the United State, there is no evidence in other developing countries on the implementation of nurse residency program. In order for Thai tertiary hospitals to provide nurse residency programs that are sensitive to the needs of new graduate nurses, it is important to know what they experience as they transition from student nurse to staff nurse during orientation into practice. The purpose of this study was to explore the transition experiences during the first year of practice among new nurses in Thailand.

Methods: A descriptive design using a survey questionnaire was used. This study took place at a 1500-bed tertiary hospital in Bangkok, Thailand. One hundred seventy eight new graduate nurses were participated in this study. All participants completed the Thai version of Revised Casey-Fink Graduate Nurse Experience Survey.

Results: New nurses reported uncomfortable to perform high risk skills such as code/emergency, ventilator care, EKG, and chest tube care. Organizing, prioritizing and communication were rated as difficult tasks during 12-month transition period. New nurses satisfied the benefit package they received from the institution, however, salary was lowest satisfied.

Conclusion: New graduate transition from student to professional nurse requires institutional support during the first year of practice. Orientation process, therefore; is a key component to facilitate academic to practice transition. Initiatives of systems that support for the graduate nurse during the first year of practice such as formal 1-year graduate nurse residency programs is suggested.

HEALTH PROMOTION AS PART OF A PATIENT-CENTERED CANCER CARE APPROACH IN HOSPITAL SETTING

Author: Gomes da Silva Carvalho, Queliane; Silva de Araújo, Thabyta; Pereira de Jesus Costa, Ana Cristina; Francenely Cunha Vieira, Neiva; Kryworuchko, Jennifer

PURPOSE AND BACKGROUND: There were 14.1 million new cancer cases, 8.2 million cancer deaths, and 32.6 million people living with cancer (within 5 years of diagnosis) worldwide in 2012. The diagnostic of cancer evokes such a life-threatening reaction that it immediately hinder the quality of life. A patient-centered care approach

considers needs and preferences, and can help to minimize anxiety, fear, moreover it enables a better understand of needs between health team and patient, which improve quality of life and aims to promote health. Institutional resources and personnel are arranged firstly to patient's needs rather than to specialized departments. As referred by Naidoo and Wills (2009), "health promotion may involve lobbying and political advocacy, but it may just as easily involve working with individuals and groups to enhance their knowledge and understanding of the factors". Based on what was stated, the purpose of this abstract is to identify how professionals are promoting health based on a patient-centered care model in cancer-care hospital settings.

METHODS: A systematic literature review using the keywords: Health promotion AND patient-centered care AND hospital AND cancer on PubMed database (1946 - January 2017). Enhanced search in CINAHL and PubMed is ongoing.

RESULTS: This literature search resulted in 17 publications. Only 10 matched with the aim of this research. Designs included surveys, mixed methods, randomized and non-randomized intervention studies, and reviews. They were developed in different regions, Japan and Australia (1/10 each), United States (6/10), and Europe (3/10).

CONCLUSION: The goal of all initiatives was to improve the patient's quality of life from diagnosis to survivorship, and to improve patient-health team communication and integration of screening, detection and follow-up. Instruments measured the quality of care in terms of accessibility, patient-centered care, and continuity of care, patient safety, and clinical effectiveness. Patient-tailored interventions address health promotion and patient-centered care. It was identified in some studies the role of nurses-led in support patient's self-care behaviours, and implementation of instrument of care quality indicators. Health promotion approaches represent a range of activities across the trajectory of hospital based cancer care.

Her Stories: Mental Health Nurse Mothers of Adult Children with Schizophrenia.

Author and Presenter: Klages, Debra (dklages@myune.edu.au)

Topic Area: clinical practice in the context of global health and nursing

Background and Purpose: The World Health Organization reports there are 29 million people who have schizophrenia and that they have a greater chance of dying prematurely than those in the general population. Parents play a vital role in the support of their loved ones who have been diagnosed with this lifelong condition. Nurses are the single largest group of health care professionals (40-60%) caring for people living with mental health issues. Mental health nurses have families too, and if their child is diagnosed with schizophrenia their role changes. The dual role of a mental health nurse and mother may be incredibly difficult to navigate for emotional, ethical, practical and institutional reasons.

The purpose of this research is to explore the stories of mental health nurses who are mothers of adult children diagnosed with schizophrenia and their relationships with the mental health system whilst in this dual role. Remarkably, there is a dearth of research related to mental nurses who have this life experience.

Aim: The aim of the study (currently in progress) is to gain a deep insight and understanding into the stories of the maternal experience of simultaneously being a mental health nurse and mother of a son or daughter diagnosed with schizophrenia whilst negotiating their care within the mental health system.

Method: A qualitative approach grounded in storytelling will permit an exploration of the participants' stories to increase knowledge of the context within which the mothers (mental health nurses) negotiate the health care needs of their adult children and will begin a dialogue on how their stories can be translated into clinical practice. Stories are a powerful approach widely utilized in global health and have the potential to influence policymakers. Stories are effective because of the capacity of the storytellers to inspire, motivate and teach by appealing to our right and left brains, to use reason and emotion at the same time. The mothers are people who have lived storied lives, and the role of the researcher is to describe their lives, collect their stories and document their accounts. Their stories then become the data which will be subsequently analysed using thematic analysis. In thematic analysis, the emphasis will be focused on what has been said rather than how it was said. Thematic analysis will be able to identify, analyse and report the nascent themes in rich detail. The emergent themes will be then used to formulate answers to the research questions.

Results: There are no results to report as the research is still in progress. The poster will provide an overview of the research protocol.

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Interdisciplinary Health Education Addressing International Social Injustice and Health Inequities in the Philippines and Northern Australia: Narratives From the Field

Author: Egert, Amanda

Purpose and Background: International health organizations, such as the World Health Organization and UNICEF, have identified significant health disparities and social injustice in the developing world. Many have responded to these needs including efforts by government, non-government, religious-based, individuals, and other groups. One organization working towards eliminating social injustice is a private University in Western Australia. It is here where I, a Canadian nurse educator and graduate nursing student, attended this interdisciplinary school intended to unite, empower, and mobilize health care workers, to address global health needs. The purpose of this personal narrative report is to describe my experiences as a student in an Australian interdisciplinary health care school comprised of nurses, midwives, a dentist, a physician, and primary health workers over a 3-month lecture period in Western Australia, and the 3-month clinical period in the Philippines and Northern Australia.

Results: I am currently in the lecture phase of this program and have two weeks before I leave for clinical application in the Philippines and Northern Australia. During the lecture we have learned many topics including the World Health Organization Basic Package for Dental Care; obstetric care including antenatal and labor and delivery; community development addressing determinants of health; interdisciplinary mobile clinics; and critical incident and emergency response. The intention of the clinical application is to solidify lecture-phase training while concurrently addressing health care needs of communities in the Philippines and Northern Australia. This will be achieved through partnerships with local government and pre-existing health services. This personal narrative will be completed at the end of my clinical phase in June 2017. However various themes from the lecture-phase have already piqued my interest for future exploration. These themes include: the motivations of health care professionals to participate in global health care; the simplicity of health care required to make significant impacts on health inequities worldwide; practical ways to mobilize previously-trained health professionals to address health disparities; motivation to emphasize social justice, health disparities, and global health in Canadian nursing education. From April till June 2017 I will gather further narrative data from my clinical application to summarize and submit as a report for publishing.

Discussion/Conclusion: This narrative describes my experience as a student in an interdisciplinary health care school based out of Western Australia. This includes the 3-month lecture phase in Western Australia, and a practical 3-month experience in the Philippines and Northern Australia. The results of this narrative are intended to reveal personal experience as well as begin to identify further areas of exploration related to nursing, global health, interdisciplinary teams, education, and the determinants of health.

INTERDISCIPLINARY WORK POTENTIALITIES AND THE NURSE RESIDENTS' PRACTICES IN THE FAMILY HEALTH STRATEGY CONTEXT

Author: Benício Gonçalves de Sales, Erika Nayana; Ferreira Martins, Adriano; abreu Silva, Kellyanne; Carvalho Araújo Moreira, Andrea; Gomes da Silva Carvalho, Quelianne; Dantas Lopes, Livia; Silva de Araújo, Thabyta; Francenely Cunha Vieira, Neiva

PURPOSE AND BACKGROUND: Multi-professional teamwork constitutes the basis of the Family Health Strategy (FHS), always taking into account the importance of interdisciplinary. The training of human resources and continuing education in health focused on Multi-professional teamwork and interdisciplinary principles are essential. In order to improve the multi-disciplined knowledge, the Multi-professional Residency in Family Health Program (RMSFP) were implanted in Brazil by the Ministries of Health and Education, seeking to train professionals in their workplace and connect them with the community. Nurses stand out as being a professional category present since the beginning of the FHS implementation and for seeking best practices based on critical thinking. In this context, the aim of this study was to identify the potentialities of nurses' interdisciplinary work in RMSFP.

METHOD: Qualitative approach. Held in January and February 2015, in Sobral-Ceará/ Brazil. Eight MRFHP nurses from Sobral-CE participated in this study. A semi-structured interview was conducted, following and respecting Ethical procedures according to International recommendations. The results were interpreted using Bardin Content Analysis.

RESULTS: The study shows that most participants were female (75%), and an age range of 27 to 38 years. The majority had only the RMSFP as a specialization degree. Working time at the FHS ranged from 2 to 15 years, including the two years of residence. Regarding the current work, 04 nurses are in hospital services and teaching higher education, 01 is without occupation, and 03 continue to work at the Sobral FHS. The participants discussed their experience as nurse residents in a multi-professional team of the FHS. The discourse analysis showed, among other topics, the potentialities of interdisciplinary work in the practice of the nurse residents in the FHS.

DISCUSSION/CONCLUSION: The potentialities of an interdisciplinary work are related to the improvement of patient care and the sharing of knowledge and practices among professionals. The mutual learning referred by nurses illustrate how the acquisition of multi-professional knowledge enabled them to better deal with issues presented in the context of the FHS. The potential spaces of interdisciplinary care cited were health education groups, shared consultations and home visits. According to the participants, there was a repercussion in their nursing practice revealed by the awakening of a holistic care vision beyond the oriented practice during their undergraduate studies, which enriched their experiences in all areas related to the assistance, teaching or research in Nursing. The Multi-professional residency in family health facilitates interdisciplinary work that is effective in the Family Health Strategy, promoting transformation and resignification of the nurse resident's practice.

Life experience of preterm labor women undergoing home tocolysis

Author: Hung, Hsiao Ying

Background and Purpose: Pregnancy women showing preterm labor signs, e.g. uterus contractions, menstrual-like cramp and vaginal bleeding, means they exposure to the risk of preterm birth and need special prenatal care to prevent the occurrence of preterm birth. Activities restrictions and tocolytics are usually prescribed for preterm labor women to decrease the risk of preterm birth. Previous studies have shown activities restrictions or bed rest will cause multi-faceted challenges for preterm labor women. However, the impact of activities restrictions and tocolytics taking on preterm labor women's lives was not explored in Taiwan. Therefore, this study aimed to understand the real experience of preterm labor women undergoing home tocolysis in Taiwan.

Methods: Qualitative semi-structured interview was applied to explore how women experience their everyday life at home after onset of preterm labor. 12 women with preterm labor signs and prescribed with home tocolysis by doctors during past year were recruited. Most women were interviewed at their home. All the interviews was taped, transcribed verbatim and then analyzed by thematic analysis.

Results: Life of women with home tocolysis has a great change. In order to avoid preterm birth, they had to adjust their life: (1) suspend their original life, (2) monitor the change of their body and fetal status and (3) increase medical activities. Living in such contexts brings women lots (4) emotional distress and burden.

Discussion/Conclusion: These findings revealed that preterm labor women with home tocolysis faced various life difficulties, and which caused not a few emotional burdens for women. Health care providers should pay attention to these women and construct appropriate care program for these women to decrease their burdens and improve their quality of life in the future.

Nurse's Perceptions and Education on LGBT Health and Health Care in Australia and the United States of America with a focus on Transgender Health

Author: Gorman, Marissa

Purpose and Background: An estimated 2.1-11% of individuals in the USA and Australia identify as LGBT. Nursing literature shows a lack of culturally competent care in the LGBT community. This qualitative pilot study examined how nurses' perceptions differ in regards to clinical experiences with LGB and specifically transgender care in the USA and Australia. This study explored nurses' access and role in establishing LGBT healthcare policies and their education and knowledge pertaining to LGBT care.

Methods: Data were collected via semi-structured interviews of clinical nurse instructors who were currently practicing as Registered Nurses. Participants were asked about their experiences, education, knowledge, and access to policy and role in policy-making related to LGBT patient care. This purposive sample consisted of three nurses from Australia and three from the United States. Data were analyzed using Krippendorff's method of qualitative content analysis. Dendrograms, or tree-like diagrams, were created to cluster data and identify emergent themes.

Results: Four themes emerged from the data, including; "lack of education," "judgement," "challenging bias," and "limited power to affect change." Participants reported a general lack of clinical, social, and cultural education, especially regarding care for transgender patients, that affected their ability to provide culturally competent care. Participants reported witnessing silent and/or visible expressions of judgement that revealed individual, coworker, and system-based preconceptions. Participants reflected on the value of exposure and the ability to admit ignorance as ways combat judgement. Participants described ways that the healthcare system and nursing profession convey bias and identified attributes needed to provide quality advocacy. Participants felt like they had a limited power to affect change due to their limited access to policy and the constriction they felt from their positions in their work environments.

Discussion/Conclusion: Lack of education fostered judgmental healthcare environments, in which practices were shaped by preconceptions. Findings indicated a lack of LGBT culturally competent educational material in undergraduate nursing curriculums and especially in workplaces. Unprofessional behaviors towards the LGBT community caused discomfort among patients and coworkers. Nurses must challenge biases through advocacy and education. However, due to the lack of accessible policy and "silence" within the profession, nurses felt like they had limited power to affect change. These findings are consistent with current literature.

Three major differences between participants from Australia and the USA emerged. AU participants voiced uncertainty about perceptions and care provided by immigrants who come from countries where identifying as LGBT is still illegal. AU participants also reported that using the ISOBAR handover system led increased incidences of nurses labeling patients. To initiate change, USA participants reported having to follow a tedious chain of command while AU participants reported that they were only able to affect change on a local level. This study emphasizes the need to improve healthcare experiences for LGB and particularly transgender individuals by increasing access to and involvement in research, education and policy change, in both the USA and AU.

Prelicensure Student Nurse Medication Errors: Pilot Study

Author: Kolodychuk, Grace

Purpose: The purpose of this study is to describe prelicensure nursing student medication administration errors from the perspective of the individual who made the error including: characteristics of the medication error, factors that the individual attributes to the occurrence of the medication error, and the resulting patient outcomes. The pilot study is conducted to assess response rates and test study protocols.

Background: Medication errors are a global concern, creating risk for patients receiving care in health care facilities and impeding optimal patient outcomes. While much attention has been directed to the study of medication errors, little is known about the experiences of prelicensure student nurses who make medication errors. Research findings indicate that globally, prelicensure student nurses are implicated in medication errors. Knowledge of the prelicensure student nurse experience and the characteristics, related factors, and patient outcomes of the medication administration error will add to our understanding of medication errors. Human Error Theory provides the conceptual framework for understanding these medication errors.

Methods: Randomly selected registered nurses in the State of Washington within three years of initial licensure were invited to participate in a survey focused on the experience of a medication administration error made as a student nurse.

Results: Results of the multi-method data analysis, in progress, include a summary of the characteristics of medication errors, factors related to the medication errors, and patient outcomes using correlation, chi square, and descriptive statistics, and a description of themes using content analysis in a qualitative descriptive tradition. Implications: This knowledge is particularly important for nurse educators so that current teaching practices for medication therapy can be optimized to: (1) support student learning regarding appropriate medication administration, and (2) ensure patients' safety while in the care of prelicensure student nurses.

Psychometric Evaluation of a Chinese Version of the Lymphoedema Functioning, Disability and Health Questionnaire for Lower Limb Lymphoedema (C-Lymph-ICF-LL) in Women With Gynecological Cancer After Surgery

Author: Wang, Mei-Chin

Background: Surgical lymphadenectomy is a common regimen for women with gynecological cancer, but the surgery causes lower limb lymphedema, which seriously impacts women's physical functions and quality of life. The occurrence of lower limb lymphedema is underestimated. It is needed to develop a scale to detect the lower limb lymphedema and its impacts.

Purposes: The purpose of the study was to evaluate the psychometric properties of the Chinese version of the Lymphoedema Functioning, Disability and Health Questionnaire for Lower Limb Lymphedema (C- Lymph-ICF-LL).

Methods: A cross-sectional study conducted in two phases: translation of the Lymph-ICF-LL scale into Chinese version and evaluate psychometric properties of the scale to establish its reliability and validity. The C- Lymph-ICF-LL is a 28-item scale containing 5 domains: physical function, mental function, household, mobility, and social life. A convenient sample of 170 women with gynecological cancer surgery was measured their bilateral lower limb circumferences as well as completed C- Lymph-ICF-LL scale and Numerical Rating Scale for Fatigue (NRS-F). Construct validity, concurrent validity, criteria validity, internal consistency, test-retest reliability were examined. Confirmatory factor analysis was used to evaluate the construct validity of the C- Lymph-ICF-LL.

Results: In the study, the mean age of the subjects was 54.8 (\pm 10.7) years old. The major cancer types were ovary cancer (n=64; 37.6%), endometrial cancer (n=60; 35.3%) and cervical cancer (n=34; 20%). The major FIGO stages of the subjects were stage I (n=99; 58.2%) and stage III (n=45; 26.5%). The mean duration after surgery was 32.95 (\pm 44.87) months. 61.8% of the subjects had two sides of pelvic lymph nodes dissection; 36.5% had aortic lymph nodes dissection. Using structural equation modeling, the initial five-domain model with 28 items exhibited poor model-data correspondence ($\chi^2 = 988.518$, $df = 340$, $GFI = .719$, $AGFI = .664$, $RMSEA = .106$). After deleting 9 items, the final 19-item model revealed a good model-data correspondence ($\chi^2 = 285.329$, $\chi^2/df = 2.009$, $GFI = .862$, $AGFI = .816$, $RMSEA = .077$). As expected, the fit of internal structure of the model was evidenced by a convergent/discriminate validity. Concurrent validity of the C- Lymph-ICF-LL was evidenced by a significant correlation ($r = .464$, $p < .01$) between the C-Lymph-ICF-LL and NRS-F scores. Criterion validity of the C- Lymph-ICF-LL was determined by a non-significant difference between the C-Lymph-ICF-LL and the limb circumference ($\chi^2 = 1.814$, $p > .05$). The internal consistency of the C- Lymph-ICF-LL was satisfied with Cronbach's alphas = 0.95 (Cronbach's alphas = .84 in physical function; 0.93 in household). The test-retest reliability was good, with intraclass correlation coefficient = 0.9 (ICC = 0.55 in mental function; ICC = 0.84 in household) over a two-week interval.

Conclusions: The C-Lymph-ICF-LL has been demonstrated its reliable psychometric properties. The C-Lymph-ICF-LL can be applied to detect lower limb lymphedema and its impact in those women undergo gynecological cancer surgery, and to facilitate women's quality of life.

Routine Amniotomy

Author: McKune, Dorothy

Purpose and Background: Amniotomy is the most common obstetrical procedure used to accelerate labour. It is hypothesized that amniotomy increases the production of prostaglandins locally. Scientific data does not support this procedure. Amniotomy is not required to assist progress in a physiological uncomplicated labour as it can lead to unintended adverse effects on the mother and baby which will lead to a cascade of interventions, i. e. electronic foetal monitoring, analgesia, induction of labour, epidural, instrumental birth, and caesarean section. Amniotomy is the first of the cascade of interventions that cause unnecessary harm. There is data that suggest routine amniotomies may increase the frequency of cord prolapsed, intense pain, infection, and foetal distress that require immediate delivery of the baby. Reducing interventions during labour in uncomplicated pregnancies can save billions each year.

Obstetric care should be based on evidence. Many obstetrical procedures are based on tradition and lack firm evidence based. The perinatal nurse has an important role during labour and childbirth in that they spend most

time with labouring women and therefore uniquely placed to establish relationships that can directly influence birth outcomes. Perinatal nurses can influence changes related to routine childbirth practices by keeping abreast of current research and use that knowledge in caring for labouring women. There are very few studies that explore the influencing role of the perinatal nurse to hinder or support routine interventions during labour.

Method: For this proposed study a descriptive correlational design will be used to examine the relationships between variables in order to obtain a better understanding of the perceptions of perinatal nurses. Sample recruitment will be perinatal nurses from Canada and the United States of America using membership from the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) and Canadian Association of Perinatal and Women's Health Nurses (CAPWHN).

Discussion: Amniotomy is an intense intervention and informed consent with the woman is important to achieve a specific result. All obstetrical actions should be based on sound assessment and informed consent. Perinatal nurses can advocate for women if they are knowledgeable of routine obstetrical interventions for convenience by ensuring women have the necessary knowledge to make informed decisions.

SOCIAL DETERMINANTS OF HEALTH RELATED TO MAMMOGRAPHY ADHERENCE

Author: Brasil Moreira, Camila, Fuchsia Howard, Amanda, Fátima Carvalho Fernandes, Ana, Moura Barbosa, Régia Christina

This study aimed to identify proximal, intermediate and distal social determinants of health related to mammography adherence, according to the model of social determinants of health, proposed by Dahlgren and Whitehead. A correlational cross-sectional study with a sociodemographic and clinical data questionnaire and the Champion's Health Beliefs Model Scale, translated and adapted for use in Brazil. Analytical data by multiple linear regression, from the scale domains, and used as predictors as sociodemographic and clinical variables. An age group of 60-64 years (55.0%) was highlighted, 22 (55.0%) women had a fixed partner; and 14 (65.0%) completed higher education. The domain with the greatest influence on adherence to the monograph for perceived barriers. The social determinants of health are directly related to the levels of adherence to the exam among women, as well as to the benefits, as susceptibilities and perceived barriers.

Surgical site infection in patients undergoing urgent abdominal surgery

Author: Jaichaiyaphum, Ongorn

Purpose and Background: Surgical site infection (SSI), is a major problem and the most common complication of surgery. It was considered an essential indicator for a quality of care. SSI affects patients suffer by increasing morbidity and mortality, prolongs length of stay, delay recovery, decreases quality of life, and increases medical costs. Although urgent abdominal surgery is a significant treatment for patients with life-threatening intraabdominal conditions, it is usually associated with increased risk of SSI. Factors related to SSI need to be explored to improve healthcare services and to develop surveillance program in high-risk patients. The purpose of this study was to explore SSI incidence and the factors associated with SSI in patients undergoing urgent abdominal surgery.

Methods: Descriptive retrospective research design was used. Data was collected from the medical record. Data regarding age, hospital length of stay, surgical procedure, duration of surgery, comorbidity, the American Society of Anesthesiologists physical status, obesity, preoperative and postoperative Systemic Inflammatory Response Syndrome, type of surgical wound, blood transfusion, admission to intensive care unit after surgery, plasma glucose level, serum albumin level and prophylactic antibiotic were collected. Inclusion criteria comprised patients who were 16 years old or older and had urgent abdominal surgery at King Chulalongkorn Memorial Hospital from January 1, 2010, to December 31, 2012. Results: Of 439 patients undergoing urgent abdominal surgery, 93 (21.18%) developed SSI. Factors associated with SSI were the American Society of Anesthesiologists physical status and preoperative Systemic Inflammatory Response Syndrome, duration of surgery, type of wound, the use of drainage, blood transfusion, the admission to ICU after surgery, postoperative plasma glucose levels, serum albumin levels, postoperative Systemic Inflammatory Response Syndrome and prophylactic antibiotics ($p < .05$).

Conclusion: SSI remains a major problem and the most common complication after surgery. Some factors related to SSI are different from previous studies. Results of this study should be used to monitor risk factors and to develop the surveillance program in patients undergoing urgent abdominal surgery.

The Relationships of Lower Limb Lymphedema, Sleep Disturbance and Fatigue with Depression among Gynecological Cancer Women Undergoing Surgery

Author: Liu, Chia-Yu

Background: Surgery complying with pelvic and/or para-aortic lymphadenectomy is the common regimen for those women with gynecological cancer. Women may suffer from lower limb lymphedema after undergoing the lymphadenectomy. The lower-limb lymphedema may affect women's appearance, physical activities, sleep and psychological problems. The symptom of lymphedema may lead to fatigue and sleep disturbance. Furthermore, worry about the symptom of lymphedema may lead to depression. Therefore, the relationships among the symptoms of lower-limb lymphedema, sleep disturbance, fatigue and depression among gynecological cancer women undergoing surgery is necessary to be explored.

Purpose: Applying structural equation model analysis to establish and verify the model among the symptoms of lower limb lymphedema, sleep disturbance, fatigue and depression among gynecological cancer women undergoing surgery.

Method: The study is a secondary data analysis. The primary research is a cross-section study, and it recruited 170 women from a medical center in Southern Taiwan. The characteristics of the sample of primary research are above 20 years old, diagnosed with gynecological cancer such as endometrial cancer, corpus uteri cancer, cervical cancer, ovarian cancer or vulva cancer, treated with pelvic lymphadenectomy with or without para-aortic lymphadenectomy. Instruments included "Lymphoedema Functioning, Disability and Health Questionnaire for Lower Limb Lymphoedema", "General Sleep Disturbance Scale", "Numerical Rating Scale for Fatigue", "Center of Epidemiological Studies: Depression Scale".

Results: The primary research recruited 170 women with gynecological cancer women. The mean age in the women was 54.8 ± 10.7 years old, 37.6% diagnosed with ovarian cancer, 35.3% diagnosed with endometrial cancer, 20% diagnosed with cervical cancer. Of the 170 women, 62% had bilateral pelvic lymph nodes excision, 36.5% had bilateral and para-aortic lymph nodes excision.

Lower limb lymphedema had a significant with sleep disturbance ($r = .435, p < .01$), fatigue ($r = .464, p < .01$), and depression ($r = .371, p < .01$). There were significant correlations between sleep disturbance and fatigue ($r = .518, p < .01$), fatigue and depression ($r = .447, p < .01$), sleep disturbance and depression ($r = .573, p < .01$). The results of structural equation model is still working.

Discussion: The findings of this study illustrate comprehensive information about lower limb lymphedema and its relationship with fatigue, sleep disturbance and depression. The results play as a reference of caring for women with lower limb lymphedema.

Utility of Blaylock Risk Assessment Screening Scores (BRASS) in Predicting 30-day Readmission: An Analysis of Administrative Data

Author: Hodgins, Marilyn

Purpose & Background: Unplanned re-entry into the acute care system by recently discharged patients is of international concern because it is costly not only to the healthcare system but also to patients and their families. However before measures can be put in place to reduce its occurrence, those at risk must be identified. Project objectives were to describe the rate of 30-day hospital readmission, examine characteristics of patients readmitted within 30 days of a discharge to home, and evaluate utility of the Blaylock Risk Assessment Screening Scores (BRASS) in predicting length of hospital stay, discharge disposition, and 30-day readmission.

Method: Project involved analysis of 13-months of administrative data and 19,351 discharges from one tertiary hospital. The BRASS was completed on admission with scores computed based on responses to 10-items. Scores can range from 0 to 40 with higher scores indicating increased risk. Patients attaining scores of 10 or higher are viewed as requiring more extensive discharge planning. Descriptive and correlational analyses were conducted.

Results: Data included 1,604 readmissions within 30 days of discharge, representing 8.3% of all discharges. A statistically significant difference was observed in length of hospital stays such that patients with BRASS scores of 10 or higher tended to have longer hospital stays (Median = 6 days, Range 1 to 181) than those with scores less than 10 (Median = 3 days, Range 1 to 281; Mann Whitney U, $Z = -24.82$, $p < .001$). Cases with BRASS of 10 or higher were also less likely to be discharge home (58.7%) than those with scores less than 10 (88.5%). Using 10 as the cut-point, sensitivity and specificity as well as positive and negative predictive values (PV) of the BRASS were computed for readmission within 30 days of discharge to home. Results for specificity (94.3%) and negative PV (94.1%) indicate BRASS did relatively well at predicting those who did not experience problems. However, the low percentage for sensitivity (11.2%) suggest many patients who experienced problem were classified as low-risk. Similarly, low positive PV (8.4%) suggest many classified as being at risk did not experience problems.

Discussion & Conclusion: The reported rate of 30-day readmission is likely conservative as the analysis involved data from only one acute care facility. It did not include patients who sought care at a different acute care facility. Although findings support the utility of the BRASS in predicting length of hospital stay and discharge disposition, they raise questions about its utility in identifying patients at risk of readmission.

Utilizing video reflexive groups to co-develop person-centred care in a hospital

Author: Hung, Lillian

Purpose and Background: The traditional approach to cultural change focuses on getting buy-in and overcoming resistance to change. This research takes a different approach - using positive psychology, combined with participatory action research approach to involve frontline staff to make practical changes to improve dementia care in a hospital setting. The goal was to tap into the power of collective creativity to find new innovative ways of workings to make positive change.

Methods: This study was guided by appreciative inquiry theory. We used compelling stories of patients with dementia about their experiences with the hospital environment to engage frontline staff in bottom-up practice improvement. Methods involved producing a series of videos with patients with dementias and conducting video reflexive focus groups with a total of fifty staff, including nursing, physicians, and allied health. Discussions in video reflexive focus groups were audio recorded. Thematic analysis was used to identify substantial themes.

Results: Five substantial themes emerged as important roles of the video reflexive groups in contributing to creating collective commitment and actions to develop person-centred care in the hospital: (a) seeing through patients' eyes, (b) seeing normal strange, (c) seeing inside and between, (d) seeing with others inspires actions, and (e) seeing team support builds a safe culture for learning.

Discussion/Conclusion: The findings suggest that video reflexive groups can be an effective knowledge translation strategy for mobilizing person-centred care into practice in acute hospital wards. In this study, staff participants described video reflexive groups brought a fresh and practical approach to practice improvement and service development in acute care. One important implication for practice is to make space for regular team reflection. Our results suggest that person-centred care does not cost more money but requires deliberate efforts to stop and think. Small actions in daily practice can make a difference in the care experience of patients with dementia.

WALDOW'S THEORY OF NURSING CARE IN CAREGIVING PROCESS IN AN ONCOLOGICAL PATIENT PERSPECTIVE: CONJECTURES AND REFUTATIONS

Author: Brasil Moreira, Camila, Fuchsia Howard, Amanda, Fátima Carvalho Fernandes, Ana, Martinho Rodrigues, Rui

Purpose and Background: This study aimed to verify the validity of Waldow's theory of nursing care according to the theoretical foundations on nursing care in the oncological patients' care context. The human being with his/her biopsychosocial needs is in essence a being that needs care. The act of caring is the focus of nurses' actions and needs to be better conceptualized and understood by all the subjects involved in the care process. Thus, from the end of the 70's, care has been discussed and has become the object of study of many researches developed by nursing professionals. In the context of oncology, this care is more complex and its understanding has an inherent effect on the patient's rehabilitation/quality of life process. One of the most important and current interpretations

of philosophy is Waldow as one of the Brazilian mentors of care as the essence of the human and her ideas are incorporated by several other philosophers today.

Methods: The analysis of the validity of the theory was carried out using steps from the methodology proposed by Popper (1972) where the following statements are validated for the validation of a theory as scientific: it must prohibit something, must be confirmed easily, cannot explain everything and must be testable by possibility of refutation. To identify the various uses of the nursing care theory, articles obtained through consultation with the Scopus and CINAHL databases were used. The search for the studies occurred using the controlled descriptors (MEsH): theory, nursing care and oncology. The inclusion criteria of the articles was to have an association with the guiding questions: what are the applicability of nursing care to cancer patients? What is the importance of Waldow's theory of nursing care for Nursing within oncology?

Results: The final sample of the research was composed of 7 articles and after the survey carried out, it was identified that nursing care is a concept present in several oncological nursing researches. It is important that all health professionals, especially nurses, evaluate nursing care and its relationship with cancer patients. The conception of nursing care can be obtained in three areas: from the perspective of the nurse, the care and the caregiver. The perception of care by the nurse and the caregiver are essential so that the execution of the care is carried out in an efficient and effective way. However, when one considers the transcendence of the perception of care by the being receiving the care, one can see a perspective of several aspects to be evaluated through the reporting of the individual to be care, which makes this understanding essential for an adequate prescription according to the needs mentioned by the cancer patient himself.

Discussion/Conclusion: Waldow's theory of care according to the theoretical underpinnings of nursing care is valid, being a scientific theory that allows the conceptual analysis of nursing care to the cancer patient, pointing out implications and allowing nursing professionals an understanding of the importance of the work of these professionals in this context.