



Tau Upsilon Chapter

First Annual Research Conference Proceedings

“Celebrating Nursing Excellence”

***Saturday October 21, 2006
Windsor, Ontario***

ACKNOWLEDGEMENT

On behalf of the Research Working Group, I wish to take this opportunity to thank you for attending the First Annual Research Conference at the University of Windsor, Faculty of Nursing. The conference theme, **Celebrating Nursing Excellence**, was carefully chosen to celebrate and recognize the many diverse achievements and contributions of nurse clinicians, educators, researchers, and students. As I introduce you to these conference proceedings, I would like to offer special thanks to all those who made this experience a success. Our thanks and appreciation go to the Sigma Theta Tau Upsilon Chapter at the University of Windsor for their co-sponsorship of this event. Our thanks also go to Dr. Nihar Biswas, Vice President of Research, Dr. Jim Frank, Dean of Graduate Studies and Research, and Dr. Elaine Duffy, Dean of the Faculty of Nursing for all their support.

Special thanks go to the following dedicated, hard working, and persevering members of the Research Working Group and the Conference Planning Committee:

Ms. Susan Rotondi-Yousef	Event Coordinator
Ms. Katherine Simon	Alumni and Development Officer
Ms. Lynne Eager	Windsor Regional Hospital
Ms. Peggy Oldfield	Hotel Dieu Grace Hospital
Ms. Linda O'Hollaron	St. Clair College – Chatham
Ms. Carol Kolga	St. Clair College – Windsor
Ms. Susan Baxter	President – STTI, Tau Upsilon
Prof. Debbie Dayus	University of Windsor – Nursing
Dr. Debbie Kane	University of Windsor – Nursing
Dr. Sharon McMahon	University of Windsor – Nursing
Dr. Cheri Hernandez	University of Windsor – Nursing
Dr. Susan Fox	University of Windsor – Nursing

Respectfully,

Maher M. El-Masri, PhD, RN
Conference Chair and Research Coordinator
University of Windsor, Faculty of Nursing

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Opening Keynote Speaker

DORIS GRINSPUN, RN, MSN, PhD(c)

Executive Director of the Registered Nurses Association of Ontario (RNAO), the professional association representing registered nurses in the Province of Ontario.

Ms. Grinspun is an Assistant Professor in the Faculty of Nursing at the University of Toronto, an associate member of the Centre for Health Promotion at the University of Toronto. She has published and spoken extensively, both in Canada and abroad.

Luncheon & Closing Keynote Speaker

MICHAEL RACHLIS, MD

A private consultant in health policy analysis, consultant to the federal government, all ten provincial governments, and two royal commissions, he holds an associate professor appointment (part-time) with the University of Toronto, Department of Health Policy, Management, and Evaluation. Dr. Rachlis has presented to numerous committees of the Canadian House of Commons and Senate and the United States House of Representatives and Senate.

ABSTRACTS

USING KNOWLEDGE FROM PRACTICE SECTORS TO ACTUALIZE A SHARED VISION

The mission of this regulatory body is to protect the public's right to quality nursing services by providing leadership to the nursing profession in self regulation. Two initiatives have been developed to strengthen the regulatory body's role with practice settings, across sectors and dimensions of practice.

A series of teleconferences were initiated to engage in open dialogue with nurse leaders, administrators and employers in the long-term care sector. This opportunity promotes self-regulation and protects the public's right to safe, effective and ethical client care. The themes from the teleconferences reflect a sense of isolation, pressures of accountability and quality care with inadequate resources for support. In addition, an Outreach Program has been developed to share this regulatory body's knowledge and to continually understand the evolving practice setting realities of nurses. The new Outreach Program will focus on the ways in which this regulatory body engages nurse leaders in the development of processes to support work environments that assist nurses to apply practice standards. The regulatory body will use the expertise from the practice settings to establish priorities and further enhance policy development.

Lisa Freeman, RN, MScN, College of Nurses of Ontario (primary contact person)

Lori Adler, RN, MHSc, College of Nurses of Ontario

THE ROLE OF NURSING IN UNCERTAINTY MANAGEMENT SUPPORTING PATIENTS REQUIRING PALLIATIVE CARE

The population coping with chronic life-threatening disease is increasing. Uncertainty that accompanies the experience of illness has been found to be a significant psychological stressor that negatively affects the quality of life of these individuals. This paper uses Mishel's theory of uncertainty in illness to examine the phenomenon of uncertainty during chronic life-threatening illness. It links the theory to palliative care research findings about what support is needed from the health care system in order for people to cope with the effects of disease. Nursing roles and activities are discussed to demonstrate how general practice, and advanced practice nurses across the continuum of care can assist individuals and their families to cope with the uncertainty experienced during the trajectory of chronic life-threatening illness.

Sharon Allen; RN (EC), MSc (N)
Hotel Dieu Grace Hospital

SEAMLESS DISCHARGE PRESCRIPTION

Seamless Discharge Prescription (SDRx) was created in 2005 as Leamington District Memorial Hospital's tool to reconcile patient medications at admission to, transfer within, and discharge from, hospital to community. The SDRx is a single page form which documents the history of a patient's medications throughout hospital stay. On discharge from hospital, the SDRx is faxed to the retail pharmacy and is accepted as the patient's prescription for post hospital medication. With written consent of the patient, it is also faxed to all the patient's community healthcare providers,

On admission to hospital, the nurse completes the SDRx, gathering medication information from the patient, his/her family and their community pharmacist. Throughout hospital stay, the physician updates the SDRx each time the patient's medication is changed and again at discharge. The nurse uses the SDRx and accompanying layman's language handouts to educate the patient about his/her medications at time of discharge. The patient is given a copy of the SDRx to take home and is instructed to bring it with him/her upon return to hospital. Continuity of care across sectors results from the use of the SDRx. Patient, nurse and community healthcare providers' satisfaction with the SDRx is high.

Charlene Allin, Clinical Manager, Acute Care
Leamington District Memorial Hospital

MODEL DEVELOPMENT FOR THE ROLE OF FACULTY MENTORSHIP IN GRADUATE NP ROLE TRANSITION

This paper describes a model for the transition of primary care nurse practitioners from the role of student to experienced practitioner. The model described here explicates the role of faculty mentorship in the transition process. Drawing from the initial work of Benner (1986) on entry level nurse professionals, mentoring was identified as a key element in helping novice professionals develop competence and confidence. There is little in the literature that describes role transition for the nurse practitioner. Brown and Olshansky (1997), using a grounded theory approach, examined role transition for the first year of practice for primary care NPs. Brykczynski (2005) describes a model of role acquisition in school. This proposed model explicates upon that work and utilizes program evaluation data to describe the role of faculty as mentor. Focus groups data from both graduates and faculty identified the major issues surrounding transition as professional development, social isolation and clinical performance and productivity in an era of cost containment. Themes were used to describe strategies for faculty mentorship for both students and graduates during the transition process. Program implications extend beyond curriculum development to the post graduation phase of professional development.

Janet M. Baiardi, PhD, APRN, BC
Patricia Rouen, PhD (c), APRN, BC
Carla Groh, PhD, APRN, BC
University of Detroit Mercy

DEVELOPMENT AND IMPLEMENTATION OF A NURSING PRECEPTOR/MENTOR PROGRAM AT LEAMINGTON DISTRICT MEMORIAL HOSPITAL, (LDMH)

Program Objectives:

- Recognize and develop nursing leaders
- Support nursing staff and student nurses
- Recruit graduate nurses
- Improve client/patient care
- Make LDMH a great place to work

Program Elements:

Preceptor/Mentor Handbook and Preceptor/Mentor Workshop

Summary:

LDMH created the Preceptor/Mentorship Program, in response to expressed needs of nursing staff and students, and after a review of similar programs at Conestoga College and Hospital for Sick Children of Toronto. The Program is reflective of best practice. Its content is consistent with the Registered Nurses Association of Ontario's Preceptor Workshop information. The LDMH Professional Practice Committee and Professional Development Committee reviewed, endorsed and approved the program in 2005. These groups represented: Staff, Management, Education Services, Human Resources and Related Unions. In 2005, LDMH offered its first Preceptor/Mentor Workshop.

Conclusion:

LDMH has shared the Preceptor/Mentor Handbook and Preceptor/Mentor Workshop with community partners. Some have attended a workshop. Educators, students and staff consistently indicate that the program is valued. LDMH anticipates that a regional program will evolve into a standardized curriculum at St. Clair College. Markham Stouffville Hospital recently adopted the LDMH program for training their preceptors/mentors.

Nancy Bauer, Hon. B.A., Hon. Bus. Administration, RN, ET
Professional Practice Leader
Leamington District Memorial Hospital

SPARK: BUILDING A RURAL YOUTH HEALTH PROMOTION WEB SITE

Purpose of Study

The purpose of this study was to determine specifications for a health promotion website for rural youth using participatory design.

Rationale and Significance

Rural youth are an under-serviced, understudied group. Program delivery in rural communities is often difficult in large geographical areas with disperse populations. The Internet can be a useful service delivery strategy.

Methodology

A participatory design approach was used involving local youth. Three hour think tanks were held and consent was obtained from youth (and parents when necessary). Each group, led by youth hired for the project, developed personas reflecting their ideas of typical Huron County youth. Scenarios were then developed indicating how each persona might use the web site. Youth presentations summarizing their work were tape recorded and transcribed; written notes were also obtained and all data were entered in N-Vivo.

Sampling and Setting

Cross sections of youth were chosen from different regions and organizations (ie. Youth Groups, High School COPE classes) in Huron County forming the five groups of 14- 24 year old youth (n = 36).

Results

Themes that emerged from the qualitative analysis reflected both common adolescent concerns and unique perspective of rural youth. Topics of interest were bullying, loneliness and depression, stress management, and alcohol and drug abuse. Delivery strategies included chat rooms, counseling services, a safe online environment, a place to meet new people, share information regarding local resources and social events, and space for parents. Youth wanted assistance in identifying employment and volunteer opportunities, tutoring assistance and career advice including direct communication with youth at nearby colleges and universities. There was a clear need for *local* information and communication.

Conclusions

Partnering with local youth to develop specification proved to be a useful strategy to assist in identifying design specifications for a rural youth health promotion website.

Ruta Valaitis, PhD, RN, McMaster University, Principal Investigator

Linda O'Mara, PhD, RN, McMaster University, Co-Investigator

Sherri Bezaire, BHSc., Huron County Health Unit, Co-Investigator

THE DEVELOPMENT OF A SMOKING CESSATION PROGRAM FOR RENAL PATIENTS: APPLICATION OF THE TRANSTHEORETICAL MODEL OF BEHAVIOURAL CHANGE

The health risks related to smoking are well known to the general population as well as to those experiencing renal disease. Patients with end stage renal disease are facing an incurable, life-threatening, chronic disease. The number of people with renal disease requiring dialysis and/or kidney transplantation continues to rise in Canada and throughout the world. Smoking and the negative impact on renal disease is becoming increasingly recognized.

The purpose of this presentation is to describe the development a smoking cessation program for the renal population at a local community dialysis unit. There are no reported smoking cessation programs for patients with renal disease (Orth & Uehlinger, 2003). The goal to make those who smoke stop, is difficult to achieve. The Transtheoretical Model of Behavioural Change (Prochaska & DiClemente, 1983) will be used through computer-based delivery to determine the readiness of the individual to stop smoking. This smoking cessation program for the renal patients will offer information, intervention choices, available resources, on-going support and personal renal health care contacts. For continuity of care, the patient's progress in the program will be followed in the NephroCare® renal charting system.

Cynthia Bissonnette RN, MScN
St. Clair College of Applied Arts & Technology
School of Health Sciences, Faculty of Nursing

WINDSOR-ESSEX ADOLESCENT SEXUAL HEALTH PROGRAM

Outline: The Windsor-Essex County Adolescent Sexual Health Committee (see attached membership list) put together a Comprehensive Sexual Health Program for grade 9 students through their Physical Education classes.

Community Partners came together with common goals and developed a week of activities targeted at grade nine students. The goal of the Comprehensive Sexual Health Program is to provide adolescents', their parents and teachers with the information and tools necessary to make responsible and healthy decisions regarding sexuality. Topics for discussion include: delaying intercourse, pregnancy prevention, prevention of STI/HIV and alcohol use/abuse. The program follows the grade 9-health curriculum.

The program is implemented over one week in each school with interactive learning activities that will build upon one another to enhance the student's ability to integrate the new information into their decision-making process and have opportunities to question the presenters. Parenting components include an evening workshop "Talking to Your Kids About Sexuality" and TIPS newsletter are used to help parents feel comfortable talking to their children about sexuality.

The Workshop Components are as follows:

Day 1 & 2: Building Safe & Healthy Relationships

Day 3: Anatomy/Physiology of the Reproductive Systems & Birth Control Methods.

Day 4: Sexually Transmitted Infections/HIV and local clinical services.

Day 5: "Getting Real" A panel discussion with a teen mom, teen dad, and someone who is HIV positive.

In order to evaluate the effectiveness of the program, 3 pilot schools and 3 control schools take part. A University of Windsor has partnered up once again to evaluate the program for the second straight year. Pre and post evaluation questionnaires are used to evaluate the effectiveness.

The Greater Essex County District School Board Character Education Committee approved this comprehensive program.

The University of Windsor Ethics Committee as well as the Greater Essex County District School Board Research Review Committee reviewed the evaluation process to ensure that it met their guidelines.

Evaluation results of the pilot are available and would be presented to attendees. The program has been modified to address areas that required improvement. Our coalition has learned many valuable lessons during the pilot phase and will share our lessons with attendees.

This project truly exemplifies how collaboration with community partners benefits the community.

Dana Boyd, RN BScN, Chair of the Windsor-Essex County Adolescent Sexual Health Committee

Lisa Smylie, MA, University of Windsor Dept. of Sociology/Anthropology

INFECTION PREVENTION AND CONTROL EDUCATION IN NURSING PROGRAMS ACROSS CANADA

Issue: An exploratory study was done to investigate the current state of Infection Prevention and Control (IPC) education in nursing programs across Canada.

Methods: A survey was developed based on the College of Nurses of Ontario Standards for Infection Control published June 2004 (post SARS). The survey included quantitative and qualitative questions. The total population of nursing programs across Canada that offer a degree in nursing as listed by the Canadian Nurses Association was surveyed.

Results: The response rate was 52% including French language programs. In response to the first research question: what are the qualifications of educators of IPC in nursing programs across Canada: only 35% indicated that faculty had either experience as a infection control practitioner (9%) or previous experience with IPC (26%). When asked when the last IPC workshop/course was offered for educators at their school of nursing, 83% did not answer. There seem to be gaps in handwashing, equipment disinfection, fit testing of N95 respirators, and waste management. The majority of programs stated that they had access to an infection control professional and felt consultation with that individual was beneficial to their programs. However few programs formalized that connection with infection control.

Conclusions: The majority of programs expressed interest in either on line tools or information packages prepared by ICP. Results show nursing programs use resources for infection control fairly well. Self evaluation may not be the best tool to evaluate ICP content in nursing programs because our tool did not provide for complete anonymity. Sponsored by a 3M Research Award 2004.

Nora Boyd, RN; MEd; CIC, Bluewater Health Sarnia Ontario

Maureen Engli, RN; MScN, Athabasca University, Edmonton, Alberta

THE EFFECTIVENESS OF INCIDENT REPORTING IN IDENTIFYING RISK

Incident reporting is considered an important source of risk management data for identifying and addressing the causes of error that occur in healthcare organizations. Although incident reporting can provide insight into organizational problems, there are limitations in the effectiveness with which incident reporting can accurately identify risk and lead to quality improvements. The effectiveness of incident reporting in accurately identifying risk may be influenced by variables in the structure and design of reporting systems. Several variables including, data bias, system usability, non-standardized terminology and coding, and deficiencies in combined data analysis can reduce the accuracy of risk data. Until incident reporting systems are enhanced and an environment of safety is promoted, incident reports will only provide a glimmer of insight into organizational risk and quality improvement.

Vanessa Burkoski, RN (EC), BScN, MScN

FACTORS INFLUENCING NURSING EMPLOYMENT IN BORDER COMMUNITIES

Purpose of the Study

The purpose of this study was to examine what influences nurses in a border community to select work in Canada or the USA. While salary and full-time work are cited as reasons nurses seek employment it is likely that other factors also influence their decision-making.

Rationale and Significance

The global nursing shortage requires understanding of why nurses select and remain in a workplace and we must also strive to keep our trained nurses in the profession and not lose them to related employment.

Methodology

This descriptive, correlational study examined the relationships between demographic factors and measures of job satisfaction such as autonomy and challenge, as well as work environment factors such as relationships with colleagues, supervisors and physicians. Additional questions focused on compensation, career satisfaction, educational opportunities, scheduling and workload.

Sample

All nurses working in Hospitals or Long-term Care facilities living along the Ontario/Michigan border in South-Western Ontario were recruited through the College of Nurses of Ontario. Approximately 3000 nurses were recruited through a mail survey. Nurses were assured of confidentiality and our response rate was 32%.

Results

Preliminary findings suggest that different factors are influencing nurses' decisions to work in Ontario or Michigan in this region. As expected salary and full time employment were factors affecting nurses initial decisions, however work environment factors were also important to many and given as reasons for remaining in their place of employment. Work scheduling and opportunities to work in specialized centers also affected nurses' decisions.

Conclusions

This research provides additional understanding of factors influencing nurses' decision-making in a border community and provides information for policy-makers as well as employers in Michigan and Ontario when they are considering recruitment and retention strategies to maintain their nursing work-force.

Dr Sheila Cameron, R.N., Ed. D. Faculty of Nursing, University of Windsor.

Dr Marjorie Armstrong-Stassen, Ph.D. Odette School of Business, University of Windsor.

CONNECTING SPIRITUALITY & WELLNESS THEORETICAL FOUNDATIONS PASTORAL SKILLS

Registered Nurses have spent many years observing patient's in hospital struggle with the impact of illness on their lives. They have observed patients searching to understand why and where God is in all of this and listened to the patient's feelings of helplessness and hopelessness.

The purpose of this thesis is to examine the relationship between spirituality and individual well being and the role pastoral intervention has in reducing the negative effects of disease related stressors for those persons who are ill or have been ill. This thesis examines Jean Watson's theory "Human Science and Human Care".

Dr. Watson describes the day to day practice of professional nursing as requiring grounding in a humanistic value system that is continually cultivated with scientific knowledge which guides nursing practice. She also notes this humanistic-scientific combination underlies the science of caring. Dr. Watson uses the term carative in contrast to the more common term curative to help differentiate nursing and medicine.

Spirituality is about the deepest dimension of personhood where a person encounters ultimate reality. Spirituality can be understood as a pilgrimage, journey, and way that lead to self-transcendence and transcendence is what personhood is about.

The research for this thesis began with a survey of women over 50 years of age who were ill or had been ill. The survey questionnaire was completed during personal interviews with each participant. A separate questionnaire was utilized to interview nurses and pastoral care personnel in an acute care setting. The concepts of Dr. Watson's theory have been integrated into research findings with a broader discussion of the basic assumptions for the science of caring for nurses.

The findings, suggestions and conclusions of this small research study will be presented orally.

Marion Campbell, RN; BScN; MA

EXPERIENCES OF PARENTAL ADVOCATES IN SELF-HELP GROUPS FOR CHILDREN WITH AUTISM

This qualitative study explored the experiences of parental advocates in attending self-help groups for children with autism. Twenty-two interviews with participants indicated the limitations of current social policies related to chronic disabilities, gender issues, and service delivery and the need to seek information and interventions through participation in self-help groups. The positive experiences included knowledge of interventions, rights and legislation, increased self-esteem, empowerment, hope, an appreciation of the care-giving role, and increased creative and flexible self-help group strategies. The negative experiences included increased stress associated with decreased time for family and work, and frustrations and disappointments in outcomes.

Participants found self-help groups as necessary, as serving a role in protecting vulnerable. While appreciative of the enabling group support, education and advocacy provided in self-help groups, study participants also indicated group practices in need of improvement and experienced a certain amount of ambivalence about membership. The findings supported existing literature and contributed to the nascent literature on negative experiences.

Suggestions for improved group practices included the use of professional assistance, improved feedback mechanisms, and the development and maintenance of a clear group focus. Implications for social work suggest the importance of professional training on how to best assist self-help groups in developing strategic alliances and collaborative community initiatives. The study provided opportunities for parental advocates in self-help groups, professionals, and the public to better understand the challenges facing those who are inspired to provide positive change for children with autism.

Margaret Irene Carter
PhD Candidate
University of Windsor

PEER COUNSELLING RESEARCH

Four studies were conducted which compared stress and coping strategies of students involved in an adolescent peer counselling community group with students attending local secondary schools. Though the topics of the studies varied, all examined the benefit of peer support and the power youth can have to promote healthy behaviour within groups. Youth social support and coping skills, beliefs about health, the long-term impact of a peer counselling group, and supporting youth in quitting smoking were examined. All demonstrated that a peer support group can have a positive impact on successful management of adolescent issues.

Each study demonstrated that students enrolled in the peer support group scored higher on measures of coping and social support as compared to the local high school student participants.

It was also found that peer support had a significant impact on the health behaviours of students. Students were more likely to quit smoking if the decision was supported by their friends, and more likely to implement other healthy behaviours if they were demonstrated by peers.

In 2005-2006 peer group counselling was provided in a University population to see if results were similar to the high school population. Third year nursing students provided peer group counselling for first year nursing students. Levels of stress, coping, social support and depression were compared with other students not in peer groups.

Laurie Carty; RN, PhD
Faculty of Nursing
University of Windsor

IMPLEMENTING A CHANGE: SWITCHING FROM HEPARIN TO SALINE IN PEDIATRIC PERIPHERAL IV LINES-A PILOT PROJECT

Purpose: The purpose of this evidence-based project will be to determine if saline is more effective than heparin when flushing pediatric peripheral IV lines. **Rationale:** A review of literature supports using saline in pediatric peripheral IV lines. Reasons cited include decreased pain reported by the patients; decreased nursing time in flushing the lines; fewer side effects; and cost-effectiveness. An international phone, e-mail, and web-based survey of 36 hospitals found that 28 hospitals use saline (77.7%) in peripheral pediatric IV lines. RN's at the Children's Hospital of Michigan would like to switch to saline. **Methods:** This double-blind, random, quasi-experimental design pilot study will begin in September of 2006. This is a 4X3X2 factorial design and consists of a combination of 7 main and interaction effects. The peripheral IV line will be assessed after each intervention/flush using a data collection sheet. IRB approval, informed consent, informed assent and oral assent would be obtained. **Sample/Setting:** A total of 96 pediatric patients, with three IV catheter gauges (24, 22 and 20 gauge), receiving care on four diverse hospital units at the Children's Hospital of Michigan will be participating. Population size is based on a formulation of 80% power, effect size of 0.15 and significance of 0.5. Criteria for inclusion in the study will be: children between the ages of 4 weeks and 18 years; diabetic patients who would have a second heparin lock for lab draws; those children with IV fluids that are at a KVO rate or a rate that is ordered only for maintaining the IV (and not for hydration); those children with renal disease who are on fluid restrictions and have a heparin lock for lab draws; and those children who need IV antibiotics but do not require continuous IV fluids for their care. **Results:** To be identified at study completion.

Mary L. White, RN, MSN, APRN, BC, Assistant Professor -- University of Detroit Mercy
Doctoral Student - Wayne State University

Jamie Crawley, RN, B.Sc.N., B.A., B.A., M.B.A./H.C.M., Lecturer -- University of Windsor
Doctoral Student - Wayne State University

Dr. Linda Lewandowski, Ph D., RN, Interim Assistant Dean -- Family, Community, Mental Health

Elizabeth Schotanus Professor of Pediatric Nursing
Associate Professor -- Wayne State University College of Nursing and Children's Hospital of Michigan

TOMIS II

THE ONTARIO AND INFANT SURVEY II - WINDSOR SITE

Purpose of the study: To compare health outcomes, service utilization and costs of care for mothers and newborn infants in the first four weeks after hospital discharge, before and after the implementation of a universal Healthy Babies, Healthy Children program.

Rationale and significance: Findings from the study will affect future policy making and practice surrounding the Healthy Babies, Healthy Children program in communities across the province of Ontario.

Methodology: This mixed methods research included both quantitative and qualitative pieces. Each of 10 sites across the province of Ontario utilized a Mother's questionnaire before discharge from hospital and structured telephone interviews at 4 weeks post-discharge.

Sample and setting: 1250 women were recruited at 5 core hospital sites with 890 interviewed (71.2%) in four languages. There were also 5 adjunct sites for a total of 10. Focus groups and community profiles took place to interpret the data in context of the study.

Results: Key findings for Windsor included a low compliance with recommended follow up post-discharge for all babies including those discharged within 48 hours of birth. There were high levels of satisfaction with services both in the community and the hospital. There high levels of implementation of the Healthy Babies Healthy Children expansion program including both telephone calls and offers of home visits.

Conclusions: Policy implementation varies from site to site. The length of stay post delivery had increased over time. Healthy Babies Healthy Children is reaching most mothers at some time after discharge home. Health indicators have not changed at sites surveyed in both TOMIS I and TOMIS II.

The Research Team (Windsor Site)

Deborah Dayus, RN, MSc (Nursing), PhD (s)

Deborah Kane, RN, PhD

Sharon McMahan, RN, PhD

Community Partners Include

Windsor Regional Hospital, Metropolitan Campus, Healthy Babies Healthy Children, Windsor Essex County Health Unit, University of Windsor, Office of the President, Women's Research Grant, Allegra Print and Imaging

The Research Team (McMaster Site)

Wendy Sword, RN, PhD

Susan Watt, DSW, RSW

Institutional Affiliation

University of Windsor, McMaster University

ENHANCEMENT OF CLINICAL EDUCATION: THE DEVELOPMENT OF AN INSTRUCTOR RESOURCE BINDER

Several factors are impacting clinical efficiency of Faculty of Nursing at the University of Windsor due to increased enrolment and lack of clinical sites. This increase of student enrolment translates to increased clinical groups and the need for the hiring of a larger number of clinical Instructors, some of whom might have no or little teaching experience. This presents a challenge to the instructors, the students, and the faculty. Orientations sessions have always been considered to be enough to prepare these clinical instructors for their job. However, given that many of these clinical instructors have other primary employment, several are unable to attend formal orientation sessions.

One method to help disseminate consistent, accurate information is the development of a Sessional Instructor Resource Binder. All Faculty Members and current Sessionals were surveyed regarding specific resource needs. The resulting resource binder contains information related to: University and Faculty policies and procedures; Sessional Instructor role responsibilities; documentation expectations; Campus resources for instructors and students; and key information from the curriculum.

A feedback form was included in each packet in order to evaluate the contents and to identify additional needs. Feedback from the Clinical Lead Teachers and clinical sites will also be obtained at the end of each semester to determine effectiveness of this tool.

Susan Dennison BScN, RN
Nursing Lab Manager
University of Windsor

DEVELOPMENT OF A TOOL TO MEASURE INTEGRATION IN ADULTS WITH CHRONIC NON-CANCER PAIN

Purpose of the Study: Development and testing of a tool to measure *integration* in adults with chronic non-cancer pain (CNP).

Rationale and Significance: The long term benefits of treatment for CNP have not been consistently evident within the research literature. CNP care remains inconsistent and inadequate. Some people who suffer with CNP are able to live well despite pain. It is thought that these individuals have more fully *integrated* “their personal and chronic pain selves”. Assessment, intervention, and evaluation strategies which assist individuals to more fully integrate their life with pain may be the key to achieving sustainability following pain management treatment. However, no known tool which measures the integration process of CNP has been noted in the research literature.

Methodology: Questionnaire items will be developed based on a review of data obtained from six specific CNP qualitative studies, a review of integration research on individuals with diabetes, feedback from three experts in CNP, and feedback from a focus group of four individuals living with CNP. The final tool will be sent out to individuals with CNP for testing. The results of the testing will include at least one type of content and construct validity as well as one type of internal consistency and test-retest reliability.

Sample and Setting: Approximately 150 to 200 adults, age 18 or older, with CNP will be recruited from a pain management program and various physiotherapy and chiropractic clinics within Windsor-Essex County.

Results/Conclusion: This study is a work-in-progress. If the newly developed tool is determined to be valid and reliable, it can be used both in nursing practice and research. Nurses may use the tool when developing individualized CNP treatment plans, as well as when evaluating treatment outcomes. Researchers may use the tool to measure various CNP treatment interventions for effectiveness and sustainability of outcomes.

Kathryn Deshaies RN, MScN(c)
University of Windsor

DELIRIUM SCREENING: A QUALITY IMPROVEMENT INITIATIVE

In response to an incident of patient harm, a nurse – led quality improvement initiative to standardize and coordinate the care of patients with delirium was undertaken. Based on the RNAO's Best Practice Guidelines for Delirium, Dementia and Depression the Quality Improvement Team developed Best Practice nursing care plans for delirium; preprinted physician order sets for delirium screening; and an in-house nursing education program to heighten awareness of delirium. A single screening tool for delirium, the Confused Assessment Method (CAM), was selected for use at Leamington District Memorial Hospital, and nursing staff were trained to use it.

The Hospital's Quality Improvement Initiative was then extended to the local Long Term Care Sector in South Essex County. The Nurse Leader presented the Delirium Education Program to the staff of three Long Term Care Homes and six Rest/Retirement Homes. Each of these nine facilities has begun to assess any resident being sent to LDMH for delirium using the CAM. The outcome of our focused Quality Improvement Initiative has been a multi-sectoral approach to delirium screening.

Cheryl Deter R.N., G.N.C.,R.N.C.
Leamington District Memorial Hospital

DEVELOPING A SUCCESSFUL COMMUNITY PROGRAMME

In a Southwestern Ontario community Building Blocks for Better Babies, a low birth weight intervention programme was started in 1996 to meet the identified needs of babies at risk for low birth weight. Initially slow to start we now see one hundred and twenty to one hundred and thirty women per week.

This year we celebrate our 10th anniversary. We have four sites, two in the city and two in the county that are considered drop in centres. All staff are employed part-time. Our programmes operate on three days of the week with two on one day. Public Health nurses and registered dietitians provide a structured educational programme at each of the sites. For the children accompanying the women an Early Childhood Educator presents a programme of crafts, reading and music.

Common goals, meeting an identified need, openness, sincerity, and community support are some of the factors contributing to success that will be discussed. Mistakes and pitfalls along the way will also be considered.

This programme is possible through funding mainly from the Federal Government as well as the Ontario Early Years Challenge Fund, United Way Small Wonders Grant, and National Child Benefit Fund through the city's Social Service Department totalling approximately one million dollars.

Dr. Mary Louise Drake, RN, Faculty of Nursing, University of Windsor

Karen Harrop, RD, Building Blocks for Better Babies

Ellen Bachtold, RD, Building Blocks for Better Babies

ARE WE STARVING THE ELDERLY A CARE CONCERN FOR NURSING

Malnutrition is a well documented healthcare concern for the elderly. It is estimated that between 20-50% (Keller and Hedley, 2002) of the elderly in Canada, are malnourished or at risk to be malnourished. As early as Florence Nightingale, nursing has recognized nutrition as part of the provision of basic nursing care. Advanced Practice Nurses (APNs) are uniquely positioned through their roles as educators, researchers, clinicians and leaders to advocate for and collaborate with clients and healthcare team members to provide evidence based nutritional care to the starving elderly.

This presentation will highlight malnutrition as it impacts elderly clients and the provision of healthcare to the elderly. Using Lazarus and Folkman's theory of stress, appraisal and coping suggestions for the Advanced Practice Nurse to enable assisting elderly clients to meet and maintain their nutritional status will be shared. Future implications for Advanced Practice Nurses in clinical practice, education, leadership, and research will be discussed.

Laura Duffield, RN, MSc
University of Windsor

COLLABORATION IN PUBLIC HEALTH: LESSONS LEARNED FROM NURSING MANAGERS IN ONTARIO

Purpose of Study: This study explored the perceptions of public health managers about collaboration in the Healthy Babies/ Healthy Children (HBHC) Program in Ontario, Canada. A conceptual framework was developed from the theoretical and empirical literature that included: 1) pre-conditions that motivate stakeholders to work together and 2) interactive processes that influence collaborative relationships at local levels.

Rationale and Significance: The 21st century policies of governments have led to the resurgence of interest in collaboration to meet the needs of children and families. Although there is renewed interest in collaboration for system reform, there is a lack of empirical evidence about collaboration.

Methodology: A qualitative study explored two primary research questions derived from the literature: 1) what environmental pre-conditions influence collaboration and 2) what collaborative processes influence collaboration. Content analysis of the interview data was carried out which resulted in the classification of themes and sub-themes of collaboration.

Sample and setting: A sample (n=22) of public health managers responsible for implementing the HBHC program across Ontario were interviewed by telephone about the extent and nature of their collaborative activities in the HBHC Program.

Results: A thematic analysis of the interview data resulted in the development of six themes of collaboration: 1) Historical Conditions; 2) Institutional Conditions, 3) Financial Conditions, 4) Operational Processes, 5) Organizational Processes and 6) Relational Processes.

Conclusions: This study confirmed that a history of working together locally was an important influence on collaboration, suggesting that collaboration may be a learned practice skill requiring commitment, loyalty and time. The data suggested that central governments should resist a "cookie cutter" approach to implementing local collaborative networks. As governments increasingly mandate collaboration as a mechanism for integrated health and social services, public health nurses will need managerial competencies in collaborative practice at institutional and community levels.

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EXAMINING THE INDEPENDENT RISK FACTORS OF NOSOCOMIAL INFECTIONS AMONG ICU PATIENTS IN A COMMUNITY HOSPITAL

Background: Early identification of the risk factors associated with the development of nosocomial infections (NI) is a key to the prevention and control of these infections in critically ill trauma patients. To date, little attention has been paid to differentiate between these risk factors among trauma and non-trauma ICU patients.

Purpose: The purposes of this study are to: (1) examine the risk factors of NI among ICU patients in a community hospital and (2) examine whether these risk factors are different between trauma and non-trauma patients?

Methods: A prospective non-experimental cohort design was conducted on 212 critical care patients in the intensive care unit of a community hospital. Patients were followed until they: (a) developed NI or, (b) were discharged from the intensive care unit without infection.

Results: The results indicated that age (OR = .97; 95%CI = .95 - .99), total parenteral nutrition (OR = 2.76; 95%CI = 1.04 - 7.31), mechanical ventilation (OR = 3.53; 95%CI = 1.49 - 8.38), chest tubes (OR = 3.46; 95%CI = 1.53 - 7.80), and APACHE II score (OR = 1.12; 95%CI = 1.05 - 1.19) are independent predictors of NI.

Implications: The findings of this study suggest that many of the risk factors for the development of NI are related to invasive therapeutic interventions. Findings of the study provide information that should be used by critical care practitioners to develop clinical standards for the prevention and control of risk factors associated with NI.

Maher M. El-Masri, RN, PhD

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RNAO NURSING FELLOWSHIP: AN OPPORTUNITY FOR IMPROVING CARE DELIVERY FOR THE BLEEDING DISORDER COMMUNITY

The success of the home self-infusion program in patients with inherited bleeding disorders has had a negative impact on the knowledge and skill of emergency room practitioners. As the number of visits to the emergency department decrease, staff is becoming less familiar with the care of the bleeding disorders community. Our Hemophilia Treatment Centre (HTC) identified a need for a nurse with an expert level of knowledge within the emergency room to assist staff in delivering timely assessments and appropriate care to our clients, and providing up to date education on a continual basis.

Coyne and Lusher (2000), and Sharieff, Thompson and Trocinski (2001), have shown that timely assessments are crucial to patients with hemophilia in order to prevent extensive negative sequelae associated with bleeding episodes. Incorporating feedback from patients and families, we chose a creative approach to financially support the cross training of a nurse from the emergency room to gain expert knowledge in the Bleeding Disorder Program and improve care in the emergency department. After reviewing options for financial support, a proposal was submitted to The Registered Nurses Association of Ontario (RNAO) Fellowship program. The RNAO grants Nursing Fellowships to provide for the transfer of knowledge in identified areas to further implement expert delivery of patient care.

The success of the RNAO Fellowship experience was presented at the World Hemophilia Congress in Vancouver, May 2006. The Fellowship has demonstrated that continuing education updates for nursing and medical staff are needed. Knowledge of bleeding disorders has been incorporated into orientation sessions for new staff and added to skills update sessions for present staff.

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EXAMINING THE IMPACT OF THE HEIGHTENED ALERTNESS AND ADHERENCE TO STANDARD PRECAUTIONS DURING THE SARS OUTBREAK ON THE RISK OF HOSPITAL-ACQUIRED INFECTIONS

Background: Standard precautions represent a system of barrier precautions to be used by all health care workers. Proper hand hygiene is the simplest and most cost-effective component of these precautions that contribute to the prevention of hospital-acquired infections. However, compliance with recommended hand-washing practices remains unacceptably low, and rarely exceeds 40% of situations in which hand hygiene is indicated. The unprecedented experience of SARS provides an exceptional opportunity to examine the impact of heightened levels of adherence to standard precautions on the incidence of nosocomial infections.

Purpose: The purpose of this study was to examine the impacted of heightened alertness during the SARS outbreak on the incidence of hospital-acquired infections.

Methods: A natural experiment that involves retrospective chart review was conducted on a sample of 200 randomly selected ICU patients in southwestern Ontario. Patients who qualified for the study were admitted to the ICU 3 months before, or during the SARS outbreak. All study participants were deemed to be infection-free at the time of admission.

Data Analysis: Data collection is in progress. Logistic regression analyses will be performed to examine the odds ratio of developing infection between patients who were hospitalized before and during the SARS outbreak. This analysis will allow for the examination of the unique impact of the SARS period on the risk for infection, while adjusting for other confounding variables.

Susan Fox-Wasylyshyn, RN, PhD

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**FOSTERING NURSING EXCELLENCE THROUGH THE TRANSFORMING POWER OF
BREATH RELAXATION, MEDITATION, MUSIC, AND SPIRITUALLY –
A MODEL FOR PROFESSIONAL PRACTICE.
(*BIO-SPIRITUAL – MUSIC-FOCUS ENERGETICS* [™] (2000)): A RELEVANT TOOL FOR
HEALTH CARE HELPING PROFESSION.**

Health care helping professionals can be encouraged in their work with clients through a bio-psycho-spiritual, awareness of their own inner reflective energy. This sacred process can be achieved through the transformational power of music, breath-relaxation, and mindfulness meditation. This combined approach is grounded in *Bio-Spiritual – Music-Focus Energetics* [™] (2000) which has been researched and field tested with clients in the field of health care and social work. Music Relaxation mindfulness meditation and *Bio-Spiritual – Music-Focus Energetics* [™] (2000) has been proven to be helpful in deepening the felt-sense of ones inner journey and in awakening the spiritual dimensions that often lay dormant within an individual.

It is hoped that participants will walk away with a greater appreciation of the bio-psycho-spiritual dimensions of these three integral interventive dimensions in 1) the radical transforming power of professional practice, 2) in the of re-awakening of the spiritually-oriented instrumentality of the self as a means of effective professional engagement, 4) an appreciation of how to apply this model with clients, and 5) a recognition of how issues of transference and countertransference can be addressed through the powerful use of empathy, namely, artistic, accurate empathy.

Participants will hopefully be able to determine their own aptitude for: 1) Considering the importance of Breath Relaxation in reducing stress, enhancing one's energy level and sense of presence to themselves and to their clients; 2) Adapting to the radical, transforming power spiritually-oriented music-based intervention as a model for contemplative meditation in their own lives and in the lives of their clients; 3) Explore the role of Mindfulness Meditation as refined and effective means of self-discovery and professional development.

Wilfred Gallant, Ed.D., M.S.W., B.A., C.S.W., I.C.A.D.C., R.G.C.

**TWELVE AND EIGHTEEN MONTH EVALUATION OF A SELF-AWARENESS
INTERVENTION FOR ADULTS WITH TYPE 1 DIABETES
AND HYPOGLYCAEMIA UNAWARENESS.**

Hypoglycaemia unawareness (HU) affects about 50% of those with Type 1 diabetes and often has devastating physical, psychological and social ramifications. The purpose of this pilot study was to evaluate the effectiveness of a self-awareness intervention (SAI) in promoting increased awareness of body cues associated with various levels of glycemia and in enhancing well-being, in adults with Type 1 diabetes and HU. The conceptual framework for the study was Hernandez' theory of integration.

Twenty four subjects (12 males, 12 females) between the ages of 24 and 73 years, and with diabetes duration of 7 to 45 years completed the SAI. The SAI consisted of eight 3-hour sessions held biweekly and conducted using a collaborative alliance educational method. The focus of the SAI was enhancing self-awareness sensitivity, body cue detection, and development of self-awareness strategies. Baseline measures of the study variables were taken pre-intervention and at 6, 12, and 18 month post-intervention.

Study results indicated that subjects could identify more cues of normal blood glucose, reported less worry about hypoglycaemia, and had significant improvements in both diabetes life satisfaction and overall quality of life, but not in diabetes life satisfaction and overall quality of life, but not in diabetes quality of life ($p < .05$). When a more lenient alpha was used ($p < .1$), there was a significant decrease in total HU-related events and a significant improvement in haemoglobin A1c. This innovative, theory-based educational intervention does have the potential to improve physiological parameters and psychological well-being in adults with Type 1 diabetes and HU.

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INJURIES EXPERIENCED BY OLDER NURSES IN HOSPITAL SETTINGS

Background: The nursing workforce is rapidly aging with nearly one-third of RNs in the workforce aged 50 years of older. Within Canada, Ontario has one of the oldest RN workforces. It is projected that if nurses continue their established trend for early retirement, Ontario will lose close to 24,000 RNs by 2006, exacerbating the current nursing shortage. Despite the implications of the aging of the nursing workforce, there is little empirical research focusing on older nurses and specifically on the retention of these experienced nurses in the workforce. A major reason nurses leave the workforce is the high incidence of work-related injuries. Further, back injuries have been identified as a main factor contributing to nurses' early retirement (Brown, 2003).

Purpose: The purpose of this study was to investigate the occurrence, impact and treatment of musculoskeletal injuries in nurses 45 years of age and older.

Method: A cross-sectional descriptive field study employing both questionnaires and interviews was conducted with 303 registered nurses aged 45 and over, employed in a hospital setting.

Results: Cross-tabulations revealed significant associations between frequency of injuries reported and type of unit, shift worked, turning and lifting patients, pushing beds/stretchers/wheelchairs, and length of time in current position. The most frequently experienced injury was to the lower back (57%), however neck injuries, shoulder injuries, upper back injuries, thigh/knee injuries and ankle/foot injuries were also experienced more than rarely by over a third of the nurses. Of the nurses who reported experiencing a lower back injury, half of them indicated the injury interfered at least somewhat in their ability to perform their job. Similarly, nearly half of the nurses who reported experiencing injuries to their thigh/knee and ankle/foot areas indicated that these injuries interfered at least somewhat with their ability to perform their job. Even for the injury having the least effect on job performance, neck injury, over a quarter of the nurses indicated that this injury had interfered at least somewhat with their ability to perform their job. In response to treatment sought the majority of older nurses relied on over-the-counter medications. In addition to using over-the-counter medications, they were most likely to seek treatment from a physician when the injury involved the ankle/foot, lower back, and shoulder areas. About a third also sought treatment from a physiotherapist for injuries to the neck, shoulder, and lower back.

Conclusions: The results of this study will be of use to individual nurses, as well as to health care managers who are interested in learning more about the impact of musculoskeletal injuries experienced by nurses aged 45 and older, and the retention of these experienced nurses in the workforce.

PREPARING PRE-GRADUATE NURSES FOR CAREERS IN CRITICAL CARE

Study Purpose: This study tested the impact of a critical care bridging program (CCBP) offered as an optional enrichment path to 4th year nursing students interested in entry-level positions in intensive care units. It was hypothesized that dual specialist and generalist preparation would give new graduates a competitive edge in the job market, thereby increasing the prospect of hire into full-time jobs in their area of choice. **Rationale and Significance:** Although many pre-graduates express a committed desire for entry-level employment in critical care, controversy abounds about student placements and the hire of new grads in these complex, fast-paced, technological settings. Given the current resource constraints, heavy agency use and high overtime costs in critical care units across North America, innovative models are required to address the urgent recruitment challenges. **Methodology:** A quasi-experimental design with constructed controls was used to address the study objectives. Benner's novice to expert paradigm (1984; 1999)^{1,2} provided the theoretical underpinnings for this research. **Sample and Setting:** Twenty pre-grad students combined their final consolidation clinical experience (300-hours in a critical care setting) with a 180-hour course in critical care nursing. They were partnered with experienced ICU nurses who had completed a basic hospital-sponsored preceptor workshop as well as a 5-hour leadership training session. **Results:** Descriptive statistics will be reported for select outcome variables (comfort, confidence, competence, satisfaction). Inferential statistical techniques will be used to highlight the differences between intervention and control groups. The summary of student and preceptor perspectives will illuminate issues pertaining to the promises and pitfalls of this model. **Conclusion:** Evidence confirms the CCBP represents a proactive recruitment strategy that holds promise in attracting young applicants into nursing, addressing supply-demand issues in Ontario's workforce and enhancing the practice readiness of new graduates

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INFORMED CONSENT ETHICS IN FIRST NATIONS HEALTH RESEARCH

This poster presentation examines some ethical considerations associated with obtaining individual and/or community informed consent for health research involving First Nations peoples in Canada prior to, and during research projects. Western ethical ideologies concerning research strongly advocate for the individual participant's right to free and informed consent. However, contrary to the high value placed on individualism and autonomy in Western society, First Nations traditional philosophy places a priority value on the rights of the community or collective, over the rights of the individual.

Each First Nations community in Canada is unique in its culture, history, values, societal organization, geographical location and political structure. Therefore, each new research project and each First Nations community presents the nurse researcher with unique considerations for the development of consent protocols. Major strengths and limitations of both individual and community informed consent protocols in First Nations communities are explored in this presentation. It also illustrates the current trend toward continuous researcher-community negotiation of consent protocols, grounded in participatory action research methodologies that respectfully acknowledge both individual and community rights concerning informed consent.

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HELPING PARENTS REDUCE THE RISK OF SUDDEN INFANT DEATH SYNDROME (S.I.D.S.)

Abstract: This presentation focuses on a review of research findings on Sudden Infant Death Syndrome (S.I.D.S.), identifying individuals/families at risk and strategies for prevention. While the recent “back-to-sleep” campaign has decreased the incidence of S.I.D.S., it only covers one of the factors that put infants at higher risk. There is much more that can be done to further reduce the number of infant deaths in Canada and the U.S., as there are still approximately 5,000 S.I.D.S. deaths per year.

It is imperative that nurses, who have contact with parents and caregivers of infants, be able to assess those at risk. The presentation includes the “*S.I.D.S. Risk Screening Tool*”, which is designed to assist nurses to identify risks and tailor their health teaching to specific needs. Recommendations for preventive measures have been compiled into a concise, easy-to-read-and-understand format that helps caregivers critically view their infant’s environment in terms of safety. Also included is the “*S.I.D.S. Prevention*” pamphlet, which is the most comprehensive evidence-based health teaching tool available. It identifies many important measures that caregivers of infants can take to reduce the risk of S.I.D.S. including rationale for actions.

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POSTARTUM DOULA CARE: PERCEPTIONS OF MOTHERS AND DOULAS

Study Purpose: Describe content and process of postpartum doula care.

Rationale: Historically, women have been supported by “*doulas*,” women who provide labor and postpartum support. While birth doula care has been studied extensively, postpartum care is relatively new. Since doula care may reduce health care costs, it is important to assess its effectiveness. Documenting content and process is the first step.

Methodology: Ethnographic methods (participant observation, interviews). Doulas provided birth and postpartum care (continuous labor support, postpartum home visits). Doulas were observed during home visits; the care they provided was documented. After home visits ended, mothers and doulas were interviewed about perceptions of care. Doulas were interviewed about the meaning of being a doula. This resulted in 68 home visit observations, 26 interviews about doula care, 4 interviews about being a doula. Transcripts analyzed using content analysis. Two team members coded data (inter-rater reliability = 96%). Trustworthiness established through triangulation, prolonged engagement.

Sample: Four doulas observed in homes of 13 mothers in Detroit area.

Results: Eleven domains of care emerged: Emotional Support; Physical Comfort; Self-Care; Infant Care; Information; Advocacy; Referral; Father Support; Support with Infant; Support with Siblings; Household Organization. For primiparas, doula care focused on infant care, developing routines, sensitivity to newborn. For multiparas, care focused on integrating newborn into family, sensitivity to siblings. Doulas encouraged preventative care. Mothers described emotional support as most important aspect of care (“Being there for me”... Someone to “help me help myself.”). Ten mothers said “nothing” was least important. All mothers would use a doula again and would recommend it. For doulas, the meaning of being a doula was helping women transition to motherhood and empowering women by giving them a voice.

Conclusions: Postpartum doula care is an adjunct to professional care that promotes appropriate use of health care, which may reduce costs.

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VALUE PROFILES OF A VOLUNTARY CONVENIENT SAMPLE OF CONTEMPORARY B.SC.N. NURSING STUDENTS COMPARED TO NON-NURSING UNDERGRADUATES RESPONDING TO THE SCHWARTZ VALUES QUESTIONNAIRE

Nurses may be called upon to respond in situations of value-conflict and lack of clarity. Nurses must facilitate open, non-judgemental support of others who seek to arrive at an informed decision. In these times, nurses must have a clear awareness of their own values and an understanding of others' values. Life choices are grounded in personal values and core beliefs. Past research has shown that individual and social values are pluralistic, reflecting personal and interpersonal conflict as well as harmony. Values clarification is a cognitive, affective and behavioural process through which individuals identify their own priorities, patterns, and beliefs that reflect the processes of choosing, cherishing, and acting (Raths, Harmin, and Simon;1966), (Keornig, Blais, Hayes, Kozier, Erb ;2006).

Over 200 B.Sc.N. undergraduate students from a mid-sized Ontario university located in a border city were invited to complete a dyad of internationally standardized questionnaires involving life choices and personal values, namely the Defining Issues Test (2), and the Schwartz Values Questionnaire (SVQ), and a third novel questionnaire- The Anemia Questionnaire, created by the first author. The results of the SVQ will be presented for this conference.

SPSS 12 was applied to the SVQ to differentiate clusters of values ranked from -1 [opposed to my values] through to 7 [of supreme importance]. The strongest patterns for all participants [rated as 7] are equality, self-respect, true friendship , family security, independence, success, and mature love compared with the lowest scores for social power, devotion (holding to religious beliefs), and detachment. B.Sc.N. participants' patterns vary more in the mid-range from their non-nursing cohort. Further patterns are plotted for both the nursing and non-nursing participants for all 56 values.

Students were reimbursed anonymously for completion of all three documents involved in this programme of research by the authors and funded by The Anemia Institute.

Dr's S. McMahon, G. Lan, F. Rieger, M. Gowing and N. King

EXAMINING THE IMPACT OF HOME INTRAVENOUS VASCULAR ACCESS DEVICES ON SELF-CARE ACTIVITIES

Rationale and Significance: There is a dearth of nursing research that examines the impact of intravenous (IV) therapy on self-care activities of daily living (ADLs) in home IV therapy patients. The findings of this study provide visiting nurses with evidence-based knowledge regarding the variables that impact self-care ADLs in patients receiving home IV therapy.

Purposes: The purposes of this study were to: 1) examine the impact of home IV therapy on a patient's self-care ADLs; 2) examine whether there is a difference in the self-care ADLs of patients who receive home IV therapy based on the location and type of their VAD.

Sample and Setting: A convenience sample of 92 participants was drawn from patients receiving home IV therapy at a visiting nursing agency in Windsor-Essex County, Ontario, Canada.

Methods: A prospective cohort non-experimental design was implemented. Data pertaining to sample characteristics, IV devices, and ADL were obtained from consenting participants. ADL was measured using a questionnaire that was composed of select components of the 'Older Americans Resources and Services Multidimensional Functional Assessment Questionnaire' (Fillenbaum, 1988).

Results and Conclusions: Step-wise multiple linear regression analysis revealed that VAD location and type have no significant effect on ADL score. However, intermittent IV infusions via a saline lock significantly improved a patient's independence in ADLs ($p = 0.048$). Additional patient variables that had a significant impact on ADL scores were the need of assistive devices for mobility ($p < 0.001$) and gender ($p < 0.001$). These findings demonstrate that it is existence of IV line, not the type and location of IV, that impacts ADL.

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**USE OF A PALLIATIVE PREDICTOR TOOL IN DISCHARGE PLANNING:
NEW USE FOR AN EMPIRICAL TOOL**

Discharge planning can be difficult at the best of times. Financial constraint and a reduction of the number of acute care beds has made it necessary for public hospitals to closely examine how beds are utilized. Hospitals have had to define the care needs that require acute care, and differentiate them from those which could be safely accommodated at other levels of care. Knowing how best to accommodate a palliative patient in this climate is dependent on knowing approximately how long a patient may survive.

Empirical tools are being used to guide the care of palliative patients. The Palliative Prognostic Indicator is unique in that it provides an estimate of how long a patient is likely to survive. Its use among cancer patients helps to determine treatment goals. One Ontario hospital has been using the Palliative Prognostic Indicator to assist in determining appropriate discharge destinations for dying patients: those with cancer as well as those with other terminal diagnoses. The practice provides compassionate care while satisfying resource utilization initiatives.

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UNDERSTANDING SMOKING BEHAVIOURS IN OLDER POPULATIONS: AN APPLICATION OF THE HEALTH BELIEF MODEL

This presentation provides a better understanding of the health effects and the perceptions associated with smoking among older populations. Deleterious health outcomes specific to aging smokers include osteoporosis (Haara et al., 2006), hip fracture (Hoidrup et al., 2000), cognitive impairment (Zhou et al., 2003), silent brain infarctions (Matsui et al., 2001) and cataracts (Krishnaiah et al., 2005). Research suggests that implementation of smoking cessation later in life yields significant increases in life expectancy (Taylor, Hasselblad, Henley, Thun & Sloan, 2002), and a reduction in mortality (Hanna & Wenger, 2005). Despite this evidence, smoking cessation is often overlooked by health care providers when working with older individuals (Maguire et al., 2000).

The Health Belief Model (Rosenstock, 1974) is utilized as a framework for interviewing an elderly patient with a 64-year history of smoking, and a diagnosis of osteoporosis. The Health Belief Model (HBM) proves to be a useful framework for understanding this individual's smoking behaviours, yet the findings of the interview are not fully congruent with the literature. Opportunities for novel quantitative and qualitative studies using the HBM as a framework exist. Furthermore, the HBM is valuable in developing interventions aimed at promoting smoking reduction and cessation among the elderly.

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EFFECTIVENESS OF A NETWORK * OF ONTARIO TRANSFUSION COORDINATORS: ONTraC – WINDSOR REGIONAL HOSPITAL

Purpose: Although often life-saving, blood transfusions are associated with significant risk to the patient and escalating costs to the blood system, yet are often given unnecessarily.

Rationale and Significance: Blood conservation represents the use of alternatives to transfusion. The ONTraC program attempts to enhance transfusion practice outside the blood transfusion laboratory, promote blood conservation in surgery patients, and reduce allogeneic red cell use.

Methods: In this first such large scale program, funding was obtained from the MOHLTC for a Transfusion Coordinator in 23 Ontario hospitals selected based on blood utilization rates and geography. A retrospective data collection was done, then at specific time periods, detailed anonymized information was collected in a defined number of all consecutive patients admitted for specific surgical procedures (knee arthroplasty, abdominal aortic aneurysm (AAA) and coronary artery bypass graft (CABG) surgery).

Results:

1. Provincial – Considerable variation was noted between institutions in the proportion of patients and amount of blood transfused. With increased education and conservation measures, at the 12 month analysis, most, although not all, hospitals had decreased use of allogeneic blood transfusions. Furthermore, patients who did not receive allogeneic transfusions had lower postoperative infection rates and length of stay.
2. Windsor Regional Hospital – The targeted procedure for this institution was the total knee arthroplasty with a sample size of 60 for each data collection. Transfusion rate, baseline retrospective, for this procedure was 18.3%. The 12 month analysis showed a reduction of transfusion rate to 11.5%; the most recent analysis showed a transfusion rate at 8.7%.

Conclusion: The ONTraC Coordinators are leaders locally, nationally and internationally in blood conservation. The reduction in allogeneic transfusion associated with the implementation of the ONTraC program represents important savings in costs associated with blood components, hospital stay, work in transfusion laboratories and nursing units, as well as enhancing patient satisfaction, outcome and safety.

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THE MEANING OF WAITING FOR WOMEN WITH BREAST CANCER

Breast cancer is the most frequently diagnosed cancer among women in Canada (Canadian Cancer Statistics, 2004). One in nine Canadian women are estimated to develop breast cancer during their lifetime and one in twenty-seven will die from the disease. Along with the impact of anticipating a cancer diagnosis, many women have to *wait* for a diagnosis of an abnormal test, *wait* for an appointment with the family doctor, *wait* for referral to a specialist if an abnormality is detected, *wait* for referral for adjuvant treatment, *wait* for follow-up treatment and *wait* to hear the results of the treatment. Consequently, extended periods of time may elapse as women wait before, during, and after their diagnosis of breast cancer. While the literature addresses the issue of wait time and delays for health care services, little is known about the lived experiences of women with breast cancer as they wait. The purpose of this research was to describe the meaning of waiting for women who have gone through breast cancer diagnosis and treatment. Using a hermeneutical phenomenological method ten women were interviewed on two occasions, 3-5 weeks apart. Women spoke of waiting as a process fraught with concern and a sense of hurriedness to get back to their normal lives. These findings will help to develop interventions to support and meet the needs of women as they wait.

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METABOLIC CHALLENGES OF MENOPAUSE: EFFECTS ON ADIPOKINES AND INSULIN RESISTANCE (IR)

Purpose: The purpose of this pilot study is to distinguish the effects of menopause versus aging on adipokine concentrations and IR in healthy women.

Background/Significance: Midlife women are at risk for increased central fat distribution and insulin resistance (IR), but the role of aging or menopause as contributors to these conditions has been inconclusive. Adiponectin (AD), an adipocyte-secreted peptide may be a biomarker and early signal of IR, a central feature in the metabolic syndrome and type 2 diabetes. AD concentrations are sexually dimorphic, implying a role for the sex steroids. The few (4) studies of AD in women were not well controlled and report increased, decreased or unchanged levels with menopause.

Methods/Sample: Using parent study data, a cross-sectional comparative group design was employed to analyze new data from archived blood samples of three groups of BMI-matched volunteers: 21 young cycling (CY), 19 older cycling (CO) and 19 postmenopausal (PM; 2.8 ± 0.5 years postmenopause) women. CO women had similar estradiol levels as CY women and were age-matched to PM women. By ANOVA, measures of AD, leptin, insulin, glucose and IR were compared. IR was calculated using HOMA-IR.

Results: IR and leptin values were similar in all three groups. AD was higher in PM women ($p = 0.05$). High BMI had opposing effects on AD and leptin regardless of reproductive status.

Conclusions: Estrogen in the reproductive years may act to suppress AD. In early postmenopause, a rise in AD may deter IR in non-obese women.

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APPLICATION OF TRANSITION TO THE CARE OF ADOLESCENTS WITH DIABETES

Adolescents with type 1 diabetes have unique health needs because of the combined impact of their maturation as a person and the changes occurring in their diabetes care. Transition theory of Meleis, Sawyer, Im, Messias and Schumacher (2000) is used to describe how adolescents with diabetes move toward adult identity and self-management of their diabetes. Applicability of transition theory, which describes the characteristics and conditions of transitions and appropriate nursing therapeutics, is examined through a review of the literature and from analysis of interview data from adolescents with diabetes.

Transition theory captures the complexity of the experience of adolescents with diabetes as they experience multiple transitions, both developmental and health-related. The model can be used to examine factors which facilitate or inhibit successful transition. It also provides a guide for assessment, for development of therapeutic strategies and for evaluating transition outcomes. Transition theory can be useful to direct the development of programs for transition to adult care. Further research is indicated to explore the transition needs of adolescence and to examine the processes of transition, the conditions that encourage healthy outcomes and the components of nursing therapeutics that deal with transition. Transition theory is well suited for development as a situation-specific theory for the population of adolescents with diabetes.

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JOB SATISFACTION: THE SEABROOK MODEL OF DYNAMIC BALANCE

Job satisfaction for some nurses remains an intangible goal of practice. These nurses find themselves relocating from facility to facility looking for an employer that will give them a quality work environment with reasonable working conditions. In long-term care the issue has been enduring. Long-term care facilities have struggled for years to recruit and retain registered nurses. “Numerous studies suggest job satisfaction is a predictor of retention and identify indicators and their significance associated with job satisfaction,” (Moreno, p. 1).

Using findings from the literature, the components of the factors of person, unit, and organization are presented in a new model for job satisfaction. Based on the physics of force and motion in a “teeter-totter” as an exemplar, this model explains job satisfaction as a mechanism of dynamic balance. This systems-based model explains the relationship of the factors that create job satisfaction and the interplay that is required to keep a nurse interested and excited about the work of nursing; particularly long-term care. Variability in the teeter-totter’s structure and strength of forces explains when, how, and why job dissatisfaction occurs. The investigator believes that the model may have universal applicability in explaining job satisfaction.

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PAIN AND AN ANALYSIS FROM THE PERSPECTIVE OF KING AND OREM

The purpose of this paper is to look at the concept of pain and its congruence to grand theories. A review of the literature was completed to determine both theoretical and operational definitions of the concept of pain. The majority of the literature supported McCaffery's (1972) definition of pain. Many different operational definitions of pain were presented in the literature with the most commonly occurring being the McGill Pain Questionnaire (MPQ) and the Short Form McGill Pain Questionnaire (SF-MPQ). The congruence and incongruence of the concept of pain has been discussed using Imogene King's (1981) General Systems Framework and Dorthea Orem's (2001) Self-Care Deficit Theory of Nursing (SCDNT). Implications for nursing practice and research, with regards to pain, were also discussed.

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PROMOTING ADOLESCENT HEALTH: RE-EXAMINING THE BEST PRACTICE GUIDELINES USING SOCIAL ECOLOGICAL MODELS

The seriousness and complexity of health issues for adolescents has been well documented. Starting in 1999, the Registered Nurses Association of Ontario led the development, pilot testing and revision of the Best Practices Guidelines for “Enhancing Healthy Adolescent Development”. The pilot took place with a team of public health nurses and partners in other disciplines working in adolescent sexual health clinics in the City of Hamilton. The pre/post evaluation of these guidelines found both successes and challenges for the implementation team. While the public health nurses and their partners were receptive to integrating the guidelines into their practice of health promotion, barriers occurred mainly at the organization and community levels. This workshop will report the findings of the multi-pronged evaluation which was based on pre and post intervention data from participating nurses, other partners, adolescent clinic users, peer educators, managers and directors. The author will discuss the process of utilizing research evidence and the best practice guidelines, focusing on the facilitators and barriers to change in practice. To better understand the successes and failings, the author will use social ecological models to health promotion to examine the processes of change. Building upon the *Transactional Model of Influences on the Health of Adolescents* (Appendix C, Enhancing Health Adolescent Development), the author will apply an ecological perspective to hypothesize about the impact of specific socio-political influences in the pilot community which weakened the impact of this innovative health promotion approach for the adolescents. Participants will be encouraged to share their experiences to further mutual understanding of the theoretical underpinnings of health promotion.

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PROVIDER-BASED COMPLEMENTARY AND ALTERNATIVE MEDICINE USE IN WINDSOR: DOES PHYSICIAN AVAILABILITY MATTER?

Purpose: To explore whether physician availability in Windsor influences the choice to use complementary and alternative medicine (CAM), and to examine other reasons for consulting CAM providers.

Rationale and Significance: Few studies have examined CAM use in underserved regions or the impact of physician availability on intentions to use CAM.

Methodology: Cross-sectional, self-administered survey study with participants grouped according to CAM use: non-users, new/infrequent CAM users (NICAM), established CAM users (ECAM). Participants reported use of primary health-care services, consults with CAM providers, intentions to use CAM if they encountered difficulties accessing a physician, and reasons for using CAM.

Sample and Setting: 239 self-selected participants sampled from physician and CAM offices in Windsor.

Results: A variety of reasons for using CAM were endorsed by CAM users, including valuing the holistic approach of CAM (92.4%), and being treated as an equal partner in managing their health (91.3%). Communication problems with physicians were not a reason for using CAM. Although all three groups were as likely to use a family doctor or a walk in clinic when they needed a doctor, ECAM clients were more likely to visit a CAM provider (12.7%). The majority of participants (90.8%) had a regular family doctor, but 48.1% reported that they have had difficulty accessing a physician. More NICAM clients (54.2%) had physician access problems compared to non-users (35.8%). However, 58.5% of the non-users indicated they would consider seeing a CAM provider if they had difficulty accessing a physician in the future.

Conclusions: In addition to ideological reasons for using CAM, this study suggests that physician availability may play a role in the decision to use CAM among new CAM users and non-users. Given the increasing interest in CAM, these findings highlight the need for nursing education programs to expand their curricula to include CAM topics.

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PHYSIOLOGICAL AND BEHAVIORAL MANIFESTATIONS AND SELF-REPORT OF PAIN IN PACU PATIENTS

Purpose and Significance

Assessment and management of postoperative pain remains one of the most challenging tasks encountered by PACU nurses. The purpose of this descriptive study was to assess the relationship between physiological and behavioral manifestations and self-report of pain in Postanesthetic Care Unit (PACU) patients.

Conceptual Framework

The Symptom Management Model (Dodd et al, 2001) and the Acute Pain Model (McCaffery & Beebe, 1989; Sullivan, 1994) provided the conceptual framework.

Methodology

Thirty female patients, between the ages of 21-65 years of age, undergoing elective total or subtotal abdominal hysterectomy were observed at four time points during the first 75 minutes after admission to the PACU. Self-report of pain was also obtained at these four time points.

Results

The results indicate that nearly all participants were able to self-report pain, although fewer could do so at Time 1. The highest self-reported pain scores were at Time 1 and Time 2. Those who had high self-reports of pain also had increased or sustained increases in physiological manifestations of pain, particularly blood pressure and to a lesser extent, heart rate. Those with behavioral indicators of attention seeking, grimacing/frowning also had higher self-reports of pain.

Conclusions and Recommendations

This suggests that PACU nurses may sometimes be able to infer the presence of pain when blood pressure is increased or when attention seeking and grimacing/frowning behaviors are exhibited in those patients who cannot consistently self-report pain in the PACU. It is recommended that nurses begin to manage pain before it becomes severe, through assessment and then intervening to reduce pain. Education about the possible association with pain behaviors of attention seeking and grimacing/frowning in women following gynecological surgery can be part of ongoing education about postoperative pain. Preemptive analgesia may also play a key role in lessening the physiological and behavioral manifestations of pain immediately postoperatively. Further study with a larger sample is recommended.

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PATIENT SAFETY CHAMPIONS – EXCELLENCE IN NURSING

In 2005 a Patient Safety Plan for Leamington District Memorial Hospital was developed which included the creation of a Nurse Patient Safety Champion (PSC) for each patient care area. Volunteer front line nurses stepped forward to be advocates for patient safety. Their role was to heighten awareness of patient safety concerns across the organization: from peer to peer and from the front lines to the Executive Team.

After one year, Nurse Patient Safety Champions have been instrumental in changing the culture of the organization. The reporting of “near misses” and consequently, identification of opportunities to improve patient safety has increased dramatically. One initiative led by Nurse Patient Safety Champions reduced the use of restraints among elderly, frail and/or demented patients. Executive support for patient safety has been demonstrated in Executive Safety Walkabouts, quarterly President’s Forums on Patient Safety and approval of capital investments in equipment to protect frail, wandering patients.

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FAMILY PERCEPTIONS OF NURSES' ROLES TOWARD FAMILY MEMBERS OF CRITICALLY ILL PATIENTS: A DESCRIPTIVE PILOT STUDY

Objectives: The purpose of this pilot study was to examine the role of the nurse with families of critically ill patients as perceived by family members and whether meeting family expectations impact family satisfaction.

Methods: A descriptive design was conducted with a 29 family members from a 19-bed intensive care unit. Nonparametric statistics, known for their robustness to small sample size, were used to examine the research questions.

Results: Overall, the expectations that family members held regarding nurses' roles with families were not different from their perceptions of what nurses actually did ($P = 0.087$). Family members were more satisfied with care when nurses' performance either met or exceeded their expectations ($P = 0.046$).

Conclusion: Nurses did well with regard to meeting family members' expectations. Variations in expectations among family members reflect their diversity and highlight the importance of assessing family needs on a case-by-case basis.

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KEYS TO IMPLEMENTING A SUSTAINABLE COMMUNITY MATERNAL AND CHILD HEALTH PROGRAM

This paper describes the author's field experience with a CIDA funded bilateral Canada-China Yunnan Maternal and Child Health Project between 1997 and 2001. The purpose of the project was to improve the quality of life of villagers in 10 poverty counties in Yunnan, China through the provision of technology and cascade training to 5000 grassroots maternal and child health workers. Despite high levels of commitment from the government and local communities, there were a number of barriers that challenged the successful implementation of a sustainable community health training program. The author discusses ways to overcome various challenges related to human resources, program management, geographical isolation, culture differences, and community needs and assets. She concludes that the key elements to creating sustainable community programs rely on effective community health planning and evaluation, application of primary health care principles, leadership and true community engagement, governance and commitments.

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**HOP INTO EVIDENCE-BASED PRACTICE TO INSPIRE EXCELLENCE:
KANGAROO CARE IN THE HEALTHY NEWBORN**

A commitment to nursing excellence propelled an evidence-based practice (EBP) team to explore and subsequently integrate Kangaroo Care as a practice standard. Staff nurses and clinical leaders collaborated to explore the implementation of Skin-to-Skin Mother-Baby Care, also known as Kangaroo Care (KC), with healthy mother-infant dyads in a large U.S. Midwestern birthing center. Research evidence to support KC was compiled and found to be abundant. The project successfully combined the “Iowa Model of Evidence-Based Practice to Promote Quality Care” developed by Titler et al. (2001) with the organization’s balanced scorecard. Outcome measures included newborn physiologic balance and safety during KC, mother recommendations for KC, and nurse satisfaction in quality of worklife related to KC. The EBP project was accomplished with minimal effect on the budget.

This project advanced nurses’ knowledge of EBP. Nurses were inspired to create a practice change through the implementation of the EPB process, which demonstrated their commitment to excellence in newborn care and parent education. The EBP-KC project is an exemplar for other EBP initiatives. This innovative approach of pairing a clinical issue with a scientific process has created enthusiasm for continuing our journey for excellence and the highest quality in obstetrical nursing.

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THE USE OF TELEHEALTH WITHIN ACUTE STROKE MANAGEMENT

The health care system in Canada is designed to ensure equitable, fair, timely access to necessary health care services based on need not wealth, privilege or status. The Canadian Health Act is mandated by five principles: public administration, comprehensiveness, accessibility, universality, and portability the population health promotion approach unifies standards across the continuum of care targeting factors that influence the health of Canadians, identifies variations of health, and uses knowledge and innovations to develop and implement strategies to improve this nations' health status.

As our population continues to age, the demand on the healthcare system has been directly affected due to increasing costs, shortage of health care practitioners and the shift of health care services into the communities. Stroke is the fourth leading cause of death in Canada with a cost to the economy of \$2.7 billion dollars per year, with \$27,000 dollars of that cost occurring during the acute care phase of the healthcare continuum. This paper explores interventions for a Telehealth approach in providing acute care for patients and families to further enhance service delivery, improve access to health care services, increase health care practitioners' knowledge and expertise through educational. The Southwestern Ontario Stroke Strategy, Chatham Kent Health Alliance VideoCare, and London Health Sciences Centre partnered for a telehealth pilot project funded by the Ontario government to support emergency stroke care in the region.

Entitled "BRAINSAVE," the pilot project aims to build regional capacity for the assessment and treatment of acute-stroke patients using videoconferencing and tele-radiology. The focus of BRAINSAVE is to support community-based physicians in decision-making regarding acute stroke, the administration of stroke thrombolysis within the critical 3-hour treatment window, and the appropriateness of patient transfer to tertiary care opportunities and improve quality and cost efficiency of care.

Lessons learned in the development of this project can be transferred to other acute clinical Telehealth applications.

The need for innovative strategies in the delivery of accessible health care services province-wide irrespective of geographic location is essential to maintain the principles of the Canadian Health Care System. Today's Telehealth approaches, particularly those related to nursing care have the potential to serve a wide range of populations and to make a significant contribution to the nature and delivery of healthcare.

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**AN ANECDOTAL REPORT:
TEACHING STUDENTS TO APPLY THEORY TO CLINICAL PRACTICE
- PRIORITIZING BY DEGREES -**

The Problem: How to clearly prioritize diagnoses was not a question the second or third year level nursing students could typically answer, in this instructor's seven years experience in teaching clinical students. Assessment and Nursing Care Plan assignments were typically impoverished of adequate nursing diagnoses and most were not prioritized.

The Plan: A series of six activities were implemented for the students to overcome this problem: theory identification and review; presenting the idea of grouping diagnoses by degrees; group exercises in diagnoses prioritization; separating assessments and diagnoses from nursing care plans; then Case Study presentations where clusters of diagnoses were identified.

The Solution: Step One -The students were guided to refresh their knowledge of basic theories. Abram Maslow's theory of basic needs and Eric Ericson's life task theory were revisited along with other theories including: germ, systems, family, the ABC's of CPR, grieving, Piaget's learning theory, Seyle's Stress Adaptation theory, among others.

Step Two - The idea that diagnoses can be loosely grouped into five degrees of prioritization was introduced next.

Step Three – Group exercises in diagnoses prioritization were implemented. The opportunity to remind the students of leadership and group process theory was taken.

Steps Four and Five- The course-required Assessment and Nursing Care Plan assignment was divided by different due dates. This allowed for instructor feedback and prevented students from developing care plans for diagnoses that were often of too low a priority for their clients. This gave the teacher the opportunity to assist the students in identifying all client diagnoses and to reinforce the importance of prioritization.

Step Six - Case study presentations were required to help students to see how diagnoses were prioritized for other medical clients. It also assisted the students to identify key diagnoses for clusters of clients within the general client population of the acute care, adult/geriatric medical floor.

The Outcome: By isolating the process of prioritizing diagnoses from the entire nursing process, seven years of clinical acute-care, second and third year basic baccalaureate students, successfully learned how to apply theory to clinical practice.

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