FACULTY OF NURSING
University of Windsor

4th Biennial Research Conference
Saturday September 29, 2012

Conference Proceedings

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Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers autorisés de l'Ontario

OPENING KEYNOTE SPEAKER

SANDY SUMMERS, RN, MSN, MPH

How Media Portrayals of Nurses Puts Us at Risk

Sandy Summers is founder and executive director of The Truth About Nursing and co-author of Saving Lives: Why the Media's Portrayal of Nursing Puts Us All at Risk.

CLOSING KEYNOTE SPEAKER

SEAN CLARKE, RN, PHD

The Future of Nursing Research and Researchers in a Changing Profession and Health Care System

Dr. Clarke is a professor at McGill School of Nursing and holds the Susan E. French Chair in Nursing Research and Innovative Practice. He has recently been named the director of the McGill Nursing Collaborative for Education and Innovation in Patient and Family Centred Care

Table of Contents

CHRONI ILLNESS

POLICY AND NURSE INTEGRATION

PROFESSIONAL TRENDS AND ISSUES

POSTER PRESENTATIONS

Women's Health

Autoethnography: Reflective Journaling and Meditation to Cope With Life-Threatening Breast Cancer

Pat Sealy, RN, BA, MScN, PhD
University of Windsor

Autoethnography is a qualitative research approach whereby the researcher shares personal stories that relate to the broader cultural context. Living through breast cancer showed me how reflective journaling and meditation can help one to cope with locally advanced breast cancer. The purpose of this autoethnography is to assist nurses in gaining a greater understanding of the primary cultural implications of (a) unresolved emotional issues from the past complicating current treatment and recovery for locally advanced breast cancer, and that (b) reflective journaling and meditation can provide an opportunity to "socially reconstruct" past psychological injury. In this example of autoethnography, I reconstructed the past by re-experiencing childhood wounds through meditation, accompanied by myself in the role of the nurturing mother providing comfort and support to the wounded inner child. That approach affirmed me in my current mothering role and provided imagery of the comfort that I was lacking in my childhood. Such duality empowered me toward self-acceptance and self-worth. Loss, grief, fear, and anxiety are considered universal states and emotions that interfere with quality of life. Finding meaning in suffering can heal pain and free energy for the pursuit of justice, peace, and joy.

NO CHOICE BUT TO LEAVE: THE GENDERED WORK AND HEALTH OF WOMEN TEMPORARY AGRICULTURAL WORKERS IN CANADA

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Significance:
Gender, work and the independent migration required for "low skilled" temporary employment are increasingly significant determinants of women's health. There is limited evidence regarding the health of women foreign temporary workers in Canada, particularly those participating in masculinized labour sectors such as agriculture.
Purposes:
1. To explore women temporary agricultural workers' experiences of health in the context of lengthy and recurring uprootedness from their homes and families.
2. To critically examine how the intersections of current gendered, global, political, and economic systems shape their everyday lives and work.
Methodology & Methods:
Methods for this critical ethnography included participant-observation fieldwork, critique of documents and policies, and interviews with 20 women in two federal programs whose countries of origin included Mexico, the Philippines and Jamaica. Analysis was an iterative progression to identify and describe themes and relationships and to discover the processes of gender and power relations.
Results:
Due to the scarcity of economic resources in their countries of origin, participants strongly considered leaving for work in Canada as a necessary maternal responsibility and caring "sacrifice" to support and educate their children. Temporary agricultural work was seen as an essential opportunity, albeit one with costs to personal health due to separation from families, crowded living conditions, and workplace hazards. Health was defined holistically with emphasis on the need for acceptance of recurring migration. Women promoted their health through maintaining contact with their children, recreational and religious activities, and for some, publicly questioning the constraints of their employment. Gender and racial streaming was present at work, as was the gendered surveillance of employer-provided housing.
Conclusions:
Explicit acknowledgement that the strengths, resiliencies and barriers to health experienced by migrant farm worker women are embedded within gendered and intersecting inequities at regional, national and global levels is needed to inform practice, policy development and further research.

The Disconnect between Quantitative Quality of Life Scores and Qualitative Comments from Survivors of Gynecological Cancer

Dr. Dale Rajacich
University of Windsor

Dr. Eleanor Maticka-Tyndale
University of Windsor

Dr. Ken Schneider
Windsor Regional Hospital

Maureen Reynolds, Research Associate
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Purpose: This study examined quality of life and sexuality issues for women after treatment for gynecological cancer.

Method: A mixed-method, patient-centric approach was used to examine 36 women's quality of life from 3 months to 5 years after treatment. All women participated in a semi-structured interview which included open ended questions on quality of life, sexuality and coping after treatment for gynecological cancers. As well, women completed the FACT, a quality of life tool and the FSFI, a Female Sexual Function Index.

Results: Overall, the quantitative data suggested that women were satisfied with their quality of life with the exception of sexual health. Scores on the FACT survey ranged from 0-28 and included physical well- being, x□ =24.08; social well- being, x□ =21.78; emotional well -being, x□ =20.36; and functional well-being, x□ =20.86) Surprisingly, the higher scores on the quality of life did not coincide with qualitative concerns expressing issues with body image, depression and effects of treatment.

Conclusion: Future research must examine the disconnect between quantitative scores of quality of life and qualitative comments. Women who survive gynecological cancer may be changing their reference point for quality of life as compared to the general population. It is premature for researchers to rely solely on quantitative results of quality of life scales to fully understand women's lived experience post gynecology cancer.

The experience of menopause: voices of sedentary women

April Rietdyk RN, BScN, MHS, PhD PUBH

Limited research exists on the experiences of sedentary women as they transition through menopause. This gap creates difficulty for public health practitioners as they strive to develop resources, implement programs, or influence policy change at the community level for this group of marginalized women. Keeping women healthy throughout the aging process, including menopause, improves their quality of life and decreases the impact aging has on the health care system. This phenomenological study, through in-depth interviews, provided the opportunity for sedentary women to share their thoughts and experiences of menopause. Thirteen sedentary women between the ages of 40 and 60, experiencing at least one sign of menopause and residing within a rural community in Canada, participated in the study. Analysis of the data generated themes to support and describe their experience of menopause. For this group of sedentary women, menopause signaled a significant life change, impacted by a number of internal and external forces over which they articulated varying levels of control. How women reacted to this life change and their perceived amount of control determined whether they described their menopause experience as positive or negative. While the thought of increasing their physical activity level was not appealing, there was a desire for support in numbers. If women were speaking openly about menopause, more opportunities would exist for aging women; participants desired to improve the menopause transition for all women not just women in their circle of friends. Women helping other women, improved public health programs and services, and potential policy change that encourage healthy choices at the group and community level can result in positive social change for menopausal women.

The oral presentation provides the opportunity of the researcher to share results, outcomes, and recommendations from phenomenological research completed in fulfillment of Dr. Rietdyk's PhD in Public Health.

Education I

BRIDGING EDUCATION SHAPES THE FUTURE OF NURSING

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The **purpose** of the study is to evaluate student behaviours and performance within an RPN (Registered Practical Nurse) to BScN Program. In this paper, phase 1 of a 3-phase inquiry will be highlighted through describing the composite picture of the student in terms of past and ongoing academic experience and performance, as well as the experience of transition to the program. **Rationale and significance** Bridging programs are one of the most rapidly growing areas of curricular development in North America. Research into the student experience and curricular design are required to meet professional and accreditation standards. We used mixed **method** analysis of student qualitative and quantitative data, based on focus groups and online registrarial data from a 3-partner collaborative RPN-to-BScN program. Our **sample** was comprised of >100 students from 2008 - 2010 and the **setting** was the shared site of the university and college in a Collaborative BScN Program. We will present the **Results and conclusions** of our inquiry with a specific focus on student perceptions of the following elements: a) preparedness for the program, b) transition into the program, c) barriers and facilitators, and d) impact of entering the program on multiple dimensions of their lives. Additionally, quantitative data will be presented, providing a "snapshot" of student tracking data that gives us insight into typical student progression through the program, including elements such as: a) admission GPA and any association with continued success indicators in the program, b) range of transfer credit granted, c) impact of time between completion of PN diploma and start of RPN-to-BScN program, and d) impact of various demographic factors on success indicators in the program.

Easing Transition to Professional Practice for Senior Level Baccalaureate Students: A Case Study

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Aim: The purpose of this case study was to design and evaluate an innovative approach to preparing fourth-year baccalaureate nursing students for transition into the nursing workforce.

Background: The first two years after entering the nursing workforce is considered a pivotal time for new graduates to become assimilated into the profession (Canadian Nurses Association, 2006); failure to adapt can impact retention of new graduate nurses . Successful integration of new graduate nurses into professional practice is imperative for an effective health care system with a sustainable nursing workforce.

Design: Informed by transition shock theory (Duchscher, 2008), a required nursing theory course was designed to address transition to professional practice issues for nursing students in the final semester of study of a baccalaureate nursing program. A case study approach (Yin, 2009) was then used to measure the effectiveness of this course. Survey data were collected from students during the final semester of the program, and at two time periods following graduation. Focus groups were conducted with students prior to graduation, and with nurse managers during the first year of transition. The data were analyzed separately and triangulated in the final analysis.

Findings: The results indicate that prior to graduation, students were beginning to experience the emotional stressors associated with transition; yet, they anticipated their future nursing careers. Although anxiety, fear, and lack of confidence were apparent, the course did prepare students for the realities of transition.

Discussion:
Educational and employment institutions should collaborate in supporting role transition for senior nursing students.

EDUCATION AND CLINICAL PRACTICE PARTNERSHIP WITH SIMULATION

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Partnership projects between education and practice beyond clinical placement provide opportunities for growth and improved quality for both the educational unit and the health care facility. Quinte Healthcare Corporation (QHC) Professional Practice department partnered with Loyalist College School of Health and Human Studies to design and implement a simulation-based training component for the QHC internship program. Funding for the project was provided by QHC, who applied for and received funding through the Nursing Secretariat of Ontario, through a Health Force Ontario Initiative. Input regarding training needs of new hires was sought from Medical floor educator, nurse clinician, recently hired nurses, nurse managers, and the current cohort of interns. This data informed the development of appropriate clinical scenarios for the simulation-based training sessions.

The partnership between QHC and Loyalist yielded benefits to: individual educator expertise, education quality at both facilities, student and newly graduated nurse development, nurse retention on the acute care medical unit, experienced nurses' contribution to the discipline, development of new knowledge regarding use of simulation in healthcare training, intraprofessional and interprofessional scope of practice understanding, and interagency collaboration and understanding. Ultimately the goal of both agencies is improved quality of patient care and patient outcomes. This partnership was not constructed as a research project but there were some significant events and findings from the internship simulation experience that indicate a positive effect on patient care and safety, encouraging the partners to continue to pursue this line of action and research in the future.

Student Educator Relationships: Sharing the Power

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Purpose of the Study: The intent of this ongoing research study is to gain an understanding from nursing students related to the desirable behaviours they want demonstrated by nursing faculty within the classroom.

Rationale and Significance: Research indicates that horizontal violence in nurses is a learned behaviour that starts in nursing school under authoritarian leadership. The powerlessness, humiliation and shame experienced by students becomes integrated as they are socialized into accepting these practices as part the profession. Although students want to behave differently when they become Registered Nurses, some do perpetuate this oppression by adopting abusive behaviours towards colleagues, future students and patients. Understanding personal, interpersonal, organizational and structural factors that create this oppression could positively impact patient care outcomes, enhance recruitment efforts, maintain nurse retention and lead to improvement of the disenfranchised nursing profession.

Methodology: This is a qualitative study grounded in the humanistic approach. Data is being collected from nursing students who complete a survey at the beginning of the first class in a nursing theory course. The survey takes 5 minutes to complete. The responses are coded and categorized into themes.

Sample and Setting: The sample consists of nursing students enrolled in the first, second or fourth year BScN collaborative program. There are both female and male students in the study ranging from 17 to 50 years of age. The sample size is 450 students. The study is being conducted at a college setting.

Results: Coding the guided question resulted in 6 themes. The desirable behaviours students want demonstrated by nursing faculty within the classroom emerged as soft skills, teaching technique, knowledge, enthusiastic/exciting, sense of humor and personal connection.

Conclusions: Nurse educators have a responsibility to serve as role models and demonstrate a humanistic caring approach in order to positively impact the long term effects of oppressive behavior demonstrated within the nursing profession.

Community

I'VE NEVER HAD A PLACE I COULD CALL HOME': HEALTH CHALLENGES OF THE HIDDEN HOMELESS

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Purpose: The purpose of this research study was to identify the health and service needs and barriers to care experienced by the hidden homeless.
Rationale: It is estimated that 80% of all homeless people are hidden homeless. The hidden homeless are individuals transiently sharing accommodations with friends, family and/or strangers, and lacking a permanent residence they can return to at their discretion. Homelessness detrimentally affects existing comorbidities, causing decreased quality of life, increased disability burden and increased health care use and costs. It is challenging for nursing and community planners, to develop and implement initiatives to meet the needs of this 'hidden' and vulnerable population.

Methods: Through the use of interviews, this mixed methods, descriptive ethnography, examined the health and housing needs of hidden homeless individuals. Research ethics board approval was granted.

Results: There were 34 participants (23 males/11 females) who met the study criteria; ages ranged from 15-69 years. Participants described their health, safety, nutrition and housing needs and their use or non-use of health and community services. Participants described barriers when accessing services and offered suggestions for improving services.

Conclusions: Examining the needs of the hidden homeless enables the creation of health and social policies that specifically bridge gaps in care and improves resource allocation/coordination of community services. Health and community services may become more cost-effective and may improve the overall health of this vulnerable population.

ENGAGING STUDENTS TO CREATE A SAFE CAMPUS COMMUNITY

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University of Windsor

Purpose, Rationale and Significance of Study
Universities provide a place for students to learn, socialize, and for some, to work and live. They have legal obligations to provide a safe campus for their students. This study explored the students' perception of their safety on the University of Windsor campus and determined the best way to increase students' safety awareness.

Methodology
Both qualitative and quantitative data were collected and analyzed. In the Fall of 2010, the project explored the female students' perception of safety needs on campus through an online survey. Weekly campus safety displays were then developed and implemented in the winter term of 2011 for all campus students. All campus students were also invited to participate in a campus safety promotion slogan contest. Chi-square and ANOVA were used to determine if the campus safety displays and slogan contests made an impact on safety awareness among these students.

Sample and Setting
University of Windsor students attending school from September 2010 to April 2011.

Results
All female students (N=8,723) completed the online survey with a response rate of 5.4% (n=467). A total of 563 (3.5%) campus students attended the weekly campus safety displays. Another 95 campus students (0.6%) completed the online survey and entered the campus safety slogan contest.

There was a significance difference for perceived safety for on-campus and off-campus students. About 2/3 of the female students stated they felt safe; however, sexual harassment was not mentioned as a safety concern. Students preferred to learn about campus safety through emails, flyers/posters, health fairs website announcements, and presentations.

Conclusions
Raising awareness on both physical and psychological safety needs should be an ongoing campus safety preventive activity. This campus safety awareness initiative should lay the groundwork for future assessment, evaluation, and implementation from various campus partners in order to further improve the safety at the University of Windsor campus.

EXPLORING THE HEALTH ISSUES OF HIDDEN HOMELESS IV DRUG USERS IN A MID-SIZED CANADIAN COMMUNITY

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Purpose of study: The purpose of this study was to describe the health issues of hidden homeless IV drug users (IDUs) through a comparison of hidden homeless IDUs and non-injecting drug users (NIDUs).

Rationale and significance: IDUs and individuals experiencing homelessness are more likely to: die prematurely, access ER departments and be admitted to hospital. Social and health consequences include: stigmatization, violence, crime, decrease access to care and blood-borne viral infections. No research could be found that investigated hidden homeless IDUs

Methodology: This was a secondary analysis of a hidden homeless needs assessment. The original study was a descriptive design that included both quantitative and qualitative data gathered through the use of a modified survey.

Sample and setting: The sample consisted of 30 participants, 12 IDUs and 18 NIDUs, between the ages of 20 and 50 years. Participants for the original study were recruited through snowball sampling techniques from several local community organizations, peer mentors as well as word-of-mouth referral.

Results: The results suggest that hidden homeless IDUs have more health issues related to high risk behaviours and blood borne viral infections. Significantly more IDUs than NIDUs (67% vs. 17%, respectively) reported a diagnosis of Hepatitis C. A greater number of IDUs (42%) indicated they had no form of social support than the NIDUs (5%). Stigmatization was reported by 25% of injectors as a barrier to accessing health services in contrast to 5% of non-injectors.

Conclusions: Although hidden homeless IDUs have unstable, temporary shelter, common health issues between hidden homeless and absolute homeless IDUs include: stigmatization, violence, lack of social support, Hepatitis C, incarceration, food, shelter and hygiene needs. Further research with a larger sample of hidden homeless IDUs is warranted.

POVERTY IN LONDON AND MIDDLESEX

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Purpose & Rationale

Poverty is a complex phenomenon that requires analysis at multiple levels. In particular, social policies have important implications for poverty, both in the degree to which it is experienced, and in opportunities for individuals to exit poverty. The purpose of this study was to use qualitative case study analysis to explore experiences of poverty, highlighting the impacts of a range of social policies.

Poverty has a multitude of causes, including personal, familial, political, and geographic. Most work on poverty reduction focuses on personal factors, whereas less work has been done looking at political, and particularly policy factors. As social policy is often considered the route for decreasing the burden of poverty, it can be neglected that social policy may also enhance the burden of poverty and make it more difficult to exit poverty. Of social policies that contribute to poverty, the six most relevant areas identified for this study are: 1) employment, 2) housing, 3) child care, 4) transportation, 5) mental health/addictions, and 6) food security.

Methodology & Sample

This study follows a qualitative case study design. Qualitative case study is a means to research in-depth into an issue that has unique characteristics in a place and time (Bryman, Teevan, & Bell, 2009). A total sample of 6 exemplary cases, one for each of the 6 policy foci, was recruited from local social service agencies. Agencies were selected that have service users who are likely to be experiencing challenges around one or more of the policy foci. Case interviews were conducted, audio-recorded, downloaded, and transcribed verbatim. Data was analyzed with the use of NVIVO, a qualitative data management program.

Results & Conclusion

Data analysis has yet to be completed at the time of abstract submission, but results will provide policy recommendations across the six policy areas.

Infection Control

A STANDARDIZED APPROACH TO PREVENTION OF HOSPITAL ACQUIRED INFECTIONS IN A NEONATAL INTENSIVE CARE UNIT: DEFINE IT, MEASURE IT, ACT ON IT!

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Neonatal Intensive Care Programs provide care for infants who are at risk for hospital acquired infections. Long hospital stays, multiple invasive procedures, and compromised immune systems are a few of the challenges faced by this population. In addition, research and established protocols for the surveillance and implementation of neonatal infection prevention practices is limited and lacks standardization. Our team recognized there were an increased number of infants requiring treatment for infections, however not everyone agreed on the magnitude of the issue. At the same time, it was difficult to differentiate between those born with an infection versus those with a hospital acquired infection.

The NICU team determined that protecting our vulnerable patients meant starting at the beginning and adopting standardized neonatal hospital acquired infection definitions. This process streamlined data collection and ensured consistency in categorizing each episode of infection; making those “grey zones” more “black and white”. The data provided a clear reflection of our hospital acquired infection issues and was shared with all members of the health care team through formal and informal processes. This more precise information also highlighted our major infection target areas and provided a starting point and a direction to guide initiatives related to practice changes. The application of standardized definitions leading to the implementation of targeted practice changes has been effective and ongoing data collection is demonstrating an overall improvement in neonatal infection rates.

An Interprofessional Approach to Sepsis Care

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Background: Sepsis accounts for millions of deaths annually worldwide and remains the leading cause of death in non cardiac intensive care units. Patient presentation is often vague, with complex symptoms that mimic other disease states making identification difficult. The international Surviving Sepsis Campaign (SSC) demonstrated an improvement in patient outcomes when sepsis is diagnosed and treated quickly (Dellinger et. al., 2008). In an electronic age, the gaps in sepsis care may be narrowed by identifying patients at risk earlier using the electronic medical record (EMR) and implementing timely evidenced based sepsis care.

Purpose: The study was designed to investigate if educational offerings to RNs, Rapid Response Team members, physicians, and nurse practitioners along with the use of an electronic sepsis alert influence the identification and treatment of patients at risk for sepsis.

Methods: This study is a pre and post intervention, one group study. Data was collected at four academic urban hospitals in three phases: phase one at the inception of electronic sepsis alert; phase two just prior to formal education; and phase three eight weeks post education. Data were obtained regarding the use of a sepsis PowerPlan, time to antibiotic administration, lactate and blood culture completion, length of stay, and mortality.

Findings: Lactate completion demonstrated a statistically significant improvement in frequency of completion $X2 = 16.908$ ($p < 0.000$). Frequency of blood cultures being obtained before antibiotic administration was nearing statistical significance ($p < 0.1$) and may be found with a larger sample size. Antibiotic administration times improved from phase 2 to 3 with a mean time in minutes of 182.09 (SD = 234.06) vs. 92.6 (SD= 167.99) minutes.

The data revealed that patients who presented in the ED were receiving more of the EB care components and more quickly in the ED. Patients were more likely to have a lactate and BC drawn if they were in the ED during all 3 phases of data collection. Furthermore time to antibiotic administration was much quicker during all 3 phases in the ED (N=79) compared to those patients on the acute care units (N=70) . Antibiotic times in minutes for the ED compared to the acute care area are as follows: Phase 1 88.31 (SD =104.69) vs 94.52 (SD =75.47); Phase 2 92.53 (SD =106.40) vs 224.06 (SD = 265.48) and Phase 3 67.50 (SD =109.91) vs 128.38 (SD =228.69) respectively. The results indicated that the mean time to antibiotic administration M= 80.68 (SD =106.36) was significantly less than M= 163.90 (SD =226.70), $t (95.33)= -2.80$, $p <.004$).

BUG PATROL: A PROACTIVE APPROACH TO OUTPATIENT SCREENING

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Purpose of the Study: To reduce and prevent the incidence of nosocomial and community infections through a standardized approach of pre-operative infection control screening. Rationale and Significance: It has been estimated that one hospital acquired infection can cost an organization over $14 000; yet there are a limited number of studies that clearly validate measures for preventing outpatient surgical infections. Approximately 75% of all elective surgery is performed in the “ambulatory”, “same-day,” or “outpatient” setting. Prior to Oct. 2010, no standardized or reliable method for screening outpatient surgical patients for transmission based infections (methicillin-resistant staphylococcus aureus (MRSA), Vancomycin resistant enterococcus (VRE), clostridium difficile) was established at Windsor Regional Hospital.

Methodology: We formalized the outpatient screening process to match our existing, rigorous inpatient infection control screening protocol. Using a risk assessment questionnaire/tool during their pre-assessment visit, patients deemed to be at higher risk for infection were swabbed. Relevant departments were notified of any positive laboratory results; thereby, ensuring the appropriate infection prevention and control practices were used on the day of surgery (including hand hygiene; protective personal equipment; and environmental disinfection).

Results: The benefits of safer patient handling have resulted in (1) earlier recognition and interruption of transmission on 12 cases (10 MRSA and 2 VRE); (2) a potential reduction in hospital acquired infections; (3) enhanced quality patient care; and (4) a potential reduction of health care costs.

Determinants of Hand Hygiene among Registered Nurses Caring for Critically Ill Infants in the Neonatal Intensive Care Unit

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Health care associated infections (HAIs) are a significant cause of morbidity and mortality among neonates admitted to a neonatal intensive care unit (NICU). Hand hygiene (HH) is the most effective means of reducing HAIs. However HH rates among NICU nurses are low and few studies have examined the factors that may predict HH rates among these nurses. Therefore the purpose of this study was to examine self-reported HH compliance rates among NICU nurses and the extent to which the Theory of Planned Behavior (TPB) concepts and demographic variables predict their HH compliance. An anonymous, self-administered questionnaire was distributed to 113 NICU nurses working in two acute care hospitals in South Western Ontario. Forward stepwise regression identified the following predictors of self-reported HH compliance: intentions, attitudes, perceived behavioural control, subjective norms, and age. This study suggests that efforts aimed at improving HH compliance among NICU nurses be focused on the TPB concepts and the older nurses working in the NICU.

Organizational Culture

Nurses are Human: Transforming the Nursing Culture to a Just Culture (Part 1)

Michelle Freeman PhD, RN
University of Windsor

There is a schism between what we know about human behavior and our expectations for nursing practice. Although it is common knowledge that "to err is human" this reality has not permeated the nursing culture. This has contributed to the confusion in health care regarding whether nurses should be disciplined for the errors that they make when providing patient care. It is now understood that most errors result from faulty care delivery systems, not faulty practitioners. But what should be done with nurses who make repetitive errors or ignore safe practices? Should these behaviours be tolerated when we know they place our patients at potential risk?

This paper will describe a framework to assist leaders with decision making on when to console, to coach or to discipline employees. It will clarify the role of leaders/managers and staff in creating safe practice environments. The concept of human drift will be introduced. The goal of this presentation is to increase the understanding of the pressing need to adapt the nursing culture to the reality that nurses are human.

Should We Console, Coach or Discipline?
The Experience and Outcomes of Implementing a Just Culture (Part 2)

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Nurse leaders and managers are focused on the creation of cultures of safety in all sectors of the health care system. A key element in transforming the culture is clarifying the accountability of both leaders/managers and all employees. The Just Culture framework has been recognized as a methodology to guide this transformation.

This paper will describe the implementation of a just culture framework at our institution over the past three years. It will explain the challenges of determining when to console, to coach or to discipline employees when an adverse event occurs. Special considerations when implementing in a unionized environment will be shared. The concept of human drift will be illustrated using actual quality improvement initiatives. Successful strategies to anticipate and manage drift will be described.

BRINGING KNOWLEDGE TRANSFER INTO FOCUS

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In this current environment of highly complex patient care and advances in health-care technology, significant practice changes and patient safety initiatives are being implemented with increasing frequency. To enhance our understanding and to inform future knowledge transfer (KT) strategies that are utilized in the implementation of new practice, a group of Advanced Nursing Practice Educators (ANPEs) conducted a quality improvement project to explore the impact of KT activities on learning and practice. Using the appreciative inquiry framework, a series of focus groups were held over a three-week period in December 2011. The participants in the focus groups included nursing staff from inpatient and ambulatory care areas, clinical program managers, interprofessional team members, ANPEs and Professional Services Educators.

The focus groups generated discussions on a number of topics, including: how information was disseminated about new practice, reasons for adopting new practice change, effectiveness of the materials and tools used to promote and sustain the practice changes, factors that affect adherence to practice change, and any potential unique needs of each interprofessional group. Data collected was analyzed using "framework analysis" described by Kreuger (1994) and Rabiee (2004). The findings of this project will inform future implementation of KT strategies, aiming towards sustained positive practice changes.

NURSES AND THEIR WORK IN HOSPITALS: RULED BY EMBEDDED IDEOLOGIES AND MOVING DISCOURSES

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Throughout history nurses have faced adverse working conditions, an aspect of their work that remains remarkably unchanged today. Prevailing historical and political conditions influence nurses' work in contemporary hospitals while traditional roles and the patriarchal influence continue to be woven through nurses' work.

Purpose of the Study: To understand how these forces have influenced and organized nurses' work in acute care.

Rationale and significance: This research advances the understanding of nurses' work and creates awareness for nurses, hospitals, nursing schools, and policy makers.

Methodology: Using institutional ethnography and a poststructuralist perspective; this research relied on historical research, participant observation and interviews.

Sample and setting: 18 participant observations were conducted 25 times on two units in an acute care setting. 15 interviews followed.

Results: Hospitals have undeniably evolved over time, yet many historical influences continue to exert control and power over nurses and their work. Ruled by a gender subtext, the predominantly female nursing workforce, unarguably remains organized by the power of hierarchal structures and subordinate relationships in hospitals. Overcrowding, increasing patient acuity, budget constraint, and chronic understaffing are only some of the issues nurses face in their every day and night work. Because of these problems, nurses are expected to care for patients in the hallways; manage with minimal staffing; and simply absorb the work associated with acutely ill patients. Nurses actively participate and take up these discourses as their work. Patriarchal assumptions and nurses' accommodation have resulted in the normalization of hospital problems as just part of nurses' work.

Conclusions: Prevailing ideologies and institutional discourses make invisible, and taken-for-granted, much of nurses' work in hospitals.

Emergency and Critical Care

PREDICTORS OF SYMPTOM CONGRUENCE AMONG PATIENTS WITH ACUTE MYOCARDIAL INFARCTION

Susan Fox-Wasylyshyn, RN, PhD
University of Windsor

Purpose and Background: The extent of congruence between one's symptom experience and pre-conceived ideas about the nature of acute myocardial infarction (AMI) symptoms (i.e., symptom congruence) can influence when AMI patients seek medical care. Lengthy delays impede timely receipt of medical interventions and result in greater morbidity and mortality. However, little is known about the factors that contribute to symptom congruence. Hence, the purpose of this study was to examine how AMI patients' symptom experiences and demographic and clinical characteristics contribute to symptom congruence.

Method and Sample: Secondary data analyses were performed on data that were collected from 135 hospitalized AMI patients. Hierarchical multiple regression analyses were used to examine how specific symptom attributes and demographic and clinical characteristics contribute to symptom congruence. Chest pain/discomfort and other symptom variables (type and location) were included in step 1 of the analysis, whereas symptom severity and demographic factors were included in step 2. In a second analysis, quality descriptors of discomfort replaced chest pain/discomfort in step 1.

Results: Although chest pain/discomfort, and heaviness/cutting were the only significant variables in step 1 of their respective analyses, they became non-significant in step 2 of both analyses. Severe discomfort ($\beta = .29$, $p < .001$), history of AMI ($\beta = .21$, $p < .01$), and male gender ($\beta = .17$, $p < .05$) were significant predictors of symptom congruence in the first analysis. Only severe discomfort ($\beta = .23$, $p < .01$) and history of AMI ($\beta = .17$, $p < .05$) were significant in the second analysis.

Conclusion: Results suggest that symptom severity outweighed the importance of symptom location or quality as predictors of symptom congruence. Those without a previous history of AMI also experienced lower symptom congruence. Implications pertaining to the findings are discussed.

Evidence-to-Practice: The use of fresh whole blood in trauma casualties in Afghanistan

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University of Windsor

Fresh whole blood (FWB) has been used to resuscitate military casualties extensively since World War One. In civilian settings the use of this therapeutic modality is limited due to the availability of fractionated components and the risks associated with FWB use.

Using data collected from the Joint Theater Trauma System (JTTS) analysis has shown that casualties who require a massive transfusion (> 10 units of packed red blood cells (RBC) in 24 hours) have a 33% mortality rate. This combined with a series of large retrospective cohort studies from operations in Iraq and Afghanistan has shown a significant survival benefit for the massively transfused casualty when RBCs, fresh frozen plasma and platelets are transfused on a 1:1:1 ratio. FWB meets this 1:1:1 ratio requirement with physiologic perfection and as such it has been used extensively in military operations in Afghanistan balancing the risk for benefit.

The JTTS data collection and analysis loop has identified evidence based advantages, disadvantages, usage recommendations, precautions, planning considerations, and protocols for the rapid collection and administration of FWB to trauma casualties. As FWB use is infrequent by clinicians outside of a war zone challenges on communicating the often unpublished evidence to quickly influence practice on arrival into theatre exists.

This presentation will examine the cycle from data collection to clinical implementation and the short time line in which this occurs. It will also discuss how findings are disseminated to nurses, physicians, and surgeons in order to influence the clinical practice in a war zone.

Drama in Trauma

Debbie Rickeard RN, BA, BScN, MSN, CCRN, CCN(C)*

Judy Bornais RN, BA, BScN, MSc, CDE*

*University of Windsor

Emergency departments are dynamic environments, never knowing what will be coming through the doors. High-quality treatment of emergency patients requires optimal team function with respect to leadership, communication, and cooperation. In the context of trauma management, there is evidence to suggest that an effective team response improves patient care, reduces clinical error, and improves patient outcome. A preferred educational method for this type of training is simulation. However, this form of education to evaluate clinical decision making is not routinely used in the hospital setting. The use of simulation allows students to experience situations in a safe environment where they can develop and refine their skills without compromising the safety of real patients.

This presentation, will describe the development of three trauma scenarios that involved interprofessional education. The scenarios were in the High Fidelity Simulation Center at the University of Windsor. This was part of a Trauma Conference that took place in collaboration with one of the Community Hospitals. In the development of the scenarios members EMS, medicine, and nursing were involved.

Participants in the scenarios included physicians, residents, medical students, nurses, nursing students, and EMS. They were divided into teams and assigned roles for each scenario. Their roles in the scenario were not necessarily their professional roles. The scenarios included a pediatric head injury, an inhalation burn victim, and a traumatic partial amputation of a leg from a farm accident.

Evaluation of the simulation program showed an appreciation for the multidisciplinary approaches to trauma care. Participants felt the simulation increased their confidence in dealing with traumas and working with the multidisciplinary team

The Joint Theatre Trauma System: Evidence-to-Practice in a War Zone

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Canadian Forces Health Services
University of Windsor

The Joint Theater Trauma System (JTTS) is an organized approach to providing improved trauma care across the military evacuation continuum from point of wounding to hospitalization in Canada. It allows data to be systematically collected, analyzed in near-real time, and reported to front line clinicians on a weekly basis in order to influence multidisciplinary clinical practice. This system has been highly successful in driving clinical practice changes in a short period from data collection to implementation.

During Canadian Forces operations in Afghanistan Canadian Nursing Officers contributed to the multi-site, US-led JTTS. This evidence-to-practice process influenced hypothermia prevention, aeromedical evacuation methodology, facility improvements, prehospital protocols, blood product usage, and intraosseous infusion practices resulting in a reduction in the morbidity and mortality of military and civilian trauma patients. Data collected drove multiple (30) evidence based clinical practice guidelines to be created, led to changes in prehospital care dogma, and global injury prevention strategies to be implemented on a systems level.

This presentation will discuss the JTTS data loop, nursing driven data collection, analysis methodologies, inter-rater reliability techniques, and timely evidence-to-practice successes the author worked on in Afghanistan. These successes, derived from evidence, resulted in changes to clinical policies, equipment, tactical posture, human resources, and clinical education. The JTTS evidence-to-practice system is effective at ensuring in the right patient receives the right care at the right time and in the right clinical location. It can be emulated by civilian health care organizations and achieve similar success.

Education II

Exploring Experiences of BScN Students' Clinical Preparation: Clinical Instructor and Nursing Student Perspectives

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Purpose of Study

As part of their hospital based clinical, nursing students commonly visit the hospital the day before as part of clinical preparation (ie. patient assignment).

This study explores whether students and their instructors perceive that students are prepared for clinical practice as a result of using a patient assignment template to research client care information, rather than the traditional patient assignment. Additionally, the researchers hope to gain an understanding of how structures in the clinical practice environment influence students' use of the patient assignment template information in patient care situations.

Rationale and Significance

Scheduling an appropriate time for students to access patient information has proven to be challenging. Further, acute care units are changeable and unpredictable, potentially making the information gathered by the student during patient assignment inaccurate when they arrive for patient care.

Using a patient assignment template may lead students to be more flexible and adaptable in their thinking as they negotiate the clinical environment. Environments that support students' utilization of such a preparation process help to empower students as adult learners. In turn, students will have the tools to enhance the provision of quality patient care.

The School of Nursing is shifting to a concept based teaching approach. This change in clinical preparation is aligned with concept based teaching.

Methodology

A hermeneutic design will be used in this explanatory qualitative study. Near the conclusion of the academic term students and instructors complete a reflective assignment, responding to open-ended study questions, exploring their experience of preparing for clinical using the template.

Sample and Setting

Second year nursing students completing a hospital clinical course, and their clinical instructors.

Results and Conclusions

Data analysis for this study is recently underway, with completion anticipated by September, 2012.

Immunization Clinic Experience for BScN Students

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Thelma Riddell, RN, MScN*

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An innovative model linking simulated learning with community service occurs in partnership with School of Nursing (SON) students and faculty, and public health nurses from the local Health Unit (HU). In the autumn term, Year-3 BScN students attend a lecture about vaccines and immunization, which is facilitated by SON faculty and nurses from the HU. Then, in small groups at the SON, students participate in a simulated learning session regarding immunization clinics. Next, students complete an online 'immunization knowledge' assessment. Students are then assigned to an immunization clinic setting in the region served by the local HU. In the clinics, students engage in a service-learning experience by providing influenza immunizations and related education to community members under the supervision of faculty and nurses. This service learning opportunity enriches student learning and engages them directly in an important health promotion activity in our local community. Students can practice in a 'living laboratory' enhancing assessment, interpersonal skills, critical thinking, professional responsibility, client teaching skills and psychomotor skills (administration of an injection). The community benefits from the provision of substantial human resources to an intensive health promotion initiative. The energy and enthusiasm of the nursing students contribute to a positive atmosphere at the clinics and creates visibility of nursing students within the local community. Both the university and the HU benefit from the visibility of the partnership within the local community. This model creates new areas for research and reinforces the value of the scholarship of engagement.

OPEN PEER REVIEW AND SIMULATION INSTRUCTIONAL DESIGN

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Purpose of Study
The purpose of this research study was to explore if the Peer Review process of the Simulation Development Team at Loyalist College School of Health and Human Studies met the criteria for scholarly Peer Review as defined by recognized Peer Review Associations (World Association of Medical Editors, 2010; Nurse Author & Editor).

Rationale and significance
Findings of this study will add to the body of knowledge on the use of simulation in nursing education, specifically simulation instructional design and scholarship of teaching, and to knowledge of scholarly peer review processes with respect to the application of an Open Peer Review process.

Methodology
The study was comprised of two components:
1. Survey of personnel involved with Simulation peer review processes to determine their perspective of presence of Peer Review criteria.
2. Comparative Document Analysis of pre and post peer review Simulation Design Templates to determine the presence/absence of peer review criteria.

Sample and setting
The study was conducted at Loyalist College, Belleville, Ontario, Canada. Subjects were members of the Simulation Development Team.

Results
Survey data supported the presence of elements of scholarly peer review as defined by recognized Peer Review Associations in the Loyalist College Simulation Validation Tool. The comparative document analysis revealed that the peer review process resulted in improvements to Simulation Instructional Design Templates.

Conclusions
The research data confirmed that the Peer Review process at Loyalist College, using the Loyalist College Simulation Validation Tool, improves the completeness, clarity and accuracy of the Simulation Design Template. The research data also confirmed that personnel at Loyalist College agree that feedback received during the peer review process is fair, constructive and of high quality, which are criteria of scholarly peer review as defined by WAME (World Association of Medical Editors, 2010).

The Long and Winding Road to Effective Interprofessional Simulated Learning

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Interprofessional education through simulation offers a promising approach to preparing future healthcare professionals but like most educational tools it is not flawless. There exists a significant body of literature on the benefits of interprofessional health care education using simulation. Benefits such as: improving assessments and performance, patient safety, communication and teamwork. But how exactly do you create effective interprofessional simulation scenarios? There are a number of challenges to be addressed to optimize the success of interdisciplinary educational endeavours. These challenges may be philosophical and sociological, organizational and structural, academic or professional.

This presentation will provide a brief overview of the challenges cited in the literature with tangible strategies to overcome them. Sometimes the best advice comes from experience. Having journeyed down the long and winding road of interprofessional simulated learning, we will share the key elements that were implemented to improve learning between pre-clerkship medical and undergraduate nursing students.

Patient Care Quality Improvement

DEVELOPING A PATIENT SAFETY CULTURE – FROM BOARDROOM TO BEDSIDE

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John Norton*

*Windsor Regional Hospital

Building on a strong strategic plan, it was critical to integrate and align the organization's work with a focus on patient safety supported by a strong measurement system. Staff at all levels and disciplines worked together to develop strategies that laid the foundation for a patient safety culture. Fourteen corporate quality indicators were identified and each has Senior Executive and Director Leads who are responsible and accountable for performance results. The foundation for creating this successful structure required multiple strategies including:
Quality of Care Committee – Board members oversee corporate indicators; patient stories are shared which influence policy and practice;
Monday Morning Huddles - 10-15 minutes every Monday morning; action plans developed using real-time data;
Red/Green Indicator Meetings – detailed discussion of program indicator scorecards;
Staff meetings and Individual Departmental Scorecards – Front-line staff share indicator information at staff and unit council meetings, safety huddles;

A user friendly, effective measurement system provides all employees with real time data that tracks progress of these patient safety indicators. Each indicator has both a defined target and goal. The impact of engaging all stakeholders and providing focus has contributed to several success stories. Since 2008, there has been an overall decrease of 74% in patient falls with injury; an increase in hand hygiene compliance to 90%; a decrease in overall hospital acquired infections of 40%. Strategies are now embedded in day to day activities and have taken the hospital vision from boardroom to the bedside – it's the way we care for our patients, every day.

STATE OF THE SCIENCE FOR INTEGRATIVE THERAPIES AS SLEEP-PROMOTING INTERVENTION IN THE ICU

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The University of Michigan School of Nursing

LuAnn Etcher, PhD, GNP-BC
Wayne State University College of Nursing

The prevalence of sleep pattern disturbances (SPDs) in the intensive care unit (ICU) has been linked to a myriad of factors including pathologic state, care processes, and ICU environment. Unfavorable outcomes such as amplification of stress, as well as immune and inflammatory function , when occurring in an already altered homeostatic state of critically-ill patients, can result in delayed recovery from illness or injury, reduced health-related quality of life, care dissatisfaction, and among others. The etiologies of disrupted sleep/wake patterns in ICU patients and their resultant health risk factors have been long recognized. Specific interventions, which include non-pharmacologic integrative therapies, have been shown to positively modify sleep-wake patterns in the ICU. Unfortunately, to date, little progress has been made to implement strategies outside the realm of pharmacotherapeutics to promote sleep among patients in the ICU.

This presentation provides the audience with overview of sleep disturbances the ICU and appraisal of the available knowledge on several integrative therapies that have been investigated and implemented as sleep-promoting interventions for acutely and critically-ill patients. Because of the little emphasis on sleep promotion, complexity of patients, difficulty in measuring sleep and integrating non-pharmacologic sleep interventions in the usual care, strong and high quality evidence supporting the utilization of integrative therapies is lacking. Implications for clinical practice and research will be presented.

Stress and pain associated with dressing change in chronic wound patients

Kevin Y. Woo PhD RN FAPWCA
Queen's University

Pain is a common concern in patients with chronic wound. Recurring and persistent is stressful compromising the quality of life. However, little if know about the relationship between pain and stress.

The objective of this study was to assess experiences of pain and stress in patients with chronic wounds associated with dressing change and to examine how this may be related to long-term chronic stress.

Method: The study recruited 39 out-patients with a median age of 75 years. Physiological and psychological measurements of pain and stress including numerical ratings, heart rate, blood pressure, respiration rate, salivary cortisol, galvanic skin response (GSR), and a questionnaire survey of stress (Perceived stress scale) were recorded immediately prior to dressing change and in a control condition (at least 24 hours before/after dressing change, during a period of rest). Results: One-tailed t-tests were conducted to compare the stress and pain measures between control and dressing change conditions. It was found that heart rate ($t(31)=1.69$; $p= 0.05$), GSR ($t(9)=2.64$; $p= 0.01$), numerical pain rating ($t(29)=2.60$; $p=0.008$), numerical stress rating ($t(29)=3.03$; $p=0.003$), and state anxiety ($t(29)=3.40$; $p=0.01$) were significantly higher in the dressing change condition.

Chronic stress as measured by the PSS questionnaire was found to correlate with the stress ($r(28)=0.48$, $p<.01$) (Fig. 1) and pain reported at dressing change ($r(18)= 0.54$, $p<0.01$) (Conclusion: This study highlights how increased acute pain and stress at dressing change may be related to chronic stress, which has been shown to contribute to delayed wound healing. The impact of these implications on cost of care and patient quality of life are also discussed.

The Importance of Process Evaluation in Determining the Integrity of Nursing Interventions

Karen M. Williamson RN, PhD
University of Windsor

The effectiveness of educational interventions is often the focus of nursing research. However, authors recommend that it is important that researchers analyze Process Data and test the relevance of the intervention strategies prior to implementation of the actual intervention and the determination of the effectiveness of the intervention on the desired outcomes.

EXAMPLE OF PROCESS EVALUATION:

Study: An individualized educational intervention with coronary artery bypass graft (CABG) patients during the first three weeks after discharge from hospital

The study purpose was to ascertain the effectiveness of the intervention on the outcomes of knowledge of symptom management, ability to perform the self-care behaviours required to manage those symptoms, and ultimately on how well symptom severity was reduced due to the intervention.

The analysis of the outcome measures related to symptom severity indicated statistically significant differences between the patients who received the intervention and those who did not receive the intervention. In other words, patients who received and employed selected symptom management strategies had less severity of their symptoms during the three weeks following discharge after CABG surgery.

However, the process analysis of the use and perceived benefits of the intervention strategies indicated that not all of the strategies included in the intervention were employed – and may not be relevant to a recovering CABG patient population.

The Process Evaluation employed during this research will assist with refinement of the educational intervention and make the intervention more clinically relevant.

Mental and Emotional Health

Alzheimer's disease and Dementia: An improved model of care related to improved quality of life from the early 20th century to present day

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Dalhousie University

Alzheimer's disease is a progressive, degenerative disease of the brain featuring memory loss, and one or more of the following cognitive impairments; aphasia, apraxia, agnosia, difficulty with day to day tasks, mood and behaviour. Dementia is a word used to describe a group of signs and symptoms seen in a variety of diseases affecting the brain. Dementia is a progressive brain disease of older generations that affect higher order brain functions such as memory, thinking, orientation, comprehension, calculation, learning capacity, language, judgment, and executive functions. Although the chances of having dementia increase with age, it is not a normal part of aging. Nearly 500,000 people live with dementia in Canada, and of that, 60% have Alzheimer's Disease. The projected numbers are 1 in 3 will be living with Alzheimer's Disease by the year 2031, increasing our costs over the $700 million mark, according to the Rising Tide Document. (Alzheimer's Society of Canada, 2010) The onset of dementia is now starting as early as 30-40 years old.

The presentation will look at how care has evolved from the early 20th century to present day and with that is there any real advantage to a person centered care approach as opposed to disease centered in relation to the overall quality of life that the person with dementia gains.

Throughout the transformation of dementia care, three common needs have developed throughout the years; the need for ongoing training specific for health care workers working with dementia, the need for improved continuity of care through permanent client assignment and increased staffing needs, and the need for an interdisciplinary, person centered approach to care that includes the person with dementia, family, and frontline staff as active members of the care team.

The term dementia has been used to describe diseases since the early 20th century; it was even used as a "symptom" in the first case of Alzheimer's disease in 1901. How did Alzheimer's disease get its name? Simply because the first case of "Auguste D." was confirmed by Dr. Alois Alzheimer alongside Emil Kraepelin, known as the “father of modern scientific psychiatry, in Frankfurt Am Main, Germany.

With clinical practice trials, it is shown that with screening, efficient collection of clinical data, medical record prompts, patient education and empowerment materials (ASNS), and physician support and education provides the overall best results in quality of care, and quality of life for the person with dementia. (Insert here reference)

Few Studies have been conducted that show the implementation of person-centred care (Edvardsson, et al., 2008). Qualitative studies suggest that health care staff's views on people with Alzheimer's disease has implications for health care and how care is provided. There is a risk that if those with Alzheimer's disease are treated as "losing their personality" then the risk is that they will only be treated for the physical symptoms and not the person in a meaningful way (Logstrup, 1997).

A few clinical trials were conducted with a control group of staff giving "mechanical type healthcare" to patients with Moderate to Severe Dementia, and then another group that had the same diagnosis, but was receiving person-centred care. The results showed that those who were receiving the person-centred care were the ones who responded well, and the overall atmosphere of the environment was gentle, and more verbally supportive (qtd in Evardsson, et al., 2008).

Through clinical trials, four main elements have been concluded as person-centred care elements. These four elements include valuing those with dementia and those who care for them, treating people as individuals, looking at the world from the perspective of the person living with dementia, and a positive social environment where the person living with dementia can have a positive well-being (Brooker, 2004).

This model included the research of and the development of Kitwood's person-centred theory, which is a person with dementia versus a person with dementia. Dementia equals the personality, the biography, the health, neuropath logical impairment, and the social psychology of the person. This outstanding model helps to provide those living with dementia a positive and well to do quality of life with improved health benefits.

HEALTHCARE PROVIDERS' EXPERIENCES OF CARING FOR OLDER PEOPLE WITH DEMENTIA WHO LIVED ALONE

Dr. Lorna Anne de Witt, RN, PhD
University of Windsor

Rationale and Significance: Recent reports describe increased, and projected increased usage, of home care and hospitals by older people with dementia. In particular, those living alone require supports to remain in their homes. Most prior research reports the viewpoint of the person living with dementia and his/her family caregiver. Little is known about formal health care providers' experiences.

Study Purpose: The study purpose was to learn about health care providers' experiences while caring for older people with dementia who lived alone.

Methodology: A qualitative descriptive approach was used. Data were collected through 20 audio-taped, face-to-face, semi-structured interviews and a structured questionnaire on demographic characteristics and work experience. The data were organized using NVivo8 software and analyzed using a content analysis method. Two experienced qualitative health researchers assisted with the coding and content analysis. Member checking with some participants was used to verify the results.

Sample and setting: Fourteen participants from four professions were recruited from diverse health care settings in central and southwestern Ontario, Canada, from May 2008, to October, 2010.

Results: *Doing the best we can for them* involved approaching these older people about sensitive issues using *gentle realism*. Key professional responsibilities were met by *walking the tightrope*. Constraints (*my hands are tied*) and boundaries (*it's not my job, it's not my decision*) on professional roles were described. The burden of *emotion work* was balanced by support from *believing I did the right thing*.

Conclusions: These results suggest the need for formal workplace supports for such healthcare providers. The findings inform the issues of retention of skilled healthcare providers and quality workplace environments, and Ontario's current policies: (a) Aging at Home and (b) The Emergency Room and Alternate Level of Care Strategy. This study was supported by an Internal Grant, Faculty of Nursing, University of Windsor.

Mental Health Crisis in Postsecondary Students

Laurie Carty, RN; PhD
Professor, University of Windsor

Purpose of the study

To explore the levels of stress, coping, social support and depression in nursing students at the University of Windsor.

Rationale and Significance

Nursing faculty observed that the number of nursing students presenting with mental health issues was increasing in number and seriousness. Research by Kadison and Foy DiGeronimo (2004) stated that since 1988 the likelihood of student depression has doubled, suicidal ideation has tripled and sexual assaults have quadrupled. This study explores the problem to provide data that can be used to plan effective interventions.

Methodology

Undergraduate nursing students (182) in the four levels of the nursing program at the University of Windsor completed pre and post stress, coping, social support, and depression tests. Scores were analyzed in a 2x4 analysis of variance (ANOVA) with pre-post tests as a within-subject factor and year of the program as between subject factor. Data was compared to a normative population.

Results

The results demonstrated high levels of stress. Coping scores were greater than the comparative group. Social Support seemed to occur in the first two years of the program and then drop of in Years 3 and 4. The levels of clinical depression were extremely high. Year 1, 10 students, Year 2, 7 students, Year 3, 18 students and Year 4, 21 students were clinically depressed.

Conclusions

These levels of scores would certainly interfere with student engagement in learning. This is a problem that needs to be addressed as mental health is required for engagement, learning and the development of healthy professionals.

In this presentation I will present the results of this research study and discuss the implications.

UNDERSTANDING WOMEN'S EXPERIENCES OF TAKING PART IN THE INTERVENTION FOR HEALTH ENHANCEMENT AFTER LEAVING [iHEAL]

Rachel Colquhoun, RN, BScN, MScN(c)*

Co-Authors:
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Purpose of Study: The purpose of this critical feminist study is to elicit an in-depth understanding of the experience of women participating in a complex, health promotion intervention for adult women who have recently left an abusive intimate partner and seeks to understand how social location affects this experience.

Rationale: Intimate partner violence (IPV) is a gendered experience with significant health consequences affecting 25-30% of Canadian women in their lifetimes. Effective, gender-sensitive interventions to reduce the long-term health and social consequences of IPV are urgently needed. The development of interventions to support women who have experienced IPV has been identified as a research priority, yet few such interventions exist, particularly those that focus on women's health. This qualitative study is part of a larger mixed-methods pilot study seeking to assess the feasibility of implementing a complex health intervention (i-HEAL), including ease of implementation, barriers to implementation, and acceptability to women.

Significance: Few tested interventions to address the long-term health effects of intimate partner violence exist, particularly those for women who are beyond the crisis of leaving. The Intervention for Health Enhancement after Leaving (iHEAL), a complex, theory-based, primary health care intervention designed to enhance the health and quality of life of women who have recently separated from an abusive partner, is in the early phases of testing. The development of effective, complex interventions depends on understanding the processes by which intervention effects are achieved, as well as changes in outcomes.

Methodology: The first test of the iHEAL used a mixed methods design and multiple data sources with a sample of 29 adult, English-speaking women from one Ontario city, all of whom had recently separated from an abusive partner and were offered the iHEAL. An intersectional lens supports the inclusion of women with varied experiences and who have taken different paths in leaving their partners. As one component of the study, semi-structured interviews were conducted with participants immediately following completion of the intervention and 6 months later. These interviews were designed to elicit diverse women's perspectives about taking part in the iHEAL, including their explanations for changes which occurred as a result of the intervention, and the acceptability, strengths, gaps, weaknesses of the iHEAL. With the woman's permission, interviews were audiotaped, transcribed, and analyzed using latent content analysis techniques. An intersectional theoretical lens guided the analysis so that the ways in which women's varied social locations shaped their experienced could be made visible.

Results: Emerging findings suggest that all women identified positive personal changes from their participation in the iHEAL, most notably, enhanced self-awareness, confidence, control, and ability to manage health and other challenges. Women attributed these changes to the open, accepting, non-judgemental disposition of the nurse, and to the flexible structure of the iHEAL which provided a supported space and tools to help them focus on what was personally important in their lives.

Conclusions: Data analysis is in progress, with completion expected by May, 2012.

Chronic Illness

Eating Patterns of Obese and Non-Obese Individuals Living With and Without Type 2 Diabetes: A Focus Group Study

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A comparative focus group study of four groups of adults was undertaken to explore the eating patterns of obese and non-obese individuals living with or without Type 2 Diabetes (T2D) to provide direction for treatment modalities.

The study groups were: obese (OB), n = 10; obese with T2D (OB-T2D), n = 10; non-obese (NO), n = 12; and non-obese T2D (NO-T2D), n = 6. Participants completed 3-day food records which were analyzed using Nutritionist Pro software. Comparisons for differences in eating patterns amongst the groups were made through one-way ANOVA and a Bonferroni post hoc test using SPSS.

The dietary intakes of OB-T2D group were all well above recommended daily intake levels. ANOVA differences ($p \leq .05$) across the four groups were as follows: kilocalories (OB:1925/OB-T2D:2428/ NO-T2D:1618/ NO:1772), protein g. (OB:79/OB-T2D:99/ NO-T2D:71/ NO:69), fat g. (OB:78/NO-T2D:104/ NO-T2D:64/ NO: 64), sodium mg. (OB:2903/OB-T2D: 3879/NO-T2D:2468/ NO:2422), and breads/starch servings (OB: 7/OB-T2D:11/ NO-T2D:6 NO: 7). Significant between group differences ($p \leq .05$) were: OB vs. OB-T2D: breads/starch servings; and OB-T2D vs. NO-T2D: kilocalories, protein, fat, sodium, and breads/starch servings.

Because the dietary intakes of obese individuals with T2D were well above recommended levels and significantly different from non-obese individuals with T2D there is a need for different dietary strategies, more intensive dietary therapy, and different lifestyle counseling for this group as compared to non-obese people with T2D.

Giving In, Giving Up, Going Back, or Going On: Experiences of Unwanted Obesity

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Background: Obesity is a global problem. Current weight management strategies, focused on caloric reduction and increased activity, have minimal (about 5%) long-term success. The purpose of this study was to explore the experience of weight management in obese adults. According to the theory of integration (Hernandez, 1991), the study theoretical framework, in chronic illness there are two competing selves which must be 'reconciled' for healthy living. In weight management, these are the obese (actual) self versus the normal weight (desired) self.

Methods: Participants were adults (4 males, 6 females) classified as obese according to body mass index (BMI ≥30), and stable at this BMI for at least five years. They were recruited through media and community health centers/events, and engaged in a 2-hour focus group discussion, using open-ended questions. Focus group audiotapes were transcribed verbatim and validated, prior to analysis using the constant comparative method (Glaser & Strauss, 1967).

Results: Participants identified a complex set of interacting influences that predisposed them to ongoing obesity. Managing weight was an ongoing process of constant thinking about food and weight management, constant struggle to strike a nutritional balance, and interaction with and reaction to self, others, food, circumstances, and technology. Participants either acknowledged defeat (giving in to demands or giving up trying to succeed), retreat (going back to previous habits) or struggling to compete with weight-promoting influences and engaging in new weight-reduction strategies (going on).

Conclusions: The results of this study show that weight management is a complicated process of dealing with multiple influences. The insights provided may be helpful for other obese individuals contemplating or struggling with weight loss. The study results can also be used to develop new weight management strategies or to strengthen existing interventions.

Erie St. Clair Community Care Access Centre Palliative Care Consultation Team (PCCT)

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Erie St. Clair End-of-Life Care Network

In 2008, the Erie St. Clair Local Health Integration Network (LHIN) and the End of Life Care Network membership , proposed development of an integrated system of palliative care delivery that would provide a full continuum of care to patients living with a life-threatening illness. With Aging at Home funding through the LHIN, the Palliative Care Consultation Team (PCCT) was implemented across the Erie St. Clair region.

The PCCT has helped address the increasing complexity of clients' health care needs and provide client-centered specialized services. The PCCT provides direct access to expert team of clinicians including a nurse practitioner, specialized social worker, occupational therapist, music therapist and referral to spiritual care provider, all who have advanced education and knowledge to provide each client with individualized care.

The PCCT has helped avoid 1225 ER visits in 2010/2011 and 1784 in 2011/2012 and allowed for 238 clients to die in their home in 2010/2011 and 428 clients in 2011/12 in their preferred setting. These outcomes provide evidence that increased access to expert healthcare providers coupled with inter-professional and client centered practice contribute to: improved client access, improved client choice and satisfaction, and improved system utilization.

Additionally positive outcomes are evident for nurses and other care providers including enhanced job satisfaction (leading to staff retention) and improved confidence and capacity for managing clients requiring palliative/end-of -life care.

UNDERSTANDING COUPLES' MARITAL SATISFACTION IN THE CONTEXT OF PHANTOM LIMB PAIN: A GADAMERIAN HERMENEUTIC STUDY

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Purpose
The purpose of this study was to answer the research question: how might we understand marital satisfaction in couples when one spouse is suffering from Phantom Limb Pain (PLP)?

Rationale/Significance
PLP affects eighty to ninety percent of amputees. The debilitating effects of PLP can interfere with the quality of marital relationships due to physical disability, familial and social role changes, and loss of employment for the sufferer. While spouses are a source of emotional and psychological support in healthy couples, it is not uncommon for the well spouse in an amputee couple to feel dissatisfied when the future appears challenging. Marital satisfaction within couples where one spouse experiences PLP is inadequately researched.

Methodology/Setting/Sample
This was a qualitative hermeneutic inquiry in which semi-structured, in-depth face-to-face individual interviews were conducted in home, with a couple living with PLP. Conversations were audio-taped, transcribed verbatim and interpretations were developed from engaging the data using the philosophical hermeneutics of Hans Georg Gadamer.

Results
A metaphoric illustration of tending a garden was the vantage point whereby researcher and participant understandings of marital satisfaction fused together. Tending a garden as a metaphor for marital relationship is true in many ways. A good marital relationship is as satisfying as a beautiful garden that requires seeds of love and friendship, fertilizer of togetherness, sunlight of open communication and water of affection. While inclement weather of PLP and weeds of differences in interests, and destructive thoughts and actions can ruin the garden.

Conclusions
This study has generated the understanding that following simple gardening principles can help a relationship flourish despite PLP. Sharing perspective of a relationship through the familiar language of gardening can create a hope in couples who are struggling in their relationships and invite those couples who are enjoying their garden to share their experiences with others.

Policy and Nurse Integration

COLLABORATION: BRIDGING HOSPITAL AND PUBLIC HEALTH NURSING

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It was evident to local nurses that more needed to be done to help patients presenting to the emergency room with occupational health injuries including needlestick injuries, mucous membrane exposures and non-intact skin exposures to blood and body fluids. A need was identified in the ER to provide patients with more information about bloodborne pathogens and the implications of exposures. Community patients including police officers, customs officers, and nurses working for smaller agencies were getting inconsistent care. It was evident that there was a need to evaluate the current practice in comparison to the newly released "Blood borne diseases surveillance protocol for Ontario Hospitals" jointly developed by the Ontario Hospital Association and the Ontario Medical Association to increase patient outcomes and provide comprehensive, holistic care.

A Windsor Public Health Nurse, Hotel Dieu's Occupational Health Nurse and a Nurse Practitioner from the Emergency Room set out to review current literature, guidelines, protocols, policies and practice to identify needs and fill the gaps.

A checklist was developed for the ER staff to use along with a patient information brochure to assist with counseling. Local stakeholders were consulted in the development of the products to ensure high quality final products.

We found that working in collaboration with your neighbors can increase patient outcomes.

Political Activism in Sustaining a Successful Community Program

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In a southwestern Ontario city with a population of 250,000 a prenatal nutrition intervention program funded by the Public Health Agency of Canada (PHAC) sees 98 to 120 women per week. Since its inception in 1996, 350 women each year have entered the program. Each week in one of three sites in Windsor and Essex County the pregnant women come to attend classes taught by either the Public Health nurse and /or the registered dietitian. At the end of the class each woman receives a nutritious snack and a ten dollar food gift card to buy groceries for her developing baby and family. For the accompanying children there is a preschool program.

This program bridges the gap between what the local community health agencies can physically do. It assists local health agencies to meet their mandates and provides a service that is not duplicated by any other agency. It demonstrates evidence that cooperation among a variety of agencies enhances the health status of pregnant women and their families.

Governmental and policy changes without full consultation of the staff and partners involved, places programs such as this in jeopardy. Political activism enhances the chances of these programs remaining in the community. This paper will discuss various aspects of political activism that can assist in keeping such programs viable.

The Impact of the Process of Deinstitutionalization of Mental Health Services in Canada: An Increase in Accessing of Health Professionals for Mental Health Concerns

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The policy of deinstitutionalization of psychiatric services in Canada has been implemented over the past 50 years. The goal of deinstitutionalization was to treat individuals with mental health concerns within the community. This research evaluates accessing of community-based mental health services from 1994/95 to 1998/1999 and 2002/2003 using mental health data from the National Population Health Survey of Canada and provincial data on the utilization of inpatient mental health services. From 1994/95 to 1998/99, the process of deinstitutionalization varied with the provinces implementing deinstituationlaliztion earlier having improved community access of mental health services for individuals with higher levels of distress as compared to the provinces that implemented deinstitutionalization later. Even though the intensity of deinstitutionalization decreased among the provinces that implemented deinstitutionalization earlier and increased in intensity among the provinces that implemented deinstitutionalization later, accessing of community-based mental health services by individuals with higher levels of psychological distress increased in all provinces with the Canadian average increasing from 29.5% in 1994/1995 to 38.7 in 1998/1999 and 76.2% in 2002/2003. Future research needs to examine barriers to access of services for individuals in psychological distress.

The effect of a public policy on new graduate nurse employment

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Purpose of study
The purpose of this study was to examine the impact over time of a public policy, the Nursing Graduate Guarantee (NGG), on full-time employment of new graduate nurses in Ontario.

Rationale and significance
To reduce costs, organizations, moved toward a more flexible contingent workforce, resulting in a significant increase in part-time and casual employment during the late 1990s and early 2000s. In response the Ontario government introduced funding in 2004 to increase full-time employment for all nurses and by 2007 the NGG was developed for new graduate nurses.

Methodology
A longitudinal trend study was used to examine employment of new graduate nurses. Data were obtained from the College of Nurses of Ontario (CNO) administrative database. A secondary analysis of full-time employment of new members (registered nurses [RN] and registered practical nurses [RPN]) from 2004 (pre-policy) to 2010 was conducted.

Sample and setting
The administrative database was filtered to include only new members who identified Ontario as their location of initial nursing education and who were employed in nursing in Ontario at the time of their first renewal. Cross-tabulations were conducted on employment status by nurse category (RN/RPN), sector of employment by nurse category and employment status by sector of employment and nurse category for 2004 to 2010.

Results
Over the study period employers in all sectors participated in the policy initiative with acute care being the most active. There was a statistically significant difference in full-time employment between the reference year (2004) and each year of the NGG (2007-2010) across both nurse categories.

Conclusions
This study demonstrates how policy and incentive funding can impact employment patterns of new graduate nurses. In 2004 employment data showed a large percentage of new graduates employed in part-time positions. This trend was reversed following implementation of the NGG.

Professional Trends and Issues

EMPLOYMENT GOALS, EXPECTATIONS, AND MIGRATION INTENTIONS OF NURSING GRADUATES IN A CANADIAN BORDER CITY

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Purpose: The objective was to explore the migration intentions of a graduating class of baccalaureate nursing students in a Canadian border community and the factors influencing their decision making.

Rationale and Significance: Internationally, nurse migration in border cities has received little attention. Nurses who graduate from nursing programs in Canadian border communities have the option of working in Canada or the United States. They are able to cross the international border each day as commuter migrants. Despite recent investment by Canada to increase the number of nursing students, the migration intentions of graduating nurses and the factors influencing their decision making has not been explored.

Methodology: An explanatory sequential mixed methods design was used. In the first quantitative phase, data was collected by a web-based self-report survey. In the qualitative phase, semi-structured interviews were conducted.

Sample and setting: Participants were recruited from a class of baccalaureate nursing students (N= 281) graduating from a university in a Canadian border community in June 2011.
Results: Eighty six percent of graduates preferred to work in Canada; two thirds identified that they were considering migrating for work outside of Canada. Knowing a nurse who worked in the US (Michigan) influenced the intention to migrate and living in a border community was a strong predictor of migration. Migrants had significantly higher expectations that their economic, professional development, healthy work environment, adventure and autonomy values would be met in another country rather than Canada. Evidence from the interviews revealed that clinical instructors and clinical experiences played a significant role in framing students' perceptions of the work environment, influencing their choice of specialty, and where they secured their first job.

Conclusion: The value-expectancy framework offered a novel approach for identifying job factors that were driving migration intentions. The study offered a snapshot of the graduates' perception of the work environment before entering the workforce.

Retention of Men in the Nursing Profession

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Rationale: In terms of gender in nursing in Canada, males represent 5.8% of registered nurses (RN) (CIHI, 2008). With only a fraction of the proportion of males in society being drawn to the profession, males remain an under-tapped resource. This is particularly important at this time when Canada is facing projected shortages of RNs (Tomblin Murphy et al., 2009). The nursing profession needs to reflect the diversity of the public it serves (Sherrod, Sherrod, & Rasch, 2006) and we need to determine what detracts men from remaining in the profession.

Purpose: To investigate retention issues related to men in nursing, specifically to determine why male RNs remain in, or leave, the nursing profession. .

Design: A descriptive correlation design was used to examine male nurses' experiences working in acute care settings in Ontario. The sample included 300 male RNs accessed through the College of Nurses of Ontario mailing registry The survey used the McCloskey/Mueller Satisfaction Scale (MMSS; Mueller & McCloskey, 1990), the Intention to Leave Inventory (Meyer, Allen, & Smith, 1993; Hasselhorn et al., 2008), a demographic questionnaire, and a section where participants were invited to provide any additional comments. A content analysis of the written comments will be addressed in this presentation.

Results: Findings from the open-ended question included the following themes: concerns about lack of organizational support received from their place of employment; mixed experiences, both positive and negative, about supervisor support; and, continuing concerns about gendered experiences in the workplace. While a majority of the respondents felt nursing was a positive career choice for them, they were discouraged by the continued gendered stereotypes they experienced as a nurse, a nurse, who happens to be a male.

Social Media: Implications for Professional Nursing Practice

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The use of social media (SM) in nursing practice is becoming more common. This project discusses a recent survey which determined the use of social media by nurses and it's impact on practice and professionalism.

An on-line survey was developed by nurses working in a variety of settings and distributed via email between January, 2012 and March 2012. Participation was voluntary and anonymous.

Demographics
A total of 711 responses were received which represented: RN 75.8%; RPN 21.9%; NP 2.1%; Student 0.1%. 55.1% of the nurses responding had more than 21 years of experience and 63% were above the age of 45. Half of the respondents were employed in acute care hospitals and 61.4% were staff nurses.

Results
Use of SM for personal and practice was identified by 31.4% of respondents. When asked why nurses do not use SM in their nursing practice 54.6% indicated a knowledge gap. Respondents characterized SM as important (46.8%) to somewhat important (40.7%) to their practice (n=216). Use of SM in practice included researching information and participating in education. Many respondents share information on practice environments, employment information, information about clients, and case studies on Social Networking Sites (SNS). Thirty percent of respondents indicated that they identify themselves as nurses when posting material on SNS and 88% are mindful of how members of the public might perceive them as a nurse. Twenty-six percent of respondents indicated that they know of someone who had a negative consequence from use of SM. Use of SM in practice raised questions about professionalism by 30.5% of respondents.

Summary
SM raises issues of privacy and confidentiality as well as professionalism in nursing practice. Analysis of narrative comments and linking survey results with practice standards in currently underway.

Poster Presentations

A New Frontier in Patient Safety: Safe Medication Practices for Nursing Students through Interdisciplinary Academic-Hospital Partnerships

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Medication administration is a high risk process with many opportunities for error. The "five rights" of medication administration, taught to nursing students for generations, is no longer sufficient to ensure safe practice. From independent double checks to establishing a "just culture" for students who make medication errors, nursing schools and their faculties are challenged to adapt to these new expectations. The new science of patient safety has forced nurse educators to reflect on our own ingrained practices. Can one clinical instructor safely supervise the medication administration of eights students? Are student medication errors the fault of the individual student or are they the results of a system problem? Should faculty "speak up" and challenge unsafe medication practices they observe in hospitals where their students practice?

The Faculty of Nursing at the University of Windsor has been involved in a four year journey to redesign policy, practice and integrate these changes across the curriculum through diverse strategies. These include a medication administration policy which explicitly outlines the expected safe practices and error reporting, the establishing of both an internal Medication Safety Committee and a collaborative committee with hospitals. In addition, the old culture of "train and blame" was changed to a safe learning culture where errors are examined, not to blame the individual, but to learn how to prevent them from happening again. A new medication error reporting form was introduced to support this change.

This presentation will be of interest to all sectors where student nurses administer medications. It will share why student nurses' medication administration practices are an essential component of an institution's medication safety plan and how interdisciplinary academic-hospital partnerships can improve the safety of these practices.

A Problem with Parts was Part of our Problem: A Specimen Safety Initiative

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Windsor Regional Hospital has taken a proactive approach to ensuring all parts of the patient are protected. Specimen handling is an error prone process that should be clearly defined in any organization. Irreplaceable specimen errors are defined as specimens that would be difficult or impossible to recollect or, in rare cases, would place the patient in danger if recollected. The purpose of this initiative was to standardize processes for specimen handling in the Operating Room (OR). Eliminating irreplaceable specimen errors contributes to timely treatment, accurate diagnosis, and reduction in waste and time spent correcting errors. The goal is to eliminate irreplaceable specimen errors to ensure safe quality care.

In 2008, LEAN processes identified several gaps that contributed to error rates. Specimen policies and procedures were not clearly defined, approaches to handling and reporting of irreplaceable specimens were varied, and data was difficult to extract and report.

To address the gaps, a multidisciplinary specimen safety committee was created, irreplaceable specimen policies and procedures were re-written, training modules to increase competencies developed, a root cause analysis tool created, and a standardized reporting structure defined. Data was collected and monitored via electronic reports and manual data collection.

Implementation of these standardized procedures resulted in a year over year reduction of irreplaceable specimen errors in the OR from 2009 - 2011. Data revealed an 82.7% (2.43% to 0.42%) improvement in error rates per 1000 specimens following implementation of a standardized process.

BACK TO BASICS: PERFECTING THE MEDICATION ADMINISTRATION PROCESS ONE STEP AT A TIME

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Each year in Canada many medication errors take place and these errors harm patients. When reviewing reported medication error data from 2011, it was obvious that administration errors were a patient safety concern at Windsor Regional Hospital. A literature review of the best and most up-to-date evidence on medication safety explored topics such as: causes of medication errors, medication error prevention, interventions to reduce medication errors, and leader/manager considerations. These topics were presented to all leadership staff to create awareness surrounding this multidisciplinary issue.

Collaboration with clinical practice, pharmacy, medication incident committee, and frontline nurses resulted in a "Back to Basics" approach that was piloted in the Complex Continuing Care Program. This approach used interventions that were simple and cost effective and intended to reduce medication errors during medication administration. Interventions included: a staff education package (including an online E-learning quiz to test knowledge), patient and family education, piloting "Quiet Zone" visual signage to increase focus during medication administration, and enforcing the rights of medication administration and hospital policies (e.g., bringing the Medication Administration Record to the bedside). This will also be rolled out in all inpatient program areas shortly. Nurses are accountable for the safety of their patients and to the College of Nurses of Ontario. Adopting safe practices when administering medication helps preserve patient safety. Nurses should have the confidence to advocate for themselves when giving medication to reduce distractions. With awareness, teamwork, communication, education, quality improvement, and appropriate interventions "perfecting" the medication process is possible.

BRINGING SHIFT TO SHIFT REPORT TO THE BEDSIDE

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Purpose of study

The purpose of this research-in-progress pilot study is to evaluate the effectiveness of bedside shift to shift report.

Rationale and significance

Current practices on a 28 bed oncology unit include a written and/or verbal report at the nursing station. Such traditional methods of shift to shift report have been shown to be ineffective at accurately and safely transferring patient information and accountability in patient care. These methods do not allow opportunity for communication or input from patients and their families. When patients are included in the process of bedside shift report, they have the opportunity to contribute to their care by asking questions, providing information, and clarifying existing information. Inclusion of the patient during bedside shift report has been shown to be instrumental for the provision of safe patient care.

Methodology

A pre and post comparison design is being used to evaluate the effectiveness of beside shift to shift report. Questionnaires will be used to capture patients' and nurses' feelings of satisfaction surrounding the current shift to shift reporting practices (pre-intervention) and bedside shift to shift report (post-intervention). Other measures, including the number of falls, white board compliance, preparedness for bullet rounds, discharge times and lengths of stay will be evaluated pre and post intervention.

Sample and setting

Nurses working on an inpatient oncology unit at Windsor Regional Hospital were invited to complete questionnaires pre-intervention and post-intervention. All nurses were required to participate in the intervention of bedside report. In-patients, on their third day of admission to the oncology unit, who met inclusion criteria, were invited to complete questionnaires pre-intervention or post-intervention.

Results

(Note: Research project is currently in progress and more results should be available at a later date.)

BUILDING CARE, COMPASSION AND SAFETY INTO THE WINDSOR REGIONAL HOSPITAL REDEVELOPMENT PROJECT

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What do you get when you combine 148 patients, 300 nursing students, 230 WRH employees, construction, a quarter mile tunnel and one day? The answer is a relocation project that ran like a well oiled machine.

On January 25, 2011, the Complex Continuing Care (CCC) and Rehabilitation inpatient beds were relocated from an older building to a recently renovated building at the other side of the campus through a quarter mile underground tunnel. Each patient was assigned a first and fourth year nursing student from the University of Windsor, as well as a full complement of staff available at both the sending and receiving sites. Through a carefully planned process, all patients received complete care by the team of students and staff throughout the move process. To ensure our patients tolerated the move without ill effect, a complete physical assessment prior and post move was completed. Seven check points were established to ensure that we moved the right patient at the right time from the right location to the right new location. An emergency response team at the halfway point completed a status check on each patient, and was available for any potential emergencies. Infection control practices were maintained to ensure that patients and staff were not at risk of HAI's. Families were immediately notified of the successful moves once their loved ones arrived safely in their new rooms. All 148 patients (including personal belongings and furniture) were successfully moved in one day with ZERO adverse events.

CHRONIC DISEASE MANAGEMENT IN COMPLEX CONTINUING CARE AT WINDSOR REGIONAL HOSPITAL (WRH)

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Nursing staff of WRH within the Complex Continuing Care (CCC) program identified that current standardized care plans and documentation of patient education did not reflect standards of evidence based care or an inter-professional approach. In addition the tools were:
o Time intensive and task oriented;
o Rarely kept up to date due to their inaccessibility to the nurse and to the rest of the inter-professional team;
o Rarely developed in collaboration with the patient and family, which results in poor patient satisfaction results;
The development and implementation of an evidence based inter-professional care plan and patient education model was funded with a focus on diabetes, heart failure, and COPD. A team of nursing staff representing all CCC units participated, with the guidance and support of senior and clinical management, and were responsible for research and development, staff/patient/family engagement, data collection, measurement, staff education, and implementation of the care plans.

The goals of this project include improvement in staff engagement, leadership opportunities in quality improvement, staff satisfaction with quality of work-life, promotion of a culture of patient centered care and collaboration with the inter-professional staff, and increased productivity of the workforce. Patient and family satisfaction is also predicted to increase with the increased contact with nursing staff, participation in development of their plan of care, and receipt of education related to their disease process. Data collection and measurement are currently underway. This collaborative project will enhance patient care and support corporate values of innovation, evidence based practice, learning and knowledge sharing.

EARLY RECOGNITION AND MANAGEMENT OF URINARY TRACT INFECTIONS (UTI) IN THE INSTITUTIONALIZED ELDERLY

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UTI account for a significant amount of bacterial infections in the institutionalized elderly and are associated with increased morbidity and mortality. Without existing protocols at Windsor Regional Hospital (WRH) Tayfour Campus, challenges are inherent in detection, diagnosis, and treatment of UTI. Potential consequences of missed diagnosis or inappropriate treatment include urosepsis, antimicrobial resistance, and adverse medication effects. All of the aforementioned consequences are associated with negative patient outcomes and increased health care costs. My clinical practicum focused on developing a resource manual related to the early recognition and management of UTI.

The UTI resource manual was developed to serve as a tool for clinical leaders to educate nursing staff on the best evidence for detecting and treating UTI. The manual consists of a summary of the literature reviewed and identified themes. The literature review included scholarly works focused on UTI in the institutionalized elderly. Utilizing literature restricted to this population was intended to achieve generalizability to WRH-Tayfour Campus. A nursing algorithm to guide nursing actions when suspecting UTI in patients was constructed as well as a six-step UTI prevention guide. These tools can be converted into posters and displayed on units to guide clinical decision-making. Chart audit tools were developed to assess nursing documentation of suspected UTI and assisted in identifying issues. Recommendations for educating nursing staff were developed in response to analysis of learning needs. A PowerPoint presentation was created to educate nursing staff on the best evidence for recognizing, managing, and preventing UTI in the institutionalized elderly.

Evidence Shaping Perinatal and Paediatric Nursing Practice in Southwestern Ontario

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Introduction: The Southwestern Ontario Maternal, Newborn, Child and Youth Network (MNCYN) is a voluntary partnership of sixteen hospitals, seven Public Health Units and the South West Community Care Access Centre. The MNCYN is implementing a regional process of monitoring and evaluating trends in perinatal and paediatric practices, health service delivery and outcomes of care, using data provided by the Better Outcomes Registry and Network, and the Canadian Institute for Health Information.

Our objective is to integrate and enable the consistent delivery of safe, quality Maternal and Paediatric care in Southwestern Ontario.

Deliverables: MNCYN-member hospitals – six of which are Paediatric Centres – have formalized an agreement to develop a regional dashboard to track regional indicators and inform future perinatal and paediatric initiatives. While being cost and resource neutral, this project will enable individual partner organizations, and the Network as a whole, to promote the best possible care, as close to home as possible. The project team is expected to:
• Propose a system for collecting, synthesizing and presenting the data;
• Identify opportunities for research at the organizational and regional level; and
• Develop a process for knowledge dissemination.

Implications for Policy: The sustainability of voluntary organizations is a challenge. This project is an opportunity to strengthen relationships among partner organizations through:
• Evidence-driven local and regional decision making;
• The provision of appropriate care closer to home;
• Collectively advocating for our Perinatal and Paediatrics programs;
• Linking the entire Perinatal-Paediatric continuum of care, with a view to include prevention and community care.

FOOD INSECURITY AND HOMELESSNESS INCREASES THE RISK OF DEVELOPING CARDIVASCULAR DISEASE

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Food insecurity and housing are important social determinants of health (SDH) and key indicators of a population's health and wellbeing. Food-insecure individuals suffer from chronic diseases, such as cardiovascular disease (CVD).[3,4] When compared to the general population, CVD is three times more common within the homeless population, and in combination with other SDH, is a major cause of morbidity and mortality.[5-7]Inadequate food and poor housing conditions intertwine to have negative synergistic effects on cardiovascular health.

The purpose of this paper is to give an overview of food insecurity and housing in Canada and highlight their impacts on CVD, with particular focus on their implications for nursing practice and policy development.

Food insecurity and homelessness have been shown to have negative effects on cardiovascular health. Given the prevalence of CVD among food-insecure and homeless individuals, and the associated health care costs and burdens, it is pertinent for health care providers to work with policy makers in developing strategies aimed at CVD management and prevention. Nurses need to become aware of the specific health needs and health challenges faced by individuals experiencing homelessness and food insecurity. In addition, nurses should have an understanding of factors that could contribute to CVD.[6,8] The resources required by individuals experiencing CVD, homelessness and food insecurity must be assessed, managed and provided. Once this is achieved, interventions could be tailored to address specific health challenges and risk factors contributing to the increase of CVD within these food-insecure and homeless populations.

IMPROVING DOCUMENTATION IMPROVES PATIENT SCORES: HOW WRH STOPPED SWEEPING BAD SCORES UNDER THE "RUG"

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Complex Continuing Care (CCC) programs throughout Ontario are required to submit patient data quarterly that translates to patient acuity RUG (Resident Utilization Group) scores. Historically, Windsor Regional Hospital's RUG scores did not reflect the acuity of patients in the program. The challenge was to identify why this was the case and to fix the problem. Through careful examination, it was identified that documentation did not accurately depict the amount of care provided to our patients. Chart audits were completed to determine the biggest deficiencies and strategies were set to improve documentation and RUG scores. Initial focus began with physiotherapy (PT) and occupational therapy (OT)) and a complete overhaul of their documentation was completed by a team of front line staff and leadership. The goal was to redesign tools that were end user friendly, met professional college standards, provided valid information, and met the criteria of the acuity assessment tools.

At quarter three of 2011/12, the RUG score was 0.9101. Knowing our patient population, it was felt that this score should be well over 1.0. In quarter 4 of 2011/12, the new PT/OT tools had only been implemented for 1.5 months; however it managed to increase the score significantly to 0.9979. We are now implementing new nursing flow records, speech therapy and respiratory therapy documentation. Significant improvements are anticipated in future RUG scores. While having the scores improve is important, the most important outcome is the improved inter-professional communication resulting from enhanced detail and accuracy in clinical documentation.

IMPROVING PATIENT SATISFACTION THROUGH LEADERSHIP ROUNDING

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Windsor Regional Hospital

Hospitals struggle to substantially improve patient satisfaction scores. Current literature suggests that leadership rounding and talking with patients increases patient satisfaction. In May 2011, Family Birthing Centre at Windsor Regional Hospital initiated leadership rounding to evaluate and improve patient satisfaction. The process of leadership rounding was implemented with a focus on improving patient satisfaction and identifying improvement areas within the Family Birthing Centre, which has a 51 bed capacity. Leadership Rounding was initiated by the Manager and focused on interacting with inpatients in the program.

After examining current patient satisfaction scores, a script was created for leadership rounding that included seven targeted areas. These were: introduction, staff recognition, information/education needs met, patient needs met, attitude of staff, perception of teamwork within the unit, as well as other general feedback. After rounding was completed feedback from the patients was documented. Issues and concerns were also documented and dealt with in a timely manner. Implementation began in May 2011 and patient satisfaction scores have steadily increased over several months and range between 97.5 to 100%. The Manager continues to round and speak with patients and identify ways to improve patient satisfaction. The new process has provided an opportunity for leadership to give timely feedback to staff and immediately address patient concerns. Leadership rounding continues to be an effective method for collecting feedback and responding to patient needs. The goal is to continue to “round on” every patient that comes to the Family Birthing Centre at least once during their stay.

PINK RIBBON MARKETING IS HEALTHY FOR BUSINESS AND UNHEALTHY FOR WOMEN

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University of Western Ontario

Breast cancer is a significant issue that greatly impacts women's health. An estimated 23,200 Canadian women will be diagnosed with breast cancer annually while 5,300 women will die from the disease. However, breast cancer does not simply affect mortality; the traumatic diagnosis and treatment of the disease greatly impacts well-being. In general, society seeks to support those suffering from this disease by means of the pink ribbon campaign. Using an ecological perspective within health promotion, this presentation seeks to problematize pink ribbon marketing and cause-related marketing strategies of the breast cancer campaign. It will specifically argue that the post-feminist ideology of the pink ribbon campaign creates healthy conditions for corporations and simultaneous unhealthy conditions for society.

Firstly, it will be suggested that the connection of the pink ribbon campaign to cause-related marketing exploits the disease of breast cancer for corporate gain. This issue will be explored through investigating the fact that cause related marketing problematically equates consumerism with philanthropy, free of any moral effort in the everyday life of the consumer. Secondly, it will be argued that the alignment of pink marketing to the current trend of post-feminism ideology promotes the pursuit of self-fulfilling desires, confusing it with true political action. Finally, it will argue that this post-feminist ideology propelled through pink ribbon marketing promotes passive acceptance of false conceptualizations of empowerment and gender. Ultimately, strategies to address these challenges through the lens of health promotion will be suggested for the future. Stakeholders will not let of the status quo until a critical mass of people become convinced that there is a serious moral and social imperative to do so. Thus, the participation of interdisciplinary health promotion professionals is essential to promote awareness and create healthier strategies to promote women's health; ultimately contributing to social change.

Promoting Smoking Cessation Education in a Nursing Clinical Program

Lucia Yiu, BSc, BA, MScN
University of Windsor

The World Health Organization declared that tobacco use is a public health problem and is a leading, preventable cause of death. Tobacco use including second hand smoking has been associated with increased cancer risks. Early intervention to educate students the harmful effects of tobacco use and the denormalization of the tobacco industry is important. This poster describes the clinical educational experiences of our year 4 community nursing students who participated in the peer-driven Leave The Pack Behind (LTPB) program.

The LTPB program promotes smoking awareness and reaches out to smokers, non-smokers, and ex-smokers alike through various health promotion and mass communication activities on various university campuses in Ontario, Canada. Our nursing students have opportunities to work with multidisciplinary team as they participate in this research program. Specifically, the use of population-based health promotion in relation to nursing best practice guidelines and clinical competencies to promote smoking cessation education will be outlined. Faculty support and lessons learned for both students, faculty members, and the LTPB partners, including recommendations to promote smoking cessation education program will also be discussed.

REDESIGN OF THE MEDICINE PROGRAM: BLENDING THEORY AND METHOD FOR GROUNDBREAKING RESULTS

Theresa Morris, RN
Windsor Regional Hospital

The Medicine Program consists of four inpatient units. Historically these units functioned as separate entities which resulted in lack of standardization, variation in documentation, patient assignment and staffing, and inefficiencies in patient care processes. Nine front-line nursing staff from these medicine units, and the emergency department, were seconded two days a week for 12 weeks to learn about, and apply, methodologies to redesign their medicine program – from the ground up. The scope of redesign included four phases of the patient journey including pre-admission, admission, care and treatment, and discharge. Staff focused on three areas: model of care, patient care processes, and patient flow.

Nursing staff studied, in-depth, various theories and quality tools needed for process improvement and program redesign. This included research of best practice, site visits, participation in IHI webinars, and use of LEAN methodologies like value stream mapping, rapid improvement events, and PDSA action plans. In order to pilot processes staff also became familiar with the practical application of change management principles, elements of effective communication plans, and the importance of metrics and indicators. The result of this intensive project included a structured rollout of interventions directed toward falls prevention, patient satisfaction, alternatives to the current model of care, and improved methods for discharge planning. The ground has been broken for a new world for the WRH Medicine Program. Fueled by new knowledge and an enhanced process improvement “tool kit”, nursing staff will continue to build a program focused on providing Outstanding Care, No Exceptions.

REFLECTIVE PRACTICE: A DIFFERENT WAY OF LOOKING AT PRESSURE ULCER PREVENTION EDUCATION

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Rouge Valley Health System

The purpose of this education is to use a narrative pedagogical teaching-learning strategy approach to create a reflective thinking opportunity for nurses to help understand the impact that pressure ulcers have on patients, families and nurses. The reflective practice question is: Is there something I have done today to prevent a pressure ulcer? Despite pressure ulcer prevention education, best practice guidelines, specialized equipment, wound teams, and the use of assessment documentation tools, patient's still develop pressure ulcers in the hospital setting.

There has been a lack of study on the impact this pressure ulcer education has on nurses in changing their practice, if they are able to use their knowledge or implement best practice guidelines or what types of reflective practices or if critical thinking happens in regards to pressure ulcer prevention in practice.

This educational exercise provides staff an opportunity to reflect on their own feelings using different perspectives as the nurse, patient and family member and will lead to sharing of these reflections, barriers to prevention, ideas to overcome these barriers and set personal goals for practice. This education session is not focused on content, but on sharing of stories, and reflecting on practice. The goal for the sessions is for nurses to reflect on a daily basis if they have done something today to prevent a pressure ulcer.

SUPPORTING THE TRANSITION FROM LTC TO CCC AND REHAB USING ORIENTATION REDESIGN

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Prior to 2011, Windsor Regional Hospital was one of the last hospitals in Ontario still providing Long Term Care (LTC) Services. When the decision was made to transition these LTC beds to the community WRH had to address not only the care needs of our patients, but also of staff impacted by the move. We wanted to ensure that their transition into the various areas of the hospital was a smooth and successful one.

The majority of nurses impacted chose to transfer to the inpatient rehabilitation and complex continuing care (CCC) programs. There was concern that the current orientation program was not meeting the needs of new hires, resulting in poor retention, extended orientation periods and poor staff satisfaction. We knew we could not afford to use this program with this large staff group and embarked upon a quality improvement initiative to revitalize and standardize the nursing orientation program for CCC and Rehabilitation.

Within a three month time frame a competency based orientation program was developed, covering all pertinent aspects of our patient care processes, including required organizational practices, patient care standards, and best practices. In addition, skills training were incorporated to develop standardized nursing skills, ensuring consistent application of safe patient care principles. The program was implemented in November of 2010 with the first transfers from the LTC program. Over the course of four months 56 staff successfully completed this orientation program. Only one nurse was unsuccessful, resulting in a staggering success rate of 99%.

The Clinical Nursing Instructor: Teaching Competently

Susan Molendyk BScN (Hons)
Athabasca University

A clinical nursing instructor is usually recognized as a registered nurse with a graduate degree and several years of clinical nursing experience. However, many nursing instructors may have little clinical teaching experience when hired by teaching institutions. Therefore, many new instructors may initially struggle with the challenges of teaching nursing skills to their students. In a poster presentation, Benner's (1982) theory illustrates performance skill acquisition through levels of competency: novice, advanced beginner, competent, proficient and expert. It has been utilized to connect performance teaching skill levels of nursing instructors to the competent level.

A graduate education provides the ability to think critically. Linking critical thinking skills with past relevant clinical teaching experiences promotes the growth of clinical knowledge. When clinical experience is lacking, a mentorship can provide a bridge that connects clinical teaching knowledge with competent teaching practice. The competency level requires the instructor to use clinical thinking skills within a holistic perspective. At this level, the instructor can intuitively determine which part or parts of the many aspects of a given clinical teaching situation are most significant. A holistic outcome offers the most appropriate response to students' learning needs. Differences at Benner's higher competency levels lie not only in the rate of speed and flexibility in critical thinking processes but in the instructor's ability to interchange between intuition and analytic problem-solving skills in order to decipher what teaching modalities are most effective for optimal clinical learning.

The Experience of Weight Management in Obese Versus Normal Weight Adults

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Walden University

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BACKGROUND: Current weight loss interventions promote calorie reduction, energy expenditure, or a combination thereof, but have limited long-term success. This research focuses on an exploration of self-reported weight management experiences of obese and normal weight adults, and comparing these experiences for the purpose of deriving new weight management strategies.

METHODS: Adults were recruited, on the basis of their body mass index, to one of two groups, obese (n=10) or normal weight (n=11), through media and community health centers/events. The method for this study was Glaserian grounded theory, with data collection by focus group. Participants were engaged in a 2-hour focus group discussion, with audiotapes transcribed verbatim and validated prior to coding and analysis.

RESULTS: Obese adults described their experiences with weight management as a constant thinking, food-centered process and struggle with personal preferences, approaches to food, and other influences (family/friends, circumstances, and technology). On the contrary, normal weight adults described a preoccupation with living (work, family, and social lives) while automatically monitoring and maintaining self-defined weight targets. Obese adults spent more time watching TV daily, but no differences were reported in average daily caloric intake, exercise, or other screen behaviors.

CONCLUSION: Adults who are obese have very different approaches to weight management than do normal weight adults. These results demonstrate the need to develop and add different dietary, cognitive, and lifestyle strategies to contemporary weight loss interventions, or to develop new interventions.

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The Passion Journey: Bringing Meaning to Suffering, Spiritual Crisis, and Recovery in Cancer

Pat Sealy, RN, BA, MScN, PhD
University of Windsor

Even though spirituality is identified as part of a nursing holistic assessment and rehabilitation, coming face-to-face with death through locally advanced breast cancer was a spiritual crisis that led to a significant change in my view of Lent and Easter. During my illness, I experienced passion journaling which I defined as "a deeply intimate experience that begins when you imagine what Jesus felt as he traveled through the wilderness, to the Last Supper and Gethsemane; Calvary and through his burial in the tomb and his resurrection on Easter morning". This case study research will describe the suggested steps for passion journeying and provide excerpts of my passion narrative:

i) The Wilderness and Gethsemane is the period when you move toward your suffering.
ii) Calvary/Good Friday is the time of ultimate pain and suffering.
iii) Easter Saturday represents a time of retreat and reflection.
iv) Easter Sunday is the period when you return to regular life with understanding that you have been given another chance to make a difference in the world.

My journey began in September, 2008 and was completed on Easter, 2010, even though I continue to emotionally and spiritually mature as a result of this journey. Passion journaling and meditation enabled me to better understand suffering and resurrection as a gateway towards healing and a deeper level of spirituality. Nursing needs to further explore individuals' experiences of the meaning of the passion journey towards healing.

We Did It!
Insights from Graduate Students on Developing Competencies in Quality Improvement

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St Clair College

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Michelle Freeman, PhD, RN
University of Windsor

Competencies in quality improvement are recognized as essential for masters prepared nurses but the length of academic terms presents a challenge for developing and completing these projects. This presentation will share our experience and evaluation of a teaching strategy in our graduate leadership course in conducting a quality improvement project. The focus of our work was on the development of educational interventions to standardize independent double checks of high alert medications for undergraduate nursing students. It will describe what we learned about the steps required to conduct an effective QI project and share the outcomes of our work over this 12 week course. Recommendations from the students' perspective will be provided to guide nurse educators in designing and implementing effective courses that support QSEN competency development, including highlighting some innovative education techniques.

STRESS MANAGEMENT PROGRAM FOR KINDERGARTEN CHILDREN

Gina Bondy
St. Clair College, Windsor Campus

The long term consequences of constant stress are damaging to our mental and physical health. Continual emotional distress can create deficits in a child's intellectual abilities, crippling the capacity to learn in their early years and creating a response pattern they carry into adulthood. This poster presentation will share a stress management program developed for kindergarten children. The following is communicated to the students in a story book format; Concept of stress, explanation of three main methods to allay stress, encouraging children to participate, practice and adopt "stress busting" technique(s) that they find most useful. The end result is to instill in children the benefits of a calm, relaxed state, which in turn leads to better health, behavior and learning. Health professionals and educators can learn from this program in that the earlier we educate patients/children to deal with stress, the better their health and energy will be as children and in their future lives as adults.

Author Index

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