



Abstract Book

**Hunter College Schools of the Health Professions
Hunter-Bellevue School of Nursing**

Presents

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THE FIFTH ANNUAL HUNTER COLLEGE SCHOOLS OF THE
HEALTH PROFESSIONS AND BELLEVUE SCHOOL OF NURSING
STUDENT-FACULTY RESEARCH DAY

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Abstracts of Poster Presentations

Poster Number 1

Sepsis and the Use of Early, Directed Goal Therapy

Cynthia Lestrade, RN, BSN, Graduate Student
Faculty Advisor: Judith Aponte

Purpose: Sepsis and sepsis shock are syndromes resulting in poor patient outcomes. The Surviving Sepsis Campaign is an international effort to reduce mortality in severe sepsis and septic shock using an early goal directed therapy approach. The purpose of such protocol is to articulate a clear framework for change in practice. This research sought to determine whether the use of sepsis protocols in the emergency department reduces patients' mortality and improves outcomes.

Methods: A thoughtful and in depth systematic review was done. All literature reviewed are relevant to the clinical question and provide in depth understanding of early goal directed therapy, its uses and outcomes. Ten research articles were finally chosen to complete the manuscript review. The data were carefully analyzed and evaluated in order to understand similarities and assess differences.

Results: Overall mortality is significantly lower in patients who received early goal directed therapy. Rigorous hemodynamic monitoring and prompt intravenous administration of appropriate antibiotics provide dramatic benefits to the group who received early goal directed therapy. However, clinical implementation has been slow. Barriers such as cost, ineffective triage techniques, lack of training for medical personnel and resistance to changes challenge the use of early goal directed therapy.

Conclusions and Implications: Collaboration among healthcare providers and standardization of early directed goal therapy are crucially needed to ensure cohesiveness of care. Further research is also needed to establish the validity and efficacy of early goal directed therapy.

Poster Number 2

Low Health Literacy

Katherine Duke RN, Suneeta Basnet RN, Harriet Gardiner RN, Barbara Goldstein RN, Mariola Karasiewicz RN, Dagmara Los - Undergraduate Students
Faculty Advisor: Professor Joan Arnold

Purpose: Increase nurses' understanding of health literacy and low health literacy to advocate for improved health literacy.

Methods: National and global studies on low health literacy were reviewed, motivated by authors' global health experiences (Basnet¹ and Duke²)

Results: Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions (ODPHP, USDHHS, 2000). Low health literacy is a public health issue; a silent epidemic that affects approximately 90 million adults in the US alone. It cannot be detected by physical examination, blood tests, or a diagnostic imaging system, and reaches costs topping tens of billions of dollars per year. People with low health literacy are a vulnerable population. They are at higher risk for hospitalizations and premature death than people with adequate health literacy skills. They are less likely to have chronic disease under control and engage in screening and prevention. Health literacy is necessary to increase control over health and better manage disease and risk factors. Poor health literacy is a stronger predictor of a person's health than age, income, employment status, education level, or race.

Health literacy is not just simply the ability to read health information; it requires a complex set of skills and learning styles: reading, listening, evaluating, interpreting, analyzing, decision-making, and application. In a healthcare setting, individuals need visual literacy, computer literacy, information literacy, and numerical literacy. The largest barrier to implementing a health literacy program was found to be the lack of awareness that low health literacy existed as an issue, and that with this lack of awareness, also co-existed a low priority to address it (Barrett, Puryear & Westpheling, 2008).

Conclusions and Implications: Risk factors for low health literacy will be presented from national and global perspectives as well as worldwide organizations that address low health literacy. Specific evidenced-based nursing interventions will be presented and implications for nursing research.

1. Nepal – surgical team performing cataract surgery instructed patients to instill eye drops post-surgery; the drops were taken orally.
2. Guatemala - a medical team treating conditions with antibiotics and antifungal agents; 14 day supplies were used up when patients returned in 2-3 days.

Poster Number 3

Exploring Parental Grief: Practice and Policy Implications

Joan Arnold, PhD, RN, Hunter College, New York, NY ~ Penelope Buschman Gemma, MS, RN, PMHCNS-BC, FAAN, - Faculty
Columbia University, New York, NY

Purpose: This study explores parental grief on the death of a child of any age. A child's death is an incomprehensible and devastating loss. Parental grief is a lifelong connection between parent and child. To extend and deepen current understanding of parental grief, a survey instrument was developed combining quantitative and qualitative measures.

Theoretical Framework: A reconceptualization of parental grief as a complex, non-linear, lifelong process is proposed. As parents live with their loss, grief is enfolded, shaping and defining a new and transformed identity.

Methods: A survey instrument was developed specifically to study parents who experienced the death of a child during their lifetimes. The sampling frame consisted of 74 respondents. This was a cross-sectional, retrospective, self-administered survey by mail. All quantitative data were entered into an SPSS data file and analyzed using standard bivariate techniques. Qualitative data were analyzed using a coding scheme, coding domains were compared and reconciled. In addition to standard demographic items, the instrument included quantitative as well as qualitative measures of grief, loss, and related variables.

Results: The study offers empirical support for the notion of grief as ongoing in the life of a parent whose child has died. Parental grief is profound and has lasting effects on parents, regardless of the years that have passed since the death, the age of the child at the time of death, and the cause of the child's death.

Conclusions and Implications: The findings serve to inform the development and provision of services for bereaved parents. Further clinical research should explore commonalities in the experience of grieving families regardless of the cause of and time since the death of their child. Child death can be recognized not only as a women's health concern but also as a concern in pediatrics, men's health and geriatrics.

Poster Number 4

Bullying and Suicide Ideation among Sexual Minority Youth in New York City: Results from the 2009 NYC Youth Risk Behavior Survey

Michael LeVasseur (Graduate Student, MPH program, Epi-Bios track)
Faculty Sponsor: Elizabeth Kelvin

Background: Despite recent media attention given to the role of school bullying on suicide among sexual minority students in America, no empirical studies have been conducted of this relationship. This study explores the effect modification of bullying on both suicide ideation and suicide attempt among lesbian, gay, bisexual (LGB) youth in New York City.

Methods: Suicide ideation and attempt, bullying, and potential confounding factors were measured using the 2009 NYC Youth Risk Behavior Survey, a biennial survey of non-institutionalized 9th-12th grade students in New York City. Odds ratios and 95% confidence intervals were computed for selected characteristics. Final models including confounding variables were used to determine the interaction of bullying variables on suicide ideation or attempt with a minimum P-value of 0.05 for interaction.

Results: LGB students comprised 8.9% of the study population and were 3.73 times more likely to consider suicide and 4.25 times more likely to attempt suicide compared to heterosexual students. LGB students were 1.85 times more likely to report being bullied, 1.97 times more likely to report feeling unsafe, 2.33 times more likely to have been threatened, and 2.11 times more likely to report cyber bullying. All measures of bullying were significant effect modifiers of suicide attempt among LGB students, but only previous bullying, being threatened, and cyber bullying were significant effect modifiers of suicide ideation.

Conclusion: Bullying has a significant impact on LGB youth in New York City. Policies should be enacted to prevent school bullying and raise awareness of LGB issues in schools.

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Poster Number 5

Sickle Cell Anemia: Audiologic Implications

Jenna Holke (Graduate Student, AuD) & Elaine Devora (Graduate Student, AuD)
Faculty Sponsor: Carol A Silverman, PhD, MPH

Issue: Sickle cell anemia, a worldwide problem, is the most common genetic disease in the United States: 1 in 10 African Americans are carriers. Complications can include hearing loss and imbalance. Sickle cell anemia is a topic which heretofore has received insufficient attention in the field of audiology, particularly in light of its prevalence.

Description: In the past, the focus has been to alleviate some of the life threatening effects of the disease such as strokes, acute chest syndrome, and spleen dysfunction. Recently, early identification and new medications have made it possible to curb the most serious effects so interventions can address the non-life threatening manifestations such as hearing loss. Literature reviewed included case studies and clinical investigations of sickle cell anemia patients worldwide.

Results: Hypoxia of the Organ of Corti and ischemia of the stria vascularis are the direct cause of hearing loss. The degree of hearing loss is highly variable, and can include mild to moderate unilateral losses, profound bilateral losses with partial recovery, or sudden sensorineural losses. The results of one study indicated that age, lateralization, and gender were contributing factors to hearing loss.

Conclusions and Recommendations: Based on the demographics and rate of occurrence, it is essential to administer a thorough case history on every patient, and be aware of the signs of this disorder.

Vasocclusive crises may cause fluctuations in a patient's hearing status so audiologic evaluations should

be performed annually and immediately post-crises. Additionally, referrals to other appropriate healthcare providers should be made whenever necessary.

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Poster Number 6

Medication Adherence Among Overweight Adolescent Psychiatric Patients: Weight Reduction Programs Versus Medication Teaching

Reagan Anusionwu (Graduate Nursing Student, Psychiatric/ Mental Health NP); Elizabeth Ariyibi (Graduate Nursing Student, Adult NP); Angela Ngoka (Graduate Nursing Student, Clinical Nurse Liaison); Elizabeth Texidor-Bonilla (Graduate Nursing Student, Psychiatric /Mental Health NP)
Faculty Sponsor: Diana Mason

Issue: In overweight psychiatric adolescent patients, does a weight reduction program increase medication adherence more effectively than medication teaching alone?

Description: The prevalence of overweight/obese adolescents under psychiatric treatment has increased over the past few years and is associated with non-adherence to the prescribed medication regimen. This limited systematic review examined the potential effectiveness of a weight reduction program consisting of diet and exercise, behavior modification, and medication teaching in reducing obesity and promoting adherence with medications in these adolescents. Two meta-analyses, four systematic reviews, two randomized control trials, and three prospective studies were identified from a search of the Cochrane Review, PsychINFO, Medline, CINAHL databases.

Results: Adherence to medication regimens for adolescents in a weight reduction program and control groups were the same, but at the conclusion of two studies, weight, waist circumference, body mass index, triglycerides, and fasting glucose decreased in the exercise group, and high density lipoprotein levels increased. Behavior modification improved outcomes, but the greatest success was seen when the entire family was included in the interventions. In the exercise group, behavior modification ensured that weight loss was maintained after pharmacologic treatment ended.

Conclusions and Recommendations: The newer, second generation psychotropic drugs, though effective in treating mental illness in adolescents, lead to excessive weight gain that is associated with eventual non-adherence to medication regimens. A weight reduction program has been shown to be effective in reducing weight gain in adolescents with mental illness who are taking second generation psychotropic drugs, particularly when behavior modification is used and the family is included in the intervention. Linear studies are needed to evaluate the long term effectiveness of interventions implemented.

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Poster Number 7

*Turning and Repositioning for Prevention of Pressure Ulcers
In hospitalized adult patients at high risk for skin breakdown, is following a strict nursing protocol of turning and repositioning patients every 2 hours more effective in reducing the incidence of pressure ulcers than standard care (i.e., no strict protocol for repositioning)?*

Graduate Students:

Chanho Lee: RN - ANP Program

Danielle Rita: RN - ANP Program

Ifeoluwa Aidelogie: RN - ANP Program

Michelly Abreu: RN – ANP/GNP Program

Faculty Advisor: Diana Mason

Issue: Pressure ulcers (PUs) are areas of localized injury to the skin or underlying tissue that arise when soft tissue is compressed between a bony prominence and an external surface for a prolonged period

of time. They often cause patient discomfort, related morbidity, and longer hospital stays. PU prevention is a concern for the healthcare industry. Medicare no longer reimburses hospitals for treatment of hospital-acquired stage 3 or 4 PUs.

Description: Based on expert recommendations, many hospitals follow a PU prevention protocol of turning and repositioning patients every two hours. The effectiveness of this protocol is examined in this limited systematic review, using keywords: pressure ulcers, prevention, and turning or repositioning. Studies that focused on adult patients at risk for skin breakdown were included. Studies of existing pressure ulcers were excluded.

Results: Findings did not support an association between turning/repositioning every two hours and a lower incidence of pressure ulcers. Most studies concluded that repositioning should be performed in combination with a pressure-reducing mattress. Two studies show evidence that the use of pressure-reducing mattresses may require less frequent turning intervals. Multiple studies reveal that repositioning alone does not reliably prevent the development of PUs.

Conclusion and Recommendations: Repositioning combined with a pressure-reducing mattress for at risk patients should be a part of PU prevention. Future research, particularly more randomized control trials studying the effectiveness of repositioning every two hours without a pressure-reducing mattress is needed. Further research in this area may lead to changes in protocol and more effective preventive measures in reducing PUs.

Poster Number 8

Clinical Coaching in a Patient Centered Long Term Home Care Model

Graduate Students:

Kathleen M. Olsen RN MSN, CNS

Susan Willie R.N., M.S.N., B.C, .A.N.P.COS-C

Gail Silver, MS, APRN, GNP-BC

Faculty Sponsor: Theresa M. Yannaco, EdD, RN

Issue: Understanding the impact of training Community Health Nurses on coaching patients in a Patient Centered Care Model. (PCCM).

Description: A home care pilot was developed in a Long Term Home Health Care Program to improve the nurse's clinical coaching skills. PCCM borrows important elements of Transitional Care Models. Nurses' trained in patient coaching techniques can motivate patients to become more proactive in self-care management. In order to impart coaching principles to our clinicians, we utilized the SWITCH model. (Heath & Heath, 2010). There was an emphasis put on the nurses coaching the patient to establish a patient self-care goal in the patient's own words.

Lessons Learned:

Practice change and implementing a new homecare model is challenging, especially among community health nurses. An evaluation of pilot nurses demonstrated a mean score of 4.327 out of 5.00 in eight categories. The results implied there is nurse understanding and engagement. Preliminary results demonstrated a clinically significant change in hospitalization rates. The intervention group had a 10.6% hospitalization rate and the control group had 21.3% rate. We also found a marginally significant difference in ED visits, with the pilot group (6.12% (N=3)) having far fewer than the control group (19.5% (N=9)).

Next Steps:

The model proposed that nursing practice changes and patient's ability to actively participate in their own care, would impact hospitalizations and nursing home admissions. In addition to measurement of summative outcomes, refinement of the training materials for coaching applications has been identified to ensure fidelity of the PCCM model.

Poster Number 9

Impact of Healthy Lifestyle Interventions on Native American Preschool and Elementary School Children

Pwint Hein (Graduate Nurse Practitioner-Adult), Soyoung Lee (Graduate Nurse Practitioner- Adult Gerontology), Laura Levinsky (Graduate Nurse Practitioner-Psychiatric), Catherine Nichols (Graduate Health Administration), Jing Shan (Graduate Community/Public Health Nursing)
Faculty sponsor: Diana Mason

Issue: The impact of diet, physical activity, healthy lifestyle programs, and culture in fostering healthier Native American (NA) preschoolers and elementary school children.

Literature Search: Cochrane Mesh terms for Native Americans include Indians, North American and Indian Tribal Health Council. Cochrane, CINAHL, PubMed advanced searches included childhood, obesity, overweight, schools, diet, physical activity.

Results: Fifty percent of our group's findings were based upon various studies that analyzed the original Pathways study. Pathways evaluated the effectiveness of a multifaceted school intervention focused on healthy school lunches, physical activity, and family-involvement in reducing body fat in NA children. Findings from the Apple study examined a community-based obesity prevention program for five to twelve year olds in elementary school. Other studies analyzed early preschool interventions and cultural significance in reducing obesity.

Conclusions and Recommendations: Results of the Pathways study showed a significant reduction in fat intake between experimental and control groups related to a school lunch program, but no actual differences in actual body fat were noted in either group. Pathways also showed a significant increase in self-reported activity levels and knowledge of healthy behaviors among both groups. The Apple study showed that activity coordinators and nutrition education in schools were beneficial. Studies of interventions to improve parenting skills related to obesity prevention in preschoolers showed promise. Overall, the studies reviewed indicated that longer, more intense interventions are needed to develop more specific interventions.

Poster Number 10

The Association between HIV/STI Risk Perception and sexual Risk Behavior among Employees of a High-End Entertainment Centre in Eastern China

Students:

Paulette Ibeka (Graduate, School of Public Health); Elizabeth A Kelvin (Faculty, School of Public Health); Joanne E Mantell (HIV Center Columbia University); Xiaoming Sun (Nanjing College for Population Program Management, Nanjing, China); Jianfang Zhou, Susie Hoffman (HIV Center, Columbia University); Feng Zhou (Kunshan Population and Family Planning Commission, Kunshan, China); Fangfang He (Kunshan Population and family planning commission, Kunshan China); Theresa M. Exner (HIV Center, Columbia University); & Theo Sandfort (HIV Center, Columbia University)

Background: The proliferation of high-end entertainment centers in China may create an environment for increased HIV/STI transmission. We investigated how employees of such a center assess their risk for HIV/STIs and how that perception relates to risk behavior.

Methods: 724 employees of an entertainment center in Kunshan, Jiangsu Province, China, completed a self-administered survey. Using multivariate logistic regression, we investigated if perceiving to be at risk for HIV/STIs predicted engaging in sexual risky behaviors.

Results: Overall, 79 (12.3%) of study participants believed they had some risk (small-great) for becoming infected with HIV or an STI. Those who perceived themselves to be at risk for HIV/STI had increased odds of providing sex for money or goods (OR = 3.44, p=0.004), of having had multiple sex partners in the past week (OR=6.47, p=0.000), of having had sex with multiple partners in the past month (OR=5.55, p=0.000), and of having had a casual partner in the past month (OR=4.15, p=0.000). In addition, having some personal perception of one's HIV/STI risks was associated with having a history of STIs (OR = 4.94, p=0.001), and having had an unintended pregnancy in the past year (OR=2.90, p=0.002)

Conclusion: Our findings support the hypothesis that HIV/STI risk perception is associated with HIV/STI risk behavior. This suggests that there is an awareness of the HIV/STI risks but a need to translating awareness to preventative behavior.

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Poster Number 11

The Relationship between Positive Work Environments and Job Satisfaction on Quality of Care and Patient Outcomes: A Systemic Review

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Sharmaine Adams BSN RN, Hunter College MSN Graduate Student (CNL)
Fabiola Tony BSN, Hunter College MSN Graduate Student (MPH)
Faculty sponsor: Diana Mason

Issue: Study the relationship of nurses work environments and job satisfaction as it relates to patient safety and quality of care.

Description: The Patient Protection and Affordable Care Act's major goals are to improve patient safety, quality of care and access to care, while decreasing the cost of health care. This is consistent with the role of the nursing profession. This limited systematic review seeks to examine whether nurses' job satisfaction and characteristics of their work environments have been demonstrated to affect patient safety and quality of care. Primary research was retrieved from electronic searches of Pubmed, Cinahl, and Medline Full Text using keywords of job satisfaction and patient outcomes. Ten research articles were chosen on the bases of strength design.

Results and conclusions: Most of the research was quantitative studies using questionnaires given to nurses. All of these studies indicate that positive work environments and high levels of job satisfaction have a positive effect on patient outcomes and quality of care. In many of the studies patient outcomes and quality of care were not measured directly.

Recommendations: Health care organizations can implement strategies to improve work environments for nurses, which will improve patient care and provide financial incentives.

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Poster Number 12

Effects of a Palliative Care Educational Intervention on Healthcare Professionals Knowledge, Attitudes, and Perceived Skills

Viena Cordero (Graduate Student, ANP)
Adriana Olivo (Graduate Student, ANP)
Faculty sponsor: Diana J. Mason, PhD, RN, FAAN

Issue: Palliative care is recognized as a public health priority and the need to provide quality end-of-life care is essential to our aging population. Health care professionals (HCPs) need to be prepared to meet the needs of this population on a competent and satisfactory level. By providing professional educational programs and specialty training, HCPs can be better prepared to meet these needs.

Description: This limited systematic review evaluates whether a structured palliative care educational program for HCPs can change their attitudes, knowledge, and/or perceived skills on end-of-life issues.

Methodology: Randomized controlled trials, quasi-experimental, longitudinal, and qualitative studies published in the last 5 years were identified from a search using the Cochrane Library, PubMed, Medline, & CINAHL databases and keywords and MesH terms of palliative, hospice, education, health care professionals, and intervention.

Results: HCPs who attended an educational program focused on palliative care and end-of-life issues demonstrated improved knowledge, attitudes, & self-perceived skills.

Conclusions: A structured, end-of-life, palliative care education for HCPs appears to improve the confidence and knowledge that may assist them in guiding practice and improving the psychosocial support delivered to the population in need. Future research should examine patients' and families' quality of life when cared for by HCPs who have received specific palliative care education training.

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Poster Number 13

Are Play and Art Therapy Effective Treatment Modalities in Children with PTSD?

Meghan St. Lawrence, Ann Green, Irina Ryvkin, Craig Headley, Shaunak Parikh, Brijlall Lall (Students, Hunter-Bellevue School of Nursing)

Sponsoring Faculty Member: Diana Mason

Issue: Children with post-traumatic stress disorder (PTSD) are left vulnerable to altered psychological, emotional, social, and cognitive functioning that may persist throughout their lifetime. Treatment for PTSD is a complex, delicate process. Children require treatment modalities that cater to their immaturity in emotional regulation and information processing, as well as the creativity, flexibility, and imagination that give children a unique strength. Art therapy and play therapy are two such modalities.

Description: We conducted a limited systematic review of the effectiveness of play and art therapy as interventions to improve PTSD in children. Following a search of CINAHL, Medline, and Cochrane we identified a longitudinal study with a quasi-experimental design, an empirical study with a quasi-experimental design, and a case study on play therapy; a pilot study with a quasi-experimental design, a longitudinal research study, and a research study with an experimental design representing art therapy. Findings: All studies had a relatively small sample size, limiting conclusions. Play and art therapy are effective in the short-term, but following cessation of therapy their long-term effectiveness is relatively weak. Available research suggests play therapy is more consistently effective in reducing symptoms of PTSD in children than art therapy.

Conclusions/ Recommendations: Both play and art therapy have been shown to be effective in reducing symptoms of PTSD in children, with evidence suggesting play therapy to be more consistently effective. However, in both therapies effectiveness is time limited. Due to this time limitation on effectiveness, we recommend hospitals consider implementing play and art therapy programs that can also be offered on an inpatient as well as an outpatient basis to try to increase their effectiveness following cessation of in-patient therapy.

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Poster Number 14

Is Moderate Glycemic Control as Effective as Intense Glycemic Control in Preventing Complications in Critical Patients?

Joshua Gregoire (Graduate Student Urban Health MSN/MPH); Tomeika Ulett-Garcia (Graduate Student Clinical Nurse Specialist); Joyce Yeung (Graduate Student Adult Nurse Practitioner)

Faculty Sponsor: Dr. Diana Mason

Issue: Glycemic control in the critically ill, regardless of diabetes status, has been shown to reduce morbidity, mortality, and overall hospital length of stay. However, there is a lack of consensus addressing the level of control necessary to achieve these benefits in this population. Prior studies supporting intensive glycemic control (80-110 mg/dL) have encouraged many institutions to change their protocols to tighten blood glucose control via insulin infusion. Conversely, many other studies show that moderate glycemic control (<180mg/dL) may be as effective or more effective in reducing complications in Intensive Care Unit (ICU) patients.

Methods: A limited systematic review of the literature was performed to identify and analyze studies supporting the benefits of moderate glycemic control and/or dangers of intense blood glucose control.

Findings: Studies, including multi-site randomized control trials, support moderate glycemic control in critically ill patients as a safe and effective method of controlling blood glucose and minimizing complications. Evidence also suggests that intense glycemic control has been associated with higher adverse outcomes, such as hypoglycemia, than moderate control.

Next steps: A complete systematic review of the current literature is necessary before any further suggestions for change in clinical practice can be made. However, institutions that have implemented intense glycemic control should be made aware of the available evidence and the potential need for modifications in current protocols.

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Poster Number 15

Step Test Versus Shuttle Run: Measuring Cardiovascular Endurance in Children and Adolescents with Obesity

Lauren King (Graduate Student, Physical Therapy); Heather Kleinman (Graduate Student, Physical Therapy)

Nataliya Kukil (Graduate Student, Physical Therapy); Shira Marvit (Graduate Student, Physical Therapy)
Faculty Advisors: Suzanne Babyar, PT, PhD and Eric Schwabe, PT (New York Presbyterian Hospital)

Background: The Health for Life (H4L) Program of New York Presbyterian Hospital-Weill Cornell Medical Center educates 8-19 year olds who are overweight or obese about making healthy lifestyle changes. As part of the testing protocol, a 3-minute step test and PACER shuttle run are conducted. The specific aims were to: 1) determine if objective estimates of oxygen consumption ($\dot{V}O_2$ max) and subjective estimates of exertion (PCERT), derived from the 3-minute step test and the PACER shuttle run, are sensitive to change; and, 2) determine which test should be retained in the H4L Fitness Battery.

Methods: 68 participants of the H4L Program had a pre-tests and 17 had post-test assessments.

Multivariate analysis of variance (MANOVA) of $\dot{V}O_2$ max and PCERT values were followed by paired t-tests for *post hoc* analyses. Spearman tests correlated objective and subjective measures of exertion.

Results: $\dot{V}O_2$ max and PCERT values for the PACER and the step test did not differ before and after intervention. MANOVA showed a between-subjects effect for $\dot{V}O_2$ max estimates when the two tests were compared ($F=5.36$, $df=1$, $p=0.03$). *Post hoc* paired t-tests showed that PCERT values for the step test differed before and after intervention but only for the younger children ($p=0.04$). No significant correlations existed.

Conclusions: $\dot{V}O_2$ max from step and PACER tests estimate objective exertion equally. PCERT values may be more sensitive to change than $\dot{V}O_2$ max for the 3-minute step test. Limited participation in follow-up restricts our ability to designate which test best estimates exertion for H4L participants.

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Poster Number 16

The Relationship Between Parental Health and Children's Cognitive Achievement.

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Faculty Sponsor: Elizabeth Kelvin

Background: The purpose of these analyses was to examine the relationship between parental health and the cognitive achievement of their children among immigrants in the US. In addition, we looked at parental involvement in education as a potential mediator. Although we know that parental involvement in their child's education is associated with the child's educational success, little is known about the effect parental health has on these relationships.

Methods: Data came from the 2003 baseline interview of the New Immigrant Survey. A total of 2,908 immigrant children between the ages of 3-12 were included in these analyses. Cognitive ability was measured using the Woodstock Johnson tests 1 and 10, which measure ability to identify letters and words and analyze and solve math problems. Parents were asked to state their overall health status and involvement in their children's educational activities.

Results: Linear regression was utilized to examine the relationship between parental health and children's score on each of the Woodstock Johnson tests. Parental health, involvement in children's educational, and cognitive achievement was not found to be statistically significant. High blood pressure, diabetes and heart problems and the limitation of activity associated with these conditions were also found to be associated with children's cognitive achievement ($\beta=-7.350$; $\beta-15.324$; $\beta15.583$).

Conclusions: As parental health improves, so does children's cognitive achievement. Children whose parents are limited in their activity due to illness should receive extra support to help them achieve greater educational success.

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Poster Number 17

Gender Differences in Presentation of Acute Myocardial Infarction: A Literature Review

Cynthia Cohen
Faculty sponsor: Lorraine Sanders

Cardiovascular disease is the leading cause of death in women in the United States and worldwide. More women in the United States die annually from cardiovascular disease than from all forms of cancer, and myocardial infarction is responsible for most of these deaths. Women suffer higher morbidity, mortality, and poorer quality of life after myocardial infarction than do men, yet coronary heart disease in women remains underdiagnosed and undertreated. An accumulating body of evidence suggests the following explanations: gender differences in symptom presentation, and gender differences in treatment-seeking. Women's acute and prodromal symptoms of myocardial infarction have been characterized in the literature as atypical. Despite national campaigns to raise awareness, women and clinicians still have difficulty recognizing and acting on these findings, leading to delays in treatment and misdiagnoses. Public education directed toward women's coronary heart disease symptom recognition is essential and may facilitate earlier access to care. Advanced practice nurses have a significant role to play in helping to educate their clients, their colleagues and students, and the public. Advanced practice nurses in emergency

departments can advocate for female patients to ensure they receive prompt, appropriate treatment. Further research is needed to study women's awareness of atypical acute myocardial infarction symptoms and decision-making for treatment-seeking in larger, more diverse populations; this will enhance nurses' ability to tailor interventions to specific populations. Current evidence supports the role of the advanced practice nurse in the design and implementation of community-based education programs to help mitigate this number one killer of women.

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Poster Number 18

Do Elders with Type 2 Diabetes Mellitus who Follow a Mediterranean Diet Versus the USDA Diet Exhibit Decreased HbA1c Levels?

Karleen Benjamin (Graduate Student, Nursing), Yelena Ilyasova (Graduate Student, Nursing), Julie Imbriale (Graduate Student, Nursing), Gayle Rawlins-Peters (Graduate Student, Nursing), and Lois Shallow (Graduate Student, Nursing)

Faculty Sponsor: Dr. Diana Mason (Faculty, Nursing)

Issue: The purpose of this project was to examine the research literature on the effects of the Mediterranean diet versus a USDA diet on HbA1c levels in elders with type 2 diabetes mellitus.

Description: Diabetes is a worldwide epidemic with type 2 diabetes accounting for most of the cases. The prevailing thought is that an unhealthy diet, a modifiable risk factor, contributes to the epidemic of type 2 diabetes. Using search terms Mediterranean diet, non-insulin dependent diabetes, type 2 diabetes mellitus, and diet therapy fifteen abstracts were found using the search engines PubMed, Cumulative Index to Nursing and Allied Health Literature, and the Cochrane Library. Abstracts were screened for relevance; twelve studies (two systematic reviews, four experimental designs, two quasi-experimental design, two meta-analysis, and two cohort prospective studies) were included in this project. The limitation was to include articles published between 2005 and the present date.

Results: The Mediterranean diet was found to have positive effects on both glycemic control, and in the reduction of Cardiac Heart Disease (CHD) risk factors. The extent of the effect was dependent on the type of Mediterranean diet. In addition, there was a direct correlation between the use of the Mediterranean diet and weight loss. Weaknesses found in the studies were the high mortality rates and the reliance on self-reporting.

Conclusion and Recommendation: The Mediterranean Diet may improve control of diabetes compared with the USDA diet. Further research is needed with objective monitoring of subjects and identification of the factors that lead one to withdraw from studies of this topic.

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Poster Number 19

What is the Relationship Between Pain Control and Pulmonary Complications in Post- Operative Thoracic Surgery Patients?

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Arthur Gukasyan, Graduate Student -School of Nursing (ANP)

Sponsoring faculty member: Diana Mason

Issue: Working in cardiothoracic units, we have seen countless pulmonary complications with poorly controlled pain in post thoracotomy patients. Poor post-operative pain management and pain control in this population may lead to lung-related complications.

Description: The rationale of this literature limited systematic review is to acquire current evidence based practice regarding pain management for post-operative thoracic patients and to identify limitations in this

area. Articles were obtained using Boolean/phrases from the National Center for Biotechnology Information, Cochrane Library, CINAHL and MEDLINE via Ebsco Host. Key words included analgesia, thoracotomy, pulmonary complications, post-operative, and pain management. Inclusion criteria: Year of publication 2006-2011 with limits to human subjects only. After reviewing ten quantitative experimental studies we investigated various methods of pain control and their effect on pulmonary function in post thoracic surgery patients.

Results: The following are a few of the results found after reviewing ten articles. Thoracic Epidural Analgesia (TEA) has better post operative outcomes than Interpleural Intercoastal Nerve Blocks (IINB). However intravenous patient controlled analgesia (PCA) is less invasive than epidural PCA and may have less post operative complications. Alternative therapies such as acupuncture performed preoperatively in thoracotomy patients can positively influence pain control post operatively.

Conclusions and Recommendations: Based on our research we concluded that adequately controlled post-operative pain with thoracic surgeries can lead to better pulmonary outcomes and reduce complications. Suggestions for future research include studying the effect of non-narcotic pain medications such as NSAIDs in addition to the use of opioids on post-operative pulmonary function.

Poster Number 20

Early Identification of the Family Caregiver: A Nursing Strategy to Reduce 30 Day Readmission Rates in the Congestive Heart Failure Medicare Population

Mimi Lim (Graduate Student, Nursing CNL)

Faculty sponsor: Mattia J. Gilmartin (Faculty, Hunter College, Nursing)

Background: 20% of Medicare patients who were discharged home were readmitted within 30 days (Jencks et al, 2009). One identified area for performance improvement focuses on care coordination upon discharge. New York Hospital Queens (NYHQ) had a CHF readmission rate of 28.5% within the 30 day window. This is above the national rate of 24.7% and NYS's rate of 26.1% (CMS Hospital Compare, 2010). Early identification of the patients' family caregivers (fcgs) within 48 hours of admission will assist in the transition to home setting.

Method: The United Hospital Fund (UHF) embarked on a 15 month quality improvement collaborative. It challenged various NYC health care organizations to partner with another to stimulate change. NYHQ partnered with the Visiting Nurse Services of New York (VNSNY) with the aim of early identification and the tasks performed by the fcgs of patients discharged home. An early screening for discharge planning (ESDP) tool was developed and to be completed during the admission assessment. The tool enables the nurses to identify the patients' fcgs by name, contact information and tasks performed for the patient at home within 24 hours.

Results: Prior to the ESDP tool, NYHQ's readmission rate of patients who were discharged to VNSNY home services was 21.2%. The post implementation of the tool resulted in a rate of 13.8%.

Conclusions: The early identification and tasks performed by the fcg is crucial to ease the transition from the hospital to home setting. The fcgs were incorporated in the planning, implementation and follow-up care of the patients.

Poster Number 21

Implementation of Bladder Scanners as a Tool to Assess Bladder Volume Noninvasively at the Hospital for Special Surgery Inpatient Clinical Units

Ariel Gerber - Clinical Nurse Leader Program, Graduate Student

Mattia Gilmartin – Faculty Sponsor

Background: The purpose of this quality improvement study is to examine the impact of implementing bladder scanners on catheterization rates on inpatient units at the Hospital for Special Surgery. Before the introduction of the device, straight catheterization was standard practice in order to assess bladder volume.

Methods: Nurses were in-serviced on the device, and a nursing policy and procedure was written. After each scanner use, a form was completed by the nurses to document if a catheter was reinserted based on the registered volume and/or clinical symptoms. Data was collected for eight weeks on a thirty-bed inpatient unit. After data collection, a survey using the Likert scale was completed by staff on their perception of the scanner's effect on patient outcomes.

Results: Of the twenty-eight forms completed, a catheter was reinserted in 56% of patients. Of the seventeen nurses surveyed, 53% strongly agreed that the scanner was a useful tool in assessing patient's bladder volume and 47% felt they were sparing patients from an unnecessary invasive procedure.

Conclusions: Nurses are responsible for placing and maintaining urinary catheter systems and are therefore responsible for this nursing-sensitive indicator. With the introduction of bladder scanners to inpatient units, nurses now have the technology to assess bladder volume noninvasively, without increasing the risk for a catheter-acquired urinary tract infection.

Acknowledgements: This study was overseen by Dr. Mattia Gilmartin from Hunter College and Jen Katarivas, Clinical Nurse Specialist at the Hospital for Special Surgery.

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Poster Number 22

Pilot: Implementing Primary Nurse Model at Washington Heights Family Health Center.

Diana Alemar, RN-BC, BSC (Graduate Student-CNL program).

Mattia Gilmartin, PhD (Faculty Sponsor).

Background: Washington Heights Family Health Center (WHFHC) is a patient centered medical home and Primary Nursing (PN) is an essential component. PN is a therapeutic relationship in which one nurse directs and coordinates care for a set of patients (Manthey, 2004). The goal of the PN Pilot is to improve quality and care coordination of the high risk type 2 diabetic patients. The PN Model will expand the role of the ambulatory care nurses and care teams by ensuring patient education and care coordination.

Methods: The PN role was implemented using the Model for Improvement; a systematic process for effectively implementing change (IHI). Primary care teams were established to ensure continuity of care for patients and teams. Chart audits assessed for the establishment of patient health care goals through nursing care plans, patient education documentation, pre-visit planning and up to date immunization. Press Ganey (PG) scores were also assessed for increased patient satisfaction with nursing education. Periodic Performance Review (PPR) scores were assessed for documentation of patient education.

Results: Chart audits for ten patients showed: 10/10 charts had patient education documentation, 10/10 had set goals, 10/10 had pre-visit planning done, 8/10 had Pnuemovax and 8/10 Influenza vaccine. PG and PPR scores have not been reported for the months of March and April.

Conclusion: PN pilot enhanced care coordination for the high risk diabetic patient and team collaboration. Patient education has become integral component of daily practice. The pilot highlighted the need for improvements in the electronic health care record such nursing care plan template.

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Poster Number 23

Health Interventions & Comorbidities Among Diabetics in New York City Households

Roy Lee- (Graduate Student, CUNY Hunter, Epidemiology & Biostatistics); Elizabeth Kelvin (Faculty, CUNY Hunter, Epidemiology & Biostatistics); Brianne L. Olivieri (Graduate Student, CUNY Hunter, Epidemiology & Biostatistics); Kwame Lawson (Clinical Research Associate, Sanofi Aventis, Research and Development); Marlon Joseph (Graduate Student, CUNY Hunter, Epidemiology & Biostatistics)

Faculty Sponsor: Elizabeth Kelvin, PHD

Background: We looked at the association between comorbidities related to diabetes (i.e. eye disease, cancer, kidney disease, and hypertension) with types of health-related interventions (i.e. exercise, diet, prescribed medication) among diabetics.

Methods: Analyses were conducted using data from the cross-sectional New York City Health and Nutrition Survey (NHANES) among non-institutionalized residents 20 years and older. We used logistic regression to look at the association of self-reported comorbidities associated with various health interventions/lifestyles among 240 diabetics.

Results: Prevalence of additional comorbidities in those that exercised an average of less than 30 minutes per day and those that exercised more than 30 minutes per day was 41.5% and 28.5%, respectively (P-value=.04). As might be expected, there was a significant negative association between exercise and additional comorbidities (OR=3.3, P-value=.01); conversely, fruit consumption was significantly positively associated with comorbidities (OR=1.5, P-value=.02).

Conclusions: Protracted exercise decreased the odds in comorbidities. In many instances, adult onset diabetes is irreversible, but our data strongly suggests the need for proactive health interventions such as exercise in the chronic phase to prevent further complications from diabetes. Positive association between fruit and comorbidities is concerning and suggests that dietary interventions need to emphasize that the sugar in fruit poses a risk to diabetics.

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Poster Number 24

Development of Cultural Competence Tools to be Used in Public Health Higher Education

Elena Hoeppe (Graduate Student, UPH) Diana Romero (Faculty, UPH)

Faculty Sponsor: Diana Romero, PhD, MA

Background: Health outcomes can be improved in part by tailoring interventions to the increasingly diverse population through culturally competent public health practice. Cultural competence is typically taught in medical and nursing programs, so there is a need to formally integrate it into public health education. Hunter College is working to do this in the urban public health curriculum.

Methods: We conducted a comprehensive literature review using the ISI Web of Knowledge database as a primary search engine, which yielded approximately 300 references. The final cut of 14 articles that were the most relevant to public health were used to write a research brief, to develop an annotated bibliography, and to create a module for teaching.

Results: The “Cultural Competence in Public Health” module includes the history of and trends in cultural competence, models on the progression of individual culturally competence, and its application in interventions, organizations, and health systems. From the multitude of existing definitions of cultural competence, we created a definition pertaining to public health.

Conclusions: The module will be used to highlight cultural competence in existing public health classes. Next steps include the development of individual and organizational assessment tools to use for pre- and post-tests surrounding students’ fieldwork.

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Poster Number 25

Does Therapeutic Touch (TT) Decrease the Amount of Opioid Analgesic Needed for Pain Control for Elderly Patients Post-Operatively When Compared to No TT (analgesic only)?

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Sponsor: Diana Mason (Faculty, Hunter College)

Issue: Managing post-operative pain in elderly patients is a complex issue. Ineffective pain management may increase the risk of postoperative complications because the patient may be unwilling to ambulate, cough, and deep breathe. Because of the physiological and cognitive changes that occur with aging, this population is more prone to developing delirium and other negative side effects associated with narcotic use. The use of therapeutic touch has been shown to decrease pain, anxiety, and fatigue in various populations. Therefore, this limited systematic review examines whether the use of therapeutic touch in conjunction with narcotic medications in elderly postoperative patients is effective in decreasing the amount of narcotic medication used, while still managing the pain effectively.

Search strategy: We searched CINAHL, MedLine, Ovid, PubMed for peer-reviewed articles between 2005 and 2011 that included the following key words: elderly, pain management, postoperative, therapeutic touch, healing touch, opioids, analgesics.

Results: There are many studies in the literature which show that therapeutic touch is effective in reducing pain and anxiety in various patient populations. However, there is limited research testing whether the use of therapeutic touch is effective in reducing narcotic use in postoperative elderly patients while still reducing pain.

Conclusions: There is evidence to support the use of therapeutic touch to reduce pain. For this reason, therapeutic touch should be included in the nursing education curriculum and incorporated into practice. More research, specifically randomized clinical trials with adequate sample sizes, needs to be conducted to determine whether the use of therapeutic touch is effective in reducing narcotic use among elderly patients postoperatively.

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Poster Number 26

The Impact of Violence on South Asian Women living in New York City: A Qualitative Analysis

Nausheen Akhtar, MD (Graduate Student, UPH)

Faculty Sponsor: Lynn Roberts, PhD

Background: Despite the presence of literature describing the experiences of Intimate Partner Violence (IPV) in South Asian women living in their native lands, there is a dearth of research on the experiences of this community with this public health problem in the United States. It is postulated that the unique social and cultural characteristics of this community may predispose it to the presence of IPV in its ranks.

Methods: This study was qualitative in nature, with focus groups being the data collection method. Two focus groups were conducted from participants who were the clients of Sakhi a non-profit based in New York City. A total of four people participated in the study. Themes were generated from the transcripts of the recordings of the focus groups and then used for analysis.

Results: Demographic data on the participants revealed that they were from several nations of South Asia. A total of 21 themes were generated after reviewing the transcripts of the focus groups. Three themes were selected for analysis. The three themes included abuse/violence during pregnancy, decision making about contraceptive use and sexual coercion.

Conclusions: This was a study that was qualitative in nature and so it is not possible to obtain the prevalence of IPV in the South Asian community in NYC. It would be very helpful if a quantitative study utilizing religious, civic and other community organizations could be done to obtain a prevalence of the problem in NYC.

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Poster Number 27

Multi-E-Skills Initiative: Cross-Training Occupational Health Nurses in Vision Rehabilitation Therapy to Address the Escalating Crisis of Vision Impairment

Denise C. Murphy, RN, DrPH, MA, COHN

Objectives: Mitigate the lack of vision rehabilitation professionals by cross-training existing healthcare practitioners such as occupational health nurses.

Create an accessible, online curriculum that incorporates both performance-based and critical reasoning skills in vision rehabilitation therapy.

Educate occupational health nurses about workplace accommodations with adaptive technologies for low vision workers.

Description: The leading causes of vision impairment and blindness in the US are primarily age-related eye diseases. With people living longer and the aging of baby boomers, the number of Americans with these conditions – including age-related macular degeneration, cataract, diabetic retinopathy and glaucoma – and the resulting vision impairment is expected to double within the next three decades (Prevent Blindness America 2008).

Unfortunately the availability of qualified professionals who can reduce the devastating impact of vision loss has not kept pace with the escalating demand. To address this need, Lighthouse International has developed an online, comprehensive, accessible curriculum to cross-train healthcare practitioners in related disciplines – particularly occupational health nurses – in the specialized knowledge and skills needed to support the safety, independence, and employment of the growing number of adults with vision loss. This Multi-E-Skills curriculum covers specific performance-based skills and critical decision-making proficiencies in vision rehabilitation therapy, low vision care, and orientation and mobility. The refined version of the prototype curriculum will be launched nationwide as a stand-alone low vision rehabilitation training course that will reflect the needs of occupational health nurses and prepare them to work with adults experiencing vision loss, thereby helping to alleviate the social and economic impact of this growing problem.

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Poster Number 28

Premigration Harm and Depression: Findings from the New Immigrant Survey, 2003

Michelle Montgomery (Graduate Student, EPIBIOS)

Faculty sponsor: Elizabeth Kelvin, PhD, MPH

Background: Studies examining refugees from conflict areas have found that persecution in the place of origin is a risk factor for depression. However, few studies have looked at the association between mental health and the experience of premigration harm due to race, gender or religion in the general population of US immigrants.

Methods: Data for this study came from the New Immigrant Survey baseline questionnaire administered to a random sample of 8,573 adults receiving legal permanent residency in the US in 2003. The association of premigration harm with both depression in general and depression specifically related to the legalization process were assessed using logistic regression.

Results: In multivariate analysis, premigration harm was a statistically significant predictor of both depression (odds ratio [OR], 1.5; $p=0.001$) and depression related to the legalization process (OR, 1.33; $p=0.01$). Gender and region of origin were also significant predictors of depression and depression related to the legalization process after adjusting for having experienced premigration harm.

Conclusions: These findings support existing research on the negative effects of persecution on mental health. Future research may consider the benefits of screening all immigrants for premigration harm irrespective of refugee status to better identify depression risk.

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Poster Number 29

Exposure of Neurons to Excitotoxic Levels of Glutamate Induces Cleavage of ADAR2 and Loss of GluR2 Editing

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Faculty Sponsor: Shahana S Mahajan (Faculty, MLS)

Background: The purpose of this study is to determine if ADAR2, GluR2 editing enzyme, is rendered non-functional when neurons are exposed to glutamate. ADAR2 has been shown to be lowered or absent in motor neurons of ALS patients.

Methods: Cortical neurons treated with glutamate were used to assess the effect of exposure of excitotoxic levels of glutamate on ADAR2, GluR2 editing enzyme. Immunofluorescence, Western blotting, and editing assay were used.

Results: Glutamate induced cleavage of ADAR2 in cortical neurons in a dose-dependent and time-dependent manner. ADAR2 cleavage activates through NMDA receptors upon binding glutamate, however, does not involve AMPA receptors. ADAR2 cleavage is independent of nNOS activation and was dependent on Ca^{2+} influx. ADAR2 cleavage was dependent on calpain activation and exposure of neurons to excitotoxic levels of glutamate reduced GluR2 editing.

Conclusion: Neuronal ADAR2 is cleaved upon glutamate exposure through calcium-dependent mechanisms following NMDA receptor and calpain activation. ADAR2 cleavage reduces the level of GluR2 RNA editing and may lead to the production of calcium permeable AMPA receptors. This can ultimately lead to the excitotoxic death of neurons.

Acknowledgments: This work was supported by NIH grant R01 NS06192 to EZ and PSC-CUNY 621350-0040 to SM.

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Poster Number 30

Complex Regional Pain Syndrome (CRPS)

Caitlin O'Shaughnessy

Sponsoring faculty member: Dr. Lorraine Sanders

Issue: The diagnosis of Complex Regional Pain Syndrome (CRPS) is given to patients who experience chronic pain clustered with edema, alterations in skin temperature, color changes and sensitivity to touch. These symptoms often affect an extremity and can lead to deterioration of a patient's quality of life.

Complex Regional Pain Syndrome is classified according to etiology. Type 1 occurs after an identifiable event including surgery or infection. Type 2 is thought to be idiopathic and lacks any documented cause. Little is known about CRPS, rates and prevalence, etiology and best practices for treatment.

Description: A literature review was conducted to evaluate and synthesize what is currently known about CRPS. . This review was conducted by searching MEDLINE with full text and CINAHL databases for peer reviewed articles within the last 5 years. Twelve articles including both studies and literature reviews were retrieved and analyzed.

Results: The peripheral and central nervous systems are both affected in patients with CRPS. It is thought that many different pathways in the nervous system are triggered and act in a cyclic formation making it difficult to find the origin of the syndrome. Medications (NSAIDS, ketamine, lidocaine, IV

immunoglobulin, and baclofen), physical therapy, spinal cord stimulation and alternative therapy have been found to give relief to patients with this syndrome.

Conclusions: This ROL underscores the state of the science of CRPS currently. There is a need for more extensive studies to be conducted about CRPS including longitudinal studies to track the syndrome over time, RCTs to evaluate the efficacy of treatment interventions, and multi site trials. From the studies that have been done on CRPS, health care providers are able to treat and diagnose patients more accurately.

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Poster Number 31

Should Patients at High Risk for Deep Vein Thrombosis (DVT) use Anticoagulant Drug Therapy Alone or a Combination of Compression Devices with Anticoagulant Drug Therapy? A Limited Systematic Review

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Faculty Sponsor: Diana J, Mason PHD, RN, FAAN

Issue: Post operative and trauma patients are at high risk for developing deep vein thrombosis (DVT) in the legs and pelvic veins immediately after surgery or after physical trauma due to one or more elements of Vichow's Triad: stasis, vessel injury and hypercoagulability. Symptoms vary from none to pain, redness and swelling in the legs. A blood clot can travel from the legs to the lungs and cause pulmonary embolism or death. DVT can be prevented using different prophylactic interventions such as compression or anticoagulant drug therapy. Compression devices help prevent blood clots from forming in the leg by applying varying amounts of pressure to different part of the leg. On the other hand, anticoagulant therapy, is used to prevent the formation of a blood clot. This limited systematic review sought to determine if the use of anticoagulants alone is better at improving outcomes in comparison to using both compression and pharmacological therapy in post operative and trauma patients.

Description: A systematic research review was done using Cochrane review, CINHALL, MEDLINE, PUBMED and looking through relevant journals. We used keywords that included post operative, trauma, DVT prophylaxis, compression and thrombolytic therapy. Our Poster Number will summarize our review and key findings relevant to the described issue.

Lesson Learned: The Poster Number presentation will identify the strengths and weaknesses of the research and recommendations for practice and future research.

Next Step: Based on the findings we will make recommendations about which form of therapy is more effective.

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Poster Number 32

The Role of Primary Care Providers in Smoking Cessation as Part of a Comprehensive Tobacco Control Program

Ali Akhund (Graduate Student, Epidemiology and Biostatistics, School of Public Health)

Faculty Sponsor: Elizabeth Kelvin, MPH, PhD

Background: In light of the availability of clinical guidelines for treating tobacco use and dependence, and the distribution of these guidelines to healthcare providers, the purpose of the study was to determine if participants who visited their primary care providers (PCP) were more likely to attempt to quit smoking or more likely to successfully quit smoking, compared to those who did not.

Methods: Using data obtained from the 2008 NYC Community Health Survey, adjusted logistic regression models were utilized to determine the relative odds of attempting to quit smoking within the past 12 months and successfully quitting smoking within the past 12 months, between those who visited

their PCP within the past 12 months and those who did not. Estimates were weighted and adjustments were made for the complex sampling scheme.

Results: In 2008, 15.9% and 21.8% of the NYC population were current and former smokers, respectively. Among those who smoked within the past 12 months, 66.6% attempted to quit, 80.3% of which were unsuccessful. A statistically significant higher odds of attempting to quit (OR=1.6; 95% CI: 0.9-2.7) or successfully quitting (OR= 1.1; 95% CI: 0.4 – 3.0) was not observed in those who visited their PCP.

Conclusions: These findings suggest the role of PSPs in smoking cessation remains underutilized.

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Poster Number 33

A Comparison of The Stroke Rehabilitation Assessment of Movement Scale (STREAM), Functional Independence Measure (FIM)TM And Stroke Impact Scale-16 (SIS-16) in the Acute Rehabilitation of Patients with Stroke.

Faculty Irene Ward, PT, DPT, NCS [NYU Langone Medical Center (NYULMC)]; Susan Pivko PT, DPT Cert MDT (DPT); Gary Brooks PT, DrPH, CCS, SUNY Upstate Medical University; Kate Parkin, PT, MA (NYULMC)

Background: The purpose of this prospective cohort study was to further extend the clinical utility of the STREAM in the current acute rehabilitation hospital setting by determining:

- Ability of the STREAM to detect change in motor abilities of acute stroke patients from admission to discharge.
- Concurrent validity of the STREAM with two outcome measures (FIMTM and SIS-16) at admission and discharge.
- Predictive validity of the STREAM at admission with respect to length of stay (LOS) and discharge destination (home or sub-acute facility).

Methods: Clinical assessments [STREAM (total STREAM and subscales); motor FIMTM ; SIS-16] were conducted on admission and discharge. Subjects: 30 adult patients with first time, focal or multifocal ischemic, unilateral stroke. Data analysis included standardized response means to assess change and Spearman correlations to identify associations between instruments at baseline and discharge, and with length of stay.

Results:

- SRMs for all measures were statistically significant from admission to discharge
- Spearman correlations between the total STREAM/STREAM subscales, and the FIMTM and SIS-16 were moderate/strong on admission and discharge.
- Total STREAM had a stronger correlation with actual LOS than the FIMTM.
- All measures were significantly associated with discharge destination and were strongest for the total STREAM and STREAM subscales.

Conclusion: The STREAM is sensitive to change and demonstrates good concurrent and predictive validity, as compared with the FIMTM and SIS-16 in an acute rehabilitation setting. This study has further established the clinical use of the STREAM in identifying recovery from a stroke.

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Poster Number 34

Stem Cell Replacement Therapy for the Mammalian Inner Ear: A Systematic Literature Review

Robin Warwick, B.S. (Graduate Student, AuD Program)

Faculty sponsor: Carol Ann Silverman, PhD, MPH (Faculty, AuD Program)

Issue: Studies on inner ear stem cell replacement therapy were evaluated in a systematic literature review.

Description: Once the inner ear cells die in a mammal, they cannot spontaneously regenerate in an adult. Several different approaches exist to replace inner ear cells; however, this review focused on stem cell replacement. An initial search was conducted using PubMed database with the following strings: inner ear, stem cell; limitations included English language and peer-reviewed articles. Each title in the initial database yield was examined to exclude irrelevant studies. The remaining articles then were evaluated.

Results: Fourteen articles met the search inclusion criteria. These studies were at IIa or IIb level of evidence (evidence from at least one controlled study without randomization, or quasi-experimental study). Three investigations were reviewed that generated hair-like cells from stem cells, and features of some of these hair cells included: hair cell bundles; ability to graft onto damaged epithelial layers; generation from both embryonic stems cells and inducible pluripotent stem cells; functional and electrophysical similarities to hair cells in vivo.

Conclusions and Recommendations: A variety of animal models, injection sites, types of stem cells were used. Only one study showed functional and morphological recovery after damage to the inner ear. This study has not been replicated and used animals with severely compromised immune systems, which reduces the therapeutic possibilities in humans. A promising future research direction is based on using human chord blood and using animal models closer to the human with regard to the auditory system.

Acknowledgments: This research was supported by the Doctoral Student's Research Grant, CUNY Graduate Center.

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Poster Number 35

Transforming Nursing Home Culture with Intergenerational Programming to Increase Resident Engagement: A Clinical Nurse Leader Project

Stephanie Grier, Graduate Student, RN, MSN

Faculty sponsor: Mattia J. Gilmartin (Faculty, Hunter College, Nursing)

Background: The mission of Veterans Affairs (VA) Community Living Center (CLC) is to provide a dynamic array of services in person-centered environments that meet the individual needs of residents, providing excellent health care and quality of life. Intergenerational programming is one strategy to increase engagement, improve quality of life and community living. Intergenerational programming is an intervention that will be used to promote engagement thus preventing functional decline.

Methods: Two stage methodology:

Stage I:

Plan-Do-Study-Act: Integration of 1-2 high school students 2-3 days weekly in CLC unit activities to assess how students can be utilized in activities of daily living.

Stage II:

Integrate high school students in unit activities with a 4-6 week internship for 10-15 H.S. students 2-3 hours/day, 3-5 days/week. Volunteer activities will include hydration rounds, escorting residents to the hospital canteen, to medical appointments and integrating students in ongoing recreational activities.

Utilize Menorah Park Engagement Scale a tool used to measure resident's level of engagement.

Results:

- To date, one H.S. independently performs hydration rounds 3 days weekly.
- Thirteen H.S. students are scheduled to begin stage II on April 27, 2010.

Conclusions: Volunteers support program areas by providing assistance to residents, family and staff by leading planned or unplanned activities and by supporting opportunities for creative expression.

Volunteers offer a wealth of knowledge and resources that enhance the residents' quality of life and care in the CLC setting.

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Poster Number 36

TRANSIT: A Columbia University-Hunter College Initiative for TRAining Nurse-Scientists in Interdisciplinary & Translational Research in the Underserved.

Columbia University Faculty: N Reame, N Keleekai, B. Boden-Albala, E. Larson, S. Bakken; School of Nursing Faculty: K. Nokes, D Nickitas, K. Gebbie.

Purpose: The National Research Council (2005) has recognized the need to change the career trajectory for nurse-scientists, with a greater emphasis on interdisciplinary research. In 2006, the AACN recommended that education for interdisciplinary research must be part of doctoral and postdoctoral nursing education. Prompted by the growing complexity of health problems in underserved minority populations, and supported by a 3-year grant from the Health Research Services Administration (HRSA) for advanced nursing education, Columbia University School of Nursing's PhD program and Hunter College's Master Programs have partnered together to train the next generation of nurse scientists. TRANSIT's goal is to increase the number of nursing faculty prepared to conduct interdisciplinary, practice-relevant research that benefits underserved urban communities. This federally-funded program aims to reduce health disparities in the Northern Manhattan area of the City of New York, a designated Health Professional Shortage Area.

Theoretical Framework: the logic model of program development and evaluation to guide programmatic decisions (formative feedback) and document effectiveness (summative feedback)

Methods:

With the help of community partners and an interdisciplinary Advisory Board, we are recruiting up to 15 minority students and 2 junior faculty who are interested in a research career focused on health disparities in underserved communities. TRANSIT students will be exposed to new coursework in health literacy and interdisciplinary research methods, and will work with DNP students in a summer practicum to strengthen the interface of clinical scholarship. The program takes advantage of NIH-funded faculty research programs which target health problems critical in the NYC minority communities such as infectious disease, obesity, diabetes, hypertension and contraception. Currently-enrolled minority doctoral students play a central role in recruitment and retention activities, serving as focus group leaders, seminar speakers, and academic ambassadors for potential applicants. An evaluation plan designed to assess programmatic goals and student competency skills is in place.

Results: Three TRANSIT minority fellows are enrolled. Descriptive data will be presented on program characteristics.

Conclusions: Graduates will be prepared to create the evidence base to improve nursing practice and health care delivery in underserved, urban communities.

Poster Number 37

Examination of the 3'-Variable Region Of The Caga Virulence Factor in H. Pylori-Infected Patients at New York City Hospitals

Eugene Ogorodnik (Undergraduate Student, Medical Laboratory Sciences, School of Health Sciences)
Robert D. Raffaniello (Faculty, Medical Laboratory Sciences, School of Health Sciences)

Background: *Helicobacter pylori* (Hp) is a bacterium that infects the gastric mucosa in humans and is a causative agent for peptic ulcer disease (PUD) and gastric cancer (GC). CagA is a protein produced by Hp and its expression is associated with poor outcomes in Hp-infected patients. CagA exhibits a great deal of variation at its 3'-region, particularly with respect to the arrangement of phosphorylation motifs (EPIYA-A, -B, -C, or -D) and CagA multimerization motifs (CM). This variability may be related to the severity of the disease. In the present study, we examined the 3'-region of CagA proteins expressed in Hp-infected patients treated at NYC Hospitals.

Methods: DNA was isolated from gastric biopsies of patients undergoing upper endoscopy at three NYC hospitals. The CagA 3'-region was amplified by PCR, purified and sequenced. The patterns of EPIYA and CM motifs were examined and related to clinical outcomes. These studies were IRB approved.

Results: We obtained 39 CagA sequences from our sample collection. The EPIYA phosphorylation motif pattern was ABC in 79.5% of our samples. Other patterns included ACC, AC, AB, BC, CC and ABCC. With respect to the CM motifs, the WE pattern was observed in 66.7% of the samples. However, the WW pattern was observed more frequently in patients with PUD and GC.

Conclusion: In the CagA protein, arrangement of CM motifs, but not EPIYA motifs, may be related to more severe disorders in Hp-infected patients treated at NYC Hospitals.

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Poster Number 38

*Utilization and Retention of Ancillary Services for Patients with HIV/AIDS
The case of FACES NY*

Sharms Donkor (Undergraduate Student, Urban Studies) Faculty Sponsor: John Chin, PhD

Background: In 2007, the Center for Disease Control and Prevention (CDC) estimated that approximately 1.1 million people are living with the Human Immune Virus (HIV) in the United States. Among these persons, about 470,902 have the acquired immune deficiency syndrome (AIDS), which is the final stage of HIV disease. There are more than 100,000 people living with HIV/AIDS (PWA) in New York City alone, more than the combined total of Los Angeles, San Francisco, and Miami (CDC, 2007c). Successful provision of care for PWA sometimes involves adding ancillary or social services and providing stable housing so as to encourage independent living.

Methods: The Director for Education and Client Services was interviewed. Also, additional information was retrieved from newsletters and agency annual reports, which details client characteristic, demographics, and categories of available services.

Results: Non-medical services designed to supplement medical care assists in addressing health and human needs for patients, who have difficulty maintaining consistent medical care. Access to early and regular HIV medical care helps in delaying the onset of AIDS for HIV patients. Ancillary services can ultimately impact patients' ability to access and fully utilize medical care.

Conclusion: All clients have access to stable housing, health insurance, and regular case management, which have proven to encourage independent living. Most patients are able to cope very well with their disease condition. In other instances, some patients are able to gain employment and live independently, which would not have been attainable without assistance from FACES NY.

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Poster Number 39

Factors of Turnover: Intensive Care Unit vs. Pediatric Intensive Care Unit Nurses

Summer Research Interns: Rong Hua Yang, Perpetue Backer, Imann Abdelzaher

Manhattan Hunter High School (Students)
Faculty Advisor: Dr. Gilmartin

Issue: Turnover rates are increasing in the ICU and the PICU.

Description: We analyzed a total of six articles obtained from the CINAHL database at Hunter.cuny.edu's library. With each article, we compared the results of turnover factors in the ICU and PICU.

Results: We found that good management matters, working conditions have both positive and negative affects on nurses' intention to leave, and career opportunities influence turnover intent.

Conclusion and Recommendations: We recommend that studies examine the nurse turnover rate for each department and use evidence based strategies to reduce turnover. Include: giving nurses more say, improve career opportunities and develop professional practice models

Poster Number 40

New York City Dominicans with Diabetes

Summer Research Interns Kendra Velazquez and Raychel Castillo
Manhattan Hunter Science High School (Students)
Faculty Advisor: Dr Judith Aponte

Hispanic population does not like to listen to their health care provider's suggestions. Although Hispanics are the largest studies like to focus on Hispanics as though all of the subgroups are the same, eat and behave the same way, but this is not true. This study focused on the Dominican Hispanic subgroup. Dominicans in both the Dominican Republic and in NYC have been found to have very high rates of diabetes. Primary and secondary sources were used to learn more about diabetes, the Dominican population, and their behavior in managing diabetes. Visiting clinics and getting the clinical staff's perspective on how they view the behavior of the Hispanic and Dominican community when relating to health care. The secondary sources were articles, books, and modules based on diabetes. Through the analysis and understanding of our sources, we were allowed to reach the conclusions about Hispanics in a clinical setting. The findings showed that Dominicans have a large disinterest in the management of their health care due to their lack of comfort level with health care providers, a poor patient-doctor relationship, and lack of overall satisfaction with clinical staff. The conclusion is to hold workshops for clinical staff and should be more accessible to patients.

Poster Number 41

Boredom related to Senior Citizens within New York City Nursing Homes

Summer Research Interns V. Chin, A. Islam, J. Mclean
Manhattan Hunter Science High School (Students)
Advisor: Dr S. Baumann, RN, PhD

Problem Statement-Boredom among senior citizens (65 yrs and older) in New York City nursing homes
Definitions

Boredom: The state of feeling weary because one is unoccupied or lacks interest in one's current activity. <http://www.oxforddictionaries.com/page/askoxfordredirect> Nursing Homes Activities: A special program that helps senior citizens stay focus, self-directing and spontaneous. <http://seniors-site.com/nursingm/activity.html>

Formal Activities: A casual gathering where participants follow rules, regulations and are usually supervised. <http://www.springerlink.com/content/vn92g47nt2l61r18/fulltext.pdf>

Indoor Activities: Arts and Crafts, Scrapbooking, Flower arranging, Sewing, Digital Photography, Dancing, Learning to use a computer and the internet

http://seniors.lovetoknow.com/Games_and_Activities_for_Senior_Citizens

Outdoor Activities: Badminton, Shuffleboard, Community Gardening, Bicycle riding, Fishing, Golf/Tennis, Exercise http://seniors.lovetoknow.com/Games_and_Activities_for_Senior_Citizens

Nursing home : A place that gives care to people who have physical or mental disabilities and need help with activities of daily living (such as taking a bath, getting dressed, and going to the Bathroom) but do not need to be in the hospital.

Hypothesis: Is there a difference in boredom among senior citizens who received formal indoor activities vs. formal outdoor activities?

Rationale- To determine if an increase in indoor and outdoor activities in nursing homes could alter boredom among the elderly

Objective-This study was conducted to determine if there was a difference in boredom among the elderly (in nursing homes), who were receiving formal indoor and or formal outdoor activities.

Methods- It was a literature review, six articles examined to determine the impact of indoor and outdoor activities on boredom in New York City seniors, who are in nursing homes.

Results: Boredom in New York City seniors, who are in nursing homes decreases as formal indoor and outdoor activities increase.

Conclusions-Boredom in New York City seniors, who are in nursing homes decreases as formal indoor and outdoor activities increase.

Poster Number 42

The Importance of Culturally Sensitive Patient Care at the End of Life (EOL)

Edyta Gluszkiewicz (Graduate Student, Hunter College); Camille Hamilton (Graduate Student, Hunter College); Henrietta Noicely (Graduate Student, Hunter College); Emily Hickson (Graduate Student, Hunter College); Sandra Flynn (Graduate Student, Hunter College).

Issue: Culture shapes the understanding of illness, suffering, dying and the choice of health care services at the end of life (EOL). In industrialized societies, the medical system has dominated perspectives on dying. Death is often seen as a failure of science, technology and human mastery of the environment. Most preventable suffering occurs among dying patients because the medical focus is on a cure that may inadvertently prolong suffering. A limited systematic review was performed to answer the following clinical question: Does end-of-life care given by culturally sensitive health care providers lead to better clinical outcomes and increases patient and family satisfaction than care provided by providers without training in culturally sensitive care?

Description: A systematic search of the Cochrane Review, DONAHL and Medline used the following keywords: cultural competence, terminal care, end of life care and cultural care. The studies obtained and reviewed were descriptive or qualitative.

Results: The studies conclude that for an effective and appropriate EOL care the provider needs to be culturally competent. It is important to understand that each culture has its own views on death. Nurses need to be educated on how to provide this type of care. Nursing education should make an emphasis on this aspect of nursing care.

Conclusions and recommendations: Honoring cultural differences may lead to better clinical outcomes such as patient satisfaction and more satisfactory care for patients and their families. Nurses need to be aware of their own views on EOL because they could influence the way in which the wishes of the patient are understood and carried out. Cultural competence is not simply a moral or ethical obligation--it is the law. In 2000, the Office of Minority Health released national standards to guide health care providers in cultural and linguistic services.

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Poster Number 43

Language Attrition in Internationally Adopted Children from China

Nancy Eng (Faculty, COMSC) and Kathy Wrobel (Speech/Language Pathologist, New Jersey Schools)

Background: The purpose of this study was to determine whether specific language features attrite following an extended period of non-exposure to that language. While some grammatical and lexical aspects have been reported to deteriorate as result of inactivity, there has not been any investigation of suprasegmental features.

Methods: Ability to discriminate lexical tones was compared among three groups of children: Internationally adopted children from China (IA), bilingual Mandarin/English speakers (B) and monolingual English speakers (M). Subjects' ages ranged from 6.2-10.3. All subjects were asked to decide whether pairs of syllables were the same or different.

Results: Bilingual children did not have any difficulty on this task as compared to monolingual children who performed at the chance level; the IA children performed at the intermediate level. Analyses of the performance of IA children revealed error patterns that were consistent with those of the bilingual children however, unlike this group, IA children required more time to make their decisions.

Conclusions: IA children do not appear to have completely lost the ability to attend to lexical tone even though they are no longer exposed to Mandarin. Their increased reaction times may reflect awareness of tone and needing additional time to process stimuli which may be why they take longer and they make predictable errors. Results suggest that lexical tone is more resilient to attrition than grammatical or lexical features. Such resilience perhaps might be exploited for future language endeavors including foreign language learning.

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Poster Number 44

Does the Use of Chlorhexidine Bath Wipes Compared to Traditional Washbasin Reduce the Incidence of Hospital-Acquired Infections Among ICU Patients?

Graduate Students: Kim Bruno, (Clinical Nurse Leader) Richard Dorritie; (Community/Public Health); Charleen Jacobs, (Adult Nurse Practitioner); Yun Kim (Adult/Geriatric Nurse Practitioner); Maureen Linehan (Community/Public Health).

Faculty Sponsor: Diana Mason, PHD (Faculty, Hunter-Bellevue School of Nursing)

Background: Nosocomial infections including catheter-associated bloodstream infections in the intensive care unit contribute to increased morbidity, mortality, length of stay and increased costs. This limited systematic review examines the use of chlorhexidine gluconate bath wipes in reducing hospital-acquired infections versus traditional bed baths using soap, water, and basin as a potential source and reservoir for bacterial transmission and cross-contamination associated with hospital acquired infections.

Description: An online search of the databases of CINAHL, Medline, Pub Med and The Cochrane Library was conducted using the terms chlorhexidine and the mesh terms "infection control" and "bathing and baths". The majority of the studies were level III evidence, quasi-experimental designs and systematic reviews. These studies include non-randomized trials with pre and post interventions, observational cohort study, prospective single arm sequential non-randomized study and multicenter sampling study.

Results: More than 15 relevant articles were reviewed, and ten articles were included for the strength of study and specificity to chlorhexidine bathing. Each of these studies demonstrated significant reductions in nosocomial infections with the use of chlorhexidine gluconate compared to traditional bed baths.

Conclusions: The findings from our limited systematic review support the recent guidelines issued by the CDC in 2011 on the Prevention of Intravascular Catheter Related Infections which recommended the use of chlorhexidine for daily skin cleansing to reduce CRBSI. It was generally acknowledged that more rigorous, randomized, larger samples, and multi-site studies are needed to establish stronger evidence-based practice in clinical settings.

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Poster Number 45

Implementing Non Pharmacological Therapies With Infants in the Neonatal Intensive Care Unit

Undergraduate Students: Alexa Baldassano, Megan Barracks, Daysa Bencosme, Sara Bensauil, Rosedelle Chery, Hannah Ferenczy, Michelle Sigman, Elizabeth Teichman, Alexandra Vodyanyuk, and Laura Ziv

At Hunter College's Welcome Assembly held during the Fall 2010 semester, we were introduced to the concept and benefits of Kangaroo Care. This introduction increased our interest into learning more about kangaroo care and other non-pharmacological therapies implemented specifically for the most fragile, underdeveloped patients we find in the Neonatal Intensive Care Unit (NICU). Our area of interest focused on those modalities that would help facilitate growth and development of technologically dependent, low birth weight, or premature infants in the NICU. Upon review of the literature, the therapies that were proven to be statistically significant were Kangaroo Care (KC), Therapeutic Touch (TT), music therapy, acupuncture and meridian massage. If combined with routine nursing care, these non-pharmacological interventions can play a vital role in the care of those patients born with the many complications that follow premature births, both physically and developmentally.

Poster Number 46

Diabetes and Depression in Hispanics at a Community Health Center

Faculty: Anna M. Acee, EdD, ANP-BC, PMHNP-BC

Aim: This study assesses levels of depression, mental health referrals and medication for depressed Hispanic patients (PHQ-9 >10) with type II diabetes in a community health center. Incidence of depression is estimated, and prevalence estimated by gender. In addition, the relationships of years diagnosed with diabetes on depression, self-reported perception of health is estimated, as well as weight, and BMI are estimated. We also explored the relationship between exercise and self-reported health.

Methods: Using a randomized sample of 54 subjects with type II diabetes (HgbA1c > 6.5). Data were collected at intake, and 3 and 6 months. At each visit depression screening was conducted using the PHQ-9. Inclusion criteria were at least one prior medical appointment within the last year and were engaged in diabetes treatment at the health center. Analysis was conducted using T-test and logistic regression.

Results: Seventeen percent of subjects were depressed. Seventy-nine percent of subjects on an antidepressant had an HgbA1c > 8. There was a 2:1 ratio in the incidence of depression between females to males. Significant positive relationships were found between weight and depression ($p = .048$); length of time since diabetes diagnosis and perception of health ($p = .05$); symptoms of depression and BMI ($p = .008$); exercise and perception of health ($p = .03$).

Conclusions: Management of depression appears to improve diabetics' perceived health, as well as a patient's ability to attain diabetes self-care goals. Additional research is needed to assist in developing optimal treatment guidelines for Hispanic patients with co-morbid type II diabetes and depression