



Great Lakes Biennial Nursing Conference

**Integrating Research, Theory, and Practice to
Maximize Patient Safety and Health
Outcomes**

Conference Proceedings

November 4, 2016



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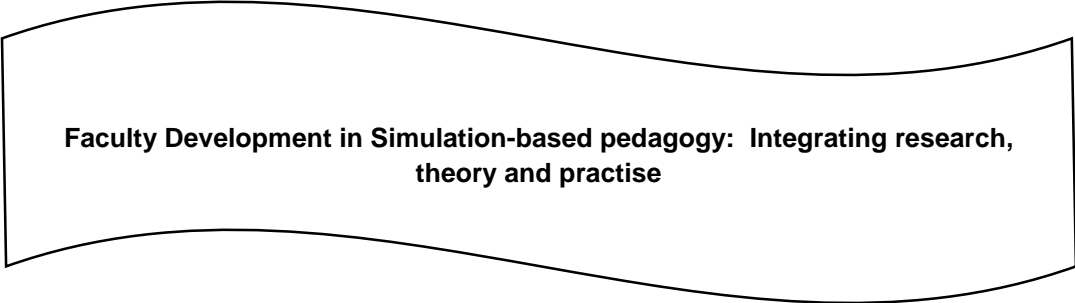




Great Lakes Biennial Nursing Conference

Morning Concurrent Sessions

10:00-11:30



Faculty Development in Simulation-based pedagogy: Integrating research, theory and practise

Judy A.K. Bornais RN, BA, BScN, MSc, CDE, University of Windsor

Debbie Rickeard RN, BA, BScN, MSN, CCRN, CNE, DNP, University of Windsor

As nursing education and health care organizations focus on patient safety and outcomes, the educational practice of nursing students learning on real life patients is no longer an option. Nursing programs must respond to the risk-laden healthcare environment and increases in untoward patient events by integrating educational research, educational pedagogies, and theories to close the gap between nursing theory and practice. Technologies such as a high-fidelity simulation-based pedagogy can enhance student's knowledge, skills, and abilities to close this gap. Many nurse educators are committed to the use of simulation but support and training are required. For simulation to be integrated successfully into a curriculum, it is imperative that faculty have the knowledge, skills, and ability to use high-fidelity simulation. Nurse educators are often fearful of the technology involved in simulation. This fear can be a barrier to the integration of high-fidelity simulation across the curriculum. In addition, understanding the educational theories behind simulation is not frequently taught in graduate nursing programs leaving faculty with a knowledge gap. Furthermore, the use of the high-fidelity equipment requires the nurse educator to become familiar with manipulating the computer and making appropriate changes during a scenario, assessing and evaluating student learning during the scenario as well as preparing and leading debriefing at the conclusion of the simulated learning session. This presentation will outline a two phase approach to faculty development in simulation. The session will describe a two-day workshop that used a combination of didactics and interactive hands-on activities for faculty novice to basic simulation technology, and the process of debriefing. The second phase of the education including enhancing debriefing skills and included a peer observation component. The components of the training will be shared in the hopes that other nursing programs will provide development for faculty in the use of simulation-based pedagogy.



“All through the night”—An inter-professional high fidelity simulation experience

Leslie Graham, RN, MN, CNCC, Durham College-UOIT Collaborative Nursing Program

Dana Chorney, RN, MN, Durham College-UOIT Collaborative Nursing Program

Arlene de la Rocha, RN, MEd., MScN. Durham College-UOIT Collaborative Nursing Program

Night shift workers are exposed to multiple health risks, as well as challenges to cognitive and psychomotor performance that impact patient safety (Geiger-Brown, et al., 2012). As nurse educators, we have a mandate and responsibility to educate nursing students on mitigating the effect of fatigue when providing patient care as well as on healthy lifestyle practices when working the nightshift (CNA, 2010). The purpose of this study was to provide the nursing student and members of the inter-professional health care team the opportunity to experience the nightshift prior to graduation from their respective programs. The simulation experience was to help students develop strategies to provide safe patient care throughout a 12-hour nightshift and recognize how their cognitive and psychomotor abilities may change as their night shift unfolds.

Many of the inter-professional students rarely have the opportunity to experience the nightshift prior to graduating from their respective programs. Our approach was to invite students up to a maximum 32 participants/students from the BScN Collaborative Nursing, practical nursing, paramedic and personal support work students to attend this innovative, simulated 12-hour night shift. All participants were oriented to the simulation lab and were made aware of the learning objectives. Using a pretest/posttest design, students rated their self-efficacy prior to and after the nightshift simulation. In addition, the students had the opportunity to debrief (Neill and Wotten, 2011) and to participate in a post simulation focus group. The implications for nursing education and practice was to enlighten educators about a creative and innovative teaching-learning opportunity to assist health care students increase awareness of how to manage fatigue and minimize patient risk while working nightshifts.



**Enhancing Realism in Simulation to Increase Knowledge Development
Among Nursing Students**

Hilde Zitzelsberger, RN, MSc, PhD, Assistant Professor, University of Ontario Institute of Technology

Sue Coffey, RN, MScN, PhD, Associate Professor, University of Ontario Institute of Technology

Leslie Graham, RN MN CNCC CHSE, Professor, Durham College & Adjunct Professor, University of Ontario Institute of Technology

Arlene De La Rocha, Professor, Durham College & Adjunct Professor, University of Ontario Institute of Technology

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Lori Russell, BScN, Clinical Instructor, University of Ontario Institute of Technology

By approximating clinical practice within nursing education, simulation provides real-time opportunities for students to work through complex patient-care situations. Increasingly, simulation is playing an essential role in supporting educators to facilitate students' learning, readying them for safe and effective clinical practice (Cant & Cooper, 2010; Norman, 2012; Ricketts, 2011). In order for the uptake of knowledge and skills to occur, students need to be immersed in a scenario that is as authentic and real as possible (Campbell & Daley, 2009). Realism is intended to replicate or imitate the "real" clinical environment with the primary goal that students "suspend disbelief" as they encounter a learning experience that closely matches that which may be encountered in real life (Cheng, Duff, Grant, Kisson, & Grant, 2007; Gore & Lioce, 2014).

There are gaps in the knowledge and practice of enhanced fidelity that incorporates diversity, culture, and complexity of person and environment. Our project focused on incorporating realism into large group and small group simulations to better utilize this significant learning-teaching strategy. Four case studies were conducted with undergraduate nursing students. Important project outcomes included assessment of the effectiveness of enhanced realism to facilitate students' achievement of learning goals and critical thinking and judgment and the gathering of student's perceptions of the ways that enhanced realism facilitate their engagement in learning. In this presentation, we discuss how enhancing realism allows the simulation experience to "come alive" to facilitate a rich and meaningful multi-dimensional teaching-learning experience for learners and educators (Dieckmann, Gaba, & Rall, 2007).

Role Strain, Empowerment and Incivility Among Nursing Educators: A Correlational Study

Deborah Dayus, RN, PhD, University of Windsor

BACKGROUND: Even though incivility in nursing education has been researched for more than 20 years, the social context has yet to be researched in terms of mediators of faculty-to-faculty incivility. The benefits of structural and psychological empowerment have been researched among nurses but mainly in the clinical environment. The relationships between role strain, empowerment, and incivility in nursing education have yet to be explored.

PURPOSE: The purpose was to examine to what extent structural and psychological empowerment mediate the relationship between role strain and faculty-to-faculty incivility in nursing education.

METHODOLOGY: A correlational design was used to explore the mediating effect of empowerment on the relationship between role strain and incivility among educators in nursing. A mediation model was used to examine the 'why question' for the underlying causal process of the independent variable, role strain and the dependent variable, incivility. The mediating variable of empowerment was separated into structural and psychological empowerment. An online survey format was used.

SAMPLE AND SETTING: A convenience sample of nursing educators from four BScN campuses in Southwestern Ontario was invited to participate in the study.

RESULTS: This is the first known study to test the mediating effect of structural and psychological empowerment on the relationship between role strain and faculty-to-faculty incivility in nursing education. The results of this study did not support mediation. The results of this study suggested structural and psychological empowerment to confound the relationships between role strain and faculty-to-faculty incivility.

CONCLUSIONS: Determining the position of empowerment in relation to role strain and incivility in nursing education amongst faculty remains unknown. The current study results related to the sub-questions were consistent with the work of previous researchers in the area of faculty-to-faculty incivility in nursing education and support the need for further research in this area.

**Online Support for Health Sciences Students and Preceptors to Maximize
the Learning Experience**

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A team of Health Sciences faculty at a Canadian University representing the disciplines of Nursing, Occupational Therapy, Physiotherapy, and Speech-Language Pathology, as well as experts in instructional design and evaluation, has updated an open access, online education program: 'Preceptor Education Program for Health Professionals and Students' (PEP). This program, originally developed and launched in 2007, is designed to prepare and support both students and preceptors for on-site clinical experiences. The 9 modules are interactive with downloadable resources, learning exercises, video case scenarios and references. The support provided through this modular program enhances the learning environment and contributes to increased safety for clients. In the second edition of the program (January 2016 launch) contemporary technological updates have been made to content and learning activities based on constructivist, experiential and reflective learning theory (Mezirow, 1991; Moon, 2009; Schön, 1987) as well as theories of e-learning (Butcher et al, 2014; Underhill, 2006). This presentation will discuss the experience of an interprofessional team in the redesign process aimed at increasing interactivity of material using a variety of technology and software options, to improve accessibility, learnability and memorability of the material. The *Quality Matters Rubric* (Butcher et al, 2014) was used to guide the redesign with concentration on key quality elements in e-learning. Formative and summative evaluation strategies embedded in the modules will be showcased. Pilot test results and subsequent modifications will be described. As contemporary educational practice in nursing moves toward interprofessional and on-line formats, the pedagogical and evaluative insights of this team are instructive.

Fostering strong collaborative relationships between students: engaging and mentoring peers to build skills and confidence to maximize patient safety

Judy A.K. Bornais RN, BA, BScN, MSc, CDE, University of Windsor

BACKGROUND: Students Offering OSCE Assistance (SOOA) is an innovative program that was developed and implemented to improve first year nursing students' health assessment skills.

PURPOSE: The purpose of SOOA is to engage first year students and provide them with an opportunity to practice their assessment skills, gain assistance from experienced and knowledgeable peers, and build individuals' confidence levels to ensure they are performing nursing skills effectively.

METHODOLOGY: Quantitative data analysis using student surveys were utilized to determine if there are any differences in anxiety level or self-efficacy between students who participated and did not participate in SOOA. In addition, students provided feedback on their perception of anxiety related to multiple choice and OSCE examinations as well as the impact of SOOA from their perspectives.

SAMPLE AND SETTING: University of Windsor Faculty of Nursing 91 undergraduate nursing students in first year consented to participate in the study

RESULTS: Preliminary results from the findings will be presented

CONCLUSION: Consistent with the conference theme, this session will conclude with a discussion about how a mentoring initiative can enhance student learning and maximize patient safety and health outcomes.

Improving Indigenous Patient Knowledge About Treatment Options for End Stage Kidney Disease (Eskd)

Martha (Beth) Horsburgh, RN, PhD, University of Saskatchewan

Jacqueline Valois, BScN, Northern Inter Tribal Health Authority Inc.

Carol Ann Bullin, RN, PhD, University of Saskatchewan

Katherine McLeod, PhD, University of Regina

Charlene Haver, PhD, University of Saskatchewan

Joanne Kappel, MD, FRCPC, University of Saskatchewan

BACKGROUND: There is substantial variation in approaches to education about treatment options for Canadian Indigenous people with ESKD. Improving knowledge about treatment options is a complex process that engages patients and families in their learning, while developing confidence in their own abilities to make decisions in partnership with their health care team. Indigenous patients and families cultural, linguistic, and community backgrounds must be honoured.

PURPOSE: To engage with Indigenous patients and their families to co-develop a range of educational approaches that can be individualized to accommodate patient/family needs and preferences.

METHODOLOGY: Indigenous outreach and engagement; systematic review; community-based development of educational approaches; implementation and evaluation of approaches using a pre-and post-test design.

SAMPLE & SETTING: Indigenous people and their families within two years of requiring treatment for ESKD; includes men and women >age18 in six Indigenous communities; two from each of Saskatchewan, British Columbia, and Ontario.

RESULTS: This patient-oriented research (POR), funded for \$1.68M, is part of the CanSOLVE CKD Chronic Disease Network – one of six chronic disease networks recently funded by the CIHR, Strategy for Patient Oriented Research (~\$20M total funding for Can SOLVE CKD). The presentation describes the extensive preparation for the multi-sited study, particularly the Indigenous outreach and engagement plan and process that included: formation of the pan-provincial Oversight Committee and Provincial Sub-Committees; training of committees and research teams in the principles and conduct of POR, including expectations for Indigenous Ownership, Control, Access and Possession (OCAP®).

CONCLUSIONS: The “up-front” work required to carry out POR in partnership with Indigenous communities cannot be rushed. It is complex; non-linear; highly individualized; and benefits greatly from pre-existing respectful relationships and trust. This work together is necessary for the entirety of the Indigenous POR research program.

Exploratory Study of Documented Psychosocial Nursing Interventions Within the Palliative Care Setting

Sarah Fowler, RN, BScN, MScN(c), York University

BACKGROUND: Providing positive end-of-life (EOL) care for adult patients is an issue that has gained attention in scholarly literature and society. With pending legislation from the Supreme Court of Canada, further research is needed to better understand issues related to the provision of psychosocial care. Nursing documentation provides an effective strategy for assessing the quality of care provided to patients.

PURPOSE: The objective was to assess the quality of the documentation process for EOL care to patients and families in a Canadian hospital palliative care setting. Specifically, the goal was to identify the degree to which a nursing process approach was utilized.

METHODOLOGY: A case study qualitative design was applied through a retrospective chart review of the Powerchart documentation database. The process-based framework set out in the Nursing Role Effectiveness Model (NREM) and a modified version of the Quality of Documentation of Nursing Diagnoses, Interventions and Outcomes (Q-DIO) instrument were utilized to guide data collection and analysis. Patients admitted to an Ontario acute care hospital between January and December 2014, for greater than two weeks formed a sample of fifty charts. Comparison of mean scores on the Q-DIO measurement scale were completed.

RESULTS: The majority of documentation on nursing diagnoses, interventions and outcomes was of poor quality and inconsistent between sub-sections. A significant reduction in the overall quality of psychosocial documentation was noted after implementation of a streamlined documentation process. Statistically significant differences in quality were also noted between Q-DIO subsections. Nursing notes documenting diagnoses were of the highest quality and patient outcomes were the least.

CONCLUSIONS: This study showed that nurses working in a palliative care setting vary in their ability to complete accurate high quality documentation of psychosocial care. The Q-DIO framework would be beneficial in establishing Canadian documentation benchmarks, and in developing a standardized nursing language.

Patient-Oriented Research in Saskatchewan: Nursing Roles and Lessons Learned from the Trenches

Beth Horsburgh, RN, PhD; College of Nursing; University of Saskatchewan

BACKGROUND: The Canadian Institutes for Health Research (CIHR), Strategy for Patient-Oriented Research (SPOR) puts patients and caregivers first, to foster “evidence-informed health care by evaluating innovative diagnostic and therapeutic approaches, and bringing them to the point of care.” Since its inception in 2012, SPOR has supported the development, implementation and ongoing evaluation of provincial *Support for People and Patient-Oriented Research and Trials* (SUPPORT) Units.

PURPOSE: To develop the vision, mission, and business plan for Saskatchewan’s SUPPORT Unit, the process was co-facilitated by a PhD-prepared nurse (the presenter) and government. The iterative process that was employed entailed complex provincial negotiations that engaged patients and caregivers, 12 health-related organizations, policy-makers and providers (nurses; physicians). The work culminated in a unique model to meet patient-centred needs of the SK health system – particularly as manifested in rural and Indigenous communities.

METHODOLOGY: A broad-based, community development process was used.

SAMPLE & SETTING: Four patient/family advisors and representatives from three post-secondary institutions; the University of Saskatchewan, College of Medicine; an Indigenous research centre; three regional health authorities; two branches of the provincial government; and the Health Quality Council worked together to develop and implement the SK SUPPORT Unit.

RESULTS: The *Saskatchewan Centre for Patient-Oriented Research* (SCPOR) was approved, and received >\$60M in funding over five years. It is characterized by a unique Indigenous Research and Engagement Platform and patient-oriented research training opportunities for students and PDFs.

CONCLUSIONS: Nurses, nurse faculty, students and PDFs have integral roles to play in patient-oriented research teams at all levels. Nurses must look outward and actively engage patients and caregivers, policy makers, other provider groups and researchers from an array of health-related disciplines, to enhance the quality of patient-centred health services and the sustainability of provincial health systems.

**The Effect of Advanced Practice Nurse (APN) Transitional Care Interventions on
Stress, Strain and Burden in Caregivers of Older Adults:
A Scoping Review Protocol**

Robin Coatsworth-Puspoky, MScN, RN, Lambton College

PURPOSE: The purpose of this scoping review protocol is to outline the procedure that will be implemented to explore the extent, nature, and clinical settings of the qualitative and quantitative research related to the effect of APN transitional care interventions of the levels of stress, strain, and burden on caregivers of older adults.

METHOD: A scoping review is used to review literature from seven electronic databases and five sources of grey literature between 1990 to the present. Arksey and O'Malley's six stages are used to define the research question, and develop the PICO statement to establish the most effective search strategy. From 110 articles, 55 articles met the inclusion and exclusion criteria. Data were subsequently extracted using a narrative review or descriptive analytical method according to author, year of publication, study location, intervention type and comparator, duration of the intervention, quality of study, study populations (caregiver group and care recipient group), tools to measure caregiver stress, strain, or burden, aims of study, methodology, outcome measures, and important results.

FINDINGS: Data extracted from four articles was analyzed using content and numerical analysis. Data will be described and presented in table format and will address research methods, measures of effectiveness, geography, caregiver groups, and range of interventions. Vote counting will be used to illustrate and quantify the overall strength of the data.

CONCLUSIONS: The scoping review framework by Arksey and O'Malley is both rigorous and systematic and may be used to answer research questions with a narrower focus. In the future, this method may become the introductory method researchers use to determine the feasibility and value of a systematic review (Arksey & O'Malley, 2005; Pham et al., 2014).

Partners in Design: Meaningful Patient Engagement in Process Improvement

Kelly Heron, Director, Surgical Services, Windsor Regional Hospital

Marie Marchand, Manager O.R./PACU, Windsor Regional Hospital

Since realignment of two hospitals, work is being done in areas of standardization and optimization. To ensure current and future programs are safe and patient-centered, patients are provided meaningful involvement in redesign.

This presentation will provide specific strategies for engaging patients and their families as integral partners in developing safe and efficient care.

Patients provide important input such as:

- Participating in mapping sessions to identify current process gaps, opportunities to redesign processes;
- Creating patient experience surveys for immediate feedback about process changes;
- Redesigning patient education materials;
- Testing new approaches through engagement in Improvement Team meetings.

Results included:

- 1) Patients were not receiving advance notice of pre assessment appointments for surgery. Process changes now allow patients 3 weeks' notice of appointments (improvement from 1-5 days), to allow better planning;
- 2) Hospital received booking for diagnostic imaging referrals, but did not contact patients until months later when booking patient appointments. Based on patient feedback, patients now receive confirmation within 48 hours, and are provided an appointment time;
- 3) Cardiac Catheterization Lab patients were experiencing long waits, and could not find their way to the department. Staffing changes were made to accommodate peak hours. Visual cues and "wayfinding" now help patients.

Successful process improvement and re-design requires that patients and families be engaged throughout in meaningful ways. Engagement allows for sharing between patients and care providers and creates a strong partnership on the journey toward outstanding care.

**Predicting Success: An Analysis of the Characteristics of Applicants
to the Ontario PHCNP Program**

Elsabeth Jensen, RN, PhD, York University

Luisa Barton, NP-PHC, DNP, Ryerson University

Celyne Laflamme, IP-SSP, MSc, University of Ottawa

Linda Patrick, RN, PhD, University of Windsor

Shelley Walkerley, NP-PHC, PhD, York University

BACKGROUND: Selection of the applicants with the greatest chance of success in an NP program is essential for building capacity and improving access to primary health care. An earlier study focusing on the predictive value of personal essays for admission to the Primary Health Care Nurse Practitioner Program (PHCNP) at York University found that while the scores on admissions essays were not predictive, other attributes such as years of nursing experience showed interesting trends.

PURPOSE: This study explored the characteristics of applicants accepted into the PHCNP program and the relationship between entrance characteristics and success in the program.

SAMPLE AND SETTING: Applicants to four provincial Primary Health Care Nurse Practitioner sites between 2009 and 2012, one of which enrolls francophone students.

METHODOLOGY: A retrospective quantitative analysis of data normally collected for enrolment decision-making.

CONCLUSIONS: The findings from the study are informative in describing the education and experience successful applicants bring to the program. The results can help faculty to improve the selection process to ensure that the applicants who are most likely to be successful are offered an opportunity in the program.



**The Archeology of Nursing in Ontario, Canada from 1950 To 2017:
Unearthing The History of Entry-To-Practice Education**

Liz Seabrook, RN, MScN, DOHN, PhD Candidate in Education, Western University, Nursing Faculty, Lambton College

Despite studies concluding that patients have better health outcomes with baccalaureate prepared Registered Nurses (RNs) providing care (Aiken et al., 2003; Needleman et al., 2002; Person et al., 2004), in Ontario, RNs increasingly are being replaced with registered practical nurses (RPNs) (Canadian Press, January 14, 2016). The substitution of RNs with lower paid RPNs reflects a growing trend in many Ontario hospitals and community agencies. On the surface, the difference between the RN and RPN in Ontario appears minimal as their technical skill sets appear identical. It seems unclear to many, both within and outside the profession, what the tangible difference is between these two nursing groups. Literature does not address RN and RPN role confusion in education and practice except in an anecdotal manner; leaving one to wonder how this issue came to pass. The history of entry to practice nursing education since 1950 is unstudied and unknown and therefore warrants researching.

This qualitative, exploratory study leverages historical method (McDowell, 2002) and its method of unearthing artifacts to reveal the narrative of entry to practice nursing education. Feminist post-structuralist theory (Weedon, 1997; Foucault, 1969/1972), sensitized by constructs from Actor-Network Theory (Latour, 2005; Fenwick, 2015) and the sensibilities of Critical Social Theory (Anyon, 2009), will aid in understanding the multiple subjectivities and underlying the political and power structures present in clarifying RN and RPN education and practice expectations, while revealing the network and actors involved in creating this apparent creep of practices.



A Critical Summary of Pandemic Influenza Models

Kristen Yzerman, BScN Outstanding Scholar Student, University of Windsor

Maher M. El-Masri, RN, PhD, Professor & Research Chair, University of Windsor

Susan M. Fox-Wasylyshyn, RN, PhD, Associate Professor & Associate Dean, University of Windsor

Pandemic planning models of influenza are designed to coordinate response efforts across all levels of government. They aim to minimize death and serious illness, and to mitigate the economic and social impact of a pandemic. The H1N1 outbreak in 2009 brought to light a number of incongruities that exist across international, federal, provincial, regional and local pandemic influenza planning. Specifically, it highlighted a lack of clear common communication protocols across all levels of decision makers; demonstrating the need for coordinated pandemic planning that addresses the health, social and economic impacts of an influenza pandemic.

Extensive research has been conducted on the topic pandemic preparedness; and its findings have been used to create response strategies. However, no studies were found that addressed the necessary elements of a preparedness plan. The purpose of this review was therefore to summarize the main components of a comprehensive, community wide pandemic influenza preparedness plan to inform flu preparation by the Erie-St. Clair Local Health Integration Network (LHIN). Our search strategy was to identify pandemic plans from all over the world that were based on similar population demographics as Erie-St. Clair. Eleven pandemic preparedness plans were identified. The plans were then broken down into their key components, interpreted and synthesized.

Our review revealed that a pandemic influenza plan contains two main sections: Foundation, and preparedness activities. The foundation consists of objectives, principles, ethics and outlined roles and responsibilities. It forms the basis on which the preparedness activities are built. preparedness activities include pandemic phases, key domains and a risk assessment. The identification of these elements shall serve to inform the Erie-St. Clair LHIN's pandemic influenza preparations, leading to an efficient, comprehensive plan.



A Substruction: Exploring the Theoretical Foundations of the Transitional Care Model (TCM)

Robin Coatsworth-Puspoky, MScN, RN, Lambton College

PURPOSE: The Transitional Care Model (TCM), as developed by Naylor and colleagues, is an influential model used to organize care and nursing practice. This paper will use substruction to identify concepts, subconcepts, and the relationships between them to begin theorizing about the underlying theoretical tenets of the TCM.

METHOD: Substruction is a process that can be used to deconstruct studies and determine the similarity between the theoretical and operational systems of models of care. Studies conducted by Naylor and colleagues were substructured to identify the relationship between and the theoretical system (concepts and constructs) and the operational system (empirical indicators and subscales) in the TCM.

FINDINGS: A strength of Naylor's TCM was that the operational system of the model is identified in outcome measurements (health outcomes and hospital admissions) and empirical measurements (recidivism, patient and family satisfaction, and actual and perceived patient outcomes). The TCM is strongly supported clinically and statistically. The theoretical underpinnings of the TCM, specifically why or how these interventions work together to seamlessly transition the care of older adults from acute care to the community are not well articulated.

CONCLUSIONS: Recommendations include the identification and expansion of the theoretical system specifically related to APN practice within the construct of care management. By examining the APN practice of the TCM, additional theoretical propositions and hypothesis may be developed to advance nursing knowledge and develop a theory of transitional care.



Great Lakes Biennial Nursing Conference

Afternoon Concurrent Sessions

1:15-2:45



**Integrating Intraprofessional Practice in Baccalaureate Nursing Curricula:
An Improvement Science Initiative**

Elizabeth Bear, BScN, RN, CPN, MSN student, Clinical Improvement Specialist, Detroit Medical Center

Natalie Bownes RN, MScN student, Clinical Coordinator, Faculty of Nursing, University of Windsor

Sarah Picco BScN, GN(C), MSN student, Manager of Professional Practice and Infection Control, Hôtel-Dieu Grace Healthcare

Arwa Alsadoon, MSN student, University of Windsor

Lorna de Witt RN, PhD, Associate Professor, Faculty of Nursing, University of Windsor

Over the past decade, changes to both registered nurse (RN) and registered practical nurse (RPN) educational programs and scopes of practice have led to role ambiguity, overlap, and confusion, creating tension and rivalry among students of both nurse categories, educators, and nursing staff. Recent and ongoing layoffs of RNs in Ontario hospitals and their partial replacement with RPNs have culminated in heightened intraprofessional tensions, publically evident in letters to editors and professional association reports and communication. These tensions have the potential to critically compromise intraprofessional teamwork and collaboration as well as key processes related to patient safety and quality care outcomes. Baccalaureate nurse educators have an important responsibility to respond to this urgent need for teamwork and collaborative educational opportunities. Remarkably, collaborative intraprofessional education in nursing programs is minimal to nonexistent.

The purpose of this presentation is to present the findings of an improvement science project on intraprofessional teamwork and collaboration undertaken while completing an advanced professional nursing practicum course. Through the application of improvement science principles, identification of the current state will be explored, along with a discussion of areas of needing improvement. This presentation will provide practical tools and educational strategies that may be integrated into theory and clinical courses in the first year of a baccalaureate nursing curriculum. These tools and strategies will improve knowledge, skills and attitudes regarding the differentiated roles and responsibilities of RNs and RPNs thus supporting intraprofessional (nurse-nurse) team-based practice.



“My Eyes Have Been Opened”: The Student Experience of an Indigenous Studies Course Within a Baccalaureate Nursing Program

Heather Krohn PhD, RN, University of Windsor

Natasha Wiebe PhD, University of Windsor

Audrey Logan BA, Moravian of the Thames, Delaware First Nation⁴

BACKGROUND: Consistent with the release of a report by the Truth and Reconciliation Commission of Canada (2015), Universities Canada adopted 13 principles to promote greater indigenization of university curricula. In part, the principles focus upon the importance of providing students with greater opportunities to learn about the diverse cultures, histories, beliefs and life contexts of Indigenous peoples in Canada. Little is known regarding the meaning that students assign to their experience of Indigenous studies within baccalaureate nursing programs.

PURPOSE: To gain an understanding of the meaning that students assign to their experience of an Indigenous studies course within a baccalaureate nursing program.

METHODOLOGY: A qualitative interpretive study design was used. Data were drawn from the content of a course-based reflexive writing assignment that was previously submitted by students. Thematic data analysis was conducted following course completion to define the underlying common themes of the student experience.

SAMPLE AND SETTING: The study was conducted at the University of Windsor, Ontario, Canada. The sample included 38 participants.

RESULTS: Most participants expressed having minimal pre-course knowledge of Indigenous peoples in Canada, often limited to their early trade relationships with European settlers. The exploration of Indigenous peoples' histories, unique cultures, beliefs, and their experiences of social inequities and health disparities, led many students to describe a state of emotional upheaval while they made sense of what they had learned. Students concluded that their new knowledge and attitudes concerning Indigenous peoples had significantly informed how they would provide culturally respectful and competent care.

CONCLUSIONS: Students' in-depth engagement with Indigenous-sourced learning materials and voices was pivotal in their development of new knowledge and attitudes regarding to the health care needs and cultural preferences of Indigenous peoples. The findings of this study will be useful in shaping the design of Indigenous studies content within nursing undergraduate curricula.

**An Evaluation of Theory, Simulation, and Gentle Persuasive Approach (GPA)
Training on First Year BScN Students' Clinical Competency**

Pat Sealy, PhD, RN, Lambton College

Robin Coatsworth-Puspoky, MScN, RN, Lambton College

BACKGROUND: Gentle Persuasive Approach (GPA) was developed by Laurie Schindel Martin to provide clinicians with the skills and knowledge to care for residents with dementia. There has been no published research on the effectiveness of this program with first year B.Sc.N. students

PURPOSE: The purpose of this research is to evaluate the impact of knowledge uptake from theory, 7.5 hours of training of the student version of GPA and c) a simulation on dementia.

METHODOLOGY, SAMPLE AND SETTING: An online survey was completed based on the students' clinical experiences in winter, 2016. 14 students (24%) of students completed the survey.

RESULTS: Even though six of 14 students had some previous experience working with residents with dementia in long term care settings, students with one exception reported being scared or lacking confidence in working with residents with dementia prior to the clinical course. Students reported being confident or very confident in care for individuals with dementia by the end of the semester in regards to the personhood and safety of the resident or personal safety. "Personhood helped me to have a better understanding of the individual as a whole. It makes it easier to sympathize with their situation, when you can understand them better".

CONCLUSIONS: Students will care for individuals with dementia in a variety of settings. Further research is needed to examine the effectiveness of GPA training with a larger sample of nursing students, however the preliminary results indicate that GPA does increase perceptions of confidence in caring for individuals with dementia.



Fostering Positive Relational Community- Based Dementia Care

Lorna de Witt PhD, RN, Associate Professor, Faculty of Nursing, University of Windsor

Darla Fortune, PhD, Assistant Professor, Department of Applied Human Sciences, Concordia University

BACKGROUND: This study reports the work of a community-based culture change coalition (CCC) affiliated with the Partnerships in Dementia Care Alliance, a research network whose members are committed to transforming dementia care through the promotion of authentic partnerships and the adoption of relational care approaches. Although strong relationships are considered essential for best practice, research to date has focused on problems with and negative aspects of these relationships.

PURPOSE: As part of a large culture change study, we investigated what relationship qualities contributed to positive dementia care experiences and how positive relationships were created.

SAMPLE AND SETTING: Upon clearance from two university research ethics boards and three organization privacy officers, 135 participants, [persons with dementia (n=28), family care partners (n=23), staff of three community care organizations (n=79), volunteers (n=4), and a primary care physician] were recruited from a geographical area served by CCC member organizations in Ontario, Canada.

METHODOLOGY: Combining a participatory action research approach with appreciative inquiry, data were collected from April to November 2012 through questionnaires (n=93), three focus groups (n=18), and a mini AI workshop (n=24). Data were analyzed with CCC members using a collaborative process at monthly meetings from June 2012 to September 2013. Identification of the aspiration statement “Relationships are at the heart of community care in [name of] County,” inspired further thematic analysis of the data from January 2014 to April 2016.

RESULTS: *Fostering positive relational dementia care* occurred through: (a) *forging friendships*, (b) *sharing a common experience*, (c) *developing trust and feeling appreciated*, and (d) *taking time, making time* for building relationships. Participants also shared tensions experienced with relational boundaries when fostering positive dementia care.

CONCLUSIONS: Study findings support the need for implementation of relationship-based health and social care policy that creates conditions for fostering compassionate relationships among all partners in dementia care.



Home Is Where the Heart Is

Thomas Doucet, RN, PhD, School of Nursing, Université de Moncton

The purpose of this presentation is to illustrate the advancement of nursing science in view of a congruent link between theory, research, and practice. Elders want to stay at home rather than move to a long term care facility. The assumption is that staying at home is related to feeling at home. Based on a review of literature that addresses the concept home, the author proposes a unitary definition of feeling at home. The author briefly presents the humanbecoming theory of nursing and discusses the findings of his research about feeling at home, guided by the Parse research method. The findings of the study are then discussed in light of living the art of humanbecoming in practice.



**Shaping Positive Long-Term Care Home Clinical Placement Experiences:
An Ethnographic Study**

Fran Meloche MScN, RN, Faculty of Nursing, University of Windsor

Lorna de Witt PhD, RN, Associate Professor, Faculty of Nursing, University of Windsor

Linda Patrick PhD, RN, Dean, Faculty of Nursing, University of Windsor

BACKGROUND: Gerontological nursing education is critically challenged by preceptor shortages and well documented nursing student devaluing of long-term care (LTC) home placements. Evidence strongly supports that positive experiences may foster student interest in such care. Yet, little is known about *how* this occurs and *what* contributes to it.

PURPOSE: The study purpose was to explore the shared beliefs, values, and practices of final year nursing students, preceptors, and faculty advisors that contributed to positive clinical placement experiences in LTC homes.

SAMPLE AND SETTING: Upon research ethics board clearance, purposive criterion sampling guided recruitment of six participants representing students (n=2), preceptors (n=2), and faculty advisors (n=2) from a university and two LTC homes in southern Ontario.

METHODOLOGY: Mini-focused ethnographic methodology guided this qualitative study. Data were collected from January to April 2015 through: (a) 17 face-to-face, semi-structured interviews; (b) field notes describing four participant observations; (c) 11 reflexive journal entries, and (d) examination of 57 unique documents. An adaptation of Spradley's method guided the iterative data analysis from February to November 2015. Results: Positive placement experiences were shaped by valued learning practices that occurred in key LTC home spaces. Domain analysis demonstrated the importance of a *blend of personal and professional* in clinical placement relationships. Thematic analysis revealed implicit practices that characterized positive experiences: (a) *intentional shaping* through valued mandatory orientation sessions, (b) *getting familiar* with placement settings early in the experience; (c) *transitioning to independence* through increased student self-belief and self-confidence, and (d) *showcasing accomplishments* through student creation, presentation, and implementation of clinical tools (documents) in placement settings.

CONCLUSIONS: Positive clinical placement experiences were shaped within key LTC home spaces through: (a) relationship qualities that developed over time among study participants, and (b) use and creation of documents, particularly during orientation and student projects.

Workplace Wellness Program – Influencing Healthy Lifestyle and Behaviour

Oreoluwa Ayo-Olaniyan, BScN(c), University of Windsor

Deborah Kane, RN, BScN, MScN, PhD, University of Windsor

BACKGROUND: Rates of cancer and other chronic illnesses are on the rise in Windsor-Essex County. Since the risk factors that influence these can be prevented and/or minimized through lifestyle and behavioral modifications, efforts to reduce the high rates must be directed towards lifestyle and health behaviors.

Although the workplace has been identified as one of the most direct ways to influence health behaviors (Merrill, Adlana, Garrett & Ross, 2011) through workplace wellness programs in large companies, less is known about their implementation and effect in small businesses (less than 100 employees).

PURPOSE: The aim of this research is to facilitate the development, implementation and evaluation of a workplace wellness program in a small sized business in Windsor-Essex County.

SAMPLE/SETTING: Following the recruitment of a small-sized company in Essex County, a needs assessment was completed which identified priority health issues to guide the Health & Safety Wellness Committee in the initial planning of their wellness program initiatives. Each month, a topic was targeted. The first topic addressed was mental health and stress management and included activities such as 3-minute mindfulness meditation and posters highlighting the benefits of positive approaches to stress management. The wellness initiatives for the New Year were focused on promoting realistic, sustainable New Year's resolutions; February highlighted heart health, and March focused on raising awareness of cancer screening.

METHODOLOGY: The effectiveness of the initiatives on the employee's health behaviors and overall health were assessed through employee surveys and interviews.

RESULTS: Collaboration with the health and safety wellness committee within the workplace provided direction in planning initiatives and positively influenced employee motivation to participate. Personal contact with the employees contributed to trusting relations.

CONCLUSION: Future directions include evaluation of the impact of ongoing wellness initiatives on employee health and sense of well-being as well as job satisfaction.

**Gestational diabetes mellitus management: How well are we doing postpartum?
A scoping review**

Natalie Giannotti RN, MN, Doctoral Student (PhD Candidate), Western University

Marilyn Evans RN, PhD, Associate Professor, Arthur Labatt Family School of Nursing, Western University

INTRODUCTION: Women diagnosed with GDM are at an increased risk for type 2 diabetes, metabolic syndrome, and developing GDM in subsequent pregnancies (Feig, Zinman, Wang, & Hux, 2008). The Canadian Diabetes Association (2013) recommends postpartum glucose screening, lifestyle counseling, and exclusive breastfeeding for at least 3 months for these women however, evidence indicates challenges to their implementation.

PURPOSE: The aim of the scoping review was to examine the literature on the implementation of CDA guidelines pertaining to diabetes prevention in women with prior GDM (blood glucose screening, breastfeeding, and lifestyle modifications).

METHODS: Arksey and O'Malley's scoping review framework (2005) was used to guide this review (2005). Seven electronic databases were used to obtain relevant articles between 2005 and 2015.

RESULTS: A total of 61 studies were reviewed, summarized and classified according to the health promoting strategy they addressed. Breastfeeding, postpartum blood glucose screening, and postpartum follow-up were all found to be suboptimal, and lifestyle modifications remain challenging for women despite the knowledge of its benefits. Provision of social support overwhelmingly emerged as a crucial influencing factor assisting women postpartum for each of the health promoting strategies.

CLINICAL RELEVANCE: A greater understanding of the factors related to diabetes prevention for these women is needed to overcome obstacles within the context of the Canadian healthcare system. The results of this review were used to develop a grounded theory study to explain more fully, the role social support plays in the self-care activities of postpartum women with prior GDM.

The Development and Pilot Testing of the Body Knowledge Questionnaire (BKQ)

Cheri Ann Hernandez, RN, PhD, CDE, University of Windsor

David A. Hernandez, PhD, EdD, Walden University

BACKGROUND: Long-term success of various weight loss programs is poor. Also, insufficient attention has been given to the experience aspect of weight management, a perspective that is critical to understanding this failure and in identifying factors needed to ensure long-term success.

PURPOSE: The purpose of this research was to develop and pilot test an instrument to measure weight management integration.

METHODOLOGY: The theoretical framework for this research was Hernandez (1991) theory of integration. Twenty-seven items measuring attitudes, preferences and behaviours associated with weight management were identified through a review of the literature and the theory of integration.

SAMPLE: The resulting BKQ was pilot tested in 38 normal or obese weight individuals, with or without Type 2 diabetes.

RESULTS: Evidence for construct validity was shown through exploratory factor analysis. Criterion-related validity was demonstrated through discriminant function analysis and logistic regression. Discriminant function analysis indicated that the two BKQ subscales did differentiate between the normal and obese weight individuals, and logistic regression demonstrated that the total BKQ could reliably classify 89% of the participants as either obese or normal weight. Internal consistency reliability was $\alpha = .87$ for the BKQ and $\alpha = .91$ and $.73$ for the two subscales.

CONCLUSIONS: The BKQ was shown to have initial validity and reliability, thus warranting further development and testing with a larger sample. The BKQ shows promise for use in the field of weight management with potential use in identifying problematic attitudes, preferences, or behaviours that predispose individuals to obesity, possibly pointing to new weight management strategies, and as a tool to predict BMI category.



**Interprofessional collaboration in operating rooms: A qualitative study
from Sri Lanka**

Jayasuriya-Illesinghe, Vathsala, MD, Yeates School of Graduate Studies, Ryerson University

Guruge, Sepali, RN, PhD, School of Nursing, Ryerson University

Gamage, Bawantha, MS, FRCS, Department of Surgery, University of Sri Jayewardenepura

Espin, Sherry, RN, PhD, School of Nursing, Ryerson University

Kristian Piraino, MA(c), Department of Philosophy, Ryerson University

BACKGROUND: A growing body of literature reveals the link between quality of collaboration among healthcare professionals and patient health and safety. Operating rooms have received special attention because of the highly dynamic environment and concerns for patient safety. However, this work primarily comes from research conducted in developed countries.

PURPOSE: This paper presents the findings of a study conducted in Sri Lanka, a low-middle income South Asian country, to understand the nature of, and factors associate with, interprofessional work in operating rooms.

METHODOLOGY: A qualitative study was conducted in one of Sri Lanka's largest teaching hospitals. Data gathered through semi-structured interviews were analyzed using inductive thematic analysis method. In addition, a conceptual framework for interprofessional work in health and social care settings guided our analysis.

SAMPLE AND SETTING: The sample included 30 nurses and surgeons purposively selected to represent members from operating room teams in the hospital.

RESULTS: Surgeons' views of teamwork were discordant with those of the nurses'. While the nurses valued interdependence and collaboration, surgeons placed importance on demarcating clear roles for different professional groups. Surgeons associated their own leadership and decision-making skills as well as technical competencies with good teamwork, while the nurses valued shared team identity and good communication. Various relational and contextual factors concerning professional power and socialization as well as status and gender hierarchies were associated with interprofessional collaboration, and created communication barriers between team members.

Conclusions: System-wide changes in training programs and institutional structures are needed to reduce professional and gender hierarchies among healthcare workers in this settings. However, formal procedures, such as operating room briefings could be introduced to address concerns regarding communication barriers to improve patient safety in operating rooms.

Supporting Healthcare System Transformation: The Patient & Family Centred Partnership Model

Karen McCullough RN, Med, Windsor Regional Hospital

Michelle Freeman RN, PhD, University of Windsor

For decades, institutions have been actively engaged in the process of developing novel *models of care*. These attempts have not always been evidence-based and have been accused of being discipline-centric rather than patient-centred. The *Excellent Care of All Act* in Ontario has challenged this view by legislating changes that mandate that health care provision include the voice of patients and families.

Over the past five decades, the majority of nursing care delivery models have focused on the allocation of patient care tasks. There is limited evidence to support one nursing model over another (Fernandez et al., 2012) and traditional models are being challenged because of complex care environments, major shifts in patient acuity, changes in interventions and treatment modalities, changes in scopes of practices, and changing funding models (Hall et al., 2012; Anderson et al., 2014). In addition, there is increasing evidence that the Canadian healthcare system is underperforming relative to investment and there is a need to implement collaborative care models to transform the health care system (Nelson et al., 2014). New models must ensure that the right professional, provides the highest quality of care, in the right setting, and at the right time, based on the needs of the individual patient.

The recent integration of two acute care hospitals in Windsor, the changes in nursing education, the demands for a safe, and patient-centred healthcare system, and the essential requirement to be efficient (value) and effective (evidence-based) has created the opportunity to design and implement a new nursing care delivery model. This presentation will describe the *Windsor Regional Hospital Patient and Family Centred Partnership Model* and its links to outcomes for patients, nurses and the institution

The Power Over Pain – Coaching intervention decreases pain-related distress and improves functional status in African Americans with cancer pain

April Hazard Vallerand, PhD, RN, FAAN; Wayne State University

Thomas N. Templin, PhD; Wayne State University

Susan M. Hasenau, PhD, RN, NNP, CTN-A; Madonna University

African Americans have been found to have higher levels of pain, more pain-related distress, and lower functional status than White non-ethnic cohorts. This longitudinal randomized control trial tested the POP-C intervention with 310 African American patients recruited from an urban comprehensive cancer center. Participants were 63% (196) female, mean age = 56.28 years ($SD = 11.49$). Average pain in past 24 hours from the Brief Pain Inventory (BPI) composite was 5.81 ($SD = 2.40$) on a 0-10 scale. There were no baseline differences in gender, marital status, education, metastasis, perceived control, pain, distress, and function. As typical with behavioral intervention trials, a monotone pattern of missing data was observed due to death (5%), illness (10%), and lost to follow-up (9%). The total complete case sample was 236 (24% incomplete cases). Including baseline characteristics in the models did not make any difference in the estimation of treatment effects. Linear mixed model analyses of the primary outcomes—pain, pain-related distress, and functional status-- showed significant linear decreases in each of the outcome measures over the 7 week intervention period ($p < .01$). Intervention effects were tested by comparing linear trends across groups. Intent-to-treat (ITT) and complete-case analyses gave similar results for pain-related distress and functional status; in both, differences in linear trend were significant as predicted ($p < .01$). The difference in linear trend for pain was not significant in the ITT ($p = .065$) but significant in complete case analysis ($p = .041$). The stronger effects observed for pain-related distress and functional status were anticipated because the POP-C intervention was expected to reduce distress and increase functional status irrespective of pain. These results support the POP-C intervention and the model it is based on, validating the effects of the POP-C intervention for African Americans with cancer pain.

Barriers to Mental Health Care Following Child Sexual Abuse

Linda Lewin, PhD, PMHCNS-BC, Wayne State University, College of Nursing

BACKGROUND: Despite positive outcomes in trauma therapy, families of child sexual abuse(CSA) victims do not initiate mental health care. Adverse childhood experience data is connected to early onset, adult chronic diseases such as cardiovascular disease. Family Self-Management Theory emphasizes the family's role in children's health. Early intervention can preclude symptom escalation, assist trauma stabilization and recovery.

PURPOSE: Describe the frequency/array of mental health symptoms at baseline and 2 months following a CSA examination. Compare parental and youth perceptions of symptoms. Compare mental health symptoms following sexual abuse with and without mental health care at 2 months. Describe barriers to mental health care.

METHODOLOGY: A descriptive, repeated measures study is underway. Parents and older youth completed the Pediatric Symptom Checklist (PSC) at the time of a CSA exam. Two months later, the PSC was repeated and barriers to mental health care questionnaire was completed.

SAMPLE/SETTING: The sample is composed of parents and children, recruited from two specialty clinics providing forensic examinations.

RESULTS: Current sample of 17 parents and children. Mental health symptoms trended higher two months following the exam including internalizing and externalizing behaviors. Parent and youth symptom reports differed. Families that did not initiate care had higher symptom scores. Barriers to care included caring for other family members, transportation, and not knowing how the mental health system works. Parents endorsed benefits of mental health care but youth expressed more frustration and avoidance.

CONCLUSIONS: Although the on-going study has accrued a small sample, mental health providers are encouraged to adopt family friendly practices such as transportation vouchers, parent and peer support groups, and case management for supportive connections. The investigators will continue to recruit a fully-powered sample. Researchers will identify and test modifications in forensic protocols and primary care that will enhance mental health treatment initiation following child sexual abuse.

**A World of Indifference: A film presenting Canadian Women's Experiences
of Psychiatric Hospitalization**

Cheryl van Daalen-Smith, RN, PhD Associate Professor, York University, School of Nursing

A World of Indifference: Canadian Women's Experiences of Psychiatric Hospitalization is a Canadian Nursing inquiry and Film that honors and makes central the often dismissed voices of women. The project sought to co-erate physical, societal and scholarly space for women to speak about their truths without fear of reprisal but also with the assurance that their words and stories would be brought to Canada's Mental health Nurses.

This presentation will present – as an offering rooted in deep respect for the work of mental health nurses - findings from a feminist narrative inquiry exploring ten Canadian women's experiences of psychiatric hospitalization. The women were invited to speak freely about what their experiences entailed, what was helpful and what was not, and were asked what they wanted Canada's Mental health Nurses to know. While some discount the testimony of persons with mental health challenges in general, and women more specifically, Canada's mental health nurses are poised to listen, consider the messages and come together with those we care for to consider what we might do both for and with the women we are called forth to care for during periods of immense vulnerability.



Great Lakes Biennial Nursing Conference

Poster Discussion Presentations

11:30-12:15



Fixing More Than the Fracture: Collaborative Partnerships Improves Patient Outcomes

Dr. A. Elashaal, Chief, Orthopaedic Section, Windsor Regional Hospital

Helen Johnson, ESC LHIN Rehabilitation Network Lead

The health care system in Ontario continues to experience growth in incidence of hip fractures with its aging population. This poster will provide a detailed outline of a successful collaborative initiative between Windsor Regional Hospital and the ESC-LHIN which resulted in substantial reduction in surgical wait times for patients with hip fractures and increased patient satisfaction.

Objectives of initiative were:

- Increase number of patients undergoing hip fracture surgery within 48 hours from time of admission;
- Collaborate with partners to facilitate earlier access to surgical intervention, lower LOS, and earlier identification of post acute care needs.

Strategies included:

- Extending elective surgery schedule to accommodate hip fracture patients;
- Improving communication - perioperative team review schedules to accommodate patients;
- Accessing inpatient post-surgical beds;
- Reviewing after hour schedules at both acute care sites with surgeons travelling to patient location;
- Providing surgeons remote access to x-rays and charts so treatment decisions are made earlier;
- Tracking data daily including patients waiting for surgery, surgery completed <24 hours, 24-48 hours and > 48 hours.

Preliminary review of pre/post implementation data shows significant improvement. At one site, 73% of patients had surgery within 24 hours, compared to approximately 32% in the eight-month pre-implementation, and 95% received surgery within 48 hours, compared to 64% prior. The percentage of patient deaths following surgery decreased from 10.1% to 4.2%. In addition, ALC days per patient dropped from 5.8 days to 2.8 days.

Collaboration, a robust measuring system, and willingness to change have significantly improved outcomes for hip fracture patients.

Experiences of Nurses and Midwives Regarding Postpartum Care in Rural Kenyan Communities

Janet Kemei, RN, MScN, PhD student, University of Ottawa

Josephine Etowa, RN, PhD, Professor University of Ottawa

BACKGROUND: Progress in reducing maternal mortality in Kenya is slow estimated to be 400 maternal deaths per 100,000 live births. Maternal mortality as a consequence of acute postpartum morbidity is high in Kenya. Postpartum care is the least emphasized component of the childbearing cycle with attendance in Kenya at 51%. Nurses are the main healthcare providers in rural Kenya, thus have the largest role to play in postpartum care and the reduction of maternal, neonatal and child (MNC) mortality.

PURPOSE: This poster will present the research proposal of a study that seeks to explore and understand facilitators and barriers that impact nurses' and midwives' abilities to provide effective postpartum care in Kenya. This understanding will provide nurses, midwives and policy makers with valuable information that may contribute to existing evidenced based postpartum nursing care and subsequent reduction in MNC mortality.

DISCUSSION: The paper will highlight the current knowledge of postpartum care by nurses and midwives in low-resource countries and establish the significance of the study. It will present the selected research approach of Focused Ethnography using nonparticipant observation, in-depth individual interviews, and focus groups as well as the proposed methods of ensuring rigor in the research process.

CONCLUSION: The paper will conclude with key messages from the literature review including the vital need for more context-specific studies; showing the importance of the role of nursing management in preventing maternal mortality and the need to use available evidence to inform the implementation of policies guiding the management of low- resourced countries.



Standardized Unit: Enhancing Patient Care

Rana Allawnha BScN, Windsor Regional Hospital

Natasha Sheeler RPN, Windsor Regional Hospital

Research has shown that often only one third of a nurse's time is spent with patients. Windsor Regional Hospital (WRH) has introduced a new concept to Canadian healthcare: Standardized Unit, to increase the nurse's time at bedside. Standardized Unit is comprised of individual modules developed to increase the amount of direct patient care leading to improved patient outcomes and experience. These modules are built upon evidence-based practice and lean thinking by releasing time, removing waste and non-value adding activity from processes to ensure a standard practice is followed across all hospital units.

The first module is the Lean 5S which consists of Sort, Set in Order, Shine, Standardize and Sustain undertaken by each unit in preparation for the next steps. Two of the next modules are Care Rounds and Shift to Shift Report. WRH has initiated standard work for each of these two processes. Collaborative teams developed electronic care round boards capturing key patient information to support daily rounding. Teams created a standard format for Shift to Shift Report to support a collaborative model of care composed of both RN and RPN staff and the sharing of key patient information at change of shift. Initial results indicate an increase in the amount of direct patient care time as a direct result of the implementation of Standardized Unit.



Exploring the uptake of the surgical safety checklist: an ethnographic study

Rachel E. Grant, MN, RN, Research Associate, Faculty of Medicine, University of Ottawa

Sherry Espin, PhD, RN, Associate Professor, Daphne Cockwell School of Nursing, Ryerson University

The surgical safety checklist (SSC) has been adopted in operating rooms (OR) worldwide to reduce medical errors, increase patient safety and improve interprofessional communication. In Canada, SSC compliance has been reported as high, but this has not been associated with significant reductions in operative mortality or complications. This ethnographic study sought to gain insight into this disconnection through the use of observations and semi-structured interviews in orthopaedic surgery. Observation was a critical method for this study – to look beyond what ‘ought’ to be happening in the OR and see what is *actually* happening in the OR. Discussion will take place around the perceived (un)importance of patient involvement in the checklist, a major theme of the team briefing process. We will look at strategies that nurses can use to challenge the status quo and improve surgical safety checklist use

**The Wellness Centre (School-Based Health Centre) at Crescent School:
A review of the experience from 2010-2015**

Ronald Chow, Crescent School

Drew Hollenberg, Crescent School

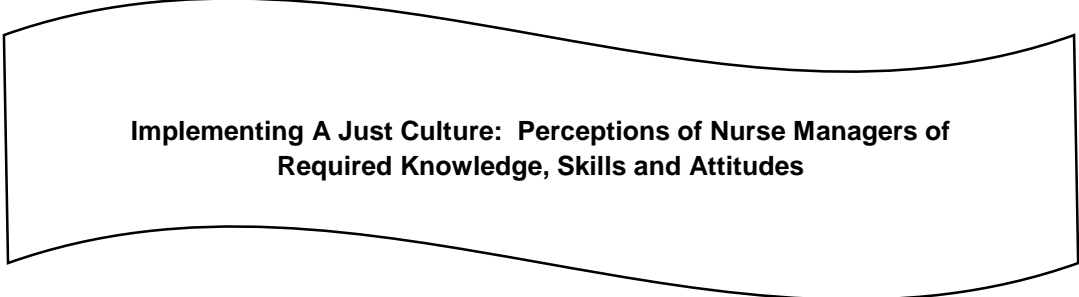
Colin Lowndes, BEd, MA, Crescent School

Nick Kovacs, BA, BEd, Crescent School

Aaron Dion, BA, BEd, Crescent School

Stuart Cumner, BSc, PGCE, Crescent School

We reviewed the experience of the Wellness Centre (WC) at Crescent School. Methods: Patient demographics, diagnoses, procedures and dispositions were recorded in a prospective database. Students were grouped into Lower (Grades 3-6), Middle (Grades 7-8) and Upper (Grades 9-12) Schools. The academic year was split into Term 1 (September to December), 2 (January to March) and 3 (April to June). Results: From September 2010 to June 2015, 13,694 visits were from students: 5,674 (41%) from Lower, 3,979 (29%) from Middle, and 4,041 (30%) from Upper Schools. 5,299 visits (39%) occurred in Term 1, 3,877 (28%) in Term 2, and 4,518 (33%) in Term 3. The two most common diagnoses and procedures were musculo-skeletal (29%) and headache (23%), and ice/dressing (40%) and medication (39%), respectively. Approximately three-quarters (72%) of visits were resolved with the student returning to class. Conclusion: The WC has served the medical needs of the school community.



Implementing A Just Culture: Perceptions of Nurse Managers of Required Knowledge, Skills and Attitudes

Michelle Freeman, RN; PhD, University of Windsor

Linda Morrow, PhD, Windsor Reginal Hospital

Margo Cameron, RN; BScN, University of Windsor

Karen McCullough, RN; MEd, Windsor Regional Hospital

BACKGROUND: Health care organizations have been challenged to create a just culture as one key component of a culture of safety. Understanding and implementing a just culture is a complex process that goes far beyond just writing a new policy stating “we practice a just culture”; nurse managers are key players in leading successful implementation on their units.

OBJECTIVE: To explore perceptions of nurse managers in developing personal competencies to enable them to effectively implement a just culture.

What are the knowledge, skills and attitudes (competencies) required for a nurse manager to successfully implement the just culture framework?

What are the challenges in implementing the just culture framework?

What are the recommended strategies that would allow nurse managers to develop the knowledge, skills, and attitudes to implement the framework successfully?

METHOD: Semi-structured interviews with nurse managers. Dependability of the interviews was supported by an interview guide with standardized questions and by independent analysis of the data by three individuals. Directed qualitative content analysis was used to identify the themes.

FINDINGS: Nine interviews were conducted. Analysis of transcripts identified four themes: need for education of managers and employees, need for a variety of new skills for nurse managers, need to change attitudes from the historic punitive culture and blaming of the individual, and challenges in implementation because of time constraints.

IMPLICATIONS: The concept of just culture is new to health care and introduces new concepts that are not commonly used or easily understood. Regardless of their years of experience, the findings identified the need for new knowledge, skills and attitudes to improve competencies and enable nurse managers to more effectively implement a just culture on their units. Education is crucial to provide foundational knowledge and to move attitudes away from a punitive culture. The findings from this study can be used to guide the design of an education program and inform senior leadership of the resources and supports required to create a just culture on work units.



A Change in Culture to Improve Patient Safety

Tazdia Burnett RN BScN, Hotel-Dieu Grace Healthcare

Kendra Truant RN BScN, Hotel-Dieu Grace Healthcare

In the past, all patients were to use a commode for elimination purposes. For their safety, all patients using a commode were told they had to wear a seatbelt. Staff was under the assumption that this practice was policy. In many cases, patients were left unattended while using the commode and belted in. Many of these patients were identified as a 'high fall risk'. It was common practice for commodes to be shared between patients and discussions occurred around whether the seatbelt was a restraint and whether the commodes were a possible contributor to the spread of HAI's.

The aim of the project was to develop clear criteria and process for equipment choice when toileting. Also, to maximize patient independence, decrease patient falls, and decrease HAIs. Actions taken included: initiation of daily safety huddles, measuring of falls from commode free days using tote, eliminating sharing commodes and ensuring patients are assigned their own commodes if required, criteria for use of commodes and direct observation criteria for toileting. Summary Results indicated that those resistant to change became unit champions for the change in process. Unit champions developed criteria for direct observation, patients reported feeling safer with a reduced feeling of abandonment and all contact re-swabs have been negative for HAI transmission.

Transgender Healthcare: Barriers Impacting Patient Safety and Clinical Practice in Canada

Natalie Speirs, RN, BScN, MScN (student), York University

This poster presentation seeks to generate meaningful discussion and insight about barriers and challenges to healthcare faced by transgender individuals. Transgender individuals experience several healthcare disparities that can result in challenges with access, placing them at high risk for poor health outcomes. Such disparities are created through gender construction and the binary of only male and female that exists in healthcare settings, stigma and discrimination impacting patient safety as well as lack of provider knowledge and education. A critical review of Canadian focused health research and nursing literature was undertaken and showed the need for increased awareness and attentiveness to these disparities. The goal for this discussion is to improve patient safety in terms of enhancing healthcare that is specific to transgender individuals.

Implications for Nursing Practice

Patient safety will be highlighted in terms of how nurses can advocate for inclusion of transgender affirmative health care practices within the nursing profession. Several strategies to enhance safe and desired health outcomes for transgender individuals will be discussed. One strategy is to focus on inclusion of transgender-specific healthcare needs within education, for example, workshops discussing hormone therapy and clinical care. Another strategy involves diversity training to create inclusive environments that highlights aspects of care for the transgender community, for example, asking the right questions during nursing assessments. A final educational strategy addresses issues with stigma and discrimination by inviting healthcare providers to engage in reflective dialogue. An important implication derived from implementation of these educational strategies is to generate competent transgender-specific care practices that aim to promote safe and healthy outcomes.



Shift to Shift Report: Standardized Reporting for Improved Patient Safety

Jennifer Shepley, Clinical Practice Manager, Medicine, Windsor Regional Hospital

Effective handoff supports transition of critical information, continuity of care and treatment. The shift to shift reporting process was variable across shifts, departments, and campuses. Because of this lack of standardization, vital information was not always communicated to the oncoming nurse who is required to care for patients in a safe and effective manner.

In March, 2016, Windsor Regional Hospital began piloting a new process for shift to shift report. It includes both verbal and written reports and lasts no longer than 15 minutes. At shift change each nurse assembles in their assigned modules and conducts the report with their small team in a standardized and effective way. For each patient the outgoing nurse shares information about the current assessment, what has changed and what the oncoming nurse should be aware of throughout the shift. The oncoming nurse is also given an updated, completed copy of the Patient Care Summary Tool. This tool provides more detailed information about the patient and will continue to be updated throughout the next shift.

Nurses also complete two functional tools: National Early Warning Signs (NEWS) tool, and the Patient Care Nursing Assessment Tool (PCNA). These documents help guide decisions for patient care assignment and reflect the CNO Three Factor Framework.

The new shift to shift report process has been piloted in both surgery and medicine programs and continues to show promising results.



Care Rounds: Taking Action to Improve Discharge and Length of Stay

Karen McCullough, RN, Chief Operating Officer, Chief Nursing Officer, Windsor Regional Hospital

To provide outstanding care for our patients, Windsor Regional Hospital implemented an improved process for rounding on patients. Care rounds are intended to support proactive discharge planning by identifying barriers to discharge and creating action plans to address these barriers.

The primary objectives of care rounds are to develop an agreed upon patient care action plan for the day and discuss arrangements for discharge.

Care Rounds are led by the Operational Manager and are conducted daily (5 days/week) using the electronic care round board. Care rounds are attended by all disciplines and last no longer than 20 minutes. Nurses provide a quick, verbal report with patient information that will help to remove barriers to discharge. The nurse also outlines a daily action plan which may include pain control, ambulation, self care needs, teaching, etc. Utilization management nurses also play a key role by reporting on discharge plans for the patient. All disciplines work together to ensure that daily goals are met and barriers to discharge are addressed.

Care Rounds are integrated with other activities that have come to be known as “standard work” on the units. The information shared at the care rounds comes from a standardized patient care summary tool and information from the standardized shift to shift report. Goals for discharge are also placed on in-room patient whiteboards and shared with patients and families.

Data is currently being collected to measure the improvement in discharge times and decreased length of stay, as well as related patient safety measures.

#mynursingstudentlife: A Netnography Exploring Nursing Students' Use of Image-Based Social Media Technology

Kingsley Au, RN, BScN, MScN, Western University

Richard Booth, RN, BScN, MScN, PhD, Western University

BACKGROUND: The global-wide availability and adoption of social media technologies suggests that nurses, students, and patients simultaneously use the same digital platforms for all manners of everyday communication – associated risks and consequences noted in the literature include, blurring of personal/professional boundaries and breaches of patient privacy and confidentiality. A significant issue within nursing practice and education pertains to how nursing students use this form of technology during their undergraduate education and its subsequent outward professional impact on the profession.

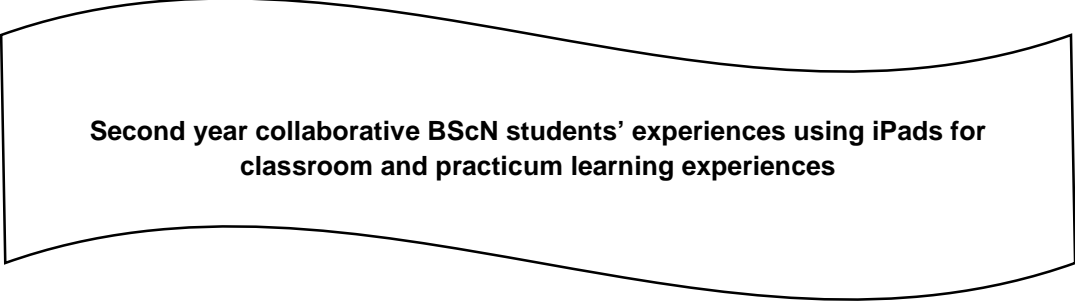
PURPOSE: This study explores the ways in which nursing students use social media technology within/for nursing education.

METHODOLOGY: This study employs Kozinet's (2015) netnography, alongside elements of grounded theory and visual methodology.

SAMPLE AND SETTING: The study was conducted by examining archived entries arising from one image-based social media platform (i.e., Instagram). Purposive and theoretical sampling strategies were applied to sample nursing students who used Instagram during their nursing education. Subject profiles were eligible for inclusion provided that students: (a) self-report nursing student roles; (b) posted regularly (for a minimum of one year) and; (c) all posts to Instagram were publicly available.

RESULTS: Preliminary findings from the study speak to a varied cultural understanding related to patterns of Instagram use, and the ways in which students produce multimodal content to represent 'themselves' as nursing students in the digital context. Due to the nature of the image-based platform, findings of this study were triangulated with interpretations/observations of still images, text, #hashtags (social-bookmarks), and emojis (ideograms).

CONCLUSIONS: There is a considerable lack of understanding and awareness in the nursing discipline regarding the adoption and use of social media technology. As such, this study provides important preliminary findings regarding how nursing students use platforms like Instagram during their education.



Second year collaborative BScN students' experiences using iPads for classroom and practicum learning experiences

Sue Coffey, RN, PhD, Associate Professor, Nursing Program, University of Ontario Institute of Technology

Dana Chorney, RN, MN, Durham College-UOIT Collaborative Nursing Program

Leslie Graham, RN, MN, CNCC, Durham College-UOIT Collaborative Nursing Program

Nurses make clinical decisions, problem solve, critically think, and provide information and treatment “in the moment.” In turn, professional nursing practice must be sensitive, effective, and responsive to patient needs and nurses must have the capacity to respond quickly in complex situations. Professional nursing practice must also be based on an appreciation of the healthcare recipients' right to information that is understandable, timely, and encourages patient decision-making together with self-determination. Balancing a patient-centred approach with evidence-based decision-making is central to quality nursing practice and commonly underscores nursing curricula (Edgar, 2013). However, translating these concepts into practice reality is challenging.

An innovative technology-enhanced teaching-learning-practice approach, supporting client-centred, evidence informed nursing practice was introduced to second year University of Ontario Institute of Technology (UOIT) and Durham College (DC) collaborative BScN students. All students in year two were invited to participate in trialing the use of iPad mini devices in practicum and classroom learning. Through this technology-based teaching-learning-practice innovation, both evidence and knowledge translation (patient teaching) strategies were placed in the hands of future healthcare providers as they learned how to enhance their nursing practice at the point of care. Moving digital literacy skills beyond the classroom to the point of care has potential to impact the healthcare experience of patients, the practice experience and attitudes of nursing students (Johansson et al., 2012; Schlairet, 2012). This project took place within the context of the technology-enhanced learning environment at UOIT, where all students receive laptops, discipline-specific software, and extensive IT support. Preliminary findings will be presented.



Nurses4Nurses: A Student-Led Initiative Utilizing Social Media to Engage Young Nursing Professionals

Sarah Dinsdale, BA, BScN Candidate 2017, Western University

Carley Ouellette, BScN Candidate 2017, Western University

Kendra Dziuba, BHSc, BScN Candidate 2017, Western University

Young nursing professionals, including students and new graduates, are constantly nurturing evolving interests supported by personal and specific learning goals. This transitional stage is a critical time where influence from nursing research can be a tool used to guide future nurses towards various streams within the profession. Providing a shared voice for young nurses that recognizes the value of collaboration can be a driving force to achieve change, share research knowledge, and learn from others' lived experiences. The Nurses4Nurses Program plan was developed to support participation and equal opportunities for leadership roles; empower future nurses at both public and policy levels; promoting the integration of new research into practice; and, lastly, enhance the use of sustainable technology to maximize the safety and health of patients both in Canada and internationally.

The project's aim is to develop and evaluate horizontal network sharing of resources to support and connect nursing students and young nursing professionals. Social Media Experts, International Clinical Nurses and Research Project Managers were consulted for feasibility, planning and the implementation of this program. Feedback is continuously being evaluated for consistency regarding the accessibility and use of social media for both educational and international nursing collaboration. In order to enhance participation and retention of future students and nurses, engagement strategies will be implemented to maintain continuous and interactive knowledge translation. The Nurses4Nurses Program will contribute to the transfer of nursing knowledge within specific disciplines, such as global health and patient safety. In doing so, Nurses4Nurses will build a professional online social media presence while promoting values of leadership, advocacy, and empowerment for young nursing professionals.



Interprofessional Education Through University-Hospital Collaboration

Sue Coffey, RN, MScN, PhD, Associate Professor, University of Ontario Institute of Technology

Hilde Zitzelsberger, RN, MSc, PhD, Assistant Professor, University of Ontario Institute of Technology

Leslie Graham, RN MN CNCC CHSE, Professor, Durham College & Adjunct Professor, University of Ontario Institute of Technology, Durham College

Interprofessional education (IPE) is becoming increasingly significant in health care curricula as foundational to healthcare quality and patient safety. With adoption of team-based practice, IPE provides nursing and health care students with the opportunity to learn with, from, and about each other to both promote effective, collaborative practice and improve health outcomes (Coffey & Anyinam, 2015; Frank & Brien, 2008; Meakim et al. 2013). Historically, health care students have learned in “professional silos”, a model known to contribute to poor communication skills, teamwork failures, and compromised patient safety (Palaganas, 2014). Within the Canadian context, few opportunities exist for students to engage in interprofessional practice, resulting in gaps in preparation for the real-world practice environment.

This poster presentation will highlight an educational initiative that builds upon strong collaborative ties between a university and a community teaching hospital. By teaching about interprofessional practice, in a setting which promotes and supports interprofessional practice, students were invited into both real-world and simulated learning that extended theoretical knowledge into the practice setting. Overall, this educational initiative was received positively by students as they experienced the benefits of learning about and practicing IPE in a real-world practice environment. Lessons learned from the student perspective will be shared. Finally, faculty perceptions of barriers and facilitators to large group interprofessional, simulation-based education for nursing and health sciences students will be explored.



Followership and Nursing Education

Sarah Lopez, RN, BScN, MN, IBCLC, University of Windsor

Michelle Freeman, PhD, RN, CPPS, University of Windsor

Leadership has historically been recognized by the profession of nursing as a core competency for all nurses. However, only 20% of the success of any organization can be attributed to the leader, while followers are responsible for at least 80%. Followership is emerging as an important competency in the nursing profession; nurses must be able to transition from leader to follower roles in their daily practice. While leadership competencies have long been recognized as essential, the art of following is seldom acknowledged in nursing education or professional practice standards. The omission of followership raises important questions for the nursing profession. Should followership be acknowledged as an essential competency for nurses? What is the impact of ignoring this important role on individuals, teams and health services?

Effective or courageous nurse followers have positive impacts on patient outcomes, safety, team work, communication, and nurse burnout. However, without appropriate, consistent integration of followership specific education this role cannot be fully appreciated. The purpose of this poster is to explain the concept of followership, explore its importance to the nursing profession and offer recommendations to guide its integration into baccalaureate education.

The Value of Undergraduate Nursing Student Involvement in Health Informatics

Chantal Singh RN, BScN

As a member of the first cohort of students in the new BScN curriculum at Western University, I had the opportunity to discover how technology is utilized in the ever-changing healthcare system through the Health Informatics in Nursing course. Topics such as utilization of electronic health records, social media and health privacy were all explored and discussed. Furthermore, this prepared me for various career opportunities within nursing and healthcare in both clinical and emerging settings. Being the only nursing school in Canada to offer a course delving into Health Informatics in this way at the undergraduate level, it also provided myself with the opportunity to be involved with a large electronic health record (EHR) project in the London region.

As nine London regional hospitals transitioned to a computer provider order entry (CPOE) charting system, a group of nursing students was involved with facilitating this change across multiple healthcare organizations to unify the health record technology used across these sites. In our role, we were able to provide support to staff and assist in not only training, but also further development of the system based upon feedback we collected. As a generation who has grown up using technology, nursing students at the undergraduate level are able to combine clinical knowledge as well as experience with technology to play a significant role in the face of nursing and its use of technology to support clinical care and complete documentation. This presentation will expand on the experience of working in this emerging field as a previous undergraduate nursing student, and will also explore the implications of how Nursing and Health Informatics will affect nursing students and the nursing practice in the future. It will also provide insight for other students interested in getting involved with this field at the undergraduate level based on professional and student experiences.

Exploring Simulation Utilization and Simulation Evaluation Practices and Approaches in Undergraduate Nursing Education

Hilde Zitzelsberger, RN, MSc, PhD, Assistant Professor, University of Ontario Institute of Technology

Sue Coffey, RN, MScN, PhD, Associate Professor, University of Ontario Institute of Technology

Leslie Graham, RN MN CNCC CHSE, Professor, Durham College & Adjunct Professor, University of Ontario Institute of Technology

Efrosini Papaconstantinou, RN, MSc, PhD, Assistant Professor, University of Ontario Institute of Technology

Charles Anyinam, RN, MScN, PhD(c), Professor, George Brown College

BACKGROUND: Through the use of high quality simulation experiences, learners are able to acquire and demonstrate the knowledge and skills necessary for safe, competent, and ethical nursing practice. Increasingly, simulation is playing an essential role in supporting educators to facilitate nursing students' learning, readying them for clinical practice (CASN, 2007; Cant & Cooper, 2010; Norman, 2012; Rickets, 2011). As the use of simulation increases, the need to evaluate students appropriately, accurately, and in reliable ways intensifies (Todd et al., 2008). Furthermore, as nursing programs increasingly consider simulation as direct clinical replacement in the context of increased student enrolment and dwindling clinical placement opportunities, standardized evaluation must play a vital role (CASN, 2007; Norman, 2012; Todd et al., 2008).

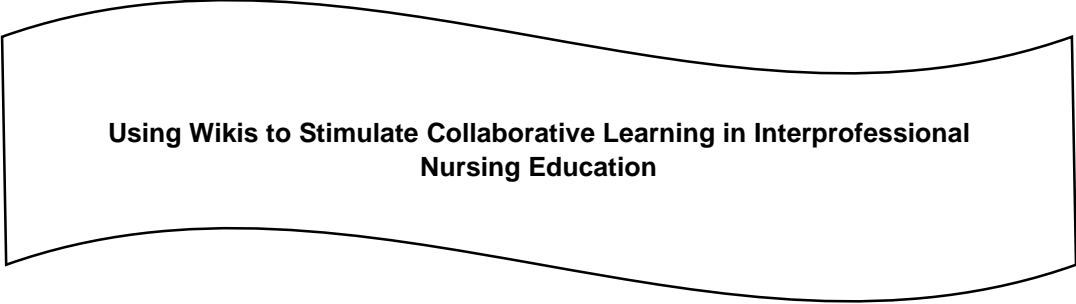
PURPOSE: This study investigated simulation utilization and evaluation practices and approaches used among all undergraduate nursing educational programs in Ontario, Canada.

METHODOLOGY: To establish a "picture" of current trends, practices, and approaches in Ontario nursing programs, a mixed methods approach was utilized, wherein both quantitative and qualitative data collection took place through a confidential online questionnaire.

SAMPLE AND SETTING: Employing non-random and purposeful sampling, input was sought from all 36 Ontario undergraduate nursing programs (14 universities along with 22 college partners).

RESULTS: Simulation, including all types of fidelity (e.g., low, medium, high), is widely used throughout all program years, particularly in clinical courses. Since at least 2013, many programs have or have plans to increase simulation experiences for students. Findings suggest that simulation practices and approaches, although rapidly developing, still require growth and development, especially in regard to standardization in the use of simulation to replace direct clinical practice.

CONCLUSIONS: The study results hold the potential to direct further research and future developments in the ongoing evolution of best practices in simulation in Ontario nursing education as well as nationally and internationally.



Using Wikis to Stimulate Collaborative Learning in Interprofessional Nursing Education

Hilde Zitzelsberger, RN, MSc, PhD, Assistant Professor, University of Ontario Institute of Technology

Karen Campbell, RN, MN, PhD(c), Sessional Lecturer and clinical instructor, University of Ontario Institute of Technology

Dorothea Service, Sessional Lecturer and clinical instructor, University of Ontario Institute of Technology

Otto Sanchez, Professor, University of Ontario Institute of Technology

The use of wiki technology fits well in courses that encourage constructive knowledge building and social learning by a community of learners. Pedagogically, wikis have attracted interest in higher education environments as they facilitate collaborative processes required for developing student group assignments (1, 2, 3). Collaborative group projects within a wiki environment closely mimic community of practice settings that nursing students will face as future health professionals. In this presentation, we describe our pilot project to assess the implementation of wikis in two online small- and mid-sized elective courses comprised of nursing students in third or fourth year undergraduate levels within interdisciplinary health sciences courses. Despite a number of challenges for teachers and learners, our experiences clearly indicated a number of potential advantages. However, there is a need to further develop the pedagogical use of wiki environments before they can be expected to support collaboration among students. Also, adapting wiki implementation to suitable well-matched courses will make adaptation of wikis into health sciences curricula more effective and may increase the chances that students will hone the collaborative abilities that are essential in their future professional roles in communities of practice.

The Lived Experience of NCLEX Preparation for Nursing Graduates

Linda MacDougall, RN, BScN, MEd, PhD (student), St Clair College

Ashley Bulley, PSW, BScN, Masters (student), St Clair College

BACKGROUND: In July 2012, the Canadian Council of Registered Nurse Regulators adopted a new licensing exam for nursing graduates. The American-based NCLEX-RN exam became the new national licensing/registration exam in Canada. It was implemented in January 2015 with many nursing graduates writing for the first time in the spring and summer of 2015. Canadian stakeholders face many challenges in preparing students including understanding the elements that contribute to nursing graduates' readiness to write the exam.

PURPOSE: To explore common features that exist in the perceived reality of nursing graduates as they ready themselves to write the NCLEX-RN.

Methodology: Data will be analyzed through an interpretive approach. Phenomenology will be used to observe, interview and describe the meaning of the lived experience of nursing graduates preparing to write the NCLEX-RN.

SAMPLE: The sample consists of 15 nursing graduates from 4 year BScN programs.

SETTING: The setting is a large classroom in southwestern Ontario.

RESULTS: A thematic description illustrating the essence of the lived experience during NCLEX preparation will be presented. Common features include understanding difficult nursing concepts through content review that change feelings of fear to competence, ongoing emotional support by knowledgeable facilitators and peers and the provision of a learning resource that guides graduates through a concise study process.

CONCLUSIONS: Nursing graduates have been overwhelmed and afraid when undertaking study for the NCLEX-RN. Understanding the lived experience of these nursing candidates can assist stakeholders in Canada to better support the graduates needs in order to facilitate success on their registration exam.

**Exploring the Nurse-Client Relationship in Public Health Social Media: A
Qualitative Analysis of Two Public Health Units' Facebook
Online Posts for One Year**

Ryan Chan, RN, MScN Student, Arthur Labatt Family School of Nursing, Western University

Richard Booth, RN, PhD, Assistant Professor, Arthur Labatt Family School of Nursing, Western University

BACKGROUND: Given the increasing use and adaptation of social media in the health care system, it is inevitable that social media technology has evolved into a communication tool to relay health information to the public. As such, nurse-client interactions in some speciality areas (i.e., Public Health) have also transitioned some of their health communication from traditional face-to-face interactions, to online encounters.

PURPOSE: This research study explored the nurse-client interactions posted on social media accounts of two Ontario public health units, over a year long period.

METHODOLOGY: In this study, a qualitative descriptive method was used to analyze data collected through publicly available messages posted on two public health units' Facebook page, with discussions surrounding parenting and family health. Qualitative analysis was used to explore the characteristics found in those nurse-client interactions, and to identify fundamental elements of communication in such particular interactions.

SAMPLE AND SETTING: A collective 2151 messages posted on two public health units' Facebook page posted over a year long period were analyzed.

RESULTS: Fundamental elements of nurse-client relationships including respect and empathy were found throughout the study. In addition, non-fundamental elements including the use of social jargons and expressions intended to suit the needs and demands of social media culture were also discovered.

CONCLUSION: Despite the fact that the nurse-client relationships explored in this study took place on a social media platform, the fundamental essence of a therapeutic relationship was retained. It appears that the social media platform not only provides an opportunity for more casual interactions to occur regarding parenting and family health information, but also assists in transforming the nurse-client relationship into an enjoyable experience.

Nursing Students Perspective On the Value of Simulation

Michelle Groundwater RN, BScN, MScN, ET, St. Clair College

Cindy Pallister RN, BScN, MScN, St. Clair College

Educators continuously strive to provide valuable learning opportunities for their students that will develop their clinical practice competencies and foster professional growth. The need for faculty to provide challenging and fun simulated environments that enhances student learning was identified through formal and informal student feedback. Valuable learning experiences in a simulated environment were created in an effort to motivate students and build clinical confidence and competence. Simulation content included a variety simulation scenarios using high and low fidelity manikins. Simulation activities included the opportunity for students to practice skills realistically, similar to the clinical setting. Students were asked to complete a survey using a 5-point Likert scale and provide narrative feedback pertaining to self-confidence and competence in learning and clinical performance. The survey was completed prior to their first simulated activity and upon completion of all simulated activities. Informal feedback was given to faculty during debriefing sessions.

By the end of the simulation experiences, faculty noted that students were positive about their ability to problem solve while using teamwork and communication skills throughout scenarios. Students appreciated the realism of the labs. They found them to be fun and enjoyed experiencing a different side of faculty than observed within a classroom. Students had the opportunity to practice skills that they did not perform during clinical placements. Survey results revealed simulation activities motivated students to learn and increased their perceived levels of confidence and competence in preparation for real-life client care.

NOTES