



6<sup>TH</sup> EDITION OF  
**NURSING  
WORLD  
CONFERENCE**

**27-29**  
OCTOBER, 2022  
**ORLANDO**  
FLORIDA, USA

**EXHIBITORS**



**Venue:**

Hilton Garden Inn Lake Buena Vista/Orlando  
11400 Marbella Palm Ct, Orlando, FL 32836, United States



27-29<sup>th</sup>  
OCT

BOOK OF  
ABSTRACTS

6<sup>TH</sup> EDITION OF  
**NURSING WORLD  
CONFERENCE**

## Contents

Welcome Message.....	5
Keynote Speakers.....	7
About Host.....	8
About NWC 2022.....	9
About Exhibitors.....	10
Day 1 Keynote Presentations.....	17
Day 1 Oral Presentations.....	23
Day 1 Workshop.....	49
Day 2 Keynote Presentations.....	53
Day 2 Oral Presentations.....	57
Day 2 Poster Presentations.....	79
Day 3 Keynote Presentations.....	93
Day 3 Oral Presentations.....	95
Day 3 Poster Presentations.....	119
Participants List.....	135

# Welcome Message

On behalf of the Scientific Committee, I take great pleasure in welcoming you to the 6th Nursing World Conference here in the beautiful city of Orlando. The theme of this year's conference "Pioneering Spirit of Enriching the Nursing Profession", will focus improving outpatient treatment, improving patient health and experience and expanding data analysis abilities among nurses to embrace new challenges and advance the profession.

While you are here, I sincerely hope that you take the opportunity to network, learn, share and collaborate with international experts. All of us on the Scientific Committee would take great pleasure in meeting you in person and learning more about your amazing work.

I wish you an enjoyable and productive conference. I hope you enjoy your stay in this wonderful city and use pre and post conference times to enjoy the sites.

We are enthusiastic about your attendance and participation. Enjoy the conference!

**Adele Webb,**

Capella University, United States



# Welcome Message

Welcome to the 6th edition of Nursing World Conference (NWC 2022)! On behalf of the Scientific Committee, and The Magnus Group, we extend a warm welcome and are excited to share and learn with you for this hybrid event. Attendees will join us in Orlando, Florida and virtually from across the world, to network, collaborate and strengthen the nursing profession in scholarship and practice innovation.

Our theme “Pioneering Spirit of Enriching the Nursing Profession” highlights the importance of evidence-based approach to care, as we continue to lead in caring through global challenges and changes across the care paradigm.

As a native Floridian, I sincerely hope you enjoy the many activities, food experiences, and environmental sights, sunny Orlando, Florida has to offer. Disney World, Sea World, and Universal Studios are just around the corner. There are an abundance of state parks, lakes, and small townships to explore.

The Scientific Committee and Magnus Group are delighted to meet you during our time together. Please mingle and introduce yourselves, as we learn about your scholarly strengths, healthcare innovations, and best practices.

Enjoy the conference!

**Dr. Robin Geiger,**

Co-founder/ CEO Ovita Health



# Keynote Speakers



Carlos A Archilla  
Nemours Children's Hospital  
United States



Priscilla E. Neils  
Healthtrust  
United States



Daryle Wane  
Pasco-Hernando State  
College, United States



Ilene Gottlieb  
Vibrational Healing From The Heart,  
Inc., United States



Robin Adams Geiger  
Ovita Health  
United States



Marian Heemskerk  
Director of Community Life  
Canada



Sofica Bistriceanu  
Academic Medical Unit – CMI  
Romania

Thank You  
*All...*



## ABOUT MAGNUS GROUP

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

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



## ABOUT NWC 2022

Nursing World Conference organized by Magnus Group has been the premier platform for Nursing and Healthcare Professionals over the last 6 years and we take great pride in organizing and inviting the global delegates to unite once again at the “6th edition of Nursing World Conference” (NWC 2022). The conference will emphasize the theme “Pioneering Spirit of Enriching the Nursing Profession”.

Nursing is a dynamic field that evolves with time. We must make creative advances such as improving outpatient treatment, emphasizing ethnic accomplishment, improving patient health and experience, and expanding data analysis abilities among nurses to embrace new challenges and advance in your profession. Innovative ideas and intelligence have recently compelled all industries to lead the way for the creation of modern technical systems and software in the health-care industry. NWC 2022 will expose you to a variety of viewpoints as well as the most recent advancements and advances in the field of nursing.

Distinguished speakers, researchers, scientists, academicians, nurses, nursing practitioners, healthcare professionals, midwives, clinicians, and industry giants from around the world will present outstanding research that informs improvements in nursing practice, education, and management at this conference. The global congress provides an opportunity to network with nursing colleagues, academicians, researchers, and clinical practitioners who will present evidence-based discoveries for improving patient care quality and safety, as well as healthcare delivery systems in global health.



Networks Connect Healthcare Staffing is a per-diem company that is focused on connecting a world of difference makers. We specialize in servicing long term care facilities across the United States by filling shifts from our pool of Healthcare Professionals. Networks Connect Healthcare Staffing understands the meaning of customer service, which is why we pride ourselves on having a live person 24/7 to assist with questions or concerns. Our goal is to provide the best service to each facility with the resident's care and well-being as a top priority.



**AMERICAN  
COLLEGE *of*  
EDUCATION**

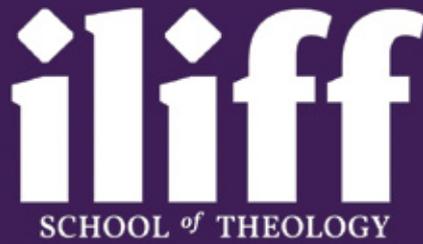
American College of Education (ACE) is an accredited, online college specializing in high-quality, flexible and affordable programs in education, business, leadership, healthcare and nursing. Headquartered in Indianapolis, ACE offers more than 70 innovative and engaging programs for adult students to pursue a doctorate, specialist, master's or bachelor's degree, along with micro-credentials and graduate-level certificate programs. In addition to being a leader in online education, ACE is a Certified B Corporation. Certified B Corporations are leaders of a global movement to use the power of business to solve social and environmental problems and to benefit people, community and planet.



doTERRA is an integrative health and wellness company and the world leader in the Global Aromatherapy and Essential Oils market. dōTERRA sources, tests, manufactures and distributes CPTG Certified Pure Tested Grade® essential oils and essential oil products to over ten million dōTERRA Wellness Advocates and customers. Through industry leading responsible sourcing practices, dōTERRA® maintains the highest levels of quality, purity and sustainability in partnership with local growers around the world through Co-Impact Sourcing®. The dōTERRA Healing Hands® offers resources and tools to global sourcing communities and charitable organizations for self-reliance, healthcare, education, sanitation, and the fight against human trafficking. Through the life-enhancing benefits of essential oils, dōTERRA is changing the world one drop, one person, one community at a time. To learn more, visit <https://www.doterra.com/US/en>.



Healing Breaths is dedicated to helping healthcare professionals and leaders rejuvenate, build personal resilience and reconnect to the joy in medicine. Over 100 independent studies published in peer-reviewed journals have demonstrated a comprehensive range of benefits from practicing our SKY program, including reducing burnout factors such as clinical anxiety, depression, and sleep deprivation. CE credits for nurses and physicians.



Lead with Your Light! Iliff is a graduate school that cultivates compassion and justice through courageous imagination. Iliffians are activists, servant leaders, and innovators in diverse religious, secular, and academic communities.

Since 1892, Iliff has been at the forefront of courageous theological education. We reside in the beautiful Rocky Mountain landscape of Denver, Colorado. We are recognized nationally and internationally for our emphasis on peace, justice, and ethics. Our roots are in the United Methodist Church and our branches are expanded by the diverse array of denominations and spiritual traditions that our students, faculty, staff, and alumni represent and reflect. Noted faculty, students, and alumni include Dr. Vincent Harding, Dr. Tink Tinker, Rev. Dr. Boyung Lee, Dr. Miguel De La Torre, Dr. Carrie Doehring, Dr. Pamela Eisenbaum, Dr. Julie Todd, Nadia Bolz-Weber, and Rev. Amanda Henderson.

Iliff offers four master's degree programs in Divinity, Pastoral and Spiritual Care, Social Justice and Ethics, and Theological Studies and a Doctor of Ministry in Prophetic Leadership. In addition, we offer a joint Ph.D. program in the Study of Religion and a cooperative program with the Graduate School of Social Work at the University of Denver. Since 2010, Iliff faculty have offered courses in hybrid, online, and on-campus formats. Over 60% of Iliff courses are taught online or hybrid. To learn more about our degree programs, visit <https://www.iliff.edu/programs/> or schedule a conversation with a member of our Admissions team at <https://www.iliff.edu/schedule-a-visit/>.



Member Deals is the industry leader that offers free a perks program with the brands you know and love with exclusive offers. This includes exclusive discounts not available to the general public. We work with small and large organizations alike, including AAA, USAA, Sam's Club and T-Mobile as some of our best-known partners. The only requirement is to have a firewall/portal to access these rates (deals cannot be on the open market).



27-29<sup>th</sup>  
OCT

DAY 01

KEYNOTE FORUM

6<sup>TH</sup> EDITION OF

**NURSING WORLD  
CONFERENCE**

## Socio determinants of health and their effect on patients' surgical readiness and post- surgical re-admission rates

The presentation will discuss preliminary findings of an on-going Quality Improvement project that involves 13 leading children's hospitals looking at social and demographic determinants of health and their effect in pre-operative fasting readiness. Also, will discuss the finding of a Quality Improvement project between 2017 and 2019 period and their effect in post-surgical re-admission rate.

### Audience Take Away

Relationship between social and demographic determinants in adherence to pre-operative fasting guidelines

- Relationship between these determinants as the rate of readmission after surgery.
- Examining the effects of the combination of these factors in the readmission rate.
- Explore preventive measures and identifications of underrepresented groups who are more at risk.



Carlos A. Archilla-Cady,  
MD, MBA

Department of Anaesthesiology  
and Pain Management, Nemours  
Children's Health-Orlando, USA

### Biography

Dr. Carlos Archilla-Cady is a Pediatric Anesthesiologist working at the Nemours Children's Health in Orlando, Florida. He is the immediate past Chair of the Anesthesiology and Pain Management Department and past member of the Senior Leadership Team. He recently obtained a Global Executive MBA from the IESE Business School. He is a healthcare leader, supporter of medical missions, researcher, and frequent keynote speaker at national and international conferences. He is an Associate Professor at the University of Central Florida School of Medicines and an Assistance Professor at the Florida State University School of Medicine. He frequently speaks about pediatric pain management and post-surgical/anesthesia cognitive changes. He is an advocate for disability inclusion and an advocate of human, healthcare and children rights working with his parent professional organizations in efforts to advance sound public policies in the United States Congress.

## Development of a surgical liaison nurse program to increase patient/family satisfaction and decrease anxiety during surgical procedures

Patients and their families are separated from each other during the surgical process by time and space, a situation that creates stress for both the family and their loved one. The author's position of Director of Surgical Services offers a unique opportunity to examine the situation in which families find themselves when a family member comes to the hospital for surgery.

The hospital facility discussed in this Practicum Report is a not-for-profit member of a group of five facilities, each offering different specialties, but together providing surgery covering the entire scope of modern surgical processes and procedures. The University Community Hospital (UCH)-Carrollwood is licensed for 120 beds. Medical patients, telemetry, and surgical patients are cared for in their respective units. In addition, an intensive care unit and a progressive care unit complete the in-house part of the facility.

Surgery patients may either come in, have their procedure, and go home on the same day or be admitted to one of these units for further care and observation. During the time the surgery takes place and the hours immediately after surgery when the patient is in the Post-anesthesia Recovery Unit (PACU), the patient is separated from his/her family. This time of separation produces anxiety in the members of the patient's family. There is a gap or gulf between them, that seems to stretch for many hours. The intervention of the surgical liaison nurse bridges this gap and provides communication between the surgical suite and the family.

The liaison nurse recognizes that patients are assessed, treated, and healed in the context of family and culture. This author used this context to develop the protocols for a trial Surgical Nurse Liaison Program at UCH-Carrollwood. This program aimed to increase patient and family satisfaction, decrease anxiety and promote holistic care. Development of the program involved recognition of the need for appropriate communication with the family members before, during, and after the surgical procedure, and, frequently, after the patient was admitted to the post-surgical unit.

Increasing patient satisfaction is a goal of the Carrollwood organization. Therefore, this program has significance to the hospital as it increases communication with patient families. Past surveys have shown that families believe they do not receive enough information about the surgery and the condition of the patient before, during, and after the surgery. Through the Surgery Liaison Nurse Program, information about their loved one and the progress of the procedure reaches the family during a time of separation and stress.



Priscilla E. Neils  
Healthtrust, United States

### Biography

In 1981 and 1984, Dr. Neils went to Zaire (Republic du Congo), Africa, on two surgical mission trips, then graduated with a BSN from Pacific Lutheran University and received Sigma Theta Tau, Nursing Honorary. A member of AORN since 1986, she was Open Heart Circulating Nurse and Educator in the Open-Heart Program at LDS Hospital. She earned a Master's degree at Pacific Lutheran University. Later, she earned a Doctor of Health Sciences Degree from Nova Southeastern University and a FACHE designation. For the past 20 years, Dr. Neils has been the Director of Surgery at various facilities, including Level I Trauma Services.

Examples in the literature emphasize the caring model as it supports the families in self-care. They will soon take over the duty of ensuring the return to health and previous level of functioning of the surgical patient, so this support of the family by the healthcare community is a necessary and important activity. Education of the family on all aspects of the process for that particular medical problem assisted them in viewing their role in supporting the patient through the preparation for surgery, the time in surgery, and the recovery period.

The follow-up phone call continued the connection with family members as the liaison nurse gave the family the opportunity to ask questions during the healing phase. It was also a chance to give feedback concerning the care the patient received during the hospital stay. The six, brief, open-ended questions elicited answers that guided the nursing staff in designing improvements in nursing care throughout the next patient's hospital experience.

A welcome letter and pamphlet provide written information concerning whom to call if there are questions or concerns during the patient's hospital stay, a description of the facility and waiting rooms, and how the family would be contacted when the surgery is completed. This letter was printed both in English and in Spanish, the dominant languages of the area serviced by Carrollwood Hospital. As the director of surgery in the role of the liaison nurse handed the letter and pamphlet to the family, he/she introduced themselves to the family. The director explains that the telephone number on the letter is a way that the family can contact the director at any time during the surgical and/or recovery process, including after the patient was relocated to the post-surgical nursing unit.

The liaison nurse can be with the family as they hear from the surgeon what procedures were performed and the anticipated results. Families often have further questions they did not ask the physician, but felt comfortable in asking the liaison nurse. The family members developed trust in the liaison nurse throughout the day of surgery. They had confidence in the answers they received to their questions and believed that he/she respected their culture and family dynamics when relaying information to them.

The trial program demonstrated steady gains in patient satisfaction. These early results indicate that this is a valuable program toward increasing patient and family satisfaction. Families require and deserve support for their role in healing of the patient. This program is a recognition of that role, and one that should be supported by administration and continued by trained and committed nursing staff.

## The heart of effective leadership is about “being your best you”

The key to effective leadership begins and ends with who we are being in our relationship with ourselves ... period! If our collective voice as nurses is not being heard, we are then being asked to look for a deeper meaning of why this is happening, and to consider being open to new strategies and tools to address the underlying issues. In any relationship, when one is not being heard, it is often due to the way information is being shared, the language used, and unconscious behaviors being presented. Join Ilene as she offers a different perspective on an age- old relationship issue, "why aren't they hearing me?" and a tool from the ancient Hawaiians, Ho'oponopono, that may just be the answer to addressing the underlying issues on the conscious and subconscious levels of awareness. Ho'oponopono is a problem-solving process which is composed of three elements: repentance, forgiveness, and transmutation. Ho'oponopono is effective in clearing the root cause of virtually any problem, issue or challenge including those that are connected to the collective energy of our Nursing profession. If you can say “I love you” or “Thank you” this process can be an effective tool to support us all in being powerful leaders with a “pioneering spirit”.

### Audience Take Away

- The participant will appreciate how effective leadership is created from the holistic perspective.
- The participant will understand the importance of present moment awareness in their relationship with themselves first, and how this is reflected in their relationships with others including: colleagues, staff, teammates, patients, family members and friends, from an energetic perspective.
- The participant will learn how conscious language and heart connection can enhance their communication and ability to be heard in all relationships.
- The participant will learn the basic principles of Ho'oponopono, the ancient Hawaiian problem-solving process and four primary areas of life to which it can be applied, both personally and professionally.
- The participant will experience a guided meditation combining conscious heart connection and Ho'oponopono as a tool for clearing all that they are experiencing as limiting in their role as an effective leader.



### Ilene Gottlieb

Vibrational Healing From The Heart, Inc., CEO/President, Palm Beach Gardens, USA

### Biography

Ilene Gottlieb, The Heart Healer, combines over 50 years in Nursing and 28 years in Vibrational Healing to create a holistic approach to clearing energy blocks and promoting healing. She helps an International clientele of heart-centered individuals and entrepreneurs who struggle with trauma, fear, self-sabotaging, negative thoughts or behaviors and self-worth issues, to experience inner peace, self-confidence, empowerment and clarity about their soul's purpose. She received her Diploma in 1975 from the Hospital of the University of Pennsylvania School of Nursing, holds certifications in the field of vibrational healing and has published numerous articles on vibrational healing, spirituality and aromatherapy.



27-29<sup>th</sup>  
OCT

DAY 01

**SPEAKERS**

6<sup>TH</sup> EDITION OF  
**NURSING WORLD  
CONFERENCE**

## IN-PERSON

**Jodi Noga, MSN, RN, CHPN**

Assistant Professor of Nursing, Department of Health Sciences, Colorado Mesa University, USA

## Incorporating end-of-life content early in BSN programs

**Purpose:** The purpose of this article is to address the need for nursing students to have more and earlier exposure to death, dying and end-of-life care in their BSN programs. Beginner nursing students often have their first client interactions in long-term care facilities, and it is where they are most often exposed to death. This usually happens before they have given death and end-of-life care much thought, let alone learned about it formally in the classroom. This article will highlight ideas for incorporating content into the classroom as well as give a greater understanding of the need for students to be exposed to all aspects of end-of-life care early and throughout the BSN program.

**The beginning:** Educating students about end-of-life, death, dying, and grief is a passion of mine, which many may find unusual. These are not easy topics, but they are important. I have seen a lot of death and dying throughout my career. As I tell my students, death can and does happen anywhere. It is part of life. We can't avoid it, especially as nurses. This is true now more than ever due to the COVID-19 pandemic. I have had more students caring for dying patients than ever before, and it is not fair to expect them to handle these difficult situations if they aren't prepared for it in a classroom setting first. I will never forget my first experience caring for a patient who died. I was a new nurse, about a month into my first job on the telemetry floor. My patient was in the hospital with a new heart condition and needed medical testing and medication management. Nothing pointed to the fact that he was about to die. I had assisted him into the bathroom with instructions to push the call light when he was finished. After 15 minutes, I checked on him. I found him still sitting on the toilet, slumped against the wall, blue, not breathing and without a pulse. Despite CPR, he did not make it. Since it was unexpected, it was very difficult for me, especially as a new nurse. Handling the logistics of post-mortem care along with helping his family cope when they heard the unexpected news was tough. It made me realize how ill-prepared I was to handle this as a young nurse who had almost no exposure to death and dying prior to this situation. After several years in the nursing field, I became very comfortable handling all aspects of death, dying, end-of-life care and supporting patients and their loved ones through the process. I learned that death can come suddenly, or it can take months. I enjoyed connecting with patients and families who were facing "the end," and I wanted to help them through it with dignity and care. This led to my career in hospice and palliative care nursing, and now it is a big part of what I teach my students.

### End-of-Life Care in the Classroom and Clinical Setting

My career as a hospice RN helped me see how important it is to include end-of-life education in a nursing curriculum. End-of-life care is a broad term that is often used to describe the medical care and overall support that is needed at the time of death. Typically, it is performed by nurses in hospitals, long term care and home care settings, yet many have limited to no end-of-life education to do this effectively. Some baccalaureate programs are adding a 1-3 credit course in upper level nursing curriculums that teach nursing students the basics of symptom management (dyspnea, pain, anxiety), post-mortem care, and how to work with grief-stricken families. This is based on content from ELNEC (End-of-Life Nursing Education Consortium) using lecture and small group work. After a few years of research, they found it was better to

incorporate this content throughout the program in all classes, rather than just one class at the end of the semester (Cleary, 2017).

When I trained new nurses at my hospice facility, many had little experience with death and dying, just as I did as a new nurse. It made me realize that I wanted to be part of a needed change. I wanted to teach the next generation of nurses, and I specifically wanted to incorporate end-of-life, death and dying content into the curriculum. I include a lecture and several activities related to death and dying in the *Fundamentals of Nursing* lecture and clinical courses that I teach to first semester nursing students. I go beyond the chapter in the textbook, which is post-mortem care and theories related to death and dying. I want students to think about it from the patient perspective, and to understand that providing care at end-of-life is as important as ushering new life into the world. Many students say “I don’t want to be a hospice nurse, I want to work in Pediatrics, or OB.” It does not occur to them that death will occur there, too. These beginning nursing students go to long term care facilities for their first clinicals, where they may be exposed to death the very first time they are in a patient care area. If they haven’t had some preparation, it can be overwhelming. We talk about what to expect if they see a patient who is actively dying, and what they can do to provide support and comfort such as oral care, symptom management, repositioning, dimming the lights, and just being present with the patient. I teach another class called Professional Development to beginning nursing students. We do a variety of activities such as practice having difficult conversations about death, discontinuing treatments, understanding Advance Directives, and ethical decision making involving controversial but real situations nurses are exposed to in the practice setting.

An example of a controversial issue in Colorado is Medical Aid in Dying. In 2016, Colorado voters approved proposition 106 “Access to Medical Aid in Dying.” This act provides medical aid in dying to qualifying patients with a prognosis of 6 months or less to live. They must be able to request and self-administer medical aid-in-dying medication in order to voluntarily end their life, giving them a peaceful end that is also in their control. This act authorizes a physician to prescribe medical aid-in-dying medication to a terminally ill individual under certain conditions, and creates criminal penalties for tampering with a person's request for medical aid-in-dying medication or knowingly coercing a person with a terminal illness to request the medication (Colorado Department of Public Health and Environment, 2021). Many people are uncomfortable with this, including nurses and nursing students, although statistics show that each year there are more Colorado residents participating in this end-of-life care option. I believe nurses should have some exposure to this while in school so as not to be surprised when they are in practice. Most students do not realize this is a law, so talking about it is helpful. I teach students that it is not our job to judge or decide for our patients. Our job is to provide information, advocacy and support. Sometimes there is a fine line between what is ethical, moral and legal, but I teach students to understand state and federal laws and then decide where they fall with their beliefs based on values, ethics and morals. Part of being an ethical and skilled nurse is to provide support to all patients, whether our beliefs align with their beliefs. This is true in all areas, not just end-of-life issues. According to the law as well as the nursing profession’s guiding ethical principles, nurses should not assist with the direct part of this law (administering the medication to the patient that will end his or her life). The patient needs to be able to do that alone. Nurses do; however, provide support to the patient before as well as support to the family after their death.

This is just one example of what I discuss with nursing students. Another activity I use in the classroom is the Conversation Starter Kit, which helps students discuss Advance Directives and what they want to prioritize at the end of life (TheConversationProject.org, 2020). Most of them have never thought about it, but it opens their eyes to what our patients go through when we talk to them about this topic. The Loss Toss is another activity we do in the classroom. It was taken from an End-of-Life Nursing Education Consortium (ELNEC) conference (American Association of Colleges of Nursing, 2021). This activity gives students a glimpse of what it feels like to be a patient facing multiple losses. This is not just loss of life, but the everyday things we may take for granted such as mobility, ability to prepare food, get dressed or meet with friends for coffee

or a hike. It is eye-opening for a student who has not experienced loss yet. It provides them with a renewed sense of empathy and compassion.

I teach *Community and Population Health Nursing* to students in their last semester, and again I talk about end-of-life topics. These students have opportunities for clinical experiences at hospice and palliative care settings, both in-patient and in the community. They also experience a six-hour simulation lab that is organized by a local hospice organization and supported by faculty. The students reflect on this experience, and a big takeaway is that they gain comfort and skills communicating and caring for patients at the end of life. I also invite a guest lecturer to my classroom from a local hospice. The students listen to “real world” experience from a hospice nurse, plus they learn how to recognize stages of dying, how to complete post-mortem care, and most importantly how to support patients and families emotionally, spiritually and physically during the last stages of life. After the lecture, the students participate in a discussion. They are reminded the classroom is safe place to ask questions about an often “taboo” subject.

**Conclusion:** After doing a literature review and my own work in this area, I have determined that adding end-of-life content early and consistently to a BSN program is important. It needs to be done throughout the program, using a variety of methods. According to Carmack and Kemery (2018), educational activities should be integrated throughout the learning experience and include elements of didactic teaching, clinical experiences, and application in simulation, including a focus on interprofessional education.

Many current and former students have said they found the content to be difficult yet valuable. Most stated that they felt better prepared to face caring for patients at the end-of-life.

### **Biography**

Jodi Noga, MSN, RN, CHPN is an Assistant Professor of Nursing at Colorado Mesa University in Grand Junction, CO. She teaches a variety of classes in a traditional BSN program. Jodi has been a Registered Nurse (RN) for over 26 years, with experience in critical care, PACU, ER and hospice and palliative care.

## IN-PERSON

**Cristina M. Bravo, RN**

Performance Improvement, Baptist Health South Florida, USA

**Policies, protocols, and shared governance, oh my!**

Policies management can be the bane of existence for some. With the application of the shared governance model, the entire policies management program was restricted to eliminate the individual persons response. The philosophy behind this policy management model was initially applied in 2020 in the medical group, and is currently being implemented in the Center of Excellence, Miami Cancer Institute. The presentation will discuss the various stages of the performance improvement project. Discuss the obstacles, lessons learned, and successes.

**Audience Take Away**

- Audience will be informed on the steps on how to implement a similar process regarding their policy management.
- Audience will be exposed to a completed performance improvement project, with defined stages.
- The application of this methodology may have the benefit of reducing the number of policies within an organization, standardize the workflow, consolidate current policies, serve as a guide for future policies, and improvement the overall management of their policy program.

**Biography**

Cristina M. Bravo has a bachelors in economics and mathematics, a masters in economics, and a masters in nursing. She has over 10 years of healthcare quality experience spanning over both the inpatient and outpatient services. She is recognized as a Certified Professional of Healthcare Quality (CPHQ), and is belted as a Certified Six Sigma Green Belt. Currently, she holds the position of Director of Performance Improvement at Miami Cancer Institute, an entity of Baptist Health South Florida.

## IN-PERSON



**Terri W. Enslein\*<sup>1</sup> EdD, MSN, RNC-OB, CNE, Brenda Wiles<sup>2</sup> DNL, RN, CNL**

<sup>1,2</sup>Xavier University, College of Nursing, Cincinnati, OH, USA

## Misinformation: Recognition and response in pre-licensure Nursing education

**Background Information/Introduction:** Patients today, riddled with multiple comorbidities and presenting with complex care needs, have a plethora of healthcare information at their fingertips. The internet and social media applications are replete with medical advice, information, and opinion. Yet this “infodemic” presents challenges for the healthcare community, as much of this readily-accessible health information is misinformation. Misinformation in healthcare is information that is contrary to that which is commonly accepted by the scientific and healthcare communities, and is often marked by flaws in reasoning and fallacies. As new nurses graduate, they must be armed with the knowledge, skills, and attitudes to enter professional practice. This includes being able to recognize misinformation, understand its importance and impact on patient health and care, and appropriately addressing the misinformation with the patient. In the area, nursing education is falling short, with few curricula addressing misinformation. As such, learning activities in pre-licensure nursing programs need to include preparation for both recognition and response to healthcare misinformation.

**Purpose & Significance:** The purpose of this study is to evaluate the impact of an aesthetic teaching learning activity on the student nurse’s ability to recognize and respond to healthcare misinformation presented through the internet and varied media/social media platforms.

**Methods & Recommendations:** 14 prelicensure students from an OB/Peds course were recruited to participate in a descriptive qualitative pilot study that involved having student nurses either watch a TV/movie birth scene or listen to a birth-related podcast, both options containing misinformation and inaccuracies. The student’s ability to recognize and respond to this healthcare misinformation was evaluated via reflective journaling using portions of Tanner’s Clinical Judgment Model.

**Results:** Evidence of components of clinical judgment were noted as follows: noticing was evident in 14/14 journals; interpreting was evident in 11/14 journals; and responding was evident in 8/14 journals. Further analysis of journals yielded themes: media and social media presentation of healthcare misinformation has potential to impact care that people seek; students recognize responsibility of the nurse to respond to misinformation; most are able to recognize misinformation but many do not know how to respond to it.

**Conclusions/Implications for Practice:** Exposure to misinformation and how to approach it is crucial in prelicensure education in order to prepare new nurses for the realities of professional practice. Further activities incorporating misinformation education are needed.

### Audience Take Away

- Importance of misinformation to prelicensure nursing education.
- Methods of addressing education on misinformation.
- Implications of healthcare misinformation.

- Implications for informing prelicensure pedagogy.
- Can potentially improve student readiness and preparation for professional practice.

**Biography**

Dr. Enslein studied Nursing at Miami University, Ohio (AND), Wright State University, Ohio (BSN), and Ball State University, Indiana (MSN). She received her EdD degree in Educational Leadership in 2019 from Northern Kentucky University. She currently serves as an Asst. Professor at Xavier University where she is Program Director of the Graduate Programs in Nursing.

## VIRTUAL



**Dr. Kelly Conway, DNP, CNS, F-ELAN**

Rocky Mountain University of Health Professions, USA

## **Inter-professional collaboration in Nursing, social work and psychology improve patient care in vulnerable populations**

**Rationale/Background:** To increase access to and quality of care for homeless veterans, a structure including Interprofessional Collaboration (IPC) regional teams (Social Work, Nursing, Psychology) and Housing Resource Groups (HRGs) was developed to provide coordinated assistance in the communities where veterans reside.

**Methods:** 1) Evaluation of homeless veteran attendance. A measure of weekly HRGs attendance (2010-2015) was tabulated for veterans across three regions. The measure was constructed from Social Security numbers recorded from each veteran visit. Approximately 50% of tabulations include repeat visits (approximately half of all veterans came a second time for assistance). 2) Evaluation of impact on providers. The impact of the change in the program on providers was measured over time, using a repeated measures approach and one established survey tool (AITCS, Orchard, 2010), designed to measure how well teams work collaboratively. All participants at the regional plenary meetings were surveyed on December 2011, January 2013, and January 2015, using a convenience, inclusive sampling technique and paper-and-pencil surveys during all-day annual retreats. Participation was voluntary and surveys were de-identified. The response rate at each data collection point always exceeded 90%.

**Outcomes:** The redesign was perceived by participants as effective in coordinating service delivery. Specifically, measurement of two key outcomes demonstrated that for those receiving services across a dauntingly large geographic area, housing and services were accessed and used with demonstrably greater efficiencies. Veteran visits became characterized as one-stop where multiple needs were met. Outcome measures of the combined practice models indicated increased access to care for homeless veterans, and provider self-report of increased collaboration, coordination, and communication of stakeholders.

**Conclusion:** Study outcomes indicate that this project redesign was effective in improving access to services for homeless veterans and improved interprofessional collaboration of staff. The HRGs and redesign to regional teams continues as of this writing.

### **Audience Take Away**

- Identify principles of inter professional collaboration.
- Incorporate IPC interprofessional collaboration principles (communication, collaboration and coordination with Nursing and affiliated professions to improve patient care.
- Apply evidence-based practice principles measured by a tool to assess IPC in staff.

### **Biography**

Dr. Kelly Conway, DNP, CNS received her Bachelor of Science in Nursing at the University of San Francisco, Master's degree in Adult Mental Health from the University of California, San Francisco, and Doctoral degree at Rocky Mountain University of Health Professions. Dr. Conway is Dean, for RMUoHP College of Nursing and recently served on a detail to the VA National Homeless Program Office (HPO) with the Homeless Patient Aligned Care Teams (HPACT). Scholarly focus is mental health, interprofessional collaboration, evidence-based practice, medical and mental health care for the homeless population.

**IN-PERSON****Olga C. Rodriguez**

School of Nursing and Health Sciences Florida Southern College.

**Implementation of a program of orientation for travel Nursing staff based on Nurse-identified learning needs**

Long-term care and skilled nursing facilities experience ebbs and flows of nursing staffing, a problem compounded by the perception of the facilities as undesirable workplaces and competition for staff from other healthcare entities. Travel nurses are contracted to fill staffing needs due to increased admissions, increased and unexpected attrition of nurses, or facility expansion of services. Prior to beginning the contracted assignment, the travel nurse must meet industry, company, and regulatory requirements (The Joint Commission and CMS) for skills and knowledge. Travel nurses, however, inconsistently receive the pre-assignment orientation needed to work at the contracted facility, if any information is given at all. When performance expectations are not met, travel nurses may subsequently choose to leave the position without completing the terms of the contract and some facilities may choose to terminate the contract prior to the expected end date. The overarching goal of the Doctor of Nursing Practice evidence-based practice improvement project is to provide travel nurses with basic and necessary information to prepare them to begin a long-term and skilled nursing assignment. The project involves identification of travel nurse learning needs through a survey, and development and provision of web-based learning modules to address those needs prior to arrival for a long-term and skilled nursing assignment.

## IN-PERSON

**Mahkameh Rasouli\*<sup>1</sup>, Amir Rahmani<sup>2</sup>**<sup>1</sup>PhD Student, Nursing, University of California, USA<sup>2</sup>Associate Professor, Nursing, Computer Science & EECS, University of California, USA

## Understanding the barriers of technology implementation and data communication to improve the quality, safety and effectiveness of remote healthcare: A qualitative study

**Purpose:** A series of semi-structured focus interviews were conducted to understand the efficient implementation and integration of health monitoring devices in communities. Furthermore, we aimed to identify barriers to accepting technologies and issues of most concern for potential users.

**Background:** The implementation of intelligent technology can enable continuous health monitoring and screening for preventative care. Furthermore, intelligent technologies may facilitate communication between clients and healthcare providers, increasing the accessibility of preventive health services, improving adherence to health recommendations, and reducing the need for emergency and specialty services. Acknowledging these potential benefits, the design of health monitoring devices compatible with users' needs will play an essential role in the overall success of remote health services.

**Methods:** Four semi-structured focus interviews were conducted in collaboration with Meals on Wheels (MOW), a community-based agency focused on addressing food insecurity. Potentially interested participants were screened, interviewed, and assigned to specific sub-groups: registered practitioners (N = 4), community health workers (CHWs) (N = 8), MOW's client (N = 1), and family caregivers (N = 2). Interviews were conducted in English and person at MOW's facility in Santa Ana, CA. Transcripts were cleaned, and qualitative coding was done by three individual researchers to determine key themes.

**Results:** As a result of a complete analysis of transcripts, the main themes of participants' perspectives were extracted.

### Audience Take Away

- Due to the COVID-19 pandemic and social distances, health monitoring devices play a critical role in the remote monitoring of patients in their homes. Designing the features of such devices requires a comprehensive view of the patients' needs, healthcare providers' and caregivers' responsibilities. Furthermore, providing an overview of technology acceptance barriers, users' concerns, and requested features could help researchers, computer scientists, and designers to conduct health monitoring interventions using efficient devices and applications for health assessment and high levels of human-computer interactions. Based on the qualitative study, the audience will identify what data healthcare providers need and in what format to support their decisions about clients' care. The study will inform researchers' choices for deploying different wearable and portable devices to sense physiological and contextual parameters remotely.

### Biography

Mahkameh Rasouli is a Nursing Ph.D. student at the University of California, Irvine, USA. She graduated with a BS in Anesthesiology in 2018 from Tehran University of Medical Sciences, Iran. She joined the research group of Dr. Rahmani, Health SciTech Group ([healthscitech.nursing.uci.edu](http://healthscitech.nursing.uci.edu)), which is a multidisciplinary research group between the Information and Computer Science department and Nursing school of UCI in collaboration with the Computer Science department of the Turku University of Finland. Her research focus is preventive care, patient care, and safety through the application of sensing technologies (e.g., Internet of Things and Wearable Technology), mobile computing, and effective data management methodologies.

**IN-PERSON**

**Abigail Mitchell\* DHed, MSN, MBA, RN,  
CNE, FHERDSA**

DYouville University, Buffalo NY



**Shannon McCrory-Churchill DHed,  
CPNP-PC, CNE**

DYouville University, Buffalo NY

## **Full time faculty burnout caused by or exacerbated by the COVID-19 pandemic?**

Nursing faculty are experiencing burnout which includes lack of job satisfaction, low morale, decreased social and peer support, worsen the current nursing faculty shortage. The United States' experience with the pandemic has placed the reality of our current nursing shortage into the spotlight. Nurse faculty have not received as much attention related to chronic stress and burnout or recognition of personal chronic stress potentially leading to burnout.

### **Audience Take Away**

- This presentation will explain faculty burnout and the consequences.
- What are some strategies to retain novice faculty.
- A study of exhaustion, and other psychological and physiological effects. Nursing faculty are at risk for stress and burnout that threaten to 100 or more nursing faculty will be explored.

### **Biography**

#### **Dr. Abigail Mitchell's Biography**

Dr. Abigail Mitchell is Professor in the Patricia H. Garman School of Nursing at D'Youville University. She currently teaches in the DNP, Graduate, and in the Accelerated programs. She has presented her various research projects internationally, nationally, and local. She has published over 20 manuscripts in various peer reviewed journals. Dr. Mitchell holds a DHed, MSN, MBA, RN and is a certified nurse educator. She is a fellow with the Higher Education Research and Development Society of Australasia. She has been awarded prestigious honors, including Western New York Nurse of Distinction in 2009 and Top Manager in 2019.

#### **Dr. McCrory-Churchill's Biography**

Dr. McCrory-Churchill is a Clinical Associate Professor in the Patricia H. Garman School of Nursing at D'Youville University, and practicing Board Certified Pediatric Nurse Practitioner. Through her international endeavors with students, her research interests have evolved to include, cultural competence, faculty burnout and the scholarship of teaching and learning.

## IN-PERSON

**Eilean Lazarus Rathinasamy**

Sultan Qaboos University, Oman

## Prevalence of Nomophobia among university students in Oman

**Background:** Nomophobia “no mobile phone” and phobia” is a pathological fear of being out of contact with a mobile phone, has no mobile networks, or has insufficient balance or battery. New technologies have become an integral part of our lives. Rapidly spreading all over the world, smartphones and their applications now play a key role in social connections, expression, information sharing, and achievement development. Smartphones have become essentials rather than accessories, due to their capacity to perform many tasks with features including advanced operating systems, touch screens, and internet access . Students at Sultan Qaboos University (SQU) Oman, use communication technologies to regularly update on the program in which they are enrolled, as well as completing assignments and participating in course activities. These technologies have become essential to student life and may lead to modified behaviors. To our knowledge, limited literature in the Arab world, particularly in Oman, has addressed the pattern of use of smartphones and potential risk for nomophobia among students, particularly as it may influence academic performance . This study has been conceptualized to investigate the pattern of smartphone use and the extent of nomophobia among SQU students, and any correlation with academic performance.

**Purpose of the study:** To determine the prevalence of nomophobia, demographic factors affecting nomophobic behaviors, and the relationship between nomophobia and academic performance among university students in Oman.

**Methods:** A descriptive correlational study design was chosen to describe the prevalence of nomophobia among SQU students. A convenience sampling technique was used to select 735 students based on defined inclusion criteria. A self-report instrument was used to address the research questions, divided into two sections: demographic data, and the Nomophobia Questionnaire . This will take around 25 to 30 minutes to fill the questionnaire. The demographic data section had three parts. The first assessed sociodemographic data such as age, gender, marital status, living arrangements, and habits. The second asked about academic information such as grade point average, type of enrolled program, and academic year. The third assessed each student’s pattern of mobile use and associated behaviors. Nomophobia was identified using a self-report instrument, the Nomophobia Questionnaire, which includes 20 Likert scale items rated from 1 (“strongly disagree”) to 7 (“strongly agree”). Descriptive analysis and a Pearson correlation statistical test were used to determine the possible relationship between nomophobia and academic performance.

**Results:** The prevalence of nomophobia among students was 99.33%, most with a moderate level of nomophobia. Students with severe nomophobia reported weak academic performance ( $p=.706$ ), but this was not statistically significant.

**Conclusion:** Findings showed evidence of an association between weak academic performance and severe nomophobia, which was not statistically significant. No significant association was found between nomophobia and academic year, but first-year students reported lower levels of nomophobia than others. The study findings clearly demonstrate the effect of smartphone use among students. Academic administrators should sensitize about the potential adverse effects of smartphone usage in the classroom and on campus, and develop policies on how to use smartphones constructively in the study context.

**Biography**

Started her carrier as staff nurse and later joined Master of science in nursing and completed in 2001 in India. Joined as lecturer in nursing at Faculty of nursing and was working as dialysis manager and renal transplant coordinator for 12 years. 2010, completed her Ph. D in Faculty of nursing and promoted as Assistant Professor, Reader and Department Head of Fundamental at Sri Ramachandra University, India. In the year 2013 she has joined as Assistant Professor at College of Nursing, Sultan Qaboos University, Oman and teaching various courses belong to Adult Health and Critical Care including Nursing informatics and currently taking additional responsibility as MSN Program Coordinator. Her area of interest in research are chronic kidney disease, dialysis, quality of life, renal transplant and palliative care. Published her research work at international conferences and journals.

## VIRTUAL

**Denise Fleming-Weiler**

Montana State University-Bozeman, Montana, U.S.A

**Emergent care readiness in a VA community-based outpatient setting**

**Background:** In 2016, the Department of Veterans Affairs (VHA) transformed its healthcare system to increase veterans' access to services. The new guidelines promised mental health and primary care "Same Day Services for Veterans with the most urgent needs" (Department of Veterans Affairs, 2018). In 2018, VHA nationwide provided 12 million same-day appointments to veterans throughout their VHA facilities. Veterans present to outpatient clinics with emergent needs, including acute coronary syndrome (ACS), acute cardiovascular accident (CVA), hypoglycemia, hyperglycemia, and hypoxemia, and require the clinical staff to act fast. All outpatient primary care clinical staff maintain a BLS certification but receive no other training for addressing these emergent situations autonomously. All care during these emergent situations must be directed by a licensed independent practitioner (LIP). The VHA does not have standardized processes or protocols for primary care nursing staff to implement emergent interventions autonomously while practicing within the nurse's scope as defined by the respective state board of nursing. Evidence has shown that early intervention in these emergent situations (e.g., ACS, CVA) yields better outcomes (American Heart Association, 2020).

**Aim:** Demonstrate an improvement process for implementing emergent care nurse-driven protocols in outpatient primary care settings to yield better patient outcomes.

**Design:** Culture of safety quality improvement project.

**Methods:** The VHA outpatient setting will collaborate with the American Heart Association (AHA) to employ the AHA Mission: Lifeline for stroke and acute coronary syndrome. Utilizing current evidence-based practice guidelines for nurse-driven protocols to address emergent situations in primary care settings will ensure that veterans seeking care for an emergent condition receive the best care.

**Results:** Further research could yield better practices for successfully implementing emergent care protocols in outpatient settings.

**Audience Take Away**

- Delve into the Current State of a local VHA community-based outpatient facility emergent preparedness.
- Evaluate the Current State Versus Evidence-Based Practice.
- Review the Stakeholder's response to the current State.
- Visualize the Current State Process.
- Explore the Culture of Safety Proposed Solution.
- The audience will understand the pivotal role of nurse-driven emergent care protocols in outpatient settings and employ this culture of safety improvement project in their respective outpatient settings.

**Biography**

Denise Fleming-Weiler graduated from St. Elizabeth College of Nursing in 2013. She began her career as a critical care nurse in a Progressive Care Unit. She then simultaneously worked in an outpatient clinic. She spent eight years as a patient-aligned care team RN care manager for the Department of Veterans Affairs community-based outpatient clinic. She received a recent promotion to a Systems Redesign RN. Mrs. Fleming-Weiler is currently in her final two semesters of graduate school.

## IN-PERSON

**Brenda Wiles\*, Emilie Burdette\*, Jennifer Bradley**

Xavier University College of Nursing, USA

## What can unit nurses and managers do to help welcome and retain Generation Z Nurses?

**Background:** Generation Z currently represents approximately one-fourth of the US population. Those who took the traditional four-year college route began graduating and entering the workforce in 2017. Unlike any other time in history, there are currently multiple generations of nurses working side by side in the workforce. While each generational group brings a unique set of values, core beliefs, strengths, and limitations, nurses from all generations must find common ground to deliver quality patient care as a cohesive team. Understanding the characteristics of this newest group of Generation Z nurses and their early work experiences is imperative in order to discern what their potential contributions will be, how they will “fit-in” with this multi-generational nursing team, and what improvements can be made in the work environment.

**Methods:** Data for this qualitative descriptive study were derived from questions designed to elicit information regarding new graduate Generation Z nurses’ experience in the workplace. Semi-structured, researcher-participant interviews were used to guide participants in sharing their experiences. Questions used were open-ended and broad enough to gain rich descriptions from the Generation Z nurses regarding their experiences. Responses were recorded and transcribed. Rigor for the study was enhanced by having the researchers independently analyze the data, discuss the data, and come to agreement regarding the analysis.

**Results:** Generation Z nurses desire to be a part of the team both professionally and socially. They wish to be valued and provided specific action items nurses and managers can implement to create a healthy work environment. Many worked in the hospital setting prior to becoming a registered nurse, with the specific intent of evaluating the culture of the unit. Retention is greatly influenced by actions of peers and an environment of trust and support created by the manager. They are not afraid to work hard on a unit where everyone works together.

**Conclusion:** Findings suggest that Generation Z nurses, new in the workplace, want to work with and are open to learning from nurses of other generations. They wish to contribute to the organization and be valued by nursing management and their peers for their contributions in providing safe and competent care to their patients.

### Audience Take Away

- Nursing management styles/characteristics that Generation Z nurses prefer.
- How to create a welcoming unit culture for Generation Z nurses.
- Motivating factors for Generation Z nurses to remain in a position or leave.
- Generation Z nurses’ interest in nursing management positions.
- Actions that help Generation Z nurses feel welcomed on the unit.

**Biography**

Dr. Wiles earned her BSN at Spalding University in 1990, her MSN from Xavier University in 2008, and her MEd from Xavier University in 2009. She earned a Doctor of Nursing Practice degree in educational leadership from Case Western Reserve University in 2016. She has many years of experience as a registered nurse in the in-patient clinical setting and several years as nursing faculty. Her research area of interest is promoting nursing students' clinical judgment to enhance patient safety and quality care through the use of various teaching strategies, including high-fidelity patient simulation and interprofessional teaming.

## IN-PERSON

**Noushin-Vastani**

Brenau University, United States

## Professional quality of life: An exploratory study to assess the impact of the global pandemic COVID-19 on nurse practitioners in Georgia

COVID-19 has put healthcare professionals under immense pressure and hindered their ability to provide quality services. A ProQOL survey demonstrated increased burnout and secondary traumatic stress among frontline practitioners in Georgia due to increased workloads, feelings of inadequacy, fear of being infected by the virus, and prolonged exposure to deaths.

**Background:** The rapid onset of the COVID-19 pandemic has put healthcare systems and professionals under pressure, thus hampering their ability to provide safe, timely, and effective healthcare services. The clinical challenge of treating an unknown infection and attending to a huge number of infected people with scarce knowledge and resources has been a serious challenge facing nurse practitioners in Georgia. Furthermore, as indicated by Buselli et al., increased workload, long working hours, feelings of inadequacy, prolonged exposure to deaths caused by the virus, and the fear of being infected or infecting others are associated with serious mental health issues among front-line nurse practitioners.<sup>1</sup> These professionals continue to experience increased burnout, compassion fatigue, and depression as they strive to provide care to patients suspected or confirmed to be infected with the virus. Results of past ProQOL studies have revealed that nurse practitioners experience higher levels of compassion fatigue and lower levels of compassion satisfaction as they treat and manage patients affected by pandemics. Although the problem of compassion fatigue has existed in the healthcare sector for a long time, the issue of compassion fatigue is significantly pronounced during a pandemic or a crisis. This study assessed the level and impact of the COVID-19 pandemic on Georgia's nurse practitioners' quality of life before and after the outbreak. The study utilized the Professional Quality of Life (ProQol) survey to collect and analyze data on the professionals' level of compassion fatigue, burnout, and secondary trauma following the outbreak of the pandemic.

**Problem Statement:** COVID-19 has significantly impacted the healthcare sector, especially the providers.<sup>2</sup> The pandemic has contributed to inherent anxiety among the front-line healthcare workers because of the heightened uncertainty relative to: numbers of patients; patient course of illness; the contagious nature of the disease; unknowns/unpredictability of disease progression.<sup>3</sup> It has been speculated that this inherent anxiety has contributed to a significant shift in the professional quality of life, which has been characterized by bouts of stress and compassion fatigue.

**Research Question:** This study is based on one research question: What is the Professional quality of life of Nurse Practitioners in Georgia based upon the PROQL scale before the pandemic compared to during the pandemic?

**Significance:** Georgia's first case of the virus was confirmed on 26th February 2020. Since then, more than 1.4 million new cases and 22, 373 deaths have been reported.<sup>4</sup> At least 10% of all infections are among healthcare workers. By January 2021, at least 3000 US healthcare workers had died due to COVID-19. A study by Makhashvili et al.<sup>5</sup> on the prevalence of the COVID-19 virus revealed that healthcare personnel (NP,

RNP, social workers, medical officers, and clinicians) were more likely to be infected by the virus both within and outside their places of work. The study by Miller has shown that the prevalence of COVID -19 infections among healthcare workers vary between 4-13% of all the confirmed cases.<sup>6</sup> During pandemics such as the COVID-19, nurses experience serious mental health issues due to the high number of confirmed cases, contagious nature of the disease, unpredictability of the disease's progression, increased workloads, limited resources, frequent exposure to deaths due to the virus, and inadequate knowledge about the pandemic have led to increased anxiety, stress, and fatigue and among the medical staff.<sup>7</sup>

**Conclusion:** COVID-19 pandemic has had an unprecedented negative impact on NPs' mental and psychological health. The study has shown that the pandemic has significantly increased the levels of compassion fatigue (burnout and secondary traumatic stress) among frontline healthcare professionals. Healthcare managers should use the ProQOL results to develop and implement psychological support systems and other timely interventions to NPs amid the COVID-19 crisis. Improving the psychological wellbeing of NPs can reduce turnover, deaths, and will improve the quality of patient care.

### **Biography**

Dr. Noushin Vastani has recently taken on a dual role at Brenau University as the Graduate Clinical Coordinator and Professor of Nursing for Mary Inez Grindle School of Nursing, Ivester College of Health Sciences as of March 2020. She is actively serving as a board member in the CCNE Committee at Brenau University. During the first few months in her new role -she served as the lead working with SYNERGIS to develop the Nursing Course Buildout (NG 746). Noushin has served in various capacities throughout her 12 -year career in health care and nursing which include indirect/direct patient care in the Emergency Room, ICU, CCU and Emergency Step Down, as well as being an ER Charge Nurse, and Assistant Nurse Manager. Currently she is practicing as an Advanced Practice Registered Nurse/ Family Nurse Practitioner in Urgent Care. Noushin is a member of several health related organizations, including the American Nurses Association, Sigma Theta Tau International and American Association of Nurse Practitioners. In 2019, Today's Nurse recognized her as a "Top Family Nurse Practitioner in Suwanee Georgia". Noushin received her formal education from Waubonsie Community College (Associates Degree in Nursing), Mercer University (Bachelors of Science in Nursing), Family Nurse Practitioner and Masters of Science of Nursing- Graduated with Honors (Brenau University) and has now graduated with honors and has earned her degree in the Doctorates of Nursing at Brenau University. She has two beautiful children - 11, and 9. She is very passionate about helping and caring for others and feels it should be the foundation for our giving. Noushin feels it's not how much we give, but how much love we put into giving.

## VIRTUAL

**Jean Ross Josie\*, Crawley**

College of Health, Otago Polytechnic, Dunedin, New Zealand

## **Rural Nurses in New Zealand pioneered new models of health care during significant times of changing landscapes of health: What can we learn from history, and will it repeat itself?**

**Introduction:** During the past three decades changing socio-political and economic contexts have affected health care in New Zealand; rural nurses responded with new emerging models of practice in which they have maintained and, in some cases, improved the health care of the residents and visitors to these rural communities. As New Zealand in 2022 progresses into yet another significant change to the delivery of health care 30 years on, will rural nurses reflect on their pioneering spirit while embracing the unique discourse of rural nursing in New Zealand.

**Purpose:** Traditional discourses aligned with rural nursing practice include personal and professional connections with the rural community; being known in the community; dual relationships; and always being on call; broad scope of practice; jack of all trades, master of none; and a sense of belonging to the geographical location. These discourses are well entrenched within national and international contexts. The focus has changed from associating rural nursing with special needs; the health beliefs of rural populations and the nuances associated with geographical locations to discovering the discourse and practice of rural nurses within their specific context.

**Methods:** Narrative inquiry recognises the power story has, to explore meaning. Narrative inquiry was conducted by the authors who collected stories of 26 nurses who had and in some cases were still practising in the rural geographical contexts for more than 15 years. Their practice encountered the past, present and future interacting with the place and people with whom they work. A thematic approach was engaged with to analyse the data. Ethical approval to undertake this research was obtained from Otago Polytechnic Research Ethics Committee in 2016.

**Findings:** This research presentation shines light on rural nurses' innovative practice in a changing healthcare landscape and community responses to a shift from national to local governance. Innovative practice has been developed, in close partnership with communities within challenging rural contexts, changing demographics and limited resources. Three emerging models of care have been uncovered in respect to this shifting health care context revealing the Community Trust Model, the Practitioner Lead Model and the Reciprocal Partnership Model. From rural nurses' innovative practice emerged a unique rural nursing discourse revealing the rural nurse as a pioneer, as an entrepreneurial practitioner supplying the backbone of health care to the community; entrepreneurial with the creative development of tenacious nurses and local communities embracing responsive solutions and new models of healthcare to accommodate the challenging landscapes and changing socio-political tides.

**Conclusion:** Capturing rural nurses' stories has helped us learn how communities and nurses have adapted to these changes and in doing so the unique discourse of rural nursing in New Zealand has been revealed. Narrative inquiry has provided a depth of meaning to the rural nurse experience and uncovered the pioneering spirit of rural nursing in the 21st Century. It is now timely to reflect on how they will respond to

yet another significant change to the New Zealand health care system in 2022. Will they position themselves once again as pioneers?

### **Audience Take Away**

- Nurses are change agents, value their response to local contexts.
- Nurses are agents of social justice, value their response to local contexts.
- Rural nurses are connected to their geographical context which shapes their practice .
- This presentation will help the audience reflect on their job and the clients they care for.
- This research could offer other faculties an approach in which to expand their research or teaching.
- This presentation will stimulate ongoing research to provide new information to assist in the provision and discourse of rural nursing internationally.

### **Biography**

Jean is Professor of Nursing, originally from Wales, UK. Jean has more than 30 years' experience of working with the rural nursing workforce in New Zealand. The cumulation of her work associated with rural nursing, includes activism, research, and education. Education includes undergraduate, postgraduate and doctoral engagement. Jean's initial work with rural nurses commenced in Wales and continued with the establishment of the Centre for Rural Health in New Zealand of which she was co-director. Jean is also an advocate for sustainable rural community development and nurse education. Jean's focus is research directive which both informs and directs her practice.

## IN-PERSON


**Katelyn Erickson<sup>1\*</sup> DNP, RN-BC, CCRN and Sandra Walker-Halliman<sup>2\*</sup>, MSN, RN, VHA-CM**
<sup>1</sup>Roseburg VA Health Care System, United States

<sup>2</sup>Columbia VA Healthcare System, United States

## Synergizing high reliability organization principles and employee whole health initiatives to reduce workforce burnout

The Healthcare workforce are increasingly experiencing burnout syndrome in today's settings. According to a 2021 report by American Nurses Association, "60-75% of clinicians report symptoms of burnout, while nurses are equally or more stressed". The May 2022 Surgeon General's Advisory addressing Health worker burnout states that, "workers are at an increased risk for mental health challenges" and "work in distressing environments that strain their physical, emotional, and psychological wellbeing" which compromise patient healthcare delivery. Additionally, the Institute for Health Care Improvement states burnout can lead to nurses having continuous psychological stress and negative impact on patients, the workforce, and organizations. HRO and Employee Whole Health alignment engage a synergistic approach to improve organizational wellbeing.

The integration of HRO and Employee Whole Health Program initiatives navigate an innovative approach to advance cultural transformation and decrease workforce burnout factors. The development and implementation of employee wellbeing programs, along with HRO educational trainings provide a foundation to advance employee satisfaction, engagement, and increase patient safety.

The incorporation of High Reliability Organization principles enhances a culture of safety, transparency, respect, and clear communication that increase employee satisfaction, engagement, and quality patient care. When we are aware of our own personal well-being it leads to improved workflow performance, veteran healthcare outcomes, and the HRO Principle of Preoccupation with Failure. For example, when one chooses to pause and step away to re-focus; not only does it support employee self-care-this practice also helps reduce errors and optimize team-based processes.

Workforce burnout and retention concerns have only exacerbated amid the COVID-19 pandemic. Established Employee Whole Health programs may support individual resiliency and stress management. However, limitations include no authorized paid time for participation, increased staffing shortages, and persistently high workloads. Unit and system-level strategies to address burnout are important considerations

### Audience Take Away

- Define High Reliability Organizations and Whole Health Systems of Care.
- Engage workforce populations on HRO principles and understanding of best practices that advance just culture and safety towards the goal of zero harm.
- Identify employee whole health interventions that support self-care and resiliency.
- Evaluate the importance of leaders' role to synergize HRO and EWH priorities to reduce workforce burnout

### Biography

Katelyn Erickson, DNP, RN-BC, CRRN has been at VHA for the past 12 years. She currently serves in the Employee Whole Health Program Manager role and Chief Wellbeing Officer candidate at Roseburg VA Health Care System. Dr. Erickson has published and continues to lead quality improvement projects that advance whole-person centered care and organizational wellbeing.

## VIRTUAL



**Hsiu-Chin Chen\***, Jamie Russell, Candice L. Brunger, Natalie Monson, Francine B. Jensen

Department of Nursing, Utah Valley University, USA

## Development and psychometric testing of the intercultural competence scale

**Background:** Student cultural competence should be evaluated to identify the effectiveness of educational interventions relevant to culturally congruent care. Given the broad availability of instruments developed to assess cultural competence, there is a need to develop psychometric properties of existing instruments so they might be adapted accordingly. The purpose of this study was to conduct psychometric evaluation of the Intercultural Competence Scale (ICS) to ensure its validity and reliability of measurement.

**Methods:** Based on the literature review along with critical discussions, the instruments *Intercultural Sensitivity Scale*, *Students' Attitudes Towards Addressing Sexual Health*, and *Interpersonal Communication Assessment Scale* were adopted to initially form the ICS. Two sequential cohorts of associate in science in nursing (ASN) students from a selected university participated in this longitudinal study for developing psychometric properties of the ICS. The psychometric evaluation included scale selection and construction, psychometric testing, and instrument validation. Data analysis methods included item analysis, internal consistency reliability, and exploratory factor analysis.

**Results:** In total, 215 nursing students participated in this longitudinal study. The ICS adopted three instruments modified into a 21-item tool with four subscales. The ICS is centered on evaluating the learning outcomes of an intercultural competency (IC) program developed to advance student cultural competence. The principal feature of the ICS is to provide a broad perspective in evaluating student cultural competence of the IC program by focusing on cultural humility, cultural reflection, cultural awareness, and cultural sensitivity.

**Conclusion:** This study provides a foundation for future research to develop a modified instrument for measuring cultural competence. Expanding applicability of the ICS to evaluate the Bachelor of Science in Nursing students' cultural competence via the IC program is recommended.

### Audience Take Away

- Understand the process of developing a modified instrument for evaluating student cultural competence.
- Apply the process of psychometric testing for validating an instrument.
- Be aware of the importance of developing student cultural competence.

### Biography

Dr. Chen taught nursing at the Utah Valley University, USA and graduated as PhD in 2004. Her interest in research includes instrument development, leadership, student satisfaction, job satisfaction, program evaluation, and cultural competency. Currently, she works with a faculty team to develop a computerized intercultural competence program for developing student cultural competence.

## VIRTUAL

**Vera Costa**

Monash University, Australia

## Mental health outcomes of family carers after admission to aged care: A cross-sectional survey study

**Objectives:** This study investigated the predictors of poor mental health outcomes among family carers of residents after transitioning into residential aged care.

**Method:** Using a cross-sectional design, five groups of variables were evaluated as predictors: caregiver demographics; caregiving load; resident-related variables; loneliness and visiting frequency, and the impact of the Covid-19 context. A total of 309 primary family contacts of all residents of two residential aged care organisations in the state of Victoria (Australia) participated in the study (response rate 19%). The K-10 and the Burden Scale for Family Caregivers were used to measure the primary outcomes. We compare psychological distress and burden outcomes between carers whose relative was admitted within the last 12 months, or longer than 12 months ago.

**Results:** Time since admission (<12months or >12 months) did not affect the level of psychological distress (K-10;  $F=-0.199$ ,  $p=0.842$ ) or subjective burden ( $t=-0.923$ ,  $p=0.357$ ). Women, spouses, those who spoke a non-English language at home, less satisfied with the support offered by the facility, who did not feel supported in the decision to admit their relative, who were lonelier, and provide higher levels of care pre-admission are at higher risk of poor mental health outcomes.

**Conclusions:** Older women with low-English proficiency who were primary carers, are socially isolated, are more likely to experience poor mental health outcomes and need additional support. These findings may inform the development of screening tools and tailored interventions to support this population during and after the transitional process.

### Biography

Dr Vera Camoes-Costa is a primary care researcher, and a former mental health clinician, with an expertise and passion in the implementation of evidence-based interventions for improving mental health across the life span. As a Research Fellow at the Department of General Practice at Monash University, Vera currently manages the implementation team of a large NHMRC Partnership Grant to help GPs adhere to a work-related mental-health guideline when caring for their patients with work-related mental health symptoms. Her research output includes 21 peer-reviewed publications, multiple conference presentations and ongoing collaborations with national multidisciplinary research teams in Australia. Her research interests are on implementation science, healthy ageing, prevention of poor mental health outcomes, and evidence-based clinical practice.

## IN-PERSON



**Barry Wiener\***, MSN, RN-BC, CCRN, **Kimberly Arnold**, BSN, RNC-LRN, **Deven Barriault**, MSN, RN, NPD-BC, **Mary Laly Chacko**, DNP, RN, ACE, NPD-BC, **Michelle Lincoln**, BSN, RN, **Maria Quintero**, BSN, RN, **Rosario T. Suico**, MSN, RNC, ACM-RN, NPD-BC, **Theresa Wilson**, MSN, RN, NPD-BC, **Kenn M. Kirksey**, PhD, RN, ACNS-BC, FAAN

Nursing, Harris Health System, Texas, USA.

## Traditional approaches versus complementary/Alternative therapies to manage breakthrough atrial fibrillation

**Purpose:** Atrial fibrillation (AF) is the most common type of heart arrhythmia and can exacerbate the risks of ischemic stroke, heart failure, prolonged hospitalization, and sudden death. Traditional treatment strategies (e.g., medications, cardiac ablation) can be expensive and may intensify the incidence of treatment-related complications. Data-based literature has demonstrated that holistic approaches can be just as efficacious, minimally invasive and less costly. The use of traditional Chinese Medicine (TCM) practices (e.g., acupuncture) have gained more popularity and integration into western medicine in recent years. While acupuncture is not without potential risks, its use as an adjunctive intervention following ablation has demonstrated efficacy in reducing the incidence of AF breakthrough. The purpose of this nurse-driven, evidence-based practice (EBP) project was to gain insight from data-based literature to integrate with providers' experiential knowledge about traditional and TCM practices in the management of AF.

**Description:** The PICO question that guided this exploration of the salient literature was, "Among adults with a history of atrial fibrillation (P), are complementary/alternative medical therapies (I) as effective in decreasing the incidence of breakthrough atrial dysrhythmias (O) as traditional approaches (e.g., medications, ablation) used to reduce rhythm abnormalities (C)?" Fifty research and non-research articles were initially retrieved using CINAHL, PubMed and Nursing Reference Center Plus. After duplicates were eliminated, 16 articles (11 research; five non-research) met the specific inclusion parameters and were critically appraised using the Johns Hopkins EBP criteria. Each article was independently evaluated by at least two team members. Rating discrepancies were resolved by team consensus.

**Evaluation/Outcomes:** Effects of electroacupuncture (EA) at Pericardium 6 (PC-6) acupuncture point on heart function can be detected and quantified by equilibrium radionuclide angiocardiology (ERNA). EA at PC-6 improved heart function (heart motion coordination). Acupuncture has a therapeutic effect, decreases heart rate and blood pressure in patients with atrial fibrillation, and its application, in conjunction with pharmacological intervention, should be considered. While acupuncture has shown promise as a monotherapy, its use in combination with pharmacological treatment or following cardiac ablation may be the most ideal mechanism for managing breakthrough AF. Nurses are well positioned to foster improvements and promote the healthcare teams' incorporation of acupuncture in diminishing AF. Published evidence, combined with experiential knowledge, enriches nurses' awareness of data-based evidence that enhances the care of these vulnerable patients.

### Audience Take Away

- Traditional treatment strategies for atrial fibrillation are expensive and may intensify the incidence of treatment-related complications.
- Acupuncture can alleviate symptoms of atrial fibrillation (AF).
- Traditional medicine and acupuncture may be combined to mitigate AF.
- Acupuncture can be incorporated as an adjunctive therapy following cardiac ablation.

**Biography**

Barry Wiener, is a Nurse Clinician III in Medical-Surgical ICU at Lyndon B. Johnson Hospital. He is an instructor in CPR, ACLS, and TNCC. He was the lead author on two peer-reviewed publications:

- Wiener, B., Chacko, S., Brown, T., Cron, S., & Cohen, M. (2009). Delphi survey of research priorities. *Journal of Nursing Management*, 17, 502-538.
- Wiener, B., Chacko, S., Cron, S., & Cohen, M. (2007). Guidelines development and education to ensure accurate and consistent pulmonary artery wedge pressure measurement by nurses in intensive care units. *Dimensions of Critical Care Nursing*, 26(6), 263-268.

## IN-PERSON



<sup>1</sup>Marta Figueroa\* PhD, MS, CIH; <sup>2</sup>Kathleen M. McMullen MPH, CIC, FAPIC

<sup>3</sup>Elizabeth Kruger BSN, RN, PHN

<sup>4</sup>Amanda V. Peterson BSN, RN, CCRN

<sup>5</sup>Caroline Johnson MSN, RN, PHN

<sup>6</sup>Whitney Line BSN, RN, PHN

<sup>1</sup>Environmental Health and Safety, NYU Langone Health, New York, NY, USA.

<sup>2</sup>Infection Prevention, Park Nicollet Health Services, St. Louis Park, MN, USA.

<sup>3</sup>Wound Care Center, Christian Hospital and Northwest Healthcare, St. Louis, MO, USA.

<sup>4</sup>Intensive Care Unit, United Hospital, St. Paul, MN, USA.

<sup>5</sup>Personal Safety Division, 3M Company, St. Paul, MN, USA.

<sup>6</sup>Medical Solutions Division, 3M Company, St. Paul, MN, USA.

## Respiratory protection: Lessons learned from a Global pandemic

The COVID-19 pandemic exposed the constraints of global health systems to effectively manage the rapid spread of an airborne infectious disease, which was further exacerbated by shortages of critical personal protective equipment (PPE). Healthcare institutions and health care practitioners (HCPs) were confronted with a scarcity of personal protective equipment (PPE), including respiratory protection, as well as challenged by PPE storage and supply chain constraints. An expert healthcare panel with backgrounds in Environmental Health and Safety, Infection Prevention, and Nursing (Critical Care and Community Health settings) were assembled to discuss challenges and strategies associated with the selection and use of respiratory protection. Each panelist presented their experience and challenges. This discussion led to the following considerations: 1) during respiratory protection supply challenges or surge demand circumstances, alternative recommendations related to respiratory protection selection and use in accordance with US regulatory and agency guidance need to be better communicated; 2) adequate stockpiling, inventory rotation, and a mix of respiratory protection options that will accommodate the majority of healthcare workers are necessary; 3) there is a need for efficient and innovative strategies to communicate evolving recommendations and to deliver appropriate training related to respiratory protection; 4) additional research is necessary on filtering facepiece respiratory protection usage to balance infection prevention best practices with a sustainable process; and 5) a need exists for studies to obtain real world data concerning shifts in respirator usage (extended use versus re-use) under conventional, contingency and crisis capacity scenarios. In conclusion, these considerations may offer guidance and identify areas for research in preparedness, compliance, communication, and education to better prepare health care facilities for future unexpected events.

### Audience Take Away

- This presentation will provide insight regarding the different perspectives and approaches taken by health and safety, infection control and patient care practitioners as they faced critical personal protective equipment shortages during the COVID-19 pandemic.
- The presentation will help identify areas of focus for future pandemic preparedness.
- The presentation identifies areas for future research in healthcare respiratory protection practices and effectiveness.

### Biography

Marta is Senior Director of Environmental Health and Safety for NYU Langone. In 2015, Marta joined NYU Langone after previously serving 21+ years with the Emergency Management and Occupational Health and Safety Department at the University of Medicine and Dentistry of New Jersey (now Rutgers University). Her health care career began in 1988 as an industrial hygienist for NYC public hospitals and long-term care facilities under the NYC Health and Hospitals Corporation. She earned her industrial hygiene certification from the American Board of Industrial Hygienists. Marta holds a doctorate in Environmental and Occupational Health from the UMDNJ/Rutgers University Graduate School.

27-29<sup>th</sup>  
OCT

DAY 01

**WORKSHOP**

6<sup>TH</sup> EDITION OF  
**NURSING WORLD  
CONFERENCE**

## Supporting Nursing documentation in the EHR – ICN and SNOMED international collaboration

New developments in healthcare continue to develop at a fast rate. With these developments come a series of challenges. Supporting healthcare practice currently is driven mainly by evidence-based practice, with a reliance on interpreting the evidence into guidelines and patient pathways. But with the advent of genetic screening techniques and other developments, future healthcare delivery is moving to a personalized delivery model. This move, whilst improving the care of the individual patient, also requires access to a good deal of patient data collected through electronic healthcare record systems (EHRs). The large-scale collection of data also requires an underlying coding system, that is computer processable and shareable, to allow real-time data analysis to inform clinician practice and the broader population-based analysis.

SNOMED CT is a global controlled clinical terminology that works within EHR systems, to provide accurate coded clinical information, which is shareable between systems and across borders using translations. SNOMED CT also supports working with other existing classifications and terminologies and has been working since 2016 with the International Council of Nurses (ICN) on the alignment of SNOMED CT and ICNP (International Classification of Nursing Practice).

The workshop will provide an overview of SNOMED CT structure and functionality, and importantly, why these factors are important for current and future nursing practice. The workshop will also explain the work undertaken to date with ICN and provide a detailed explanation of the work involved and what has been delivered. The future working relationship between ICN and SNOMED will also be discussed, and how this can support nursing in the changing world of healthcare.

### Audience Take Away

- The workshop aims to provide the audience with a good working knowledge of SNOMED CT, and specifically content related to nursing practice. The workshop aims to provide nurses with the beginning of an understanding in SNOMED CT which will enable them to maximize the benefits of its use. The session will answer the following learning outcomes:
- Provide an understanding of the structure and use of SNOMED CT.
- Provide an understanding of the importance of SNOMED CT and data for nursing practice.
- Aid in developing support from nurses to further develop SNOMED CT nursing related content, directly and through the collaboration with ICN.
- Develop an understanding of future SNOMED CT developments which will support nursing practice.



Ian Green\*

Clinical Engagement, SNOMED International, London, UK



Jane Miller\*

Clinical Engagement, SNOMED International, London, UK

### Biography

#### Ian Green's Biography

Ian is based in the UK and has worked for SNOMED International for the last 10 years in a variety of roles. Ian's current role covers Customer Relations management for Europe, leading Clinical Engagement activities and a particular focus on developing SNOMED CT's capacity to support Genomics developments globally. He is a nurse by background, who moved into healthcare management in both primary and secondary care sectors, and then into Health Informatics. Previously, he worked for the NHS in the UK, authoring both READ codes and SNOMED CT for over 10 years. In addition to a general interest in all areas of health informatics, he has a

particular interest in engaging with clinicians to develop a clinical terminology that meets the requirements of all clinicians globally that can transform the way healthcare is delivered for the benefit of patients. Ian obtained an MSc in Quality in Healthcare, focusing on the implementation of evidence-based medicine and clinical governance, with a particular emphasis on quality management processes.

#### Jane Miller's Biography

Jane is based in the UK and has worked at SNOMED International for 13 years. She has been Collaboration Lead for over 6 years and is part of the Clinical Engagement team working with key professional organisations and individuals globally. Jane's background is as a Physiotherapist and worked largely in Cardiothoracic, Intensive and Critical Care and surgery. She moved into health informatics to participate in the development of Clinical Terms Version 3 in the NHS, UK, which was then amalgamated with SNOMED RT to form SNOMED CT. She also headed up the Information Standards Board in NHS England which meant that she gained knowledge about the wider development and implementation of health informatics standards both in UK but also globally. Her current combined role means that she coordinates both the activities of SNOMED International with the different clinical professional organisations and the work of SNOMED International with Clinical Reference Groups.

The overriding drivers are to ensure that SNOMED CT meets the needs of all clinical professions in their use of the Electronic Health Record, supporting both day-to-day care of individuals, as well as wider the need for information to support analytics for Public Health, Clinical research etc.



27-29<sup>th</sup>  
OCT

DAY 02

KEYNOTE FORUM

6<sup>TH</sup> EDITION OF  
**NURSING WORLD  
CONFERENCE**

## Health equity in the era of COVID 19

In the last few years, we have seen an increase in health disparity due to the Covid 19 pandemic. An already fragile state of health concerns was worsened to include an increase in lower socioeconomic status due to loss of jobs and the closing of businesses. This impact to countries caused further limitations to all in ways of health access and increased lower socioeconomic status of people. There is an opportunity to foster health equity to promote best possible health conditions of all individuals regardless of income.

During this presentation, Interprofessional and collaborative care models are reviewed to increase awareness of the potential for achieving health equity in outpatient care. Education of nursing faculty, clinicians, and patients is essential to provide equal health opportunity and foster compliance of care protocols and health promotion. We will examine the role of academic leaders in providing Interprofessional Education (IPE) to prepare healthcare professionals for collaboration in the interest of improved patient health outcomes. Examples of patient scenarios of non-compliance due to situational challenges and how we may provide collaborative support to prevent health complications, will be discussed by ways of storytelling and impactful journeys that resonate with all nurses and healthcare professionals.



### Dr. Robin Geiger

Co-Founder and CEO of Ovita Health, Clinical Director for North Central University, USA

#### Biography

Dr. Geiger is the Director of Clinical and Collaborative Practice for Northcentral University. She maintains clinical privileges as a Family Nurse Practitioner (FNP) co-founder and co-owner of Ovita Health, PLLC, a concierge-based health system located in Gainesville, Florida.

Dr. Geiger has served as Vice President of Clinical Services and Chief Privacy Officer for a national non-profit organization, and Head Nurse for Veterans Affairs Community Care. She has published and presented on multiple healthcare topics. Her current interests are innovative teaching methods in online education, holistic care and fostering health equity to empower patients to improve their current health.

## A look at Nursing architecture and its impact on the learning environment

In the year 2022, nurses are faced with significant challenges due to COVID 19 pandemic which has dramatically affected not only **how** we practice/provide care but has also placed emphasis on **why, when and where** we deliver care. We will be exploring the design of the nursing unit in terms of history to see how Nightingale's influence on environment still stands firm in the light of today's practice. We will then look to how the design of nursing units changed during the onset of COVID 19 pandemic as practice environments were transformed into parking lots and areas outside the hospital environment. Lastly, we will look at what the future may hold in terms of nursing unit designs as we try to maintain a balance in what is known as the clinical environment. So, let's explore what we have learned from the past, while we live in the present and then how we can focus our strengths and resources to improve delivery of care and health outcomes for our patients in the future.

### Audience Take Away

- Explain the importance of the nursing unit design from an architectural framework.
- Identify elements of practice that can be used to improve delivery of care in the nursing unit.
- Incorporate best-practice strategies to help design of future nursing units.
- Reflect on personal practice experiences to advance ideas about nursing unit design.



Daryle Wane, PhD., APRN,  
FNP-BC

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

### Biography

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

## Sharing the findings from a “virtual Dementia tour workshop”

Elim Village is a senior’s community located in Surrey, BC with approximately six hundred and fifty (650) seniors and three hundred (300) staff on site. A workshop was held at Elim Village in late fall of 2018 to provide staff with an opportunity to experience personally challenges persons diagnosed with Dementia face daily. According to the World Health Organization, Dementia affects nearly 50 million individuals worldwide with approximately 10,000 new cases each year. The Virtual Dementia Tour ® (VDT®) is an evidence-based innovative workshop hosted by Second Wind Dreams, Inc. ® and Grier Dementia Training ® to help caregivers learn more about the impacts on persons diagnosed with the disease. One hundred and seventy-seven (177) staff participants attended the one-day workshop. Participants were given various sensory debilitating barriers and were asked to complete a variety of tasks. Prior to the simulation and immediately following, all participants completed a questionnaire. The pre-test and post-test questionnaire results were contrasted against one another, revealing a significant shift in philosophy following the VDT. Several weeks following the workshop, another survey was conducted by Elim with the participants, revealing significant learnings. Overall more than 90% of participants stated they would recommend this training for staff working with older adults; especially older adults diagnosed with Dementia. Education of this nature can enhance one’s ability to connect and communicate better with older adults suffering from Dementia. There is clear evidence this workshop can impact and change the way staff work with and care for Dementia clients.

### Audience Take Away

- Education / Improve Quality of Care/ Research/ Engagement within organizations / Dementia learnings.



Marian Heemskerck, CHE,  
MA, LPN

Lucille Ohio, Director of  
Community Life, Elim Village,  
Canada

### Biography

I trained as a Licensed Practical Nurse, specializing in gerontology for over 40 years, I have earned multiple certificates related to nursing, a Master’s Degree in Health Specialities, and a Certified Health Executive (CHE) designation to support my career. I am a visionary and a life long learner. Currently I am the Director of Community Life, working in an older adult community situated on 25 acres, where 650 residents live and more than 300 staff work. I over see the Assisted Living and Independent Living Residents and staff. I also sit on a mirror committee for Standards of Canada Council (SCC).

27-29<sup>th</sup>  
OCT

DAY 02

**SPEAKERS**

6<sup>TH</sup> EDITION OF  
**NURSING WORLD  
CONFERENCE**

## IN-PERSON


**Somya Ramrakhyani<sup>\*1</sup>, Saisudha Bharati<sup>2</sup>, Divya Kanchibhotla<sup>3</sup>, Mehta H Darshan<sup>4</sup>**

<sup>1</sup>MD, Art of Living Foundation, Florida, US

<sup>2</sup>MBBS MD, Sri Institute for Advanced Research, Bangalore, India

<sup>3</sup>MSc Executive director, Sri Institute for Advanced Research, Bangalore, India

<sup>4</sup>MD, Harvard Medical School, Boston, Massachusetts, USA, Division of General Internal Medicine, Massachusetts General Hospital, Boston, Massachusetts, USA, Osher Center for Integrative Medicine, Brigham and Women's Hospital, Boston, Massachusetts, USA, Benson-Henry Institute for Mind Body Medicine, Massachusetts General Hospital, Boston, MA, USA

## Impact of a yogic breathing technique on the well-being of healthcare professionals during the COVID-19 pandemic

**Project objective/background:** The COVID-19 pandemic created unprecedented challenges for health care providers (HCPs), resulting in stress related disorders, insomnia and burnout. Sudarshan Kriya Yoga (SKY), a mind-body intervention, was explored as a tool to positively impact the well-being of HCPs during the pandemic.

**Methods/approach:** A pilot study with a single arm pre-post follow up design was conducted. SKY was taught to participants in a 4-day online workshop between the months of April & June 2020. Outcomes related to depression, anxiety, resilience, life satisfaction, & quality of sleep were measured using the following scales: Depression, Anxiety & Stress Scale, Connor-Davidson Resilience Scale, Satisfaction With Life Scale & Pittsburgh Sleep Quality Index.

**Results:** 92 subjects completed the pre-post and 40 days assessment. A significant reduction was noted in the outcomes of stress, anxiety, depression, resilience, life satisfaction & quality of sleep immediately after the program ( $p < 0.001$ ). At 40 days of practice, a significant improvement in resilience ( $p = 0.015$ ) & life satisfaction ( $p < 0.001$ ) was noted.

**Conclusion:** SKY demonstrated a positive impact on the well-being of healthcare professionals, even during the dire stresses of the pandemic. An improvement in both physical and mental health of the HCPs was seen. A significant immediate reduction in stress, anxiety and depression was noted. In addition, sustained improvements in quality of sleep, satisfaction with life, and resilience was seen among those who practiced SKY. Interventions like SKY may serve as prudent low cost, high impact, easy to implement options for lowering stress & burnout amongst physicians.

### Audience Take Away

- Learn how mind-body interventions can support healthcare providers professional well-being.
- Understand the impact of breathing techniques on promoting resilience and satisfaction with life amongst HCPs.
- Identify a low cost, high impact solution to reduce burnout amongst HCPs.

### Biography

Dr. Somya Ramrakhyani holds a medical degree from Grant Medical college in India & a MD in Pediatrics from Nicklaus Children's Hospital in Miami. After working as a general pediatrician for some years, she switched her career path to work with the Art of Living Foundation, a United Nations NGO operating in over 150 countries, focusing on delivering science backed wellness programs to reduce stress & foster happiness in life. She is an integral part of Healing Breaths – a nonprofit which offers programs to energize healthcare professionals with research backed self-care tools that strengthen resilience & restore a sense of purpose & community.

## IN-PERSON

**Toni Hawkins, MSN, RN**

Department of Case Management, Inova Fairfax Medical Campus, Falls Church, VA, U.S.A.

## Minority community health initiative- A health disparities call to action

Health disparities in rural and underserved communities often go unchecked leaving individuals to fend for themselves in terms of undiagnosed medical conditions, misunderstanding of diagnoses, and ongoing mistrust of healthcare systems. Community mistrust of healthcare systems and the lack of necessary services perpetuate uncontrolled chronic conditions, the spread misinformation, and negatively impacts individuals, families, and generations throughout communities.

The engagement of trusted members of minority communities, together with healthcare provider guidance can help to alleviate communication barriers which are often present with patient-provider interactions. The lack of urgency and awareness around such a myriad of disparate and often preventable diagnoses calls attention to the need for an increase in minority community health initiatives. Understanding the needs of minority communities, and the importance of healthcare provider representation, reflective of the residents within respective communities, too often falls short. To this point, strategies around recruitment of minorities into healthcare fields of study is much needed within minority community school systems, public and private college systems, public libraries, and communities of worship.

The author will examine the above barriers to care for minority communities as well as delve into a barrier often overlooked in healthcare as it relates to linguistic discrimination. The COVID-19 pandemic continues to shine the light on barriers to care for minority communities which have always existed, but still have yet to be addressed. The author was asked by a local community Health Officer to develop a Minority Community Health Initiative plan, due to such a wide gap in health disparities which exist with minority and underserved populations of the community. The author concludes by discussing a call to action framework which can be adopted and utilized as a tool to begin addressing barriers to care in underserved communities.

### Audience Take Away

- Practical tools to begin addressing barriers to care which continue to exist in minority and underserved communities.
- Methods of engaging trusted members of minority and underserved communities to lead healthcare initiatives.
- Increasing representation of minorities in healthcare, and strategies for doing the work around recruitment into the healthcare field.
- Techniques to address covert and overt linguistic discrimination in healthcare systems and impacts to care of underserved communities.

### Biography

Toni Hawkins (MSN, RN) was drawn to healthcare based on her passion for people. Her more than 14 years of experience at facilities across the United States as a case manager, population health educator, travel nurse, and minority community health advocate allows her to meet patients in underserved communities where they are, empowering them to take the lead in improving their own outcomes. Toni holds a bachelor's degree in Biology and English from Notre Dame of Maryland University; a Registered Nursing degree from the College of Southern Maryland; and a Master of Science in Nursing Informatics from Walden University, with completion of an informatics internship at Anne Arundel Medical Center, Luminis Health.

## IN-PERSON



**Dr Jane Png Hong Hock**

Singapore General Hospital, Singapore

## Transformation of Healthcare System

Singapore, a city state with 5.7 million people, is one of the first few countries that was affected by COVID-19, adopted a national strategy for the pandemic which stress the importance of preparedness through a whole country approach. When the virus first arrived in January 2020, the healthcare sector had to shoulder the lone, massive responsibility of treating and caring for the infected. In the beginning, the pandemic was well contained until early April 2020 when the number of cases risen. This is because many Singaporeans returning from hotspots overseas countries contract the virus, and more significantly, there was a rapid transmission among the migrant workers within their dormitories.

During this period, Singapore 's healthcare system has been put to test since the outbreak. In this paper, we shall examine how the COVID-19 has caused the uphill challenges for Singapore's healthcare system and the healthcare industry. As a result, transformation of healthcare in Singapore took place.

COVID-19 forced us to transform many care models into a digital or virtual format which is one of the major significant change that took place. During the pre-pandemic days, the medical world has never been completely comfortable with online transactions or dialogues, although now, out of sheer necessity, we are increasingly becoming more accustomed to it

Besides using technology to improve the care delivery, the healthcare system also focus on how to improve the patient service journey with the introduction of new polices and guidelines from the government as a result of COVID-19.

Pandemic has taught Singapore two important lessons as the country move towards COVID-19 resilience

1. To contain the virus successfully, resilience of a country healthcare system is important
2. Pandemics are fought not only at the front lines of our healthcare system, but also on social front

### Biography

Dr. Jane Png Hong Hock is the Deputy Director of Singapore General Hospital (SGH). SGH ranked 8th world best hospitals list in 2020 in the survey of 1600 hospitals in 21 countries by Newsweek. She obtained her Master of Science in 1993 from University of Wales, Post Graduate Diploma in Higher Education from Nanyang Technology University, Singapore in 2007 and PhD in HealthCare Management in 2001 from University of Wales. Dr Jane is also very active in community work. She is the board member of Singapore Nurses Association and the Chief Nurse in St John Ambulance, Singapore. She received many national awards, including the Order of St John Award and the Honor , which was given by Queen Elizabeth II of England and gazetted in London on 27th September 2021.

She spokes in many scientific meetings and also the author and co-author of many scientific papers. She facilitates many Quality Improvement Projects in her areas of work. She is also a judge, moderator and panelist at many meetings and Nursing Conference. She is also a reviewer of many Journal papers locally and abroad. She is the member of the organizing committee for the International Council of Nurses (ICN) Congress 2019 held in Singapore.

## VIRTUAL

**Donna Ho-Shing**

Department of Nursing, New Jersey City University, Jersey City, NJ USA

## The impact of age on the relationship between predictors of and vaccine hesitancy

**Purpose:** Grassman (2021) noted that in December 2020, 67% of adults in the United States indicated they would accept the COVID-19 vaccine. The government was hoping to achieve Herd Immunity by having 70% of the population vaccinated. However, by fall 2021 only 58.9% of the United States population was fully vaccinated against the coronavirus (CDC, 2021). The purpose of this study was to understand the reasons why people decided to accept or decline a COVID-19 vaccine and to identify the determinants that changed their decisions over time.

**Background:** Vaccine hesitancy is a delay in acceptance or refusal of vaccination despite availability of vaccination services (MacDonald, 2015). Some African Americans tended to be distrustful of the COVID-19 vaccine and invariably refer to ethical violations such as the Tuskegee study or Henrietta Lacks (Shackelford & Maragh-Bass, 2021). There are others who refused vaccines because of religious reasons. Currently measures assessing the reasons for vaccine hesitancy focus on confidence in vaccines, complacency, constraints, calculation, and aspects pertaining to collective responsibility. It is possible that there are factors affecting the decision to accept the vaccine, implying the existence of vaccine hesitancy.

**Research questions included the following:**

- To what extent does COVID-19 vaccine hesitancy result from psychological beliefs? To what extent does COVID-19 vaccine hesitancy result from religious beliefs?
- To what extent does COVID-19 vaccine hesitancy result from mistrust?

**Theoretical Framework:** Social Cognitive theory was used to address the factors that predict the improvement of patient outcomes. According to Social Cognitive theory an individual's experiences, interactions with others, as well as environmental factors influence a person's health behaviors (Bandura 1986).

**Methods:** This study was a quantitative correlational study where participants provided data online. All 106 participants were asked to self-report on demographic information, complete the 5C Psychological Measuring Antecedents of Vaccination scale, the Spiritual Assessment scale, and the Group-Based Medical Mistrust Scale. The 5C Psychological Antecedents of Vaccination scale was completed twice to ascertain vaccine hesitancy.

**Results:** The sample was comprised of mainly women. Correlations were completed between demographic variables and the scales that were completed by the participants. There were many significant correlations but of note were those between Medical Mistrust, Confidence, Age, and Collective responsibility and Vaccine Hesitancy. Also Age mediated the relationship between Confidence and Collective responsibility and Vaccine hesitancy.

**Conclusions & Implications:** Analyses supported the research questions that pertained aspects of psychological beliefs and mistrust, regarding vaccine hesitancy. It was surprising that religion was a poor predictor of vaccine hesitancy. This study was limited in the sample size and diversity, therefore the results are not generalizable. Future research should include a larger sample size and a more diverse population.

### **Objective**

- Participants will be able to describe solicitation of participants for an online survey. Participants will be able to describe issues of online research methodology.
- Participants will be able to describe factors that impact vaccine hesitancy.

### **Biography**

Dr. Donna Ho-Shing is currently an Assistant Professor in the Nursing Department of the College of Professional Studies at New Jersey City University and has been a nurse for almost thirty-five years. She earned her PhD at Rutgers University where she was nominated for the President's Dissertation Award and received a commendation. She has since received many Nursing Clinical and Research awards and has presented her research nationally and internationally and has published in Nursing journals. Dr. Ho-Shing also reviews articles and abstracts for many Journals and Conferences. She mentors undergraduate students at her school's summer research program.

## IN-PERSON



**Alba Idaly Muñoz Sánchez\*<sup>1</sup>, Martha Isabel Murcia Aranguren<sup>2</sup>, Ana Helena Puerto Guerrero<sup>3</sup>, Yeimy Lorena Muñoz Castaño<sup>4</sup>**

<sup>1</sup>National University of Colombia – Bogotá Headquarters – Nursing Faculty – Collective Health Department. Titular teacher. Director of research project. Bogota DC, Colombia

<sup>2</sup>National University of Colombia – Bogotá Headquarters – Faculty of Medicine. Titular teacher. Bogota DC, Colombia

<sup>3</sup>National University of Colombia – Bogotá Headquarters – Nursing Faculty – Collective Health Department. Associate Professor. Bogota DC, Colombia

<sup>4</sup>National University of Colombia – Bogotá Campus – Faculty of Nursing. Student. Bogota DC, Colombia

## Educational strategy in tuberculosis with the use of TIC tools in a specialized hospital medical unit in Bogotá.

**T**uberculosis is a disease of interest in public and occupational health, in this regard the 2020 Global Tuberculosis Report highlighted that the disease continues to generate a high burden and in the world (1-3). This report recognizes that there is still a lack of knowledge about the disease in health workers. For its part, the strategic tuberculosis plan to End Tuberculosis in Colombia established the importance of operational research to contribute to the TB control program (4).

**Objective:** To determine the effect of a virtual educational intervention with ICT support on knowledge about tuberculosis in workers of a hospital institution.

**Methodology:** Quasi-experimental type study. This study aims to examine the effect of the independent variable, that is, the educational intervention (Virtual), on the dependent variable: Knowledge about Tuberculosis of the health personnel in the institution. Study scenario: Health institution of the city of Bogotá D.C. Ethical aspects: This research will respect the ethical principles that govern all scientific practice and international ethical guidelines and was approved by the Ethics Committee of the Faculty of Nursing of the National University of Colombia.

**Preliminary results:** A virtual educational strategy was designed, using the Moodle Platform, with 11 educational sessions on tuberculosis. The study group was made up of 48 health workers (HCWs) from a TB reference level III hospital. The minimum age was 23 and the maximum 62 years, with an average of 41.9±10.5 years (mean=42.0 years). In this group, women, single marital status, technical-technologist and professional educational level predominated, by occupation nursing assistants, nurses and doctors, with a service provision contract. Statistical tests were evaluated at a significance level of 5% ( $p < 0.05$ ). In the comparison of the general scale of knowledge about TB, between the baseline ((79.2±10.6%) a significant increase was found in the post-intervention evaluation (85.4±8.1%), with an average increase in knowledge about TB of 6.15% (95% CI: 3.31%, 9.00%,  $p < 0.001$ ). In post-intervention attitudes, only the item: Have you been afraid of getting sick with tuberculosis? getting sick with TB after the intervention ( $p = 0.051$ ) In the practices on tuberculosis in the HCW, a significant increase was also found post intervention compared to the baseline.

**Conclusions:** Educational interventions for health workers through ICT tools generate a significant increase in knowledge, which is why it is considered key to promoting health in work settings.

**Limitations:** The COVID-19 pandemic generated limitations in this research, however, the development of a course with the use of ICT tools is believed to be an opportunity to strengthen health education.

**Funding:** The project is funded by the Ministry of Science, Technology and Innovation.

**Biography**

Dra Alba Idaly Muñoz Sanchez, is a nurse from the Universidad del Valle, specialist in Occupational Health from the Universidad Libre de Colombia, Master and Doctor in Nursing from the University of São Paulo. He has extensive professional, teaching and research experience in health promotion and disease prevention, and in public and occupational health. She has been a full professor at the Faculty of Nursing of the National University of Colombia since 2006, where she has also held administrative positions; She is the leader of the research group Health and Care of the Collectives (category A) She has directed undergraduate and postgraduate work, and is the author of multiple articles, chapters and books derived from research activities.

## IN-PERSON

**J. Michael O'Bryan, MD, MHA, ACMA**

Medical Affairs Officer, Greiner Bio-One, North America, Charlotte, NC, USA

**Navigating through the global blood tube shortage**

The COVID-19 pandemic has created unprecedented challenges for the entire healthcare industry and supply chains across all industries globally. Healthcare organizations are feeling pressures from supply disruptions driven by transportation delays, constrained supplies, and increased costs. These pressures, combined with the constantly changing demand for the types and volumes of diagnostic tests needed, has created the most extraordinary and unpredictable demand for blood collection tubes in history. Necessary to this, is reviewing the timeline on how current bottlenecks were initially created with the global pandemic. With current restraints, can hospitals determine what laboratory tests are medically necessary in an effort to limit the number of blood tubes drawn? More importantly, how can device manufacturers and healthcare professionals implement future strategies to streamline workflow and ease the burden of these scarce resources?

**Audience Take Away**

- Review the FDA update on blood tube shortages (previously only sodium citrate) of all additives.
- Discuss the impacts of the shortage on healthcare workers and patients.
- Review how unprecedented levels of demand for products following surges in COVID-19 infection rates, COVID-19 vaccines, and treatment development have led to shortages of these tubes have occurred over the last two years.
- Learn how effectively eliminating collection of extra (duplicate) tubes, streamlining standing orders for tests, avoiding the use of coagulation tubes as discard tubes, and encouraging more physical assessment tools can help unburden the laboratory.

**Biography**

Dr. Michael O'Bryan is a board-certified medical affairs specialist and has been in healthcare for seventeen years. His career includes teaching, medical practice, and various roles in the IVD Industry that include his current position as Medical Affairs Officer for Greiner Bio-One. He is passionate about patient-centered healthcare, focusing on education and wellness. Originally from Kentucky, he received a Bachelor of Science degree in Biology from the University of Kentucky and a medical degree from SABA University School of Medicine, specializing in Obstetrics and Gynecology. He enjoys research and development, which has facilitated his success in the medical device industry.

## IN-PERSON



**Cinzia Caparso BSN, RN, PhD**

Studied Nursing at Oakland University, USA

## **Identifying Dying Concerns in Dyads of African American Parents with Advanced Cancer (AAPWAC) with Dependent Children and their Co-Parent/Significant Other: A Phenomenological Study**

**Background:** Half of the population with cancer who are aged 20 to 54 years old will die from cancer with African Americans being 1.2 times more likely to die (NCI, 2019a; 2021b). Parents with advanced cancer (PWAC) have concerns about their future and their remaining family's future, which causes suffering. *Dying concerns* are conscious/unconscious thoughts about death by a person facing a terminal illness or a family member coping with the impending death of a loved one (Arndt et al., 2006; Caparso et al., 2020; Kakuta et al., 2015). Purpose: Examine recruitment feasibility in PWAC and their co-parents; and (2) Gain a shared understanding of the perspectives of the PWAC about the dying concerns family life before and after advanced cancer diagnosis and family resources to manage the crisis of advanced cancer for the co-parent following Gadamer's phenomenology and McCubbin and McCubbin's Family Resiliency Model. Methods: Four PWAC were recruited from Karmanos Cancer Center and Comprehensive Breast Care. Participants were diagnosed with advanced cancer, scored less than a 3 on the Eastern Cooperative Oncology Group (ECOG) scale, had at least one dependent child 18 years old or younger, identified a co-parent involved in care of the patient and children, and spoke English. Two semi-structured interviews were conducted, audio- video-recorded, and transcribed. The first interview was summarized and given to the participants for member-checking. Data analysis used the hermeneutic rule. All data was coded and verified between coders until consensus was reached. Results: Due to unforeseen circumstances and hospital restrictions of COVID-19, recruitment was challenging. Of 32 potential participants, 11 were approached and 4 consented. Completion of all study procedures for one participant took a little over a month. Completion of both interviews ranged about an hour and a half. Four themes regarding dying concerns emerged. Additional themes emerged which may have mediated the dying concern themes. Participants expressed co-parent concerns of "Uncertainty in End-of-Life Decisions", "Effectless Communication", "Parental Skepticism" and "Psychological Well-Being". Conclusions: PWAC have concerns for their co-parent in the event they die. Qualitatively understanding dying concerns from family members may improve communication between family members and healthcare providers.

### **Audience Take Away**

- Understand the concept of dying concerns in patients with a terminal diagnosis.
- Identify recruitment strategies to identify a "hidden" or difficult to recruit population.
- Recognize dying concerns of parents with advanced cancer (PWACs) with dependent children for their co-parent.

### **Biography**

Dr. Caparso studied Nursing at Oakland University, USA and graduated with her BSN in 2013. Her nursing specialty is oncology nursing. In 2015, she enrolled in the BSN to PhD program at Wayne State University, USA. While at Wayne State University, she had the opportunity to work as a research assistant for 2 years, a graduate teaching assistant in the simulation labs for 5 years and was honored as a Jonas Nurse Scholar for Leadership in the 2016-2018 cohort. She received her PhD degree in 2022 and will continue her post-doctoral education at the University of Michigan, USA.

## VIRTUAL

**Lisa Wallace**

Morehead State University, United States

**COVID-19 impact on School-Age child stress and recovery**

The Covid-19 pandemic that began in 2019 has impacted school-age children profoundly in the United States. Long-term effects are yet to be determined. According to the Centers for Disease Control and Prevention, suicide among those ages 10-24 years is the second leading cause of death and has continued to increase by 60% between 2007-2018 (CDC). Increases in behavioral problems, such as depression, anxiety, violence, fighting, anger, and emotional grief have also been observed in school-age children. A study by Gordon and Burgess (2020) indicated that up to 92% of children have been faced with school closures requiring online learning at home and resulting in social isolation from friends and peers which can impact development. More than 8 of 10 children surveyed stated they felt they were learning little to nothing during this time (Gordon & Burgess, 2020). School closure or changes in learning environment for K-12 resulted in an average of students falling 5 months behind in math and reading which will impact their opportunities for work and income in the future by about \$49,000-\$61,000 over each one's lifetime. Many children also faced missing childhood vaccinations, well-child visits, important milestone events, and food or housing uncertainty.

Sharing of strategies to help children cope, express their fears and anxieties is important. Adults should be honest and transparent in their communications and look for alternative methods for children to interact socially with their peers while remaining safe, promoting optimal health and well-being. Alternative methods could include virtual or video chats, writing cards or letters, and using a phone to stay in touch with family and friends. Maintaining a routine at home and getting adequate nutrition and rest will also promote better long-term health. Social isolation may also lead to decreased school-age child activity resulting in obesity, which can lead to other long-term adverse conditions, such as hypertension, diabetes, and cardiovascular disease.

According to the National Institute for Health in November 2021, more than 6 million children have been infected with Covid-19. Multiple studies are continuing to monitor the long-term impacts on children, including cardiovascular and mental health short and long-term effects.

**Biography**

Dr. Lisa Wallace is an Assistant Professor at Morehead State University with almost 30 years of experience as a Registered Nurse. She continues to work per diem as a public school health nurse and labor & delivery nurse. She completed her Doctoral of Nursing Practice degree in 2020, Master of Science in Nursing degree with a focus on Leadership/Management Tract in 2009. She maintains two national certifications, Inpatient Obstetrics and Nurse Executive. Previous roles include staff nurse, charge nurse, nurse manager, and director. Her areas of expertise include obstetrics, neonates, leadership and management, and pediatrics. She is a Basic Life Support, Advanced Cardiac Life Support, Pediatric Advanced Life Support, Advanced Life Support in Obstetrics, Neonatal Resuscitation Program Instructor, and Agency for Healthcare Research and Quality TeamSTEPPS master trainer. She has various evidence-based practice scholarly publications, and podium/poster presentations at various professional conferences. She is a member of the American Nurses Association, Kentucky Nurses Association, Association for Women's Health Obstetrics and Neonatal Nurses, the Kentucky Organization of Nurse Leaders, the National League for Nurses, and the Kentucky League for Nurses. She is the vice chair of the Northeast Chapter of KNA, serves on the Board for the KLN, and is the secretary for the Peoples Clinic in Morehead, Kentucky. In addition, she leads a variety of committees within Morehead State University. She is married to Jeff, has two wonderful children, Dalton & Emily, two step children, Jeff Jr. and Marcia with additional grandchildren. She strives for quality in everything she does and states she is walking the path which God is leading her in life to make positive change.

## IN-PERSON

**Sandy Lamb\***

Altitude Business Coaching, United States

**Sarah Waylett\***

Dreamgarten, United States

**Burnout is Real... Now What?**

**B**urnout is now officially a recognized mental health concern that is affecting, among others, hospital workers across the globe. Called an "occupational phenomenon" by the World Health Organization (WHO), burnout is described as "resulting from chronic workplace stress that has not been successfully managed."

I believe in a world where all leaders are more focused on their return on empathy (ROE), than on the companies' ROI. I bring this belief to life by sharing my message of the importance of leading authentically with emotional intelligence to transform the way your teams collaborate and grow both personally and professionally.

You can inspire and influence others by wearing your "human" hat first and leading with empathy. When you start viewing your employees as capable of raw emotion, you will learn to ask questions and sit back and actively listen to improve their mental well-being and the overall health of your organization.

**Audience Take Away**

- 5 Areas of Emotional Quotient (EQ) Assessments including Self Awareness, Self-Regulation, Motivation, Empathy and Social Regulation.
- Flexing your Resilience Muscles to Successfully Manage Workplace Stress.
- 3 Hats in Position of Authority: Human, Manager and Leader.

**Biography****Sandy Lamb's Biography**

Sandy has a passion for helping executives and is known for challenging the status quo to get the best out of your greatest asset, people. She saw executive coaching as the perfect opportunity for her to give back the expertise and operational insights she learned in corporate America while affording her the opportunity to spend more time blending family and wellness into her life. As CEO of Altitude Business Coaching, Sandy will help you build a culture of belonging and mutual respect between men and women in the workplace. Sandy is a graduate from Johns Hopkins University with an MBA in International Business. She is advisory board member for 4Word and Tomorrow People Organization. She has a passion for speaking and has been a TedX speaker coach since 2019 in Colorado, Tennessee and is headed in September 2022 to Tedx Fiesole in Florence, Italy.

**Sarah Waylett's Biography**

Sarah is a recovering perfectionist and a serial burnout-overachiever. Over time to cope, she studied methods to manage her severe anxiety and stress through yoga and dance. More recently, she began to apply the human-centered, design thinking methods she used to facilitate business problem-solving to help her deal with the stressors that caused the anxiety and stress in the first place. The more she practiced these evidence-based methods, the more they worked their magic as a catalyst for her as well as her teams and organizations! Sarah now shares her way of working to manage and recover from burnout with the world through Dreamgarten. She believes that when you guide people to find what's inside themselves and encourage them to think about the human at the center of any problem, the creativity they bring to solving those problems is endless.

## IN-PERSON

**Erica Colvin**

Allina Health, United States

**The creation and maintenance of centralized Nursing programs to maximize patient care**

The presentation will take nurses on a developmental journey from idea to implementation and expansion of registered nurse protocol-based clinical programs. Presenter will discuss lessons learned, needs and potential challenges in developing and maintaining centralized nursing programs. After high-level overviews, the presenter will guide the audience through interactive steps to develop a nursing program, walking through the steps, considerations and milestones.

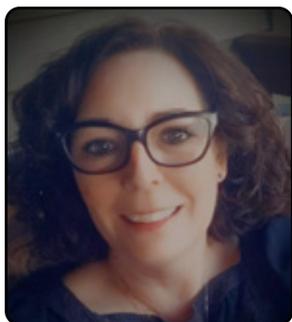
**Audience Take Away Notes**

The audience will learn how to develop and maintain centralized registered nursing programs to support inpatient and ambulatory clinical practice. From idea generation and endorsement to protocol and data quality measures. The audience will learn how to author a protocol that allows registered nurses to practice with autonomy at the top of their scope. This presentation will allow leaders to go back to their clinical sites with the steps they need to create a centralized nursing program that will add efficiency, support clinical care goals and provide “white glove” service to their patients while freeing up clinicians to increase access.

**Biography**

Starting in entry level healthcare positions, Erica ‘worked her way up’ to Director of Centralized Nursing programs at Allina Health. Erica has had the opportunity to learn formally and informally throughout her career as she extends her service to the Advisory board of Mankato State University Women in leadership program, a board of directors for a local non-profit mental health clinic and has won several accolades including the Thomas V Sedlacek award for best clinical abstract in 2018. Erica Colvin currently holds an MBA in Healthcare Administration (2021) as well as a Master’s Degree in Nursing (2018) as well as a Public Health Nurse Certification.

## IN-PERSON

**Heather Marker\*, Melissa Zwiefelhofer**

Mayo Clinic Hospital, Rochester, Minnesota

**Creating a layered approach to hospital safety**

Keeping staff safe within the hospital walls has become a challenge that requires a deliberate, multi-faceted approach. There is no single intervention, technology, or policy that will effectively address workplace violence and help staff feel safe. Staff safety must be looked at systematically and a layered approach to interventions must be put in place to maximize effectiveness and minimize risk. Mayo Clinic is creating a layered approach to staff safety in our Rochester hospitals. With Global Security as the foundation, we are implementing multiple interventions to keep our staff safe and combat workplace violence. The layers of this approach include measures to address access management, psychological safety, and physical safety. As mentioned, Global Security is the foundation of safety and this begins at the entrance where we are addressing access management by implementing passive weapons technology at all patient and visitor entrances to minimize the risk of weapons of mass destruction from entering the facility. Trained Security Ambassadors greet patients and visitors, assist them through the screening and perform secondary screening when a suspicious object is detected. In addition to the weapons detection system, our Ambassadors receive suspicious indicator training and de-escalation training to further enhance our ability to stop those entering the facility with the intent to cause harm at the door. To add a layer of psychological safety, we are implementing measures to help staff feel more empowered to speak up against workplace violence without the fear of being harmed by a patient or visitor. These measures include removing the last name on name badges of Allied Health staff, providing de-escalation training to nursing staff, creating resources for nurses to answer questions and support them when they choose to take legal action against an assailant, and providing education about the various forms of workplace violence. In addition, we have contracted with our local police department to have police who are trained in hospital safety on site 24 hours a day. These officers are available to assist with legal issues and are a liaison between the hospital and the police department. Adding physical safety interventions through technology and resources helps ensure a rapid, effective response when incidents of workplace violence occur. Using BluFi™ technology, we are implementing duress alarm badges that will notify the security command center and colleagues on the unit when activated. This technology enables staff who are responding to the distress call to locate the person via GPS-like technology so they can get to the person and assist sooner. In addition to de-escalation training, nursing staff is being trained in self-defense tactics and security officers attend a week-long training academy where they learn interventions specific to patient populations they will frequently encounter in the hospital.

**Audience Take Away Notes**

- Participants who attend this session will learn about ways to address workplace violence in the hospital using a layered approach.
- Participants will gain knowledge about ways to address safety risks including access management interventions, improve psychological safety to empower staff to address workplace violence, and physical safety interventions to provide staff with the technology and skills needed to keep themselves and others safe.

- Participants will leave the presentation with a list of innovative ways to address workplace violence and gain insights of the lessons learned by a major medical organization.

**Biography**

Marker holds a Bachelor of Nursing degree from the University of Wisconsin, Green Bay and holds a Master of Science in Organizational Leadership from Colorado State University. Mrs. Marker has experience working as a Registered Nurse in the specialties of psychiatric intensive care, child psychiatry, addictions, and physical rehabilitation. She began her career at Mayo Clinic in Rochester, Minnesota in 2003. In her current role, Mrs. Marker is the Operations Manager for the Hospital Safety Pillar and she and her team support multiple initiatives related to patient and staff safety, focusing much of their time on addressing workplace violence.

## IN-PERSON



**Lisa Foertsch\*<sup>1</sup>, RN, MSN, DNP; Paula Sherwood<sup>2</sup> RN, PhD, CNRN, FAAN; Paul Wesley Scott\*, PhD**

<sup>1</sup>Department of Acute and Tertiary Care, Assistant Professor, University of Pittsburgh School of Nursing, Pittsburgh, PA, United States

<sup>2</sup>Professor, Department of Acute and Tertiary Care, University of Pittsburgh School of Nursing, Pittsburgh, PA, United States<sup>3</sup>Department of Health & Community Systems-Center for Research & Evaluation, Assistant Professor, Faculty Statistician

## The Effect of Clinical Judgment Methods for Care Plan Development in Nursing Students.

Student nursing care plans typically present two prioritized patient health problems. Student nurses research patient information to plan care, identify patient problems and plan the appropriate nursing interventions. The completed 3-phase pre-post qualitative study has significance as the American Association of Colleges of Nursing in its Essentials of Baccalaureate Education for Professional Nursing Practice (2008) stress clinical reasoning and critical thinking in the ever-changing health care environment (Marchigiano, Eduljee and Harvey, 2011). The 3-phase qualitative study examined traditional junior students' perceived level of confidence in using critical thinking skills creating a written nursing care plan. The first phase included a Qualtrix survey students completed prior to starting their medical-surgical clinical rotation. The survey consisted of 7 Likert-type items, each asking the respondent to indicate their level of confidence in their ability to address the following: analyzing information, making connections among clinical data, determining relevant data from clinical examination, setting priorities in patient needs, selecting appropriate resources to address patient needs, applying relevant knowledge to identify interventions, and effectively assessing whether goals are met. In Phase 2 the same cohort of students was queried after introduction of a clinical judgment model (CJM) care plan. Repeated measures ANOVA was used to test mean differences in the overall confidence from pre- to post-survey and Wilcoxon T was used to test specific item response changes from pre- to post-survey. There was a statistically significant ( $p=0.01$ ) increase in students' ability to select appropriate resources to address patient needs. There was a statistically significant ( $p=0.04$ ) increase in students' ability to apply relevant knowledge to identify interventions. For the overall confidence composite, there was an increase in total confidence from 4.61 ( $SD=0.98$ ) to 5.13 ( $SD=0.92$ ), noting a trend for this difference to be statistically significant ( $p=0.09$ ). The CJM care plan demonstrated merit, thus supporting usability.

### Audience Take Away

- An innovative educational strategy to improve student nurse confidence in planning nursing care using the clinical judgment model.
- A method to foster students' building on critical thinking and decision making for improved clinical practice/experience.
- The NCLEX exam is changing the format to case-based learning, nursing educators need introduced to assignments/care plans to foster growth in clinical judgment.

### Biography

Dr. Lisa Foertsch studied nursing at Shady Side Diploma School of Nursing, then completed a Baccalaureate Degree in Nursing, and a Master of Science in Nursing. After 10 years of teaching in a diploma setting, she procured an instructor position at the University of Pittsburgh School of Nursing. Within a few years, she completed her Doctor of Nursing Practice/Clinical Nurse Specialist Degree and was promoted to an assistant professor. Her Capstone Project focused on surgical site infection surveillance and was published. Lisa teaches in both the clinical setting and classroom.

## IN-PERSON

**Misti Schneidewind, ARNP, FNP-C**

Johns Hopkins University School of Nursing, United States

## Reducing LGBTQ healthcare inequities: A QI project on affirmation training

Lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals make up a diverse community with a shared need for culturally competent healthcare. As healthcare providers we must recognize and respond to the specific challenges they face. LGBTQ members live in a state of hypervigilance due to carrying a lifetime of stigma, prejudice, and shame others have projected onto them: a burden known as minority stress. Many studies outline LGBTQ health disparities and the impact healthcare teams play in reducing unwelcoming environments for LGBTQ patients. Poor healthcare team knowledge of, negative behavior towards, and nominal competence in caring for the LGBTQ community causes lack of affirming healthcare spaces, decreased health seeking, and increased health disparities. The purpose of this evidence-based quality improvement (QI) project is to develop, implement, and evaluate the impact LGBTQ affirmation training has on healthcare team knowledge, attitudes, and behaviors. Feasibility will be assessed based on newly implemented LGBTQ specific practice changes and healthcare team feedback. The four project aims are: (1) measure improvement in healthcare team knowledge, (2) measure improvement in healthcare team attitude, (3) measure improvement in healthcare team behaviors, and (4) measure feasibility. The training will be delivered through online modules that are free to use, reproducible, and accessible to anyone. The topics in the modules are supported by the American Nurses Association and American Academy of Family Physicians, address the identified problem, purpose, and aims of the project, and align with the setting values and mission. The project will be implemented Fall 2022 in a free standing non-profit primary care clinic in a suburban environment. Successful implementation of this QI project will increase access to care for the LGBTQ community and improve the quality of care delivered.

### Audience Take Away

- Why LGBTQ members face health disparities.
- Evidence-based best practices for reducing these disparities.
- Strategies to implement these practices into their workplace.

### Biography

Misti (she/her) Schneidewind is a family practice nurse practitioner in northwest Florida. She has been a nurse practitioner since 2012 and has owned her own practice since 2019. She is currently enrolled in the Doctor of Nursing Practice Executive Program at Johns Hopkins University. After she graduates in May 2023, she plans to continue her work as an LGBTQ advocate by extending the findings from her doctoral work to other clinics in Florida. Everyone deserves access to culturally appropriate healthcare!

## IN-PERSON

**Jennifer Nanna, RN, BSN**

Clinical Command Center, Current Health, A Best Buy Company Boston, MA

**Telehealth Nursing - How far can we go?**

The purpose of this presentation is to expressly show how the telehealth field is expanding and nursing is at the center of it. I feel that many nurses are frustrated and tired with what has become a daily norm within the brick and mortar. This presentation is to reinvigorate nurses on the changes in patient care that the pandemic has opened up for them. This presentation talks about my particular background and experience within the ever growing world of telehealth. I will speak about the level of experience and education needed to make the leap into the tech world. I also plan to explain how tech is the future of nursing and how exciting and pertinent it is within the nursing field.

My experience is a testament that we can return to patient centered care, but outside of a traditional hospital setting. So why should bedside nurses make the switch?

I want bedside caregivers to know that quality care is attainable through telehealth. I will show how the tech used in telehealth is not obscure or far reaching. I will prove that work life balance is a real thing. I strive to prove that our autonomy is safe, our input is valued, and our experience is sought after.

**Audience Take Away**

- What is telehealth and how does nursing fit into that world?
- How is the tech used and why does it improve quality of care?
- How easy is the change from bedside to nationwide nursing?
- Why is telehealth the future of nursing?
- What are the benefits to working in telehealth?

**Biography**

Jennifer graduated from Carlow University with her Bachelor's of Science in Nursing in 2008. She immediately took an opportunity to learn about organ transplant with a world renowned team at the University of Pittsburgh Medical Center. After having her first son, she decided to change career paths and work in the field of Emergency Medicine. Jennifer has held all bedside positions from staff nurse to management within many different hospital systems and emergency departments. During the Pandemic, she decided to take a leap of faith and leave the bedside for the dynamic world of Telehealth Nursing.

Telehealth has been very inspiring to Jennifer as she has decided to pursue her Doctorate in Nursing Practice at the University of Central Florida. Personally, Jennifer lives with her husband and four children in Pittsburgh, PA.

## IN-PERSON



**Camilita Rahat-Goberdhan\*MSN, APRN; Winnie Kuo BSN OCN; Catherine Seow MSN OCN; Priscilla Parra MBA MT; Sophia Vasilver BS MT; Dennis Chen BS MLS; Denden Benabdessadek MS MT**

New York Presbyterian Hospital- Weill Cornell, United States

## Reducing wait times for red blood cells in an outpatient infusion center

Oncology and hematology patients require high volumes of red blood cell transfusions. At our organization, there were 3,960 units of RBC transfused. This accounts for almost 25% of our total outpatient infusion volume. Data from our patient engagement survey – which reflects their infusion experience – indicated that there was patient dissatisfaction with the wait times that accompanied the type and cross-matching process and the overall time patients spent at the center to receive a transfusion. Previously, the average time for type and cross match to availability of the first unit of PRBC is approximately 76 minutes. A collaboration between Transfusion Medicine, NYP Information Technology, and Nursing were initiated. Discussions focused on how this identified wait time could be reduced to create a more positive patient experience whilst ensuring the quality and safety of the processes involved. The organization invested in a remote refrigerator that could allocate the right blood product when needed with a shorter turnaround time. The collaboration between Nursing, IT, and Transfusion Medicine also included the development and launching of a communication dashboard to optimize real-time interaction between Nursing and Transfusion Medicine. The results yielded that the average wait time post-intervention was 36.8 minutes. Additionally, there was verbalization from stakeholders that less clinical time was spent by nursing and medical providers in placing orders, Transfusion medicine personnel time in issuing products, and increased patient satisfaction.

The focus of this presentation will be on how collaboration between nursing and other identified partners is able to control and monitor access of PRBCs, implement a process that is visible and traceable, and eliminates the need for lengthy cross-matching and labeling of products. The new intervention reduced the wait time from patient arrival to PRBC availability to approximate implementation allowing the center to treat more patients in a timely manner and allowing them to stay on schedule with their oncology treatment. The ability to accommodate increased volumes also allows patients with transfusion-dependent disorders to be accommodated on the schedule in a timely manner thus avoiding visits to the Emergency Department.

This collaboration is a great representation of the increased use of technology in improving the patient experience, and nursing workflow and automatized and computerization makes errors less likely, thus increasing patient safety.

### Audience Take Away

- Nurses on the frontline serve as the representatives of utilizing the latest advancements in technology in increasing the efficiency and effectiveness of patient care. Nursing input in similar collaborations allows the profession to have an active voice in revolutionizing healthcare delivery.
- Technology continues to have a positive shift on nursing allowing faster responses to patients, faster access to critical patient information, and elimination of paperwork. This inclusion of technology reduces the likelihood of errors.

- The 2020-2030 Future of Nursing Report suggested that the utilization of health information technology will “diffuse rapidly over the next decade, with significant implications for the nursing workforce. This will likely influence a redesign of roles and ways in which multidisciplinary teams work with each other leading to how time and place will create new paradigms for the delivery of care (Wakefield et al., 2021).
- Nurse leaders must adapt quickly and begin to include technology as a complement to the education and practice of nursing. The inclusion of newer nursing learning models to prepare for this emerging trend.
- Nursing as a profession must lead this discussion.

**Biography**

Camilita Rahat-Goberdhan is a Patient Care Director at New York Presbyterian Hospital-Weill Cornell in NYC. She received her MSN in Nursing Science with a certification as an Adult Nurse Practitioner from Hunter College and is currently a Ph.D. student at Molloy College. She has been practicing in Oncology for the past 10 years.

## IN-PERSON

**Jill M. Bennison**

Nationwide Children's Hospital, United States

**Pediatric orthopedics: The basics**

The care of a pediatric orthopedic patient varies from the care of an adult orthopedic patient. A basic review of pediatric anatomy and how it differs from the mature adult skeleton will be reviewed. A detailed description of the types and patterns of pediatric fractures, including the Salter Harris Classification will be covered. Treatment options for common fractures will be discussed, including surgical procedures when indicated for the patient. Fracture healing and bone remodeling in children can be quite impressive and varies when compared to adults. Examples of radiographs will be included showing different types of fracture patterns, as well as bone healing and remodeling has many unique differences between adult orthopedic. Some common pediatric orthopedic emergencies will be outlined to ensure care providers will be able to properly identify these high-risk diagnoses signs and symptoms.

**Audience Take Away**

- Attendees will increase their overall knowledge in pediatric orthopedics. They will be able to identify different types of fracture patterns and common treatment options. Participants will be able to recognize the differences between pediatric and adult bone anatomy. They will also be able to assess and identify common signs and symptoms of orthopedic emergencies.
- Audience members will be able to help educate their colleagues, patients, and families about the differences in pediatric anatomy, fracture patterns and bone healing in children. The knowledge they gain in identifying pediatric orthopedic emergencies and the content reviewed will help attendees triage and respond more effectively and efficiently when caring their patients.

**Biography**

Jill Bennison studied nursing at the University of Cincinnati in Ohio and received her Bachelor's degree in 1997. She graduated with a Master of Science from The Ohio State University in 2002. She has been practicing as Nurse Practitioner for over 20 years. She has been working in the Department of Orthopedics at Nationwide Children's Hospital for 10 years. She is a published author in The Journal of Pediatric Healthcare and is on the review board for two journals. She has lectured and presented for different universities, as well as at the state and national level,

27-29<sup>th</sup>  
OCT

DAY 02

**POSTERS**

6<sup>TH</sup> EDITION OF  
**NURSING WORLD  
CONFERENCE**

## IN-PERSON

**Annette Holst MSN RN ANPD-BC**

Nursing Professional Development Specialist , Genesis Medical Center,  
Davenport, IA USA

**Oral care saves lives: Impacting oral health to prevent non-ventilator hospital acquired pneumonia**

**N**on-ventilator hospital acquired pneumonia (NV-HAP) is associated with increased morbidity and mortality, increased length of stay (LOS), increased risk for sepsis, and increased costs. NV-HAP incidence increased over a 3-year period at a Midwestern acute care community hospital resulting in a \$13 million expenditure. Patients were found lacking appropriate oral care supplies and a severe knowledge deficit of the importance of oral care among the nursing staff and organizational leaders. The purpose of this evidence-based practice (EBP) project was to improve nursing staff and organizational leadership knowledge on NV-HAP, preventive measures, and implementation of an oral care protocol/guideline to help reduce the incidence of NV-HAPs by 35%.

Practice change included system-wide purchase of oral care kits consisting of an American Dental Association-approved toothbrush, sodium bicarbonate toothpaste, alcohol-free antiseptic oral rinse, and non-petroleum-based moisturizer for all independent patients. Implementation strategies included conducting a NV-HAP knowledge and oral care perception pre-assessment survey, providing NV-HAP education to nursing staff and organizational leaders, providing in-person oral care competency education to all nursing staff, conducting monthly rounding of patient rooms to ensure access to oral care supplies, and performing a NV-HAP knowledge and oral care perception post-assessment survey.

**Evaluation:** Data regarding adherence to oral care interventions were collected through direct rounding, observing the use of oral care kits in inpatient rooms. The CDC's definition of NVHAP through the use of ICD-10 coding was used to track NV-HAP incidence. From January 2020 to December 2021 a 20% increase in patients having oral care kits in their rooms resulted. NV-HAP ICD 10 rates decreased by 40% over this time period.

**Audience Take Away****Outcomes**

- Identify key strategies in development of improved oral care practices and impact on Non-Ventilator Hospital Acquired Pneumonia (NV-HAP) infections and rates.
- Implement strategies used to educate and dispel myths and misconceptions regarding importance of oral care in hospitalized patients.
- Discuss the relationship between oral care and NV-HAP (non-ventilated hospital acquired pneumonia) and how healthcare practitioners can influence pneumonia rates.
- Discuss collaboration of medical, hospital, dental and public health integration in implementation of oral health care practice change and results leading to improved infection control and costs.

**Biography**

Annette is a professional development specialist with over 35 years in nursing practice including medical-surgical nursing, cardiac, and public health and staff development. She received her BSN from Marycrest College Davenport, IA and MSN from Clarke University Dubuque, IA. She is ANCC certified in nursing professional development and is employed by a 500 bed hospital system. She coordinates orientation programs, EBP project implementations, continuing education and training, preceptor development. She leads a Research and EBP collaborative team and assists novice staff in project development and implementation.

## IN-PERSON

**<sup>1</sup>\*Timothy Wallerich, <sup>2</sup>Heather Marker**

<sup>1</sup>RN, MS Performance Improvement Advisor, Mayo Clinic Hospital, Rochester, MN

<sup>2</sup>RN, MS Operations Manager, Hospital Safety Pillar, Mayo Clinic Hospital, Rochester, MN

## **Implementing duress alarms using Blu-Fi technology in a large-scale hospital setting**

Workplace violence in the healthcare setting has become a pandemic within a pandemic. Incidents of physical violence against healthcare workers by both patients and visitors has increased exponentially. Nurses are reporting that they are often afraid to care for their patients or approach visitors, and many are considering leaving the profession due to their fears. Keeping staff safe in the hospital and providing a sense of security so they can focus on caring for the patient has become a top priority for hospital security and leadership. Using the latest technology to help ensure staff safety, we are implementing a silent duress alarm system using BluFi™ technology and HID badges equipped with silent alarms. Activation of the badge silently alerts the security command center to dispatch officers to the exact location of the staff member using Real Time Location System beacons. An alert is simultaneously sent to coworkers who are present on the unit, all creating an immediate response for assistance. Technology, approximate cost, planning, education, and implementation strategies will be shared along with metrics demonstrating utilization.

### **Audience Take Away**

- The audience will gain an understanding of new technology that can be implemented to help keep front-line workers safe in the hospital.
- The audience will learn the different roles who need to be involved in the planning and management of the system.
- The steps to implement the technology and considerations will be shared so others can learn from our experience when planning their own implementation.

### **Biography**

Mr. Wallerich received his Bachelor of Nursing degree from South Dakota State University in 1997 and his master's in business administration from the University of Phoenix in 2001. He began his career as a Registered Nurse at Mayo Clinic Arizona in 1998 and transferred to Mayo Clinic Rochester in 2002. While in Rochester, Mr. Wallerich has held the role of Health System Engineer for 19 years, leading multiple projects in quality improvement, systems engineering, and IT systems implementations, in addition to providing consulting services at the Enterprise level. Mr. Wallerich is currently a Performance Improvement Advisor for the Hospital Safety Pillar focusing on staff safety initiatives in response to workplace violence. Outside of Mayo Clinic, Mr. Wallerich is a volunteer Emergency Medical Technician in his hometown of Wabasha Minnesota, a member of the Wabasha City Council, and Chair of the Wabasha Planning Commission.

## IN-PERSON

**James Montegrigo<sup>\*1</sup>, Dena Evans<sup>1</sup>, Melinda Pierce<sup>1</sup>, Ashton Atmore<sup>1</sup>, Ijeoma Enweana<sup>2</sup>**

<sup>1</sup>School of Nursing, The University of North Carolina Charlotte, Charlotte, NC, USA

<sup>2</sup>Conexus MedStaff, LLC, Charlotte, NC, USA

**Creating an academic-corporate partnership to support international nurses transitioning to the US healthcare system**

**Rationale/Background:** The purpose of this project was to determine the effectiveness of a proof-of-concept design for an academic-corporate partnership aimed at enhancing clinical skills, clinical judgement, and communication skills of internationally educated nurses (IENs) transitioning into professional nursing roles in the United States. During the transition period, IENs face many challenges, including negative perceptions of educational preparation, communication, and differences in nursing practice. The concept design included the use of simulation and opportunities for students and faculty to engage with nurses representing nine different countries.

**Methods:** A proof-of-concept paper was created by School of Nursing leadership, in collaboration with the fourth largest international recruiting agency for U.S. healthcare organizations. The paper was presented to and approved by university and corporate leadership after outlining the scope, goals, timeline, and execution and evaluation plan. Kolb's experiential learning theory was used as a framework, simulation scenarios were designed using Healthcare Simulation Standards of Best Practice™ Simulation Design and were led by a Certified Healthcare Simulation Expert (CHSE). Using a corporate partner's knowledge of nursing practice areas that are typically challenging for IENs beginning a nursing assignment in the US, activities were designed to provide opportunities to enhance assessment, communication, and interprofessional collaboration skills while promoting self-efficacy through frequent, focused feedback, encouragement, and opportunities to master skills by repeating tasks, if needed. Both mid and high-fidelity simulators were used to depict stroke, heart failure, cholecystectomy with postop complications, diabetes mellitus, asthma exacerbation, and cardiac arrest. Scenarios provided the opportunity to assess participants' ability to communicate using SBAR, accurately assess patients, determine the ongoing disease process, and implement appropriate care. Debriefing, using the Plus-Delta method, followed each simulation requiring participants to self-reflect on individual and team performance.

**Evaluation:** All participants (n=11) successfully completed each simulation by effectively communicating using SBAR, accurately assessing each patient, determining the ongoing disease process, and implementing appropriate care. Accurate response to the cardiac arrest was evaluated based on the quality of CPR performed and choice of ACLS pharmacologic treatments, monitored using software in the high-fidelity simulator. A post simulation experience survey was administered to assess simulation design. Ninety percent of participants agreed or strongly agreed that the fidelity of each simulation was appropriate. All participants agreed or strongly agreed that the simulations were appropriate for their skill level, feedback was constructive, and they felt supported. Qualitative responses were solicited to determine what participants found most useful, and to identify areas for improvement. Overwhelmingly, SBAR, code blue, and assessment activities were identified as most useful. Adding more hours, ICU scenarios, and common cultural norms were suggested as areas for improvement.

**Conclusions/Recommendations:** Following the success of the project, both stakeholders agreed to continue the partnership on a larger scale. Flexibility, early and ongoing communication, alignment of missions

and visions, and setting realistic measurable goals, were key to project success. Findings demonstrate that academic-corporate partnerships can and should be mutually beneficial, and that simulation can be successfully used to help IENs enhance clinical skills, clinical judgement, and communication while also promoting self-efficacy.

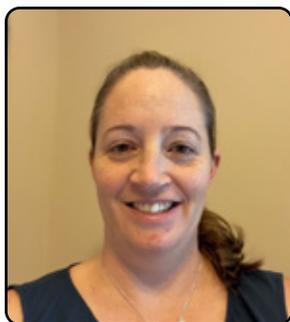
### **Audience Take Away**

- Steps for creating successful academic-corporate partnerships in nursing
- How to ensure strategic alignment among partners
- Potential pitfalls to project success
- How to effectively design meaningful simulation experiences to meet the needs of a highly diverse audience

### **Biography**

Dr. James Montegrigo received his BSN from the University of Santo Tomas in Manila, Philippines, earned an MSN from Saint Paul University in Virginia, and his PhD from the University of North Carolina at Greensboro. Dr. Montegrigo is internationally recognized as an expert on the education of international nurses and a highly sought-after speaker on the topic of NCLEX-RN success among internationally educated nurses. He is an expert clinician, lecturer and the Academic Success Coordinator for the undergraduate program at UNC Charlotte.

## IN-PERSON

**Jessi Thompson, MSN, RN**

Baylor University Louise Herrington School of Nursing, Waco

## Hypertension management through health literacy and healthy behaviors

**H**ypertension (HTN) is the most diagnosed medical condition seen in the outpatient setting in the United States. However, the Center for Disease Control and Prevention reports that there are still millions of adults suffering from undiagnosed HTN. One of the most concerning factors associated with HTN is that often individuals are not aware they have HTN because of the lack of early warning signs, giving HTN the name, silent killer. HTN can affect every aspect of an individual's life, including their ability to work. This project was developed to focus on steps of identification and treatment of HTN through knowledge and health literacy. Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions. Staff members from a school district in northeastern U.S. were asked to participate in a workplace wellness program to identify those at risk for developing HTN, cardiovascular disease, or identify those with undiagnosed HTN. Participants had their blood pressure taken and their My Life Check score calculated using an American Heart Association's online questionnaire. Participants were provided with additional resources, educational materials, and time to ask questions throughout the program. At the completion of the 12-week implementation period, participants blood pressure and My Life Check scores were repeated and documented. Participants also determined if they were able to commit to one healthy behavior for the 12-week period. Fifty percent of participants were able to decrease their blood pressures and 41.6% were able to increase their My Life Check scores post implementation.

### Audience Take Away

- Participants will learn how to incorporate the American Heart Association's Life's Simple 7 program into an educational program as a workplace wellness program.
- Participants will learn how to incorporate the Institute for Healthcare Improvement's Ask Me 3 to help participants increase their health literacy about certain aspects of their health to help reduce their blood pressure and decrease their risk of cardiovascular disease.
- Participants will learn about the strengths and opportunities, implications for nursing, and the recommendations for further implementation of workplace wellness programs.

### Biography

Jessi Thompson studied nursing at Wesley College and graduated as an ADN in 2004. She went on to study nursing at Immaculata University and Wilmington University graduating with a BSN and then MSN. Jessi has worked in many areas of bedside nursing, although primarily in critical care/emergency nursing since 2004. Most recently, Jessi has completed requirements for her Doctoral of Nursing Practice from Baylor University and will graduate May 2022.

## IN-PERSON

**Breanna A Walker\*, Holly E Brakke**

Department of Nursing, Plastics and General Surgery, Mayo Clinic, Rochester, MN, USA

## Reducing discharge delays - Implementation of retro-grade bladder filling

As male to female gender affirming surgeries (GAS) such as vaginoplasty were added as a surgical procedure available at our facility, it was quickly apparent that the abundance of education and expectation fell on the day of discharge leading to delays and dissatisfaction for both patients and nursing staff. Vaginoplasty procedures are complex with an expected hospital length of stay of 5 days. Patients return to the post-operative unit with a stent in the vaginal canal, a urinary catheter, a drain, and a bolster dressing. On the day of discharge the expectation is that the bolster, stent, urinary catheter and drain are removed. The patient is instructed on how to dilate and then the patient waits until they are able to void on their own. This was found to add an average of 3-6 hours to the patient's length of stay. Evidenced-based literature from gynecologic surgery demonstrate retro-grade bladder filling is a safe and effective intervention to assess the ability to void in a timely manner. With no literature for the GAS population a study proposal was submitted and approved by the lead surgeon in these procedures we began trialing this intervention. We utilized previous satisfaction surveys of patients and time to discharge of 25 patients undergoing vaginoplasty in the previous year (2020). This is a low volume surgery averaging 25 procedures a year at the time of the trial. There were no negative outcomes from this trial, and it has now become standard in our surgeon's practice. Data collection showed a decrease in length of stay by hours and the patient satisfaction scores were the same or slightly improved. Summarize the care of transgender population following gender affirming surgery. Identify opportunities to implement nurse-initiated protocols, such as retro-grade filling of the bladder to reduce discharge delays Discover strategies for measuring impact when implementing patient focused quality improvement efforts. This poster presentation will highlight new evidence surrounding the use of retro-grade bladder filling in GAS. Lessons learned may be applied to other patient populations. The reduction of discharge delays and improved patient satisfaction is a shared priority for patients, medical staff, and hospitals everywhere.

### Biography

Ms. Walker is a registered nurse working in plastics and general surgery at Mayo Clinic, Rochester. She earned her nursing degree at Rochester Community and Technical College (RCTC) in 2008. She then completed her Bachelors of Science in Nursing Degree (BSN), from Winona State University in 2016. She is currently completing a Doctor of Nursing degree (DNP) with a Clinical Nurse Specialist focus from Winona State, graduating in December of 2022. Ms. Walker is a certified medical-surgical RN (CMSRN) as awarded through the Academy of medical-surgical nurses (AMSN) since 2016.

## IN-PERSON



**Ann M. Ell\* BSN RN WCC, Shannon Traft\* BNS RN, Chiara Marcoccio BSN RN, Kathleen Buckland BSN RN**

New England Baptist Hospital, United States

## **Syncopal/ presyncopal episodes in orthopedic surgery patients in the postoperative orthopedic patient**

**Introduction:** Syncopal/ Presyncopal episodes are occurrences of dizziness or lightheadedness followed by a rapid and complete recovery with or without loss of consciousness. However, these symptoms can sometimes be confused with cardiac events and to ensure patient safety, code green or rapid response is called. These patients, in general, will recover quickly with minimal treatment but may endure falls or injuries; thus, jeopardizing patient outcomes, increase length of stay, and cost. Research suggests that the main causes of syncopal/ pre-syncopal episodes include vasovagal syncope, cardiac arrhythmias, and orthostatic hypotension. In the intensive care unit, orthopedic surgical patients have multiple underlying risks for syncopal and pre-syncopal episodes including blood or fluid loss, blood pressure medications, pain medications, among other reasons. It is essential to determine the causes of syncope and patients who will be at high risk so that the episodes can be prevented, and patient safety can be warranted.

**Objectives:** Due to increased number of syncopal/ pre-syncopal episodes in the hospital, the purpose of this study is to examine the common causes of syncopal/ presyncopal episodes in postoperative orthopedic inpatients admitted to the hospital.

**Methods:** A retrospective chart review for total knee, total hip arthroplasty and various spine surgery patients admitted to the hospital was conducted. Patient characteristics, past syncopal history, past medical history, blood loss during surgery, current medications, and blood pressure readings were measured for all patients who experienced syncopal/ presyncopal episodes in 2019 and 2020. These patients were identified from the records of the patients who had code green or rapid responses.

**Results:** A total of 143 syncopal/ presyncopal episodes with patients aged 47 to 85 years old (Mean:  $66 \pm 8$ ) with spinal and general anesthesia were examined. More than 50% of patients were on either a betablocker for blood pressure control or an opioid for pain management. Most of the episodes were related to ambulating patients to the bathroom, commode, or chair. Many patients had loss of consciousness, lightheadedness, and diaphoresis. A significant number of patients had around 20 mm Hg decrease in their blood pressure between last recorded blood pressure and during code blood pressure readings. For the majority of the patients, the ambulation that led to the syncopal/ presyncopal episode was not the first ambulation.

**Conclusion:** Identifying patients at risk for syncopal/ presyncopal episodes is essential in order to promote patient safety. Findings from this study suggest that the majority of patients experiencing syncopal/ presyncopal episodes have experienced orthostatic hypotension. The findings necessitate identifying necessary interventions to identify patients at risk for these episodes and introduce interventions that prevent syncopal/ presyncopal episodes such as orthostatic training and diligent blood pressure monitoring before ambulation.

### **Biography**

Ann Ell RN BSN WCC received her undergraduate degree in Bachelor of Science in Nursing at UMass Dartmouth, Massachusetts in 1988. She began her Nursing career at Tufts Medical on a cardiothoracic stepdown unit for 4 years, then transitioning to a surgical ICU where she worked for over 23 years. She moved on to work as a Clinical Informaticist for 4 years, before returning to the bedside at New England Baptist Hospital ICU in 2014, where she currently works a clinical leader and wound care nurse for NEBH.

## IN-PERSON

**Deidra Frisbie\*, Robin Simon\***

Southern Illinois University Edwardsville, Edwardsville, IL USA

## **Empowering nurses to recognize post stroke depression in the African American Community**

### **What is the problem and why is it important?**

Stroke is the fifth leading cause of death in America (1). Of those strokes, African Americans have the highest prevalence of stroke and death when compared to any other racial group in the United States. African American stroke survivors, in comparison to all other racial groups, have higher rates of disability and difficulty with activities of daily living because of stroke (1). One of the most common complications of stroke is Post-Stroke Depression (PSD). PSD affects approximately one-third of all stroke patients. PSD has been linked to “higher stroke morbidity, mortality, and recurrence” and is underdiagnosed in the African American community (2,3).

### **How did we address the problem?**

Studies show that post-stroke depression rates are high and common in this community. Early assessment, recognition, follow-up, and connection to the appropriate resources could potentially improve stroke recovery, morbidity, and mortality in this community (3). By empowering nursing with tools needed for early recognition, the ability to offer mHealth mobile apps, and a psychiatry provider list at discharge, post-stroke depression may be identified, leading to prompt intervention and a decrease in the sequela of post-stroke depression within the African American community.

**Results:**The project is in the implementation phase, but the outcomes will be measured with pre and post-test for the nurses following a presentation on cultural humility. The stroke nurse navigator will provide data that measures post-discharge PHQ2 at the 7 and/or 30-day follow-up, whether or not mHealth app or provider list was utilized.

### **Learning Objectives**

- To understand that the African American community may not present depression symptoms the same as other ethnicities
- The project provides an opportunity to evaluate an intervention that may close the gap between patient and provider awareness and availability
- If the nurse is empowered to practice cultural humility through self-reflection, then one may be open to understanding the variance in the clinical presentation of depression by persons in the African American community
- The knowledge and tools gained will be used in everyday practice to help identify early signs of post-stroke depression thus decreasing the sequela of post-stroke depression within the African American community

**Biography**

Deidra Frisbie currently studies at Southern Illinois University, Edwardsville as a Doctoral student. Received her ADN from LLCC, Springfield, IL in 2006; BSN from Benedictine University, Springfield IL, 2012; MSN as Family Nurse Practitioner from the University of St. Francis, Peoria IL, 2016. From 2016-present, she has worked as a Neurovascular NP at a Comprehensive Stroke Center in Springfield, IL.

Robin Simon currently studies at Southern Illinois University, USA as a Doctoral student. Received her ADN from LLCC, BSN from Benedictine University, USA, and MSN from Chamberlain University as a Family Nurse Practitioner 2018. 2018-Present worked as a Pulmonary/Critical Care NP and a Hospitalist NP.

## IN-PERSON

**Elizabeth J Solomon**

Touro University Nevada, United States

**Heart failure patient discharge using teach back method of education a quality improvement project**

**H**ear failure is a growing worldwide problem. The growing burden of managing this progressive chronic disease is expensive. Effective management of this chronic debilitating disease requires vigilant patient and caregiver engagement. Self-management is complicated and requires patient understanding of the importance of adhering to medication regimens, monitoring fluid and sodium intake, daily monitoring of weight, and symptom management. Teach-back information exchange is associated with higher levels of information retention and improved health literacy. The focus of this quality improvement project was to reinforce the importance of the teach-back method and improve consistent documentation of education provided to patients on the IPOC. The Donabedian model provided the framework used for this project. A paired-samples t-test determined that there was a significant improvement in the Conviction and Confidence of the nursing staff in using the teach-back method. Pre and Post intervention chart audits demonstrated a significant increase in the documentation of the use of the teach-back method. Optimizing the use of the teach-back method provides benefits to patients and their family members by improving their understanding of HF compliance with treatment regimens and self-management activities. The correct and consistent use of the teach back method can contribute to positive health outcomes.

## IN-PERSON

**Megan Schilling\*<sup>1</sup>, Dr. Melissa McDowell<sup>2</sup>**

<sup>1</sup>Department of Nursing, Angelo State University, San Angelo, Texas, USA

<sup>2</sup>Department of Nursing - Faculty Mentor, Angelo State University, San Angelo, Texas, USA

**Standardizing seizure assessment & documentation**

The purpose of this evidence-based project was to determine if standardized assessment, interventions, and documentation of seizures improves patient outcomes. Seizures are a complex symptom of an underlying disease process and can be debilitating for patients. If not treated promptly and appropriately, seizures may result in “cardiorespiratory distress,” impaired neurological functioning, and decreased quality of life (Maguire et al., 2020). When seizures occur in the acute healthcare facility, nurses are often the first to respond and maintain patient safety during the episode. Nurses are also responsible for assessing and documenting the seizure activity that occurred. The findings were disseminated to an interprofessional team at an acute care facility with recommendations for the implementation of a standardized seizure assessment, intervention, and documentation tool to assist the interprofessional team to interpret characteristics of the documented seizure activity and determine effective interventions for the patient. The addition of a screening tool for psychogenic nonepileptic seizures was included at the recommendation of the interprofessional team.

**Audience Take Away**

- The standardization of a seizure intervention protocol can assist nurses to provide effective and efficient care for patients exhibiting seizure activity.
- Providing nurses with a standardized seizure assessment tool that is easily accessible can facilitate concise documentation of seizure assessment and interventions performed during the seizure episode.
- The implementation of this seizure assessment and intervention tool can assist the interprofessional team to interpret the characteristics of the seizure activity and perform the appropriate interventions accordingly.

**Biography**

Megan is an undergraduate nursing student at Angelo State University in San Angelo, Texas. She is a member of the Honors Student Association and the Angelo State Nursing Honors Society. Megan will graduate in December with a Bachelor of Science in Nursing.

## IN-PERSON

**Aref Mishref Aref Alkhatib**

The Royal Hospital, Jordan

**A review on the pain management with music intervention on hospitalized and post-operative patients**

**Background:** Music is a source of pleasure for many people that it was used to relief stress and anxiety and it is still used but in the last years it grows to be used as an intervention therapy which nurses use it to as a way to manage the pain especially for the patients who undergo surgeries as Pain is a common phenomenon happen after surgeries in which it is defined as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage” and music is considered as safe, and inexpensive intervention that can be delivered easily and successfully.

**Aim:** this review aims to show the benefit of music as a therapy used by nurses.

**Method:** the articles that were taken from 2006 until 2021 as they show the use of music is from many years ago. It is an observational study in that most of the used methods are reviews and analyses that took some previous studies to see the effectiveness of music; P. H. Lim and R. Locsin used a descriptive survey for previous studies. Hedayat Jafari and his colleagues used some scales as Numerical rating scale (NRS) and others on 60 patients who undergo open heart surgery. Others used meta-analyses and some reviews as Jin Hyung Lee who used meta-analysis to analyze RCTs published between 1995 and 2014. A quality improvement project was done on Female patients undergoing elective gynecologic day surgery to see the level of acceptance of the music between the patients.

**Results:** some studies found that there is a need more studies for the effect of music in painful conditions while others come with the idea of music can be effective as a non-pharmacological, inexpensive, non-invasive and side effect free method for pain management after open heart surgery in that there is a positive correlation found between the treatment with music and the pain alleviation. Also, it has a positive benefit on stress and anxiety as it is accepted between the patients.

**Conclusion:** music is considered as one of the good therapies that nurses used to lessen the degree of the pain, relief the stress and reduce the heart rate especially for the post-operative patients as it does not cost money in consistent with the idea that it does not have side effects. Nurses use it as one of the treatment therapies besides the medicine as it has a statistically significant positive effect. It is found effective and it is recommended by the physicians and therapists.

27-29<sup>th</sup>  
OCT

DAY 03

KEYNOTE FORUM

6<sup>TH</sup> EDITION OF  
**NURSING WORLD  
CONFERENCE**

## Myriad words' effects on the individual[s]

The word represents a common, valuable communication channel for the people in interaction. Word usage informs us about the difference between individuals and may generate disputes, agreement, disagreement, interest, enthusiasm, standing ovation, restlessness, turbulence, fight, peaceful moments, relaxation, appreciation. The feelings determined by the words, transmitter[s] influence the individual's health; it can be improved, maintained, or declined, according to the content distribution, context, the individual understanding, their energy value interacting. People have to be aware of offensive discussions; inappropriate words' energy effects on the blood vessels' functioning have to be considered. The words' battle forces may destroy fragile areas of the individual, making him/her more vulnerable. By contrast the right, kind words act in opposite directions; they may resonate with you, harmonizing your mind-sets. Helpful, suitable words, images created with them assist us for a better emotional state, and enhance the understanding of the realities, universe. Magnificent word composition energizes, inspires us. Bright stars in this zone delight us; their words act as a miracle on the body's functioning. The people have to explore and use the words' energy, meaning for their health, interest. The author will use the data from her evidence for a better understanding of the varied words' energy effects on the individual[s], how they may change the human working energetic picture.

### Audience Take Away

- Identify the words as a key channel in communication between the individuals.
- Recognise the words' power on the human body functioning.
- Identify the words as a vehicle of energy transmission through a focus area.
- Understand how the words modify the individual energetic picture in action.
- Apply their understanding in clinical practice, the community.
- Compose, apply, monitor, evaluate a plan for improvement of communication skills by words.
- Be involved in the health improvement program in the community using selected words' composition.
- Compare their data with other medical data.
- Return with own data for update guidelines for the human diseases' management.



### Sofica Bistriceanu, MD, PhD

Academic Medical Unit –CMI Dr. Bistriceanu, S; NT, ROU

### Biography

Dr. Sofica Bistriceanu studied in Romania at the 'Gr. T. Popa' Iasi University, and graduated as MD in 1984, research in family medicine, Maastricht University, 2000, Ph.D. in 2009, Iasi, at the same institution. She joined the European, American, Asian Primary Care Research Group, American Academy on Communication in Healthcare, APTR, IHI, NICHQ, EPCCS, EURACT, WONCA Meetings. She is a member of Academy for Professionalism in Health Care. Dr Sofica Bistriceanu is the author of more than 70 research studies shared abroad and received awards for some of them. She is a member of The Journal of Patient Experience (JPX) Editorial Review Board. Dr. Sofica Bistriceanu is the representative of the Academic Medical Unit located in NT, ROU. She is the author of seven volumes of poems published by Chronica Iasi Publishing House, and Time, Iasi Publishing House.

27-29<sup>th</sup>  
OCT

DAY 03

**SPEAKERS**

6<sup>TH</sup> EDITION OF  
**NURSING WORLD  
CONFERENCE**

## IN-PERSON

**Elaine Webb**

Houston Methodist Willowbrook Hospital, United States

## Peer support applying emotional and spiritual first aid

**Introduction:** The purpose of the evidence-based project was to determine if implementing a peer support program will minimize the trauma experienced by HCPs following unanticipated adverse events. Based on the forYOU Program designed by Sue Scott at the University of Missouri Health System, this program trained peers to offer real-time caring and support to other clinicians coping with such events.

**Background:** Most healthcare professionals are involved in at least one adverse event in their careers. Albert Wu, MD (2000) coined the term second victim to capture the essence of the trauma experienced by healthcare professionals when an unanticipated event negatively impacts a patient. When left unchecked, this trauma can result in moral distress, stress disorders, and burnout as the clinician ruminates over the event. Providing emotional support has been shown to improve the emotional wellbeing and recovery of second victims. Therefore, health care leaders are encouraged to develop comprehensive programs to provide easy access to peer and social support when they experience an adverse event.

**Methods:** Designed for implementation in the Women's Service Department of a 350-bed southwestern hospital, this project employed a pre-/post-evaluation of subjective outcomes using an online survey for nurses. A core group of trainers attended a two-day peer support train-the-trainer event hosted by the forYou Program at the University of Missouri Health Care System. This group initially trained 12 peer supporters from both shifts representing the four departments in Women's Services. Baseline data was collected (n=79) to assess the frequency and impact of unanticipated adverse events, the perception of support received, and the type of support received. Following the four-month implementation in the Summer/Fall of 2020, post-data was obtained, including a program awareness assessment (n=17).

**Results:** Pre- and post-implementation of the Peer Support Program nurses in Women's Services reported having adverse events that impact their emotional wellbeing. Post-program more of those nurses reported receiving support (86% post-program versus 43% pre-program). Before the implementation, 79% of nurses who received support received peer support, versus 86% receiving peer support post-implementation. Although 88% of nurses reported being aware of the program, only 53% knew who their peer supporters were. The implementation occurred during the COVID pandemic, which may have resulted in a decreased post-assessment sample size. The peer supporters reported hesitancy in completing encounter forms feeling that providing support was "too personal." On the whole, the participants said that they found the peer support program worthwhile.

**Conclusion:** Nurses on the implementation unit indicated receiving more support after the peer support program was implemented and felt the program was beneficial. Since unanticipated events are inevitable in health care, the steering committee recommended sustaining and spreading the program to all the nursing departments. The team has also purchased badge reels to identify the trained peer supports and simplify the tracking forms. More data is needed to determine the full impact of the program.

**Biography**

Elaine Patricia Webb, MSN, BSN, RNC-OB is currently practicing as a charge nurse at Houston Methodist Willowbrook Hospital in Texas, a Magnet and Level III Maternal Designation facility where she has worked for the last 17 years. She has been a nurse for over 28 years, the last 22 specializing in high risk Labor and Delivery, Antepartum, and Maternal/Newborn care. Mrs. Webb is also an adjunct clinical instructor for Baylor University School of Nursing and Lone Star College System in Tomball, Texas. She is co-chair of the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) Northwest chapter in Houston, Texas. Mrs. Webb will be presenting at the Nursing World Conference on the topic of peer support in October 2022. She will also be presenting the topic of Peer Support topic at the DNV Conference in November 2022.

Mrs. Webb received both her BSN (2015) and MSN-Ed (2018) from Texas A&M University in College Station, Texas. She has recently co-authored an article for submission in JNEP on the topic of Peer Support. She has been working since 2019 under the guidance of the hospital steering committee to implement a peer support program throughout all the departments at Houston Methodist Willowbrook Hospital, and eventually the entire Houston Methodist hospital system.

## IN-PERSON

**Amy M. Richards, PhD, MSN, BSN, RN-BC**

Rogers State University, Tulsa, OK, USA

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

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

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

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

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

**Audience Take Away**

- To be able to summarize practical tips for teaching online.
- To be able to identify three strategies to motivate online students.
- To understand the importance of individualized attention to asynchronous students.

**Biography**

Dr. Richards studied Nursing at the University of Oklahoma and graduated with her BSN, followed by her MSN at Northeastern State University in Tahlequah, Oklahoma. After joining Rogers State University in 2011, Dr. Richards obtained her PhD from Oklahoma City University. She has published research articles in nursing education on the topics of teaching mental health, pet therapy, and human simulation in mental health. She currently teaches online, RN2BSN students. As a recipient of the Bernsen Endowed Professorship, Dr. Richards also provides cultural diversity and competency instruction to both RSU students and nursing faculty. She is married to James, the mother to three, the grandmother to seven and keeper of elderly horses and dogs.

Mrs. Webb received both her BSN (2015) and MSN-Ed (2018) from Texas A&M University in College Station, Texas. She has recently co-authored an article for submission in JNEP on the topic of Peer Support. She has been working since 2019 under the guidance of the hospital steering committee to implement a peer support program throughout all the departments at Houston Methodist Willowbrook Hospital, and eventually the entire Houston Methodist hospital system.

## IN-PERSON

**Shanti Nair**

Tata Memorial Hospital, India

## To Assess knowledge on administration of chemotherapy through peripheral and central venous catheter among Nurses working in tertiary cancer hospital.

Intravenous (IV) catheterizations are frequently applied in cancer therapy for hydration, nutrition, drug administration, and transfusion of blood and blood products.

Oncology nurses are responsible for the safe and timely administration of IV treatments to the patients through peripheral and central venous catheter (CVC) and management of any possible complication.

In recent years, an increased high-dose chemotherapy administration has led to increased use of peripheral venous catheter (PVC) and CVC in the oncology patients. Although several factors such as catheter site, characteristics of the material used, characteristics of the drugs and fluids used, duration, frequency and modality of the treatment, and aseptic techniques employed affect the success of IV chemotherapy, the knowledge level and capability of the nurse play a crucial role. Our study aim to assess the knowledge of nurses about the administration of chemotherapy through peripheral and central venous catheter.

**Objective:** To assess knowledge among oncology nurses about the administration of chemotherapy through a peripheral catheter and central venous catheter

**Methods:** A descriptive cross-sectional design with a convenience sample was used. Total study sample of 110 oncology nurses completed the knowledge test. Data were collected with data collection google form including questions related to sociodemographic qualifications and knowledge levels of nurses.

**Results:** Majority of nurse's aged between 21 to 35 years with 6 month to 5 years of experience. Nurses had correct information about the importance of selecting peripheral venous catheter (59%) and control of catheter before the administration (84.6%). There were 25% of nurses not undergoing prior training on safety chemotherapy administration and 27% were not undergone training related to source of safety chemotherapy administration. Moreover, correct recommended side/region for placement of peripheral venous catheter during chemotherapy important reported (45.3%) nurses and type of chemotherapy drug affect the duration of catheterization during peripheral intravenous chemotherapy answered correctly by 51.3% of nurses.

Although, pay attention to the characteristics of fluids applied from short peripheral venous catheter correctly reported by 53.8% nurses, whereas infusion sets be changed during peripheral intravenous chemotherapy correctly reported by 1.7% nurses only. In case of vascular leakage of chemotherapy drugs administered through the peripheral route accurate reported by 6.8% nurses whereas, none of the nurse's report accurately vascular leakage of chemotherapy drugs administered through the peripheral route.

Exact first chemotherapy should be done after the port catheter is inserted as soon as possible after port insert were reported by 75.2% nurses. Subsequently, port pin number be changed according to the treatment true answer reported by 14.5% of the nurses. Heparin application frequency to prevent complications every 4 to 6 weeks were reported by 75.2% of nurses.

Content of the education given to a patient with a port were correctly answered by 50.4% of nurses. And advisable to use an antiseptic hand wash procedure before and after administration of chemotherapy from the CVC were correctly reported by 92.3% of nurses.

Only, 33.3% of the nurses had true knowledge related to chemotherapy application from the CVC. When central venous medication chemotherapy drugs are infiltrated out of the vein, which of the following are among the applications to be performed Stop the infusion correctly answered by 85.5% of nurses.

There were no any statistically significant association between demographic characteristics and level of knowledge regarding administration of chemotherapy through peripheral and central venous catheter.

Finally, 52.2% nurses had good and excellent knowledge related to administration of chemotherapy through peripheral and central venous catheter. From results, 47.9% nurses had moderate and low level knowledge.

**Conclusions:** In General, nurses' level of knowledge related to catheter is 50% and higher. It is recommended to increase the knowledge of nurses about evidence-based information for catheter care as a step to safe chemotherapy practice.

**Keywords:** Catheter, Chemotherapy, Nursing, Oncology

### **Biography**

Mrs. Shanti .S.Nair has completed

RN & RM from St. Ann's Hospital Tamil Nadu.

Diploma in Oncology Nursing.

Course in CVAD (Central Venus Access Devices).

PCBSC from Ramakrishna Hospital.

MBA (2021) in Hospital Administration from ICFAI University.

She has been awarded in CME held at Sion Hospital Mumbai for best research paper presentation in 2003

Received Best Clinical Nurse award in 2008 by Tata Memorial Hospital.

She has presented many papers in national conferences. Currently working in the Nursing Education as Tutor.

## IN-PERSON

**Naser Alotaibi**

Kuwait University, Kuwait

**Investigation of health science students' knowledge regarding healthy lifestyle promotion during the spread of Covid-19 pandemic: A randomized controlled trial**

**Background:** Health sciences students as future health care providers, can play a valuable role in protecting societies against the spread of COVID-19 through health promotion and lifestyle modification education. Therefore, proper education of these students is essential.

**Objective:** This study sought to assess and measure the change of knowledge of health sciences students regarding healthy lifestyle promotion strategies during the spread of the Covid-19 pandemic after participation in different types of online and social media educational programs.

**Methods:** In order to serve the purpose of the study, a methodological research design was first used to ensure the validation of the developed scale; the COVID-19 Healthy Lifestyle Promotion Scale (COVID-19 HLPS). To ensure the proper application of the developed scale with the study participants, its psychometric properties were assessed mainly validity and reliability. Face and content validity of the scale were supported. With regards to the reliability of the scale, Cronbach's  $\alpha$ -value for the knowledge scale was .909 and the Item-to-total correlations ranged from 0.289 to 0.640 (n= 385) indicating a satisfactory internal consistency as well as Pearson's correlation coefficients. In addition, the ICC of the scale was 0.896 (95% CI 0.818 – 0.940) (n= 52) suggesting an excellent agreement thus supporting the test-retest reliability of the scale. The study utilized a four-arm randomized control research design in which the participants were randomly assigned into one of four groups, 1) control group (placebo intervention), 2) brochure group, who received brochures relevant to healthy lifestyle promotion 3) Instagram group, who received similar information but through Instagram posts, and 4) online interactive educational workshop group, who also received similar information through an online interactive educational workshop.

**Results:** In total, 155 participants participated in the online and social media intervention programs. There was a significant improvement in the intervention groups in the total knowledge subscale of the healthy promotion strategies compared with the control group ( $p < .001$ ). Overall, the workshop group was the most effective group (effect size = 1.54) followed by the Instagram group (effect size = 0.99) and then the brochure group (effect size = 0.91).

**Conclusions:** in order to meet the challenges posed by this pandemic, the use of such online and social media interventions is essential and may be the key for health promotion during this pandemic. Health science students, as future health care professionals, can play a fundamental role during the COVID-19 pandemic in disseminating knowledge relevant to healthy lifestyle to their families and communities thus promoting healthy living and behavioral changes. We propose the development of research initiatives at both national and international levels targeting changes within health science curricula that can meet potential challenges of future pandemics, leading to improvement and advancement of health care services globally.

**Biography**

Dr. Naser Mohammed Alotaibi is an associate professor at the Occupational Therapy Department, Faculty of Allied Health Sciences, Kuwait University. His main research interests are in the areas of evaluations and assessments as well as interprofessional education and collaborative practice. Other areas of interest include fieldwork education and health promotion

## IN-PERSON



**Agnes Makhene**

Nursing Department, University of Johannesburg, Johannesburg, South Africa

## Decolonization of the nursing education curriculum in Gauteng province, south africa- A concept analysis

Decolonization of the nursing education curriculum has become more important than ever. The nursing profession has been colonized since the founding era of Florence Nightingale of the profession. This Victorian curriculum has been carried out through decades of the existence of the nursing profession. There is a knowledge gap of how a decolonized nursing education curriculum should look like. The purpose of this paper is to describe the concept analysis process that was followed to clarify the concept decolonization of the curriculum, provide conceptual meaning in nursing education, and formulate a theoretical definition using Walker and Avant's eight-step method. Definitions, nature, characteristics and uses of decolonisation were sought and the researchers explored 70 publications which included dictionaries, encyclopaedias, thesauri, conference papers, research reports, journal articles and subject-related literature across multiple disciplines to critically analyse "decolonization". A 10-year period from 2012 to 2022 was used to search several databases. The defining attributes which included antecedents, the process and consequences of decolonization emerged. The concepts of "decolonisation" and "transformation" were analysed to develop a decolonisation model to transform the curriculum in the context of nursing education. This step involved exploration and description of the conceptual and theoretical meaning of "decolonisation" of the curriculum in nursing education. Walker and Avant's method eight step method of concept analysis (2019), as adapted from Wilson (1963) was followed whereby the researcher undertook a broad search of relevant literature. These eight steps included: a) selection of the two concepts, (b) determining the aims or purpose of analysis, (c) Identification of all uses of the concepts that were discovered, (d) determination of the defining attributes of each concept, (e) identification of a model case, (f) identification of borderline, related, contrary, invented and illegitimate cases, (g) identification of antecedents and consequences, and (h) definition of empirical referents. Concept analysis enabled the researcher to clarify the abstract and ambiguous meaning of the concept "decolonization" into their concrete defining attributes and related connotations which can be used to develop a model or theory.

### Audience Take Away

- This presentation will bring the conceptual meaning of a decolonized curriculum.
- Researchers will benefit in that the unambiguous conceptual and theoretical meaning of the decolonization and its attributes will be brought and potential researcher may use these defining attributes to develop a model or a theory.
- Academics/faculty can use the defining attributes to develop a curriculum.

### Biography

Prof Agnes Makhene holds a PhD in Nursing Education from the University of Johannesburg with focus on facilitation of critical thinking. She is an Associate Professor in the Nursing Department, Faculty of Health Sciences at the University of Johannesburg. She has published several papers in reputed journals, serves as reviewer of manuscripts, supervised a number of Masters and PhD students to completion. She is the Editor-in-chief of the Health SA Gesondheid Interdisciplinary Journal. She is board member of the South African Nursing Council, where she is chairperson of the Professional Conduct Committee and member of the Education and Research Committees.

## IN-PERSON

**Panmial Priscilla Damulak**

Department of Public Health, Faculty of Basic Medical Sciences, College of Medicine and Health Sciences, Baze University Abuja , Nigeria

**Is psychiatric nursing effacing in nigeria?**

The rising trend in mental illness in Nigeria has led to serious concerns for healthcare providers. Even more worrisome, is the misconceptions surrounding this illness and the healthcare providers particularly nurses managing the condition. Psychiatric nurses are faced with several challenges ranging from staff shortage to stigma from the society. Other challenges affecting psychiatric nursing is the rebuttal by nursing students to advance their careers in psychiatric nursing. These issues could be curbed if misconceptions surrounding mental illness are corrected in the society, which may in turn influence career choices of nursing students towards psychiatric nursing.

**Audience Take Away**

- The findings of this study will expose nurses to the challenges of psychiatric nursing and factors influencing psychiatric nursing as a career choice.
- This knowledge will encourage nurses to dispel misconceptions and negative ideologies on psychiatry held by patients, in care delivery and daily interactions. In addition, this will hoist the need for further studies (which is evident by lack of literature) and also the need to improve the psychiatric content in nursing institutions. The recommendations when strategically implemented will address the issues surrounding psychiatric nursing as a career choice by students and graduates globally, especially Africa where misconceptions on mental health exists.

**Biography**

Dr. Panmial Priscilla Damulak studied Nursing Science at the University of Jos in 2013, proceeded to Universiti Putra Malaysia where she bagged an MSc. In Community Health in 2016 and PhD in Public Health in 2019. Her experience cuts across clinical Nursing practice, Managed Care and Health Insurance, and Public Health practice. She is currently a faculty at Baze University, Nigeria.

**Hui Zhang, Ariel Wen Xin Liao, Sam Hong Li Goh, Si Qi Yoong\*, Amanda Xiu Ming Lim, Wenru Wang**

Alice Lee Centre for Nursing Studies, Yong Yoo Lin School of Medicine, National University of Singapore, Singapore

## **Effectiveness and quality of peer video feedback in health professions education: A systematic review**

**Objectives:** This review aimed to evaluate the effectiveness of peer video feedback (PVF) on healthcare students' reactions and learning outcomes against other feedback methods (e.g., expert- or self-video feedback). It also synthesized the characteristics of PVF within health professions education to identify its effective elements.

**Review methods:** Seven databases were systematically searched to identify relevant studies, including CENTRAL, CINAHL, ERIC, Embase, PubMed, PsycINFO and Scopus. The effectiveness of PVF on students' reactions, learning, and quality of peer feedback was summarized. Quality appraisal of eligible studies was analysed using the Medical Education Research Study Quality Instrument.

**Results:** A total of 22 articles were included. Results showed PVF was a helpful learning tool, and students were satisfied with its overall learning experience. PVF demonstrated its positive effect on skill-based learning. The top concern was its quality (accuracy and content), ascribing to peers' limited knowledge, expertise, or feedback experience.

**Conclusions:** This review affirmed the potential effect of PVF on skill-based learning but revealed students' ambivalent feelings towards its quality. Six effective elements were proposed for its best practice. Future studies are needed to investigate further these proposed elements and how they mediate the educational effects of PVF.

### **Audience Take Away**

- Nursing faculty will learn about the benefits and disadvantages of using PVF in learning of clinical skills, which refers to video-recording of peers' skills performance and providing feedback for each other based on the video.
- They will learn about the current evidence of using PVF on student learning outcomes.
- Faculty members can consider using PVF as part of their curriculum, which is potentially valuable in the context of limited opportunities to provide in-depth feedback to all students during class time and reduced in-person contact time during the COVID-19 pandemic.
- They will learn about the possible effective elements in creating a positive experience for students using PVF during learning.
- They will understand the negative reactions students may exhibit towards PVF.

### **Biography**

Ms Si Qi Yoong graduated with a Bachelor of Science in Nursing (Honours) (Distinction) from the National University of Singapore in 2021. She is currently a Research Assistant in the Nursing department at the same university working on nursing education research. She has published in leading medical and nursing journals, with interests in Alzheimer's Disease, prognosis, systematic reviews and palliative and end-of-life care.

## VIRTUAL



**Yuxiang Ren BNa, Li Yang BNa, Huanhuan Song BNa, Shuang Wang BNa, Rui Liu BNa, Miaomiao Huang BNa, Zhenyu Niu BNa, Xintao Zhang PHDa, Wenjuan Sun MNa, Ruolan Ge\*<sup>1</sup>**

Sports Medicine and Rehab Centre, Peking University Shenzhen Hospital, Shenzhen, Guangdong Province, China.<sup>1</sup>Peking University Shenzhen Hospital, China

## **Effect of Complex Decongestive Therapy to Treat Edema in Anterior Cruciate Ligament Reconstruction Patients : A Randomized Controlled Pilot Study**

**Objective:** This is a pilot study to investigate the feasibility of the enrollment strategy, the effectiveness of CDT and the suitability of follow-up strategy.

**Design:** Single centre, parallel randomized controlled, close label, observer blinded clinical trial. Participants were consecutively enrolled and followed up for 30 days.

**Setting:** This study was performed in sports medicine and rehabilitation centre in an acute hospital. There are over 2000 sports injury related procedures performed annually. Data was collected in hospital by an independent assessor.

**Participants:** All participants were inpatients and planned to receive ACLR surgeries. All participants were met our criteria and signed consents. 20 patients were included in the CDT group and 30 patients were included in the control group.

**Intervention:** Participants in CDT group received CDT once a day for 3-4 days. Participants in control group received intermittent pneumatic compression twice a day for 3-4 days.

**Main Outcome Measures:** Our primary outcome is the the lower limb girth(10cm above the patella, in the middle of the patella, 10cm below the patella) at fifth day after the surgery.

**Results:** The recruitment strategy was feasible and CDT was effective. There was room for improvement in patients' compliance during 30-day follow-up. CDT compared with standard treatment is effective in reducing edema postoperatively, there was a significant difference in day 3 and day 5 after the surgery in patella girth and girth 10 cm above patella. It is significantly different in NRS score in day 14. In 30 days, there is a significant difference in girth 10 cm above patella and girth 10cm below the patella.

**Conclusion:** CDT can effectively reduce edema among ACLR patients after surgery. The enrollment strategy, intervention strategy and follow-up strategy were feasible.

**Trial registration:** ChiCTR2100042907

**Key words:**Anterior Cruciate Ligament Reconstruction□ACLR□ , Edema□Pain, Complex Decongestive Therapy(CDT)

### **Audience Take Away**

- CDT is an effective complementary treatment in reducing postoperative edema in the early stage after ACLR surgery.
- Manual lymph drainage might not work if applied alone after ACLR surgery.
- There is particular compression pressure for lower limb, but hasn't been reported very well.
- CDT should be considered as an routine treatment after ACLR surgery.

**Biography**

Master of Nursing

Youth member, Evidence-based Committee, Guangdong Nursing Association

Member and Secretary of International Cooperation and Exchange Branch of Guangdong Provincial Nurses Association

Published 5 professional papers, presided over and participated in 2 university-level projects

Research direction: Sports medicine and rehabilitation medicine

## VIRTUAL



**Supattra Changsuphan<sup>1\*</sup>, Boonjai Srisatidnarakul<sup>1</sup>, Holli Austin Devon<sup>2</sup>**

<sup>1</sup>Faculty of Nursing, Thammasat University, Pathumthani, Thailand

<sup>2</sup>School of Nursing, The University of California, Los Angeles, USA

## **Patient's readiness for hospital discharge scale with hip Arthroplasty: Development and psychometric evaluation**

**Background:** Readiness for hospital discharge indicates successful health and illness transition. Assessing readiness for hospital discharge and transition to home in patients after hip arthroplasty has become increasingly important to patient safety and outcomes. Nurses play an essential role in assessing readiness for the hospital discharge needs of patients. There are no specific instruments to assess the readiness for hospital discharge of patients with hip arthroplasty. Readiness for hospital discharge requires a valid, accurate, and reliable scale and is easy to use. The purpose of this study was to develop and validate the psychometric properties of a new Patient's readiness for hospital discharge scale for hip arthroplasty (RHD-HA).

**Methods:** First, items were generated based on the literature review and with help from orthopedic surgeons, orthopedic nurse practitioners, and experts in questionnaire design. Then, content validity was carried out. Accordingly, a cross-sectional study was conducted, which was carried out in 4-tertiary governmental hospitals. The data were collected from June 2020 to February 2021. Two hundred patients completed a questionnaire. Content validity and Intraclass Correlation Coefficient (ICC) were carried out. The exploratory and confirmatory factor analysis used to identify the construct. The psychometric properties evaluation comprised, internal consistency reliability, concurrent validity, and predictive validity. The cutpoint for RHD-HA was identified using the receiver operating characteristic (ROC).

**Results:** Based on exploratory factor analysis and confirmatory factor analysis, two factors were identified. The factors could explain 62% of the total variance observed. The model had an acceptable fit: (CFA;  $\chi^2=0.056$ ,  $df=24$ , ( $p<0.001$ ),  $CLI=0.974$ ,  $TLI=0.967$ ,  $SRMR=0.044$ , and  $RMSEA$  of 0.116). The scale had acceptable internal consistency, Cronbach's alpha coefficient (0.87), inter-rater reliability (0.96), content validity (0.97), and concurrent validity (0.70). The ROC analysis represented the cutpoint at 0.9 (score=10),  $AUC=0.893$ ,  $Sensitivity=90.7\%$ , and  $Specificity=70.1\%$ .

**Conclusions:** The RHD-HA 9-item established favorable psychometric evaluations. The new instrument describes a specific measure in older people who underwent hip arthroplasty, which recognizes and defines the interventions for improving readiness for hospital discharge after hip arthroplasty.

**Acknowledgments:** The authors sincerely thank the participant in this study and also wish to thank my advisor for encouraging all processes.

### **Audience Take Away**

- The specific instruments to assess the readiness for hospital discharge of patients with hip Arthroplasty.
- The readiness score can classify patients' readiness for hospital discharge and predict patients' complications after discharge.

**Biography**

Supattra Changsuphan is a Ph.D. candidate at the Faculty of Nursing, Thammasat University, Thailand. She graduated with her BSN from Mahidol University in 2000 and an MSN in Nursing Administration from Chulalongkorn University in 2004. She has worked at the School of Nursing, Sukhothai Thammathirat Open University (STOU). Her research interested in elderly care, orthopedic nursing in the older adult, instrument development, and distance learning. She also volunteered for older people in the elderly schools and community.

## VIRTUAL



**Anila CAKE\*<sup>1</sup>, Alketa HOXHA ( QOSJA)<sup>2</sup>**

<sup>1</sup>University of Medicine , Faculty of Medical Technical Sciences, Tirana

<sup>2</sup>University of Medicine, Tirana

## Vaccination and dilemmas in health professionals during the covid 19 pandemic

**Scope:** Are there dilemmas about the vaccination process in health professionals and what are they? What were the first data results on the effectiveness of the vaccination process in health workers and are they reliable?

**Materials and Methods:** Analytical studies published in The Lancet, PubMed, Elsevier and Medscape journals.

**Results:** Summary of quality estimates for 594 items. All sources were rated according to the AACODS21 checklist. The total number of deaths reported by HCW as of May 8, 2020 was 1413. This suggests that for every 100 HCWs that were infected, 1 died, 3600 deaths in the USA, 3090 from 64 countries of the world and 66 from Albania. 28 samples (n = 58,656) from 13 countries show that as the pandemic increased, the% of people intending to vaccinate decreased and the% of people intending to refuse vaccination increased. A comprehensive study found that, the prevalence of reluctance to vaccinate against COVID-19 worldwide in health care workers ranged from 4.3 to 72% (average = 22.51% in all studies with 76,471 participants). There were many dilemmas in male professionals for conspiratorial ideas of their sterilization. A very important study showed that the vaccine not only did not damage the process of spermatogenesis but, after the second dose of the vaccine, the average sperm concentration increased significantly to 30 million / ml (IQR, 21.5-40.5; P = .02) and average TMSC at 44 million (IQR, 27.5-98; P = .001). Sperm volume and sperm motility also increased significantly. Controlled Trials (RCTs) have shown that mRNA-based vaccines have an estimated efficacy of 95%. Studies show that vaccination reduces viral load by 1.6x to 20x in individuals who are positive for SARS-CoV-2 and that vaccination is not only important for the protection of the individual, but can reduce the transmission of viral load. Vaccinated individuals may be positive, they have lower viral load and therefore may be less contagious.

**Conclusions:** Vaccination is an important process in the emergency situation created by COVID - 19 and the protection of health professionals is a necessity for continuing and maintaining the quality of health care worldwide.

### Biography

Anila Cake has achieved the objectives set out in the subject curricula it has taught, adapting the lectures in the most creative, attractive and assimilable way for students. Has the quality of a contemporary lecturer for the way of teaching and the coordination skills of the teaching process. Ms.CAKE has contributed as coordinator and manager in the process of institutional ACCREDITATION and ISSO CERTIFICATION for the American University of Tirana and MEDICOM Vocational Colleges. Also in scientific research, with publication in the most prestigious journals such as, PUBMED and ELSEVIER, etc.

## VIRTUAL

**Jennifer Knox**

Woodward Academy, United States

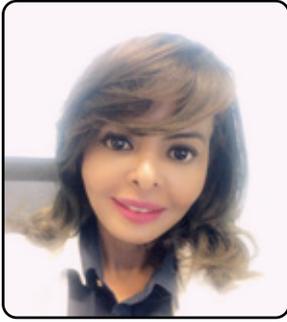
**The crucial role of nurses in telehealth**

Nurses play a critical role in delivering healthcare, especially given the treatment gap between the health needs of people worldwide and the available of healthcare professionals. The International Society for Telemedicine and eHealth hosted a webinar on Telenursing featuring speakers who highlighted the diversity of nurse involvement in telehealth solutions worldwide included Finland's telehealth strategy, a multinational organization providing telehealth solutions, and Nigeria's telehealth ecosystem and opportunities for growth.

**Biography**

Jennifer Knox is a contributing author to the book "Resilient Health: Leveraging Technology and Social Innovations to Transform Healthcare for COVID-19 Recovery And Beyond" (Co-editors: Dr. Judy Kuriansky, Ph.D. and Pradeep Kakkattil) and a member of the Student Division of the International Association of Applied Psychology pursuing a masters at Columbia University Teachers College. In addition to her scholastic work, she has over 20 years of experience working nationally and internationally to support education as a vehicle for personal, relational and collective wellbeing with a focus on the arts, secular ethics and the cultivation of basic human values to promote a more compassionate world. Her contributions to the Social, Emotional and Ethical Learning (SEE Learning™) program as a facilitator, content designer and educator have far reaching impacts in North America, Europe, and the Indian Subcontinent. She is currently serving as the Director of Character Education and the Ron M. Brill Chair for Ethical Leadership Development at Woodward Academy in Atlanta, Georgia.

## VIRTUAL

**Samirah Alamri**

Ambulatory Care Department, National Guard Health Affairs (NGHA), King Abdullah Specialized Children Hospital (KASCH), Riyadh, Saudi Arabia

## The impact of effective utilization of Greenbelt Six Sigma method in patients' experience in ambulatory care clinic

**Background:** Patients' experience defined as interaction between patients and health care system. Positive experience will enhance patients care and treatment outcome.

**Goals:** To promote positive patients' experience in outpatients' clinics through utilization of greenbelt Six Sigma method.

**Objectives:**

- To ease registration and care coordination process in outpatients' clinics.
- To structured effective communication process between nursing team and patients
- To establish benchmark result among (NGHA) corporates hospitals.

**Method:** Nursing leadership in King Abdullah Specialized Children Hospital (KASCH) in National Guard Health Affairs (NGHA) worked collaboratively with patients experience department to improve patients' experience in outpatient's clinic through utilization of greenbelt six sigma method.

**Defined:** Identify patients' experience indicators that reflect, registration process, care coordination process, friendliness of nursing and reception staff.

**Measuring:** Electronic patients' experience survey sent through text messages to all patients' registered phone numbers, who visited the clinic physically and received complete care, other patients were excluded. Data analyzed electronically and published in comparison method for all NGHA's corporates hospitals for benchmarking.

**Analyzing:** Analyzing revealed, language barrier, lack of clear communication to the patients about hospital system and delayed escalation of care coordination were the contributing factors for negative experience

**Improving:** Action plan designed to improve effective communication, allocated staff nurse to coordinate patients care, patients and families orientation program, and streamlined escalation process for care coordination concerns.

**Controlling:** Monitor patients' feedback monthly, discussed the improvement method in executive leadership meetings, enhance patients' experience concept among the staff through comprehensive education program and streamline escalation process to patients' experience department to address patients concern timely.

**Result:** Number of patients who completed the survey were more than 1500 monthly, that include adult and paediatrics' patients' parents. Patient's feedback in November 2021, showed 84.9% positive for ease of registration process, 86.9% for friendliness of the reception staff, 90.3% for friendliness of the nurses, and 87.39% for coordination of the post visit order.

While in same month corporates hospitals average result showed, 81.83% for ease of registration process,

friendliness of the reception staff 83.24%, friendliness of the nurses 82.46% and coordination of the post visit order 83.85%

Implantation of mentioned action plan been reflected a positive response in all indicators in December 2021 and January 2022in (KIASCH) outpatient’s clinic, in comparison with corporates hospitals result

Action plan implementation proven their impact on patients’ experience result for December 2021 and January 2022, in comparison with corporates hospitals. In addition, structure communication enhanced patients experience in outpatients’ clinics.



**Conclusion:** Greenbelt six sigma method proven to be effective tools to be applied to enhance patients’ experience. Improve staff friendless and streamlined the care coordination with a proper escalation process promote positive experience and effective care.

**Biography**

Ms. Samirah Alamri studied Master of Advance Practice of Nursing in Griffith University in Australis in 2009. She then joined National Guard Medical City. She is a Director of Clinical Nursing for Ambulatory Care Department and Nursing Product and Equipment Service. she is certified in Institution Health Improvement Courses and certifies as patients’ safety surveyor in Saudi Board for Accreditation of Health Care Institution. she won best poster award in 2019 in Emirate Critical Care Conference. She been oral speakers in many locals and regionals conferences. She initiated and take a lead of many qualities improvement project. she has extensive experience in teaching and clinical education.

## VIRTUAL


**Gloria Achempim-Ansong\*<sup>1</sup>, Esther Afutu<sup>2</sup>**

<sup>1</sup>PHD, MPHIL, BA, SRN, FWACN, FGCNM, MSTTI), Department of Adult Health, School Nursing and Midwifery, University of Ghana

<sup>2</sup>Department of Emergency, Ga East Municipal Hospital, Ghana

## Exploring the Covid-19 experiences of emergency department nurses at a tertiary hospital in Ghana

**Background:** In March 2020, COVID-19 was declared by WHO as a global pandemic disease. The spread of the disease has significantly exerted its toll on the health system. Ghana has seen over 105,000 Covid-19 cases, including 848 deaths, since the first case was reported. The COVID-19 fights at the emergency front involved all emergency workers including emergency nurses despite the high probability of exposure to the COVID-19 virus. Emergency department (ED) nurses are on the frontline in the fight against the COVID-19 pandemic. The clinical experiences of ED nurses in the era of the COVID-19 pandemic have become more challenging because of changes in caseload, social distancing, and trainee redeployment.

**Aim:** The study sought to explore the experiences of nurses working at the ED in the era of the COVID-19 pandemic at a Tertiary Hospital in Ghana.

**Methods:** The study was carried out among nurses working at the Emergency Medicine directorate of a Teaching Hospital in Ghana. The purposive sampling method was used to select participants for the study until data saturation was achieved. A semi-structured interview was used to collect data. The interviews were audio-recorded and transcribed verbatim. Data were analysed using content analysis.

**Four main themes and eight sub-themes were identified.**

**Findings:** From the narratives of the participants, four main themes and fifteen sub-themes emerged. It was revealed that nurses experience fear, anxiety, and depression. Additional challenges encountered by the nurses hovered around issues such as increased workload, lack of motivation, family disconnection as well as other physical, and social challenges due to the COVID-19 Pandemic. These participants were able to cope through prayers, initial incentives by government and vaccination.

**Conclusion:** Exploring the experiences of nurses will contribute towards improved clinical practice of nurses working at the emergency department in the era of the COVID-19 pandemic and infectious disease outbreaks. It will also add to already existing knowledge. The findings of this study also exposed issues that may need to be addressed to improve nurses' wellbeing.

### Biography

Dr Gloria Achempim-Ansong is a Registered Nurse of over Twenty-Five (25 years). She holds BA Nursing with Psychology, and MPhil Nursing all from the University of Ghana. She also has a PHD in Nursing from the University of the Witwatersrand, South Africa. She is a Deputy Director for Nursing Services (DDNS) and she is currently a lecturer with the Adult Health Department, School of Nursing and Midwifery, University of Ghana, Legon. She is a fellow of the West African College of Nurses, a Foundation Fellow, Ghana College of Nurses, and Midwives. She has six (6) publications in Peer Reviewed journals.

## VIRTUAL



**Precious Chibuikwe Chukwuere\***, Leepile A Sehularo, Mofatiki E. Manyedi

North West University, South Africa

## **Conceptual framework for psychosocial management of depression in adolescents, North West Province, South Africa**

The prevalence of depression among adolescents is a global public health concern. This study focused on the development and validation of a conceptual framework for the psychosocial management of depression in adolescents in the North West Province, South Africa. The study was conducted in two mental health care institutions and two mental health care units attached to two general hospitals in the North West Province, South Africa. The study is divided into three sections. Section One provides an overview of the study, the introduction, background information, problem statement, research questions, aim and objectives of the study, paradigmatic perspective, research methodology, ethical considerations and trustworthiness.

Section Two was the empirical phase that adopted a qualitative research approach and qualitative-exploratory-descriptive contextual research design. The research design consisted of step 1; a systematic review and step 2; a qualitative, exploratory, descriptive, contextual research. The systematic review was conducted in accordance with the methodology with two themes generated and subsequently published in accredited journals. Qualitative, exploratory, descriptive, contextual research methods were followed in two stages which are stage one; to explore and describe the experiences of adolescents and parents on the current management of depression in the North West Province, South Africa with two themes emerged, namely; negative experiences with regard to depression among adolescents and methods of managing depression in adolescents and published in an accredited journal.

Stage two explored and described the perceptions of mental health nurses on the psychosocial management of depression in adolescents in the Province with two themes emerged namely; comprehensive psychosocial management; and involvement of different stakeholders and published in an accredited journal. The findings from the empirical phase were used to develop a conceptual framework for the psychosocial management of depression in adolescents for North West Province, South Africa. Development of the conceptual framework was facilitated by answering the six crucial questions of Dickoff *et al.* (1968) on Practical Orientation. The conceptual framework was validated by adolescents, parents, mental health care experts, and experienced researchers (academics) in accordance with Chinn and Kramer's six critical reflection questions on clarity, simplicity, generalizability, accessibility, and importance of the conceptual framework.

Section three provides the conclusion, limitations of the study and recommendations. The conceptual framework revealed that psychosocial management should be facilitated by collaborative efforts of stakeholders, such as mental healthcare practitioners (nurses, social workers and psychologists), occupational therapists, immediate and extended members of families, adolescents, peer groups of adolescents, religious institutions, schools and communities. This can be realised through modifying the immediate environment of adolescents, facilitating their resilience, mobilising support systems, facilitating the therapeutic environment, integrating mental health into primary health care and continuous monitoring. The study also revealed the need for adequate communication, adolescent-friendly services, commitment

of stakeholders, collaboration of NGOs to ensure adequate psychosocial management of depression in adolescents and in enabling adolescents to develop effective coping skills in the Province. The conceptual framework is an important contribution that can improve professional practice and the quality of care and add to the existing body of knowledge.

**Keywords:** Adolescent, conceptual framework, depression, management, psychosocial

#### **Audience Take Away**

- The audience will learn a new dimension of managing depression in adolescents.
- The audience will learn about the latest conceptual framework for the psychosocial management of depression in adolescents.
- The audience will be able to apply what they will learn from my presentation in the management of depression in adolescents in their various clinical settings for those in clinical settings. The presentation could be able to stimulate the thought process of the audience regarding the management of depression in adolescents.
- The audience could be able to learn from the methodology adopted in this study which they can replicate in different settings.
- The audience could learn practical solutions for the mitigation of the prevalence of depression in adolescents through applying the findings of the study in their various workplaces. The researcher in this study believed that adopting psychosocial management of depression in adolescents could be more effective in the mitigation of the prevalence and the associated devastating consequences of depression in adolescents.
- The study findings could generally improve the management of depression in adolescents hence the audience will largely benefit from the presentation.

#### **Biography**

Dr Precious C. Chukwuere completed his PhD in Health Science with Nursing Science at the School of Nursing Science, Faculty of Health Science, North West University, Mafikeng Campus, South Africa in 2020. He received the degree on the 28th of May 2021. Dr Chukwuere is currently a Postdoctoral Research Fellow at the Potchefstroom Campus of the same University (North West University) under the supervision of Professor Emmerentia Du Plessis and Professor Siedine K. Coetzee. He has published 15 articles in internationally accredited journals and 1 book chapter.

## VIRTUAL

**TOM De Keyser\*, Prof. Dr. P. Boon**

Division of Head Movement and Senses, University Hospital Ghent, Ghent, Belgium

## Aggression against health care professionals, a critical review

**Introduction:** Aggression to health care professionals (HCP) is a common occurrence both in psychiatric or non-psychiatric inpatient and outpatient settings. The overall prevalence of patient perpetrated violence (workplace violence - type 2) ranges from 9.5% to 74.6%, depending on the studied population, with verbal abuse as the most commonly reported form.

The objectives of this review are twofold. First we intended to perform a retrospective analysis of the literature for the last 10 years for workplace violence and aggressive behavior against HCP, nurses in particular. Second, we identified evidence-based interventions to manage and prevent workplace violence or aggressive behavior against HCP.

**Methods:** 5487 studies were identified by searching online databases (Pubmed, Cochrane and Cinahl) using a wide variety of keyword combinations (aggression, workplace violence, health care professional, nurse, management and intervention).

After screening on the publication date (2011-2021), the methodology (systematic reviews, reviews, meta analysis and randomized controlled trials) and the language (English), 430 papers remained.

24 studies were eligible after screening the in- and exclusion criteria and 19 were finally included for this review after reading full text and verify the specific aim of this review. Nine of them were descriptive, 10 had an interventional focus.

This review only reports on patient related violence and focuses on verbal and physical aggression, patient and worker characteristics, risk factors and the consequences of being confronted with patient aggression.

Furthermore, this review deals with the management of aggression in 1) violence prevention programs, 2) education and training programs, 3) pre- and post-event interventions, 4) de-escalation techniques and 5) general competences, attitudes and skills for HCP.

**Results:** The main findings of this review are that HCP were at high risk for experiencing violence and that reported aggression is related to dynamic factors which makes it unpredictable and highly context-related. Moreover, to be confronted with violence leads to serious emotional consequences such as depressed feelings (28.1%), anxiety, fear or helplessness (17.4% - 50.3%), as well as reduced jobsatisfaction (69.2%) and lower work performance (30.1% - 31.1%).

Overall, the evidence for the effectiveness of interventions to manage aggression in a pre- or post-event setting was weak. None of the studies reported interventions which are highly effective. Only a risk assessment can lead to a reduction of aggression events. The number of aggressive incidents (relative risk reduction -68%) and the number of patients engaged in aggression (relative risk reduction -50%) were significantly lower in the groups systematically screened by a risk assessment.

**Conclusion:** Further research on the development of (more) effective interventions against aggression is highly needed.

**Audience Take Away**

- The audience will be informed about the most recent findings of patient related violence. Patient and worker characteristics will be discussed, risk factors and consequences defined. They will learn which factors are determinative and what may be possible effects on the mental status, jobsatisfaction and work performance of health care workers.
- Secondly, they will learn how to deal with the management of aggression. Interventions were clustered in five groups (1) violence prevention programs, 2) education and training programs, 3) pre-and post-event interventions, 4) de-escalation techniques and 5) general competences, attitudes and skills for HCP) and the effectiveness will be discussed. We focus on evidence based interventions and tips and tricks will be reached to facilitate workplace implementation.

**Biography**

Tom De Keyser studied Nursing Science at the University of Ghent, Belgium and graduated in 2010. He started as Registered Nurse in the University Hospital Ghent, Department Psychiatry. In 2013 he became care manager of the division for Head, movement and senses and is co-chairman of the centre of excellence in nursing. Recently, he started a Phd thesis focusing on all aspects of aggression on health care workers, nurses in particular, supervised by Prof. Dr. P. Boon.

27-29<sup>th</sup>  
OCT

DAY 03

POSTERS

6<sup>TH</sup> EDITION OF  
**NURSING WORLD  
CONFERENCE**

**\*<sup>1</sup>Angie Flynn, <sup>2</sup>Ramona Whichello, <sup>3</sup>Amy Putnam**

<sup>1</sup>MSN, RN, OCN, NE-BC, School of Nursing, Western Carolina University, Cullowhee, NC, United States

<sup>2</sup>DNP, RN, NEA-BC, Associate Professor, School of Nursing, Western Carolina University, Cullowhee, NC, United States

<sup>3</sup>DNP, RN, CNE, Associate Professor of Nursing Practice, School of Nursing, Western Carolina University, Cullowhee, NC, United States

**Strategies to reduce nurse burnout: An integrated literature review**

The current healthcare environment is multifaceted and ever-changing, which can lead to an overwhelmed, exhausted, and vulnerable nursing workforce. A core component of nursing involves caring for vulnerable populations. In today's tumultuous healthcare environment, nurses have become a vulnerable population as they face more complex work environments with reduced resources. The majority of nurses report they have experienced feelings of burnout, which is a threat to healthcare quality, safety, and efficiency. Nurse burnout harms patients, health systems, and the profession of nursing. However, it is encouraging that effective approaches to reduce burnout have been recognized and there is hope. Several leadership strategies have demonstrated success with burnout mitigation. Nurse leaders must understand burnout and the impact it has on the nursing workforce. They must also recognize and adopt leader behaviors that have proven effective in burnout reduction and enhancement of nurse well-being. The research focused on nurse leadership and nurse burnout continues to be published and further exploration is warranted. Healthy work environments and caring relationships repeatedly correlated with lower levels of burnout. Clear communication, therapeutic listening skills, and intentional leader presence allow nurses to feel valued and heard and are key elements to the development of strong work environments. Recent research specifically addressed the need for compassionate behaviors and education for nurse leaders. Effective leadership is imperative to the delivery of high-quality, compassionate health care and conversely, the absence of compassionate leadership negatively impacts quality and outcomes. Research has also identified the importance of leadership encouragement of nursing professional development and employee recognition. Authentic and transformational leadership styles demonstrated effectiveness in alleviation of burnout and improved well-being. Given the impact nurse leader behaviors can have on nurse burnout, the consensus is that healthcare organizations should value nurse leaders and ensure that training on effective leadership strategies is offered. Organizations that emphasize the importance of well-being, embed education into onboarding processes, and monitor its effectiveness as the nurses continue in the organization. Furthermore, individual nurse leaders should seek opportunities to develop heightened self-awareness and engage in leadership development that will better equip them to care for nurses. It is important to note that nurse leaders are not immune to the experience of burnout. When equipped with the proper tools, nurse leaders have the ability to enhance well-being for not only nursing colleagues, but also for themselves. Healthcare organizations and nurse leaders can partner together to create an optimistic future for nursing by empowering nurse leaders to adopt behaviors that foster well-being and retain nurses.

**Audience Take Away**

- The audience will learn about nurse burnout and be able to identify specific strategies nurse leaders can embrace that will alleviate the experience of burnout.
- Nursing leadership styles that support well-being will be identified and participants will learn specific leader behaviors within each style that contribute to nurse well-being.
- The relationship between nursing leadership behaviors and nurse retention will be explored. Specific leader behaviors that support nurse retention will be identified and encouraged.

- Six themes associated with nurse burnout and leadership behaviors will be discussed. Nurse leader behaviors within each theme will be expounded and the audience will take away actions that can be incorporated into daily practice.
- Nursing leadership performance will be enhanced through the presentation of behaviors to be adopted.

**Biography**

Angie Flynn has a Bachelor of Science in Nursing from Winston Salem State University in Winston Salem, NC and a Master of Science in Nurse Leadership from Western Carolina University in Cullowhee, NC. She currently serves as the Nurse Manager at the Novant Health Cancer Institute in Winston Salem, NC and is board certified as a Nurse Executive and as an Oncology Certified Nurse. During her studies at Western Carolina University, Angie developed a passion for nurse well-being and actively pursues opportunities to educate others about nurse leader behaviors that support nurse well-being.

## VIRTUAL

**Faith Atte**

Department of Nursing William Paterson University of New Jersey, Wayne, NJ, USA

## **Barriers to mental health services utilization among sub-saharan african immigrants in the united states: A literature review**

Immigrants fall under a unique population as they not only have to adjust to the new country of residence but also have to contend with the stressors unique to migration. African immigrants not only have to contend with the concept of otherness but also the multiple marginal identities that comes with being in a foreign country. This population may experience discrimination on the basis of citizenship status religion, language, cultural, and racial identities. Evidence suggests that these stressors can increase the chances of the African immigrants developing mental illnesses. The Purpose of this literature review was to examine factors that may impede utilization of mental health services utilization and factors associated with mental health help seeking behavior amongst sub-Saharan African immigrants in the USA. A literature review search of published articles in CINAHL, MEDLINE and PsychInfo database from 2014-2022, was conducted. Additional references were obtained from bibliographies of these articles. Data was analyzed and categorized into themes. Barriers to mental health services included; stigma, discrimination, financial barrier and lack of mental literacy. Help seeking factors included; religiosity, proficiency in English, level of education, neighborhood risk, gender and age. This literature review revealed the complex nature of being an African immigrant, with many of the major themes being interrelated thus difficult to explicitly define and independently analyze its effects on immigrant group. Understanding these factors may provide concrete evidence for future research, policy development, and intervention programs that fully support African immigrants.

### **Audience Take Away**

- This literature review has shed light to some of the persistent barriers to mental health service utilization and provided information on factors that can be catalytic in the process of seeking mental health services. Understanding these factors provides the foundation for further research and interventions that specifically address the experience of African immigrants in the United States of America.
- Within the literature reviewed, several authors have offered suggestions towards future research that includes initiatives to increase mental health literacy by using mental health campaign awareness such as the Mental Health First Aid Training as an initial opening dialogue to mental health awareness. Other practical solutions include the utilization of informed religious leaders as a critical factor in bridging the gap between awareness of mental health symptoms and accessing mental health services. Future studies should purpose to include these leaders as part of the intervention process. A clear need for longitudinal studies is also needed to assess the various factors that are interrelated and intertwined within the broader context of immigration.

### **Biography**

Dr. Atte graduated with a Phd degree in Nursing in 2018 from Villanova University. She then joined William Paterson University of New Jersey as an assistant Professor, currently teaching Mental health. Her research is extensive and is fundamentally based on Mental Health Awareness targeting different population groups. Dr. Atte has presented her studies in different conferences both locally and internationally.

## VIRTUAL

**Dr. Brittany Nicole Hudgins-Graham, EdD, MSN, RN**

Hunt School of Nursing, Gardner-Webb University, Boiling Springs, NC, United States of America

**Developing a professionalism rubric for clinical courses in pre-licensure nursing education**

Professionalism, or more commonly known as professional behavior, should be an expectation of members who serve in the healthcare profession. “Although there is no consensus in the literature about the meaning or definition of professionalism, there are some generally recognized descriptors or characteristics” (Akhtar-Danesh et al., 2013, p. 248). Thus, professionalism is often subjective and is based on the opinion of the individual who encounters a healthcare professional. Common professional behaviors in relation to nursing education can be categorized into four main domains: appropriate interactions (i.e., client, family, facility, peers, instructor, etc.), communication (e.g., with clinical instructor, site supervisor, and others as involved in the student’s education), punctuality (e.g., arrival on time for clinical session, submission of assignments, etc.), and teamwork (i.e., positive interactions with peers, instructor, facility site staff, and any others). The concept of professionalism is relevant to the current generation of college students, Generation Z. Common characteristics of individuals from Generation Z include: being career-oriented, technologically savvy, financial consciousness, and appreciative of diversity (The Annie E. Casey Foundation, 2021). However, increased social isolation and mental health challenges of this generation can cause a deficiency in knowledge and/or awareness of professional behaviors. This deficiency creates a need for further instruction related to expectations and modelling of professional behaviors. Generation Z nursing students, particularly involved in pre-licensure nursing education, must be instructed on the concept of professionalism and how to apply it in the clinical setting in preparation for their role in the nursing profession. Individuals who do not follow the professionalism standards need early intervention and instruction on areas of improvement prior to licensure. Outside of intervening via discussion, such as a meeting, clinical instructors may utilize a professionalism rubric to grade the student in this area and offer feedback regarding positive and/or negative aspects of the student’s professional behavior. Students can apply feedback and utilize it for future learning experiences within the clinical environment and grow as a future professional nurse.

**Audience Take Away**

- Define professionalism and understand its relevance to nursing education.
- Describe common characteristics of the current college generation.
- Identify inappropriate behaviors, which require intervention.
- Understand how to incorporate a professionalism grade in clinical courses.

**Biography**

Dr. Hudgins-Graham began her nursing studies at Isothermal Community College (Spindale, NC) and graduated with an associate degree in 2010. She obtained her Bachelor of Science in Nursing from Appalachian State University (Boone, NC) in 2012. For graduate studies, she attended Gardner-Webb University (Boiling Springs, NC) and received her Master of Science in Nursing (2015) and Doctor of Education (2018) degrees. She has been involved in nursing education since 2014. Her primary background prior to entering nursing education was in emergency nursing. Currently, she serves as the Pre-Licensure Clinical Coordinator for the Hunt School of Nursing at Gardner-Webb University.

## VIRTUAL

**Dr. Cheryl Monfee**

Arkansas Tech University Russellville, Arkansas

**Arkansas tech nursing faculty and students collaborate to teach “stop the bleed training to high school students**

The number one cause of death with injury is bleeding. “Stop the Bleed” is a national initiative launched by the White House in 2015, to teach bystanders the ABCs of bleeding control and reduce the number of preventable deaths. In July 2019, the Arkansas General Assembly signed House Bill 1014, requiring each public school to provide bleeding control training to students in grades 9 – 12, into law as Act 245. The purpose of this presentation is to discuss the steps taken to collaborate with local clinical agencies, nurse educators, and local public school administrators to provide clinical teaching opportunities to senior level nursing students completing a leadership and management/community health clinical experience. To cultivate professionalism, community service, and the role of nurse educator within their the nursing student population, Dr. Monfee & Dr. Laffoon, Stop the Bleed instructors, trained and certified the leadership and management clinical students as Associate Instructors. Students developed pre and posttests, instructor evaluation tools and incorporated at least 3 evidence base practice research studies into their training materials. The faculty integrated teaching into the nursing students’ clinical schedule. On two separate days, the students taught bleeding control measures to over 290 high school students. To evaluate student learning, the nursing students utilized a pretest post design. The mean pretest score was 62% compared to the mean score of 92% on the post- test indicating that student knowledge increased greatly after participating in the courses. “No matter how rapid the arrival of professional emergency responders, bystanders will always be first on the scene. ...Those nearest to someone with life threatening injuries are best positioned to provide immediate care if they are equipped with the appropriate training and resources. ([ems.gov/projects/stop-the-bleed.html](https://www.ems.gov/projects/stop-the-bleed.html)). Dr. Monfee plans to continue to this community service and educational outreach each semester to help local school districts reach the ACT 245 requirements.

**Biography**

Dr. Monfee earned a BSN from the University of South Alabama, MSN from The University of Southern Mississippi, and PhD from The University of Arkansas for Medical Sciences. She is a Professor in the Nursing Department, College of Education and Health, at Arkansas Tech University (ATU) in Russellville, Arkansas. A faculty member for over 25 years, she teaches in all three educational programs offered at ATU, the prelicensure Bachelor of Science program, the RN to BSN program and the MSN program. Her research interests lie in nursing education as well substance use disorders among women. She has publications in The Journal of Pediatric Nursing, Journal of Addictions Nursing and The Journal of Nursing Education. A passion for service, Dr. Monfee collaborates with the local school districts to promote the role of the nurse educator in the community. Stop the Bleed, a national campaign, is the current educational offering being taught by senior nursing students as a part of their community health rotation. She serves on the board of the River Shelter for Battered Women and Children and is a commissioner on the Planning Committee for the city of Russellville. She is a member of Sigma Theta Tau International, Arkansas Nurse Association, Junior Auxiliary, and is the chairperson for the Program for Continuing Education for the Arkansas State chapter of PEO.

## VIRTUAL

**Andrea Green**

Ohio Health Physician Group, Ohio Health/ Columbus, Ohio,US

## Nursing telephone triage in primary care

The presentation demonstrates the work that was done to set up a centralized nurse triage line to support primary care and a non-clinical centralized scheduling call center. This service provides patients with timely care, addresses patient safety, and increases positive patient outcomes. Measurement of success was defined through clinical metrics and satisfaction metrics. For example, we measured the percent of patients set up for an appointment versus how many were sent to the emergency department (ED). We reviewed good catches which are events where the nurses were able to identify a need and get the patient to the proper level of care preventing a safety event from occurring. In addition, we measured provider satisfaction and patient satisfaction. The work started through a pilot program with 9 of our 70 offices. We solicited patient feedback through outreach phone calls with overwhelmingly positive feedback and a feeling that their need was met. They enjoyed speaking with an RN. The primary care providers found the service to helpful to them and to their patients. It allowed the PCPs to be able to see their patients with less interruptions in their day. The program was expanded to support all 70 offices. We integrated the Thompson-Schmidt telephone protocols into our electronic health record (EPIC). To date, the RN team has taken over 18,000 emergent calls. About 20% of the patients are sent to ED. Over 50% are getting an appointment that day or the next day. The team has had some life-saving phone calls that we consider good catches. A good catch could mean a trip to the hospital but also could mean a visit with the PCP that saved a costly ED trip. Providers and offices are satisfied with the nurse triage team. Registered nurses are working to the top of their licensure. Patients have benefited from the care provided by RNs through telephone triage.

### Audience Take Away

- The audience could learn from the work we put together and built upon over the course of a year.
- By incorporating nursing telephone triage, it uses nurses to the top of their license and allows primary care providers to take care of seeing patients during their workday rather than trying triage patient needs.
- Patient satisfier, provider satisfier.

### Biography

Andrea Green is a RN with 32 years' experience. She is a manager with OhioHealth where she has been involved in innovative work to affect positive patient safety, outcomes, and impacting a rich patient experience. She has helped develop a triage call center for OhioHealth Primary Care that uses RNs to triage patients to the best level of care. In addition to the triage team, she also manages the behavioral health integration program in OhioHealth primary care to provide access to behavioral health services with primary care. Andrea will complete a Master of Science in Nursing Leadership in October 2022.

## VIRTUAL



**Victoria T. Ferguson\***, Kathie Zimbro, Carolyn Rutledge  
Old Dominion University, United states

## Outcomes of early versus late nephrology referrals in adults diagnosed with Chronic Kidney Disease

**Problem:** Chronic Kidney Disease (CKD) is an increasing health problem that results in a high economic burden to health systems and reduces quality of life. Patients with ESKD incur approximately 12 days of inpatient care per year and their annual death rates exceeds 150/1,000 patient years. Meta-analyses have shown that absent, infrequent, or late CKD nephrology care is associated with worse health outcomes, including substantially prolonged hospitalization and increase in mortality.

**Purpose:** The purpose of this study is to explore whether referring adults aged 18 years and older who have been diagnosed with CKD to a nephrologist earlier (eGFR of >30 ml/min) will slow their progression to ESKD. EBP QUESTIONS: (1) Is there a relationship between participant characteristics, rate of ESKD progression, exercise, referral timing (eGFR <30 [late referral] and eGFR >30 [early referral]) for patients with CKD? (2) Is there a difference in the rate of ESKD progression between patient referred to a nephrologist early (eGFR >30ml/min) when compared to patients referred late (eGFR <30ml/min)?

**Methods:** A retrospective chart review was used to select a convenience sample of patients managed within a nephrology practice.

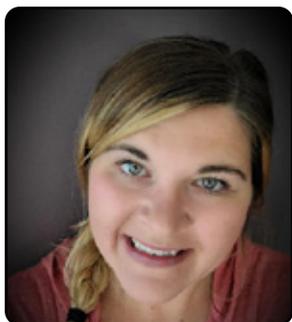
**Outcomes:** The relationship between participant characteristics of race, rate of ESKD progression- blood pressure status, electrolyte abnormalities, bone mineral disease, anemia, and hemoglobin A1C when compared to referral timing the correlation was found to be statistically significant with the p-value < 0.05 level. Furthermore, the relationship between participant characteristics of gender and exercise, rate of ESKD progression- systolic blood pressure, diastolic blood pressure, and LDL cholesterol was not found to be statistically significant as their p-values were > 0.05 level. There is a statistically significant difference between the rate of ESKD progression- specifically in their blood pressure, electrolyte abnormalities, bone and mineral disease, anemia, and HgbA1C between patients who were referred to a nephrologist early (eGFR >30ml/min) when compared to patients referred late (eGFR <30ml/min) as the p-values were <0.05 as tested by the Chi-square test. There was not a statistically significant difference found between participant characteristics of gender and exercise, rate of ESKD progression- including systolic blood pressure, diastolic blood pressure, and LDL cholesterol as their p-values were > 0.05 level. Therefore, ESKD progression is slower for patients who are referred earlier to a nephrologist (eGFR of >30ml/min) compared to those referred later (eGFR or <30ml/min).

**Significance:** There is a startling number of patients referred to the specialty of nephrology in stage IV and V CKD. Late referral usually means patients exhibit electrolyte abnormalities, refractory hypertension, anemia, and bone and mineral disease; negatively impacting health and well-being.

### Biography

Victoria Ferguson, APRN, MSN, FNP-C is currently practicing as a Nephrology Nurse Practitioner. She is pursuing the Doctor of Nursing Practice degree through Old Dominion University with an expected graduation in May of 2023. She is passionate about educating other healthcare professionals about the complexity of care that patients with renal disease require.

## VIRTUAL



**AnnMarie Vang, DNP, MSN, CNE, RN-BC**

USA

## **Understanding compassion fatigue in the nursing student**

**N**ursing students are often working full-time while attending school and supporting their families. In addition to the stressors caused by returning to school the pandemic has left many nursing students feeling burned out and questioning their future as nurses. The nurse educator needs to be able to understand the signs of compassion fatigue and burnout in the nursing student. This poster presentation will discuss the factors leading to compassion fatigue and steps that can be taken to support nursing students with grace.

### **Audience Take Away**

- Participants will learn the factors that can lead to compassion fatigue in the nursing student.
- Nurse educators need to understand the stressors that students face. This will improve communication and interactions between students and faculty. Students who feel supported are more likely to be successful in their nursing programs.

### **Biography**

Dr. AnnMarie Vang completed her DNP in 2020 at Aspen University. She obtained her MSN degree with Western Governors University in 2009. She started her nursing career in 2006, working in cardiology. She has worked in higher education for twelve years filling various leadership, mentor, and educator roles.

## VIRTUAL

**Rachel E Phelps**

DNP, MSN, RN, CNEcl.,Moffett & Sanders School of Nursing, Samford University, Birmingham, AL, USA

**Keeping heart failure patients in the “loop”: Creating a sustainable program**

**Triggers for the Project:** The CDC (2017a) reported between 16.9 and 18.9 hospitalizations per 1,000 persons between 2015 and 2017 within the chosen region. When looking at specific heart failure (HF) statistics of the chosen hospital, the organization had around 114.1 HF discharges a month, with 19.31 readmissions a month.

**Problem/Goal Statement:** The purpose of this project is to increase engagement of the GetWell Loop (GWL) allowing HF patients to have confidence that their decision-making is correct for their overall health. Through increasing engagement in the GWL, patients learn and practice self-care measures which play a vital role in controlling their health.

**Actions Taken:** Before the project start date, the navigator was given in-depth GWL training and all team members were informed of the project via email. During the implementation phase, the navigator manually enrolled qualifying patients into GWL and assisted patients to activate within the system. The navigator had daily face-to-face meetings with the patients and patients were followed for a total of thirty days.

**Measurable Outcomes:** Of the eight participants invited to join GWL, five chose to activate with a 41% engagement rate after the thirty days of activation. These results were compared to the first month of data of the pilot study on a different cardiac unit. In September 2020, 15 participants were invited to join GWL, five chose to activate with 14% engagement after the thirty days of activation. Patients gave verbal feedback on the significance of engaging with GWL to enhance their self-care skills.

**Conclusions and Recommendations for Practice:** There is evidence for increased engagement within GWL and continuing to use a navigator is vital to promote increased engagement. Daily reminders to use GWL is one way to remind patients to improve self-care. Encouraging other staff to become educated and empowered to be navigators would allow for an organizational-wide approach to program growth. This project shows that to increase self-care, engaging with patients is necessary. Final considerations include using GWL in the outpatient clinic areas and continuing to brainstorm ways to engage patients, as there is a remaining 59% not engaging.

**Audience Take Away**

- Using technology and specifically studying different medical applications, daily reminders can serve as one way to remind heart failure patients to improve self-care measures. To increase self-care, health care providers must be willing to engage with their patient population.
- Get Well Network (GWN) is an application any healthcare system can purchase for use and this project could easily be performed at another hospital or healthcare facility, such as a clinic setting, and expanded to follow other chronic patient populations.
- A nurse navigator played a key role in engaging heart failure patients in the Get Well Loop (GWL) system. The nurse navigator served as a daily reminder in the hospital and was available to answer any questions regarding the application before the patient went home.

- Once the patient was discharged, they received daily reminders to engage in the GWL via text messaging or email. The patients that were followed by a nurse navigator in the hospital setting had increased engagement with GWL once at home. GWL allows all healthcare providers to follow a patient, not just a nurse.
- GWL allows heart failure patients to have confidence that their decision-making is correct for their overall health.

### **Biography**

Dr. Rachel Phelps her Master of Science in Nursing Administration and Bachelor of Science in Nursing from Lenoir-Rhyne University. She obtained her Doctor of Nursing Practice degree in Nursing Administration with additional educator role from Samford University. She also has a Post-Master's Certificate in Teaching in Nursing and Health Professions from the University of Maryland, Baltimore Her passion lies with the heart failure population, where most of her research efforts have been placed at this point in her career. Currently, she is an Assistant Professor and Simulation Director for the Department of Nursing at High Point University in North Carolina.

## VIRTUAL



**Crystal M. Burton, DNP, MsEd, RN**  
School of Nursing, Radford University, USA

## Implementation of the Diabetes Plate Method to impact fasting blood glucose levels

Proper management of blood sugars through dietary practices is known to improve the outcomes of the Type 2 Diabetes Mellitus (T2DM) population. The project site noted a gap in the use of an evidence-based practice methodology to improve dietary practices. The purpose of this quantitative quasi-experimental quality improvement project was to determine if, or to what degree, the implementation of the American Diabetes Association's (ADA) Diabetes Plate Method would impact fasting blood glucose (FBG) levels when compared to current practice at a family practice clinic in rural Virginia over four weeks. Dorothea Orem's self-care deficit theory and Lewin's planned change model provided the scientific underpinnings of this project. The data was collected from the electronic medical record among a total sample size of 14 patients with the FBG levels measured at baseline and four weeks post-implementation. A paired t-test revealed a clinical and statistically significant decrease in FBG among all participants ( $M = 19.86$ ;  $t\text{-value} = 5.846$ ;  $df = 13$ ;  $p = .001$ ). Based on the results, the ADA's Diabetes Plate Method may decrease FBG levels in this population. Therefore, recommendations include sustaining the project and replication of the project in a larger setting and over a longer period.

**Keywords:** American Diabetes Association Diabetes Plate Method, Type II Diabetes (T2DM), diabetes self-care management education, evidence-based practice, Orem's self-care deficit theory, Lewin's planned change model, fasting blood glucose control, and primary care diabetes management.

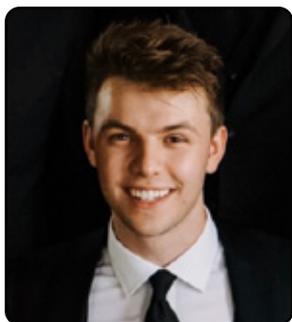
### Audience Take Away

- How the implementation of an evidence-based practice tool like the American Diabetes Association's (ADA) *Diabetes Plate Method* could impact fasting blood glucose (FBG) levels in T2DM patients in rural care setting through a structured nurse led education.
- How to empower patients and caregiver with the skills and knowledge to improve their fasting blood glucose results through changes in dietary practice following the ADA's *Diabetes Plate Method* tool.
- The audience can use the information presented to directly see how the healthcare disparities such as accessibility and affordability as well as various levels of skills and knowledge can be address while keeping the central focus on the patient.
- The audience will be able to apply the methodologies and tools along with the lessons learned through the project to change the standard of care in their related practice settings to meet the patient where they are and provide usable tools to staff for patient education.
- This study provides practical strategies to chronic disease education with patients that can be applied the health and illness continuum to improve the health outcomes of patients in all care settings as well as maintenance disease control at home.

**Biography**

Dr. Crystal Burton received her BSN from Jefferson College of Health Sciences in Virginia in 2015 and then her MSN from Liberty University in Virginia in 2017. She recently completed her DNP in Nursing Education and Leadership from Grand Canyon University in Phoenix, Arizona in 2021. She has a background in Medical-Surgical Nursing, Chronic Disease Management, Care Coordination, and Nursing Education in both hospital and academic settings. She is currently working as an Assistant Professor at Radford University School of Nursing in Radford, Virginia.

## VIRTUAL

**Dylan Salrin**

RN, BSN, University of Colorado Health – Broomfield Hospital, CO, Capella University, USA

## **Taking the negatives out of negative pressure wound therapy dressings: A cost analysis regarding total joint surgeries**

**Background:** It is common for facilities to use standard compressive dressings (Aquacel) for complex total joint replacements, revisions, and irrigation and debridements. Significant variation and unpredictability existed in outcomes. Existing literature suggests that NPWT dressings (PICO) can improve outcomes and minimize admit times. Hesitancy to implement PICO dressing exists due to initial cost. Current contracted prices of PICO dressings are \$250 per unit with Aquacel pricing at \$37. Average cost of a medical/surgical floor admission is estimated at \$3,000/day.

**Purpose:** Analyze overall cost savings on admission times due to improved outcomes regarding total joint arthroplasty surgeries.

**Methods:** Total of 48 participants: 24 in each (study vs. control) group. Age, BMI, ASA score, diabetic status, and revision vs. primary surgery recorded for each patient. Post-surgical complications were recorded at two-week visits. Parametric analysis was utilized to identify correlation and/or a causal relationship between the above parameters and hospitalization time.

**Results/Outcomes:** Statistical analysis showed no correlation between other parameters (e.g., age, BMI, ASA score) and hospitalization time. The findings show that patients who are equipped with the PICO dressing are consistently discharged faster than Aquacel patients. Utilization of the PICO dressing results in a \$1,482.46 cost savings on average inpatient stay. Post-surgical complications were twice as great for Aquacel patients as compared to PICO patients.

**Discussion/Implications:** The only observable parameter consistently influencing improved discharge time is the type of dressing, strongly suggesting a causal relationship between type of dressing and admit time. Multiple participants in the study group had previous experience with Aquacel and were able to make direct (subjective) comparisons in regards to comfort and experience. A bilateral knee replacement surgery was conducted with both dressings applied. Edema was noted on Aquacel-applied knee, one-day post-op. Patient noted increased perfusion and less swelling on PICO-applied knee. The initial increased cost of NPWT (PICO) dressings are offset by the significant savings. Improved outcomes, reduced complications, and increased satisfaction are also significant findings of advantages of the PICO dressing. The cost-benefits are apparent when applying PICO dressings on high-risk patients. The suggested implication for practice is to utilize on revision surgeries.

### **Audience Take Away**

- What this presentation aims to do is to allow the healthcare community to expand their critical thinking skills towards combating the rising costs of healthcare without sacrificing outcomes and patient safety. The research surrounding the PICO dressing itself and its therapeutic benefits have been published for years now, with indications and applications across all operative specialties.

**Biography**

Dylan Salrin had started his career in the operating room as an aide for a level II trauma center hospital in Minnesota, USA. He then pursued an Associate's degree in Nursing at Rasmussen University in 2016. Dylan started as an operating room circulating nurse in 2018 at Twin Cities Orthopedics, based out of Minneapolis, Minnesota. During his time there, he obtained his Bachelors of Science in Nursing degree from Capella University. Dylan took on the role of infection control as well as safety officer for his facility and is currently an operating room nurse apart of the University of Colorado health system in Broomfield, CO. He is currently pursuing his Masters of Science in Nursing for healthcare administration and nursing leadership at Capella University.

## VIRTUAL



**Cecilia Kasperick<sup>1\*</sup>, MSN, RN, CNL, Shelly Kane<sup>2</sup>, MPH**

<sup>1</sup>UC San Diego Health, USA

<sup>2</sup>Director Quality & Performance Improvement, UC San Diego Health, USA

## **Survivorship care plans: A process to comply with accreditation standards during the Covid-19 pandemic**

**Background/Problem:** The National Accreditation Program for Breast Centers (NAPBC) require a Survivorship Care Plan (SCP) be created and delivered to  $\geq 50\%$  patients receiving curative treatment within one year of cancer diagnosis and no later than six months after completion of adjuvant treatment. The Comprehensive Breast Health Center (CBHC) at UCSD Moores Cancer Center, was not compliant during the first year of the Covid-19 pandemic. Obstacles to compliance included large numbers of appointments being cancelled or transitioned to video visits and a systemic staffing shortage.

**Goal Statement:** The goal of this project was to create a simple, sustainable method to deliver SCPs to  $\geq 50\%$  of patients completing treatment. Prior to project initiation, January–December 2020, 230 SCPs were created and 90 were delivered (39% of eligible patients).

**Description of the Innovation:** An interdisciplinary root cause analysis led to the following innovations: envisioning an electronic system of delivery, partnering with information technology staff to deliver SCPs via EPIC, and using data analytics to anticipate SCP due dates.

**Outcomes including evidence of baseline and outcome data:** January–December 2021, 545 SCPs were created and 406 were delivered (75% of eligible patients), an improvement of 61% over baseline. During our May 2022 NAPBC accreditation audit, 100% of randomly selected charts had a SCP, and we received accolades for exceeding criteria when most centers had abandoned SCP distribution during the pandemic.

**Implications and significance:** Utilizing technology has transformed our productivity and compliance with NAPBC standards. We have shared this innovation with other cancer center departments who hope to produce similar results.

### **Audience Take Away**

- Demonstrate how utilizing technology can provide effective, timely, efficient distribution of Survivorship Care Plans.
- Identify national guidelines for survivorship care plan distribution and obstacles to delivery encountered during the first year of the Covid-19 pandemic.

### **Biography**

Cecilia Kasperick received her Bachelors of Business Administration from the University of San Diego. After many years working for industry and philanthropic organizations, Cecilia felt called to pursue a career in nursing. In 2007 she received her Masters degree in Nursing Science, with a double emphasis in leadership & education. She worked as a critical care nurse for a number of years before pursuing oncology nursing in 2010.

In her role as an oncology nurse navigator, Cecilia not only provides compassionate care and education to patients newly diagnosed with cancer, she also excels at managing interdisciplinary teams to develop and execute process and quality improvement projects. Her leadership skills help enact clinical practices that comply with regulatory standards.

# Participants List

Abigail Mitchell	33
Agnes Makhene	103
Alba Idaly Munoz	63
Amy Richards	98
Andrea Green	125
Angie Flynn	120
Anila Cake	110
Ann Ell	87
Annette Holst	80
AnnMarie Vang	127
Aref Mishref Aref Alkhatib	92
Barry Wiener	46
Breanna Walker	86
Brenda Wiles	37
Brittany Nicole Hudgins-Graham	123
Camilita Rahat-Goberdhan	76
Carlos A. Archilla-Cady	18
Cecilia Kasperick	134
Cheryl Smith Monfee	124
Cinzia Caparso	66
Cristina M Bravo	27
Crystal M. Burton	130
Daryle Wane	55
Deidra Frisbie	88
Denise Fleming-Weiler	36
Donna Ho-Shing	61
Dylan Salrin	132
Eilean Lazarus Rathinasamy	34
Elaine Webb	96
Elizabeth J Solomon	90
Emilie Burdette	37
Erica Colvin	70
Faith Atte	122

# Participants List

Gloria Achempim-Ansong	114
Heather Marker	71
Hsiu-Chin Chen	44
Ian Green	50
Ilene Gottlieb	21
J. James Montegrigo	83
Jane Millar	50
Jane Png Hong Hock	60
Jean Ross	41
Jennifer Knox	111
Jennifer Nanna	75
Jessi D. Thompson	85
Jill Bennison	78
Jodi Noga Colorado	24
Katelyn Erickson	43
Kelly Conway	30
Lisa Wallace	67
Lisa Y. Foertsch	73
Mahkameh Rasouli	32
Marian Heemskerk	56
Marta Figueroa	48
Megan Schilling	91
Michael O'Bryan	65
Misti Schneidewind	74
Naser Alotaibi	101
Noushin Vastani	39
Olga C. Rodriguez	31
Panmial Priscilla Damulak	104
Precious Chibuike Chukwuere	115
Priscilla E. Neils	19
Rachel Phelps	128
Robin Adams Geiger	54
Robin Simon	88

# Participants List

Ruolan Ge	106
Samirah Alamri	112
Sandra Walker-Halliman	43
Sandy Lamb	69
Sarah Waylett	69
Shannon McCrory-Churchill	33
Shannon Traft	87
Shanti Nair	99
Si Qi Yoong	105
Sofica Bistriceanu	94
Somya Ramrakhyani	58
Supattra Changsuphan	108
Terri W. Enslein	28
Tim Wallerich	82
Tom De Keyser	117
Toni Hawkins	59
Vera Costa	45
Victoria Ferguson	126

# Notes

---

# Notes

---

*"We wish to meet you again at our  
upcoming events next year..."*

### **3<sup>rd</sup> Edition of Singapore Nursing Research Conference**

March 16-18, 2023 | Singapore | Hybrid Event

### **International Nursing Science Conference**

August 21-23, 2023 | London, UK | Hybrid Event

### **7<sup>th</sup> Edition of Nursing World Conference**

October 16-18, 2023 | Boston, Massachusetts, USA | Hybrid Event

**Questions? Contact**

+1 (702) 988-2320 or  
[nursing@magnusconference.com](mailto:nursing@magnusconference.com)