



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

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Abstract Book

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

Co-Directors:

Martin Dornbaum, MS: Director, Health Professions Education Center,
Hunter College, CUNY

Carol Roye, EdD, RN, CPNP: Professor and Assistant Dean for Research,
Hunter College School of Nursing, CUNY

Carol A Silverman, PhD, MPH: Professor, Communication Sciences,
Hunter College, CUNY

Grants Assistant:

Malini Lall: Bellevue School of Nursing, Hunter College, CUNY

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their support of this interdisciplinary event:

Gail C. McCain PhD, RN, FAAN: Dean, School of Nursing

Marilyn Iris Auerbach, Dr.P.H.: Acting Senior Associate Dean, Schools of
the Health Professions, Hunter College, CUNY

Kenneth Olden, Ph.D., Sc.D., L.H.D.: Acting Dean, Schools of the Health
Professions, Hunter College, CUNY

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providing funding for this year's Student-Faculty Research Day.

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Poster Abstracts

Poster Number 1

A Cognitive Model for Translational Treatment of Hypophonia

Meghan Ahern (Graduate student, Communication Sciences);
Elizabeth Galletta, PhD (Faculty, Communication Sciences)

Background: Hypophonia, or reduced loudness, is a symptom of dysarthria of speech, which is a motor cognitive speech disorder that may be caused by degenerative diseases (e.g., idiopathic Parkinson's Disease) and stroke. This condition may be responsible for significant personal and social disability greatly affecting quality of life. The Lee Silverman Voice Treatment (LSVT) is a treatment method recommended for the treatment of hypophonia in Parkinson's Disease, but there is to date no evidence demonstrating its efficacy in stroke patients.

Methods: Participants who have sustained a right-hemisphere stroke undergo two types of therapy in a randomized order: 1) LSVT and 2) Respiratory Treatment—training compensatory breathing exercises in a traditional intervention format. Intelligibility is measured before and after each treatment phase.

Results: Preliminary results from an initial phase of the study indicated that participants experienced improved speech loudness and speech rate after LSVT to a significantly greater degree than that after traditional Respiratory Treatment. Additional participants are undergoing treatment.

Conclusions: Current treatment for hypophonia generally focuses on top-down strategies for modulating respiration. However, it is proposed that treatment strategies that stimulate changes in bottom-up (stimulus-driven) processing may be more effective.

Acknowledgments: We thank Anna M. Barrett, MD for her role in the initial phase of this study.

Contact: Elizabeth.galletta@gmail.com

Poster Number 2

The role of advanced practice nurses in creating a balanced work system in an inpatient oncology acute care hospital.

Lara Almond (Graduate Student, School of Nursing)

Purpose: This paper attempts to analyze the organizational structure of a major urban acute care teaching hospital's inpatient oncology night shift using Smith & Carayon's (2009) Work Systems Model.

Significance: Conflicts in organizational values such as patient satisfaction and patient safety were examined in order to understand what the role of Advanced Practice Nurses (APNs) may be in creating balance and a more robust organizational structure.

Methods: Each component of the work system model was applied to the workings of this hospital setting examining which tasks were performed and with what tools and technologies; the reciprocal relationship between environment and behavior; and the organizational structure in which all of these activities are implemented.

At the center of the work systems theory is the individual; in this case the individual was represented by the nurse and/or the patient since patient centered care hinges on the relationships between the two populations.

Results: The structure of the hospital examined was found to lack APNs available to the night shift, especially in three surprisingly underutilized arenas: palliative care, psychology/psychiatry and even oncology. It was proposed that if there were an organizational redesign of this setting, by the addition of such APN specialties, a more complete expression of patient centered care would emerge, allowing the organization's core values to be realized more fully.

Nursing Research Implications: More studies are needed to demonstrate how APNs, if made available to these overnight shift workers, may fill in the gaps in the provision of patient centered care in this vulnerable population.

Poster Number 3

Animal-Assisted Therapy for distress in hospitalized patients

Sara Anllo (Undergraduate, HBSON); Xiu Lin (Undergraduate, HBSON); Maria Jamelo (Undergraduate, HBSON); Diana Hubner (Undergraduate, HBSON); Lauren Dela Cruz (Undergraduate, HBSON)

Faculty Sponsor: Dr. Mary Belmont (NURS 380)

Background: Distress is a common and often undertreated consequence of chronic or life-threatening illness, especially when hospitalizations are required during the course of disease. Animal-Assisted Therapy (AAT), the interaction with a trained therapy animal with the goal of enhancing well-being, motivation, and/or function, is a complementary modality that may be effective in reducing distress. Nurses, perhaps more than any other member of the healthcare team, understand the importance of quality of life interventions in patient care, and should play an active role in investigating and advocating for the inclusion of such therapies in the clinical setting.

Description: A review of the literature was conducted, and seven studies were identified that have explored the effects of AAT on markers of distress (e.g., anxiety, depression, pain) in various populations of hospitalized or institutionalized patients. These include three pilot studies, one quasi-experimental study, two controlled (but not randomized) studies, and one randomized controlled trial.

Results: Key findings included reduced anxiety and catecholamine levels in patients hospitalized with heart failure, decreased pain perception in hospitalized pediatric patients, increased intake and weight gain in nursing home residents, decreased agitation and increased socialization in dementia patients, as well as improvement in anhedonia (loss of ability to experience pleasure) in hospitalized psychiatric patients.

Conclusions & Recommendations: Study findings suggest that AAT may indeed be an effective intervention for distress in hospitalized patients; however there are issues with the quality of evidence to date. Most sample sizes were very small, several studies lacked control groups, and only one study was randomized. Thus, further research with larger samples and more rigorous study design is needed to confirm the benefits of AAT for this patient population. In the meantime, especially given the patient-perceived benefits of AAT, there seems little harm in offering this intervention to patients who are interested in it.

Contact: sanllo@hunter.cuny.edu

Poster Number 4

Measuring Parental Perceptions of the Evolution of Grief after a Sudden Infant Death: A Pilot Study

Purpose: The sudden loss of a seemingly healthy infant is a profound tragedy, uniquely stressful where no cause is ever detected. Many families quickly undertake a subsequent pregnancy. A subcommittee* of the Association of SIDS and Infant Mortality Programs sought to assess the reliability, validity and capacity of a newly compiled questionnaire to help identify the ongoing impact of such losses and the need for continuing support and service.

Theoretical Framework: The emotional pain associated with the death of a child has an enduring and transformational impact on families (Arnold et al., 2005; Rogers et al., 2008; Woodgate, 2006). Although factors such as time, support systems, sense-making, and emotional predispositions, modulate the intensity of grief experienced by parents (Arnold & Gemma, 2008; Boyle et al. 1996; Rogers et al., 2008), long-term effects on psychological and physical well-being can persist for decades (Barr & Cacciatore, 2008; Dyregrov & Dyregrov, 1999; Keese et al., 2008; Li et al. 2003).

Method: Parental perceptions of the evolution in their grief in cases of sudden infant death were assessed by questionnaire in 17 families recruited from New York, Massachusetts, New Jersey sudden infant death/SIDS support programs 8 to 14 months following a death; 12 received a second administration within 2 weeks.

Results: Recollections of emotions, cognitions and symptoms during initial grief and of supportive resources at that time were reliably described over two present-time interviews as were perceptions of current grief. Despite all stressors, the majority of parents were pregnant or attempting to conceive.

Conclusion: Although grief declined, families continue to have adverse symptoms and cognitions. We speculate that this instrument will help recognize and address these needs, particularly in families preparing to nurture a subsequent infant.

*Joan Arnold, PhD, RN¹, Barbara M. Ostfeld, PhD², Linda Esposito, RN, PhD², Mary McClain, MS, RN³, Sheila Coutant, MHSA⁴, Danita Hall, LCSW¹, Evelyne Longchamp, MA, RN¹, Michael Corwin, MD⁵, Thomas Hegyi, MD²; ¹NYC Satellite Office/Public Health Solutions, NYS Center for Sudden Infant Death, ²SIDS Center of New Jersey, Department of Pediatrics, University of Medicine and Dentistry of New Jersey-Robert Wood Johnson Medical School, ³Massachusetts Centers for SIDS/Infant and Child Death Bereavement Program, ⁴Connecticut SIDS Center, ⁵Boston University Schools of Medicine and Public Health.

Poster Number 5

Meditation and Psychological Distress: A Review of Relevant Literature

The effects of meditation therapy on psychological distress that often accompanies varying medical conditions

Jessica Bartels-Colas, Anne Ellis, Coreen McGiven, Katie Eastburn, Bonni Krauss

Description

Five studies were reviewed that measured the effects of meditation on psychological distress in a variety of populations, including college students, recent organ transplant recipients, yoga students,

cancer patients and adults with work related stress. Four of the studies were Randomized Controlled Trials (RCT) and one was a Before-After Study. Sample size ranged from 80 to 207, with dropout rates from 6% to 32%. Study length varied from 7 weeks to 1 year. Interventions combined formal meditation classes and at home individual practice, ranging from 2 to 8 hours per week. Participants were assessed with a Test-Retest format, using standardized clinical scales for psychological distress and physiological markers

Results

Meditation was found to reduce blood pressure, anxiety, and anger in at-risk college students. Organ transplant recipients showed reduced anxiety, depression, and sleep symptoms. Mood disturbances and stress symptoms were reduced in cancer outpatients and adults with work related stress.

Conclusions

Meditation was found to be an effective treatment for reducing symptoms of psychological distress related to a wide variety of diagnoses. It is especially useful for patients living with chronic conditions. Meditation is simple yet effective, non-pharmacological, non-invasive, low-cost, and carries a low risk for adverse effects

Recommendations

More long-term RCTs are needed to substantiate the potential benefits of meditation. Significant preliminary data suggests that clinicians should be trained to teach meditation and encourage clients to practice at home.

Poster Number 6

Vitamin D Treatment in Patients with Multiple Sclerosis

Arielle Binsky (Undergraduate, Hunter-Bellevue School of Nursing), Erica Sanchez (Undergraduate, Hunter-Bellevue School of Nursing), Yuri Mickler (Undergraduate, Hunter-Bellevue School of Nursing), Jin Feng Li (Undergraduate, Hunter-Bellevue School of Nursing), Darrel Rengel (Undergraduate, Hunter-Bellevue School of Nursing), Yeqiong Chen (Undergraduate, Hunter-Bellevue School of Nursing)
Dr. Belmont (Faculty advisor)

Issue: To determine if increased serum levels of vitamin D reduces the signs and symptoms of multiple sclerosis

Description: MS is a chronic debilitating inflammatory autoimmune disease that causes demyelination of nerve fibers in the central nervous system. Vitamin D is known to play an anti-inflammatory role in the immune system so it is currently being researched as a possible form of treatment. Epidemiological, Animal and Human intervention studies were reviewed. Medline and Pubmed databases were used. "Multiple sclerosis and vitamin D" were the search words used.

Results: Epidemiological studies show that as latitude increases there is an increased incidence of MS. Calcidiol levels were lower in patients with relapsing remitting MS compared to participants without the disease. Vitamin D supplementation significantly increased transforming growth factor beta, which is an anti-inflammatory cytokine.

Conclusions: There is valid evidence to prove the effectiveness of vitamin D supplementation for the treatment of MS. More human intervention studies need to be done to further prove the effectiveness of vitamin D and to determine the optimal serum level.

Recommendations: Assess vitamin D levels in MS patients every 6 months and educate patients on benefits of maintaining optimal vitamin D levels.

Poster Number 7

The Effects on BMI of the Interruption of Circadian Rhythms by Shift Work Among Nurses

Jeremy Butler (student), Wendy Mak (student), Juliano Innocenti (student), Ji-Yeon Lim (student), Whitney Almeida(student), Dmitriy Sverdlin(student), Faculty Sponsor Mary Belmont, DrPH

Background:

The purpose of this review is to examine whether nurses have a greater incidence of obesity than the general population. A second examination evaluates the influence of shiftwork on BMI in nursing populations.

Methods:

A literature research was conducted on various medical and nursing journals to explore the subject matter. Keywords included “obesity and nurses” and “shiftwork on circadian rhythm”. The sample population included nurses from health institutions in the U.S. and various other countries.

Results:

The incidence of obese or overweight nurses is lower than the general population; 58% (as the average over three studies having various p values) vs. 63.1% (statistics from the CDC) in the general U.S. population. Shiftwork has a positive correlation with increased BMI. Shiftworkers were 1.15 times more likely to be overweight/obese than day workers ($P = 0.013$, 95% confidence interval, 1.03 to 1.28; $P = 0.02$, 95% confidence interval, 1.02 to 1.30, respectively) Nurses working shiftwork, were 2.91 and 3.35 times more likely to exhibit abnormal eating behaviors as defined by DEBQ, respectively. The research also determined that circadian misalignment results in decreased leptin, an increased glucose and insulin, increased blood pressure, and reduced sleep quality. These are all factors in weight gain and potential obesity.

Conclusions:

The first part of the hypothesis, that nurses showed greater incidence of overweight/obesity than the general population, was not supported. There is a 7% greater instance of obesity in the general population, from a 65% average compared to a 58%. The second part of the hypothesis was supported according to research done in the U.S. and multiple other countries. Possible future research could expand to different health care providers.

Poster Number 8

Treatment Approaches For The Relief of Cancer-Related Fatigue

Igor Brodskiy (Undergraduate, Department of Nursing), Vanessa Buyo (Undergraduate, Department of Nursing), Angela Li (Undergraduate, Department of Nursing), Jiyoung Park (Undergraduate, Department of Nursing), Yevgeniy Utnyukhin (Undergraduate, Department of Nursing)

Issue: Relief of fatigue in patients following cancer treatments.

Description: Studies show that cancer treatments cause many undesirable symptoms, one being fatigue. Cancer- related fatigue (CRF) is a major side effect for all types of cancer treatments and affects quality of life. Therefore, it is important to seek measures to relieve this symptom. Few articles have been reviewed: clinical study, randomized controlled study, quasi-experimental

comparative study, and cohort study, which investigated the effects of post treatment supervised exercise on fatigue, overcoming barriers that impede the diminishment of pain and fatigue, effects of patient education and acupuncture on fatigue, and effects of several self-care methods and strategies on fatigue.

Results: Six month period of exercise intervention in cancer patients after various types of treatments showed significant reduction in behavioral, affective, sensory, cognitive, and mood types of fatigue. Four weeks of patient education sessions and eight weeks of acupuncture sessions resulted in greater decline of CRF. Several self-care methods, such as energy restoring, napping, and exercise proved to be effective methods in relieving fatigue. Appropriate assessments/documentation of pain and fatigue helps in implementing care in order to relieve these symptoms.

Conclusion and recommendations: First measure is to recognize the problem of fatigue. Hence, proper assessment and documentation of the symptom is necessary. Then, proper implementation should follow. As the researches show, methods to relieve fatigue include supervised exercise, energy restoring, napping, patient education and acupuncture. Suggestion for future research is to increase sample size to further confirm findings.

Poster Number 9

Low Risk Pregnancies: Hospital Birth and Home Birth Effects on Maternal Outcomes

Lilian Poon (Nursing undergraduate), Meira Rosenthal (Nursing undergraduate), Cerasela Shiiba (Nursing undergraduate)

Issue:

In low risk pregnancies, how does home birth compared with hospital birth affect maternal outcomes during labor?

Description:

Many pregnant women today opt to give birth in alternative settings. Generally there are fewer interventions for birth in the home setting and women report feeling safer and more comfortable. Economically, home birthing is less costly and is less of a burden to the family. Home birthing is not encouraged by the U.S. government, professional organizations, and insurance companies. Aspects investigated in these studies included possible neonatal morbidities, maternal morbidities, psychosocial influences, socioeconomic statuses, and ethnic and cultural influences on home birth. Types of studies that were reviewed included meta-analyses, systemic reviews, controlled trials and case studies.

Results:

The studies show that home birthing has a decreased frequency of medical interventions including induction, augmentation, episiotomies, and cesarean delivery. The majority of women who chose home birthing were racially white, ages 25 to 34, married, multiparous, and with high socioeconomic statuses. Women who gave birth at home were less likely to have complications related to birth including 3rd or 4th degree perineal tear, postpartum hemorrhage, and pyrexia.

Conclusion:

Overall, women that gave birth in the home setting had a more satisfying experience and received safer holistic care with less medical interventions. Increasing the awareness of home birthing and its benefits should be promoted to allow for more research opportunities in the future.

Poster Number 10

A Literature Review of the Effects of Magnet Designation on Reported Nursing Burnout, Job Satisfaction and Perception of the Work Environment

Sylvia Amor Crispino (Graduate)

Treesa Panjikunnel (Graduate)

Loleta Rumble (Graduate)

Cheri Tang (Graduate)

Diana Mason (Faculty Sponsor)

Issue: Although Magnet designation of facilities is considered a gold standard in quality of care, many debate whether achieving Magnet status provides healthier working environments and decreases occupational burnout in nurses. This literature review addressed the following question: Among registered nurses, does working in a Magnet hospital compared to a non-Magnet or Aspiring-Magnet hospital make a difference in the rate of reported nurse burnout, job satisfaction and views of work environment?

Description: This systematic search and limited review of the research literature was conducted using CINAHL, Medline and the Cochrane Database. Keywords used included *burnout*, *magnet hospitals* and *job satisfaction*. Studies found comprised of a systematic review, five cross-sectional secondary data analyses, three descriptive studies, and one qualitative study.

Results: Key findings indicate that nurses in Magnet facilities compared to Non-Magnet and Aspiring-Magnet facilities reported lower rates of nurse burnout, increased job satisfaction and perception of better support from peer nurses, administration and physicians.

Conclusions and recommendations: Nurses who work in Magnet hospitals experience greater job satisfaction and less burnout than nurses who do not. There are advantages for hospitals that make an effort to achieve Magnet status even if Magnet status is not earned immediately. Future research can include longitudinal studies on whether perceptions of nurses from Magnet facilities change over time, as well as whether higher job satisfaction among nurses improves patient outcomes and patient satisfaction. Quality improvement measures such as a structured equation model can be incorporated in the Magnet design that could reflect a standard measure for improving health care environments, promoting optimal staff satisfaction and quality patient outcomes.

Poster Number 11

Vitamin D Administration to Prevent Falls in the Elderly

Anne Cheung (Undergraduate; generic) Tova Cohen (Undergraduate; generic) Shari Dawson (Undergraduate; generic)

Issue: Up to 30% of people age 65 or older fall each year. Evidence suggests that administration of Vitamin D can decrease the risk of falls in this population. The purpose of our literature review was to evaluate the efficacy of vitamin D administration in preventing falls in geriatric patients.

Description: Rationale was to see if Vitamin D administration was successful in decreasing rates and risk of falls. Meta-analysis, systematic reviews, as well as high quality trials and random controlled studies were done on community dwelling elders. Studies looked at dosage levels, frequency of administration, and patient state of health.

Results: Literature indicates that fall rates and risk of falling in the elderly decreases with Vitamin D supplementation. A decrease was observed only in patients who received at least 700-1000 IU of Vitamin D daily. The most significant benefit was observed in those individuals found to have a Vitamin D deficiency prior to supplementation. Improvement in muscle strength was also noted as the explanation for decreased falls in patients with a prior hip fracture.

Conclusions & Recommendations: Administration of vitamin D, given daily and at certain dosages can decrease the risk of falls in the elderly. Future research should explore the optimal dose and frequency, and any contraindications to administration of this drug. These studies are relatively new and while they do show some promising results, much more research will be required in order to demonstrate the true efficacy of vitamin D administration and fall prevention in the elderly.

Poster Number 12

A Review of Literature on Cognitive Behavioral Therapy As An Intervention on Schizophrenia Management

Fernand A. De Los Reyes (Graduate Student, Hunter-Bellevue School of Nursing, The Brookdale Health Science Center, Hunter College of the City University of New York)

Issue: Review the effectiveness of implementing a cognitive behavioral therapy (CBT) as a nursing intervention across the milieu in treating schizophrenia.

Description: Literature review that include epidemiological studies of the effectiveness of cognitive behavioral therapy in the management of schizophrenia within the domains of nursing, psychiatry and psychology.

Results: CBT is a viable intervention when strategically implemented in the milieu. When combined with standard case management approaches the patients receiving CBT can have more insight and can lead to reduction in the length of hospital stays as well as reduce negative symptoms.

Conclusions and recommendations: This review provides the foundation in implementing a cognitive behavioral therapy intervention in acute care settings that treat schizophrenia or the variants of schizoaffective disorders in adult population. Based on existing evidence, CBT is a viable intervention when strategically implemented in the milieu. It is recommended for practicing psychiatric and mental health nurses to undergo mentoring and learn the strategies and approaches in comprehensive CBT implementation in the clinical setting.

Poster Number 13

The Effect of Sleep Disturbances on ICU Patients

Maria Buenafe, Rita Choy, Danielle Dimaculangan, Ben Suarez, Christina Zachariah
(Undergraduate Nursing Students)

Issue: Sleep is an essential component to the recovery of patients in the ICU, however it is the one therapeutic component that patients state that they lack. This particular report concentrates on sleep disturbance, its effects on ICU patients, and the available interventions that can be implemented to decrease its occurrence.

Description: Patients, numbering as high as 60% of all ICU admissions, have reported suffering from sleep deprivation during their stay (Hardin, *Sleep in ICU*). Major causes for this disruption stems from the environment rather than from the patient's illness. This, then, results in delayed healing, prolonged hospital stays, and ultimately increased medical costs.

Results: Researchers have found that the factors causing hospital related sleep disorders are: excessive noise, constant ambient lighting, and patient-nursing care activities. The interventions available to alleviate these problems include: reduce noise and lighting, consolidate patient care activities, promote comfort, educate staff on the importance of sleep, minimize the use of sleep-inhibiting medication and if possible, use non-pharmacological sleep aids.

Conclusions and recommendations: Based on this meta-analysis, further research is necessary regarding effective methods of monitoring the quality of sleep in critically ill patients. Proper research tools, such as PSG or polysomnography, needs to be utilized in order to determine patient's sleeping patterns more accurately. Alternative therapies need to be explored, as current use of inotropes and certain cardiovascular drugs, used in the ICU, result in sleep deprivation. Education on the importance of sleep in patients for the ICU staff must be reinforced and nurses must consolidate their care so that unnecessary disruptions are avoided.

Poster Number 14

Non-Pharmacologic Treatments of Multiple Sclerosis (MS)

By: Brandi Alexander (Undergraduate, Nursing), Mohammed Alhat (Undergraduate, Nursing), Adrian Averion (Undergraduate, Nursing), Daisy Dominguez (Undergraduate, Nursing), Mariola Karaslewicz (Undergraduate, Nursing),

Issue: The effects of non-pharmacologic interventions on improving the quality of life in patients with Multiple Sclerosis. Since there is no cure for Multiple Sclerosis, it is important to help patients and their families reduce the impact of the disease on activities of daily living.

Description: The research we reviewed focused on rehabilitation and complementary medicine. Rehabilitation focuses on fitness and energy management, mobility, speech, swallowing, and cognitive functions, such as memory. Complementary medicine included exercise, diet, and nutrition. Our poster will summarize the main points of both topics.

Results: Studies show that there is a positive correlation between non-pharmacologic interventions and improved quality of life in patients with MS.

Conclusions and Recommendations: According to studies, the use of non-pharmacological management shows promising evidence in favor of treatments, such as diet, exercise, and cognitive therapy, in improving patient's quality of life. Since the disease affects everyone at a different rate and in different areas of their life, each treatment should be tailored to meet individual needs. The limitations of the studies are small sample sizes and lack of uniformity in the sample's stage of disease. To produce more reliable results, there needs to be more studies with larger samples with patients that are in similar stages of the disease.

Poster Number 15

Stuttering: Effect on Children and Therapeutic Interventions

Dianna Assalone (SN-HBSON); Emily Bautista (SN-HBSON); Molly Emmons (SN-HBSON); Alberta Hanan (SN-HBSON); and Eleni Manaloto (SN-HBSON)

Issue: Stuttering's Effect on Children and Interventions

Description: Four studies published in *Journal of Fluency Disorders* and the *Journal of Speech, Language, and Hearing Research* were reviewed.

The disappointing gift method examined emotional regulation in 16 CWS and 16 CWNS aged 3-5. The child selected a “cool” and a “yucky” gift. Positive and negative emotional responses to gifts were measured from -4 to +4 based on verbal and non-verbal cues. Speech language disfluencies (SLDs) were recorded.

Using the KittyCat, a stuttering diagnostic tool, 45 CWS and 63 CWNS ages 3-6 were asked about their speech (ie: Do you think you talk as well as your friends do?). Scores ranged from 0-18; 1 point for each “yes.”

A random survey mailed to 475 speech language pathologists questioned whether they would intervene and what interventions they would use if CWS were bullied and how bullying affected the child long-term.

Parent-Child Interaction Therapy aimed to diminish stuttering by reducing anxiety in 6 children. Therapy used 6 sessions of clinic therapy and 6 weeks at home. Speech samples were recorded and analyzed before, during, and at 12 months.

Results: The Disappointing Gift Procedure showed that CWS demonstrated more negative emotions and SLDs in response to negative gifts. Using KittyCAT, CWS report increased negative self-esteem. In bullying scenarios, speech language pathologists were more likely to intervene if stuttering was referenced; bullying lead to long-term psychological distress. In Parent-Child Interaction Therapy, stuttering decreased by 95%.

Conclusion: Studies show that CWS have more negative self-esteem and poorer emotional regulation. Awareness of disfluency increases with age. Stuttering leads to increased bullying, causing lasting psychological suffering. Parent-Child Interaction Technique is an effective indirect intervention. Recommendations for future studies involve increasing sample size, widening age range, and lengthening time frame of study. Nurses help a child explore the external factors that exacerbate a stutter as well as take instruction from speech-language pathologists for effective stuttering reducing methods.

Poster Number 16

Oluwatobi Fashola, Stefanie Doetzkies, Catlin Dillon

Issue: In middle-age adult patients suffering from chronic back pain, how does acupuncture compared with NSAIDs as interventions affect pain relief?

Description: Researching chronic back pain is beneficial for delivering the best quality of care to patients. Nurses, who implement care, also commonly suffer from work-related back pain. Therefore, researching interventions can improve quality of life for both patients and nurses. Of eight studies reviewed, three are systemic reviews and the remaining five articles vary from evidence levels II-VII. The topics investigated consist of effectiveness of NSAIDs and acupuncture in providing pain relief, the willingness to try acupuncture again, and the cost of both interventions for patients.

Results: NSAIDs are good medications to be used if pharmacological interventions are being taken, but were rated as having modest pain relief and have adverse effects. Acupuncture was found effective in pain relief and the benefit of pain reduction over the course of treatment appeared to outweigh self-rated bothersome reactions to treatment. The number of physician visits after one year of acupuncture treatments decreased 49%; thus reducing the patient need for health resources.

Conclusions and Recommendations: Although NSAIDs are effective in treating chronic back pain, acupuncture provides pain relief as an alternative to pharmacological intervention. Physician visits were significantly reduced after receiving acupuncture treatments, resulting in reduced cost of back pain. More research in the cost, availability, and long-term effects of acupuncture is needed. Perhaps with more evidence-based research, acupuncture could be covered under medical insurance.

Sponsoring faculty member: Dr. Pamela Mahon

Poster Number 17

Ivy Huang, Leah Hamilton, Amy Guan School of Nursing

Issue: To explore registered nurses' perception of their health in a 12 hour shift work environment in comparison to an 8 hour shift.

Description: Medical errors on the job occur for various reasons including the effects of extended work hours. The need for continual staff coverage has resulted in increased fatigue-related errors among nurses. Nurses working shifts exceeding 8 hours experience difficulty staying awake, decreased cognitive functions as well as decreased alertness due to inadequate sleep. Increased shift hours also place nurses at greater risk for a multitude of health problems. Various research studies have been reviewed to identify the health and well-being of nurses working 12 hour and 8 hour shifts.

Results: On average, nurses working 12 hours or more receive 5.5 hours of sleep. Lengthening shift duration makes nurses prone to sleep disorders, patient care errors, musculoskeletal disorders, cardiovascular diseases, GI disorders, obesity and social problems. Older nurses working 12 hour shifts had a higher rate of sickness, and intoxication compared to younger nurses who had a higher incidence of fatigue. Additionally, higher levels of stress were reported with extended shift hours making nurses more apt to engage in unhealthy behaviors.

Conclusions and Recommendations: The 12 hour shift worked by most nurses puts the healthcare worker at risk for various health problems and hinders performance. Continued research is recommended to assess the risk to benefit ratio for hospital administrators who continue to schedule 12 hour shifts to ascertain the best course of action for changing the face of scheduling within the acute care setting.

Poster Number 18

Is The Risk of Post-op Complications Reduced In Patients Who Preoperatively Abstained From Smoking As Compared To Patients Who Didn't Stop Smoking?

Ninara Ibragimova (Graduate student, RN, BSN, Hunter Bellevue School of Nursing), Grigoriy Fooks (Graduate student, RN, BSN, Hunter Bellevue School of Nursing), Anna Ibragimova (Graduate student, RN, BSN, Hunter Bellevue School of Nursing), Ivanna Tsykhulyak (Graduate student, RN, BSN, Hunter Bellevue School of Nursing).

Issue: In the US approximately 8-10 million surgical procedures are performed on cigarette smokers (Mills et al., 2011). The aim of this literature review was to obtain evidence about whether current smokers (who didn't refrain from smoking 30 days before and after surgery) are at a significantly greater risk for postoperative complications when compared to abstinent or non-smokers.

Description: A total of 15 articles, including meta-analyses, systematic reviews, randomized controlled trials, clinical controlled trials, and observational studies were obtained from the electronic databases of PubMed, Ovid MEDLINE, EBSCO CINAHL, Science Direct, Willey online and Cochrane Libraries, using advanced search keywords: ‘preoperative smoking cessation’, ‘preoperative smoking interventions’, ‘smoking cessation interventions’, ‘preoperative patient education’, ‘postoperative complications’, and involved comparison of postoperative complications (pulmonary, cardiovascular, wound infections) in current smokers and abstinent from smoking preoperatively.

Results: Randomized trials of preoperative smoking cessation interventions demonstrated post-op risk reduction of 41% for smoking cessation patients compared to current smokers. This effect was magnified by longer durations of pre-op cessation. Every week of pre-op abstinence minimized the relative risk of post-op complications by 19%. Intensive preoperative smoking cessation interventions, including nicotine replacement therapy, should be initiated at least 4 weeks before surgery. Preoperative smoking cessation was found to decrease wound healing time, and cardiopulmonary complications in post-op period.

Conclusions and recommendations: Smoking abstinence/cessation before any type of surgery significantly reduces the risk of post-op complications; and the longer the periods of smoking abstinence before surgery the greater reduction of complications in post-op period. The review findings show the importance of early assessment of smoking habits.

Poster Number 19

Bullying- It’s Just Not OK! Bullying In the Workplace

Hoi Wong, Tezgyul Gokay, Jennifer Ye, Niki Lee, Niambi Browne, & Chana Lakein
(Undergraduate, Hunter Bellevue School Of Nursing)

Issue: The effects of bullying among nurses in the hospital.

Description: Bullying has shown to negatively affect nurses’ work performance making them more prone to medical errors. Bullying also has been show to negatively affect the nurses physical and mental well-being. The main ideas being studied were the incidence of workplace error, emotional response, and changes in patient interaction due to bullying.

Results

The studies showed that bullying in the workplace had a major impact on nurses’ well-being. This manifested itself in ways affecting critical work performance, physical and mental health.

Conclusions

While talking about bullying is considered taboo, it is accurate to say that most nurses will encounter it in the workplace as either the victim or a bystander. Bullying has shown to negatively affect the physical and mental status of nurses and their work performance.

Nursing implications to help combat bullying:

- enforce education (improve communication skills)
- develop anti-bullying policies
- legal response
- victim support/counseling
- establish repercussions

Suggestion for further research:

- more research on a larger sample size
- more research in the US
- effects of bullying on patients

- economic effects of decreased nurse performance

Poster Number 20

Anderson Lee, Divina Luistro, Shuyu Mai

The Effectiveness of Massage Therapy and Labor Pain Relief

Issue: To examine the effectiveness of massage therapy on pain reliefs in women during labor.

Description: Labor pain is an intense experience and many women want to find ways to provide a natural birth with minimal pharmacological interventions. The goal of this Literature Review is to find a cost-effective, non-invasive, and non-pharmacological alternative to reduce pain intensity and number of pharmacological interventions during labor. A meta-analysis of various control studies was performed. The analysis focused on massage and labor-related pain while studies that cannot isolate massage therapy as variable were excluded. Among these studies, massage therapies ranging from 15-30 minutes intervals were provided during phase I, II, and III of labor. Sources were derived from Cochrane Library: Reviews of Evidence Based Medicine, MEDLINE, CINAHL, JSTOR, SpringerLink, and Health Reference Center.

Results: 10 controlled studies were included, with reported data on 9 studies and the inclusion of 609 women in the meta-analysis. Four studies compared massage and usual obstetrics care showed massage as effective only during the first stage of labor. One study compared massage and attendant care reported effectiveness only during phase I and II. One study compared massage with music showed massage as effective. Another study on massage and low back pain during labor revealed massage as effective during alleviated pain, but not during severe/exacerbating pain. Paradoxically, some women reported massage exacerbated pain.

Conclusions: Massage therapy showed benefits in pain reduction during early stage of labor, but not enough statistically significant evidence has been found. Further research is needed.

Faculty Advisor: Pamela Mahon

Poster Number 21

Factors Affecting Medication Errors: Newly Licensed Nurses and Experienced Nurses

Jason Leung (Undergraduate, Hunter-Bellevue School of Nursing)

Niya Huang (Undergraduate, Hunter-Bellevue School of Nursing)

Panina Malayeva (Undergraduate, Hunter-Bellevue School of Nursing)

Issue: Nursing schools are producing new graduates every year to meet the demands of the nursing shortage. However, recent studies show that novice nurses may have higher risks of making medication errors. This literature review will evaluate if medication errors are more frequent between newly licensed nurses and experienced nurses on the medical-surgical unit.

Description: Methods to reduce medication errors by nurses have been in the spotlight for decades, but there is relatively no change. Most common contributing factors to medication errors include illegible handwriting, failure to check physician order, drug miscalculations, distractions, and failure to check identification. Despite early education, undergraduate nurses and experienced nurses are continuing to make mistakes. A literature review of nursing articles aims to provide solutions and recommendations for further research.

Results: New staff nurses and heavy workload are reported as the main cause of medication errors. The education levels of nurses show a significant relationship to the severity of medication errors. Researchers also identified new dimensions within the Five Rights to Medication Administration that are contributing to both human and system medication errors.

Conclusions and Recommendations: The development of pharmacology knowledge, clinical experience, and continuing education has shown to decrease incidences of medication errors. Another important contributing factor reported is the nurse-doctor-patient dynamic. Future research should focus on other nursing units, as care differs by type of unit. Many graduate nurses show a lack of pharmacology knowledge, thus implementation to the nursing curriculum may be necessary. Lastly, discovering factors contributing to medication errors by new undergraduate nursing students prior to graduation is strongly encouraged.

Poster Number 22

The Palliative and Anxiolytic Effects of Aromatherapy and the Usage of Essential Oils in Labor and Delivery

Christine Lu, DongLing Wu, Allie Nussbaum, Joshua Dela Cruz, Angela Plasencia, Olesya M.
April 4, 2012

Issue: We investigated studies on the palliative and anxiolytic effects of aromatherapy and the application of essential oils for pain management during labor and delivery.

Description: There are many complementary alternative medicine approaches including aromatherapy, which provides a modern and unconventional approach to pain management during labor. Aromatherapy involves the use of highly concentrated essential oils derived from organic plants. Two studies were reviewed, including the Burns 2000 study which is an uncontrolled evaluative clinical trial involving 8058 mothers, and the Hadi & Hanid 2011 study which is a single-blind randomized clinical trial involving 200 laboring mothers. The essential oils used were rose oil for anxiety, frankincense and lavender for pain, and peppermint for nausea and vomiting.

Results: These studies supported the hypothesis that aromatherapy had a significant and positive effect on the difficulties of labor.

Conclusions: One of the positive aspects of aromatherapy found in studies is the lack of overwhelming side effects. For patients seeking non-pharmacological approaches during labor, aromatherapy poses a viable option for their treatment. Lavender is most widely used and shows effectiveness in decreasing anxiety. Frankincense proved to be effective in pain management. Even though there were positive results, these essential oils should be used secondary to pharmacological therapies until further research is conducted.

Poster Number 23

In Terminally Ill Patients, Does Palliative Care Compared To Aggressive Care Improve Quality Of Life During The Last Year Of Life?

Carrie Mancini, RN, Cara Tallia, RN, Catherine Harrington, RN, Rory Lynch, RN, Jessica Reyes, Graduate Students, HBSON

Issue: Choices in care for terminally ill patients may be limited to aggressive treatment if they are not fully informed about their option. Such treatments may compromise the quality of patients' lives

if pain and symptom management are not addressed. This literature review examined whether palliative care improves the quality of the patient's last year of life more than aggressive care.

Description: This systematic search and limited review of the literature was conducted using the Cochrane Database, CINAHL, Google Scholar, and Medline using the keywords palliative, quality of life, and end of life, terminal and aggressive care. Ten studies were included in the final review. They included randomized controlled trials, retrospective, longitudinal, and cross sectional studies.

Results: The majority of studies found a significant increase in quality of life scores and symptom relief among patients who chose palliative care as opposed to aggressive care or in addition to aggressive care, while other studies showed no significant change in quality of life or depressive symptoms. The studies also showed a decreased hospital length of stay for palliative care patients, as well as fewer hospital and emergency department readmissions.

Conclusions and recommendations: The disparities in the results of the studies suggest that more research is needed to effectively evaluate the impact of palliative care as opposed to aggressive care in the last year of life for terminally ill patients. Future studies should focus on obtaining more heterogeneous samples in order to better generalize the results to the population as a whole. Until such research is conducted, palliative care should be offered to all patients without requiring them to forego aggressive treatment.

Poster Number 24

The effect of yoga on the quality of life in breast cancer patients

Sherwin Maxino (Undergraduate, HBSON), Stella Nam (Undergraduate, HBSON), Susie Ng (Undergraduate, HBSON)

Faculty sponsor: Pamela Y. Mahon, PhD, RN, CNE, NEA-BC

Issue: Quality of life (QOL) is adversely affected by the diagnosis and treatments of breast cancer.

Description: This review attempts to determine the beneficial effects of yoga on aspects of QOL in breast cancer patients. We searched The Cochrane Library (CENTRAL) and MEDLINE using the keywords yoga and breast cancer in March 2012. We selected randomized controlled trials (RCTs) of the effects of yoga on aspects of QOL such as psychosocial and emotional well-being in breast cancer patients. We excluded the population of breast cancer survivors, and research that was published before 2006 or were not available electronically. The majority of the studies were descriptive or statistical analyses.

Results: Women who reported higher distress before the investigation started had a greater decrease in negative outlook compared to the control group. Stronger adherence to the therapy suggests an improvement in physical well-being and distress.

Conclusion: There were significant improvements in overall QOL in the yoga group compared to the control group. We learned that there is a lack of literature of men with breast cancer, which may be due to difficulties in obtaining adequate sample sizes. Some recommendations for future research are larger RCTs incorporating a broader demographic population over a longer duration of time and at what point the intervention has the greatest effect on QOL. We suggest that nurses advocate yoga as a non-pharmacological alternative to improve the overall well-being not only to breast cancer patients but to the general community.

Poster Number 25

The Influence of Attention on Late Talkers' Ability to Learn New Words

Elizabeth Montemarano (Graduate, COMSC); Michelle MacRoy-Higgins (Faculty, COMSC)
Faculty sponsor: Michelle MacRoy-Higgins, PhD, COMSC

Background: The purpose of this study was to examine the influence of attention on late-talkers' (LT) and typically developing (TD) toddlers' word learning skills. Older children with Specific Language Impairment (SLI) show differences in attentional resources needed for linguistic tasks; therefore it is possible that the early expressive language delay observed in LT toddlers is related to attention, which is needed to learn new words.

Methods: Attentional resources in TD and LT toddlers (24 months) were measured while they were taught new words during ten trainings sessions. New words were presented five times during each training session. Measures included: 1. duration of time looking at the new objects; 2. duration of time manipulating the new objects; 3. number of presentations acknowledged via eye contact. Word learning was measured by asking the toddlers to point to each of the new objects after the final training session.

Results: TD toddlers showed greater attention than LT toddlers during word learning on all three measures (duration looking, duration manipulating and presentations acknowledged). The TD toddlers performed better at the word learning task; they pointed to more words as compared to toddlers who were LT (TD: 86%; LT: 65%).

Conclusions: When engaged in a word learning task, LT toddlers do not attend to the objects and their labels in the same manner as they typically developing peers. Therefore, the underlying deficit in toddlers who are late talkers may be related to decreased attention.

Acknowledgements: This research was supported by PSC-CUNY grant # 64661-00 42

Poster Number 26

Stress Reduction Interventions for Registered Nurses

Kristen Campos R.N., Stephanie Lumanas R.N., Alys Oxentenko R.N., & Francys Simons R.N.

Issue: Registered Nurses have increasing responsibilities, made more so when patient loads are excessive. High levels of stress contribute to burnout, fatigue, and depression. The literature review focused on the following question: Do stress reduction education interventions Vs no intervention relieve symptoms of burnout in registered nurses in a community hospital setting?

Description: This systematic search and literature review was conducted using CINAHL, Medline and the Cochrane database. We reviewed RCT's, qualitative and cohort studies.

Results: Most interventions were conducted by nursing leadership and focused on positive affirmations, meditation, and education interventions. The studies reviewed found that educating nurses in stress reduction techniques, such as relaxation, reduced the symptoms of burnout. One hospital nursing department cited stress reduction classes as a major benefit for staff recruitment and retention. All studies analyzed in this literature review concluded that stress reduction interventions increased staff awareness of the importance of mental health as a key component for nursing practice.

Conclusion: It would be in the best interest of nurses, patients, and healthcare organizations to educate nurses about stress reduction techniques and to encourage nursing leadership to promote

stress reduction interventions in the workplace as a means of decreasing stress, burn out and depression while improving staff communication, teamwork, and patient care.

Poster Number 27

The Effects of Kangaroo Care on Thermoregulation in Term and Preterm Infants

Catherine Liao, Catherine Pearson, Kristine Diesslin, Talia Fenster, Olivia Deutsch (BSN students, Hunter-Bellevue School of Nursing)

Issue: Effective thermoregulation is essential for both term and preterm neonates. Neonates with poor thermoregulation are often separated from their mothers and warmed in an incubator. The purpose of our literature review was to determine if kangaroo care (KC) is an effective alternative to treat and prevent neonatal hypothermia.

Description: We searched scholarly nursing journals for studies on KC and thermoregulation in both the term and preterm neonatal population. Search queries used were “kangaroo care”, “kangaroo care preterm”, “kangaroo care and thermoregulation” and “kangaroo care and body temperature”.

Results: Preterm infants exposed to KC had higher toe temperatures compared to the control group. Low birth weight (LBW) infants showed greater stability compared to control infants. Term infants also demonstrated higher toe temperatures, greater stability, and fewer hypothermic episodes when exposed to KC.

Conclusions and recommendations: Evidence supports utilizing KC in both term and preterm infant populations to prevent hypothermia and help the infant maintain body temperature in the neutral zone. Infants in all studies reviewed who were exposed to kangaroo care demonstrated better body temperature stability than infants exposed to the conventional intervention of incubator care. In light of this evidence, guidelines should be developed to assist nurses in implementing KC.

Poster Number 28

What is the Impact of Family-Centered Care Compared with Standard Care in Reducing Hospital Readmissions in Heart Failure Patients?

Nadya Persaud RN, BSN
Irina Niazova RN, BSN
Wendy Cameron RN, BSN
Kafayat Bello RN, BSN
Tomoe Tasaka RN, BSN
Rosemary Fordjour RN, BSN
Graduate Students, Hunter Bellevue School of Nursing

Issue

Heart failure (HF) affects about five million people in the United States and contributes to over 300,000 deaths each year. HF also accounts for 27% of patients readmitted within 30 days of discharge which is costly in human and financial terms. We conducted a literature review to answer this question: In adult patients with heart failure, what is the impact of family centered care compared with standard care in reducing hospital readmissions?

Methods

This systematic search of the literature used the Medline, CINAHL, and Cochrane databases, selecting research articles published within the last 5 years. Key words included: heart failure (HF), education, self-care, family care, and readmissions. Ten selected studies included cross sectional descriptive design, randomized control trials, qualitative study, secondary analyses, and systematic reviews.

Findings

Increased caregiver knowledge on HF and increased social support leads to significantly better self-care among HF patients. When using a structured family education intervention, readmission rates among HF patients decreased. Structured family education programs increase family knowledge of HF and allow for better disease management.

Conclusions

Family-centered care is an effective approach in decreasing hospital readmissions in adults with heart failure. Implications for practice and future research are discussed.

Poster Number 29

The Effects of Exercise on Elderly Patients with Alzheimer's Disease

Sasha Chenet (Undergraduate Nurs); Patrick Chu (Undergraduate Nurs); Ping Kang (Undergraduate Nurs); KC Moscoso (Undergraduate Nurs); Kiana Piedrahita (Undergraduate Nurs); Judy Truong (Undergraduate Nurs)

Faculty Sponsor: Dr. Mary Belmont, EdD, NP

Issue: The topic in question is whether exercise is beneficial in delaying the degenerative process of Alzheimer's Disease (AD).

Description: The literature review analyzes studies on the correlation between exercise and AD. Cause and effect and statistical analyses were used. All four of the studies reviewed used randomized controlled trials. The following databases were used: EBSCOhost, LWW Nursing & Health Prof. Premier and Nursing Resource Center.

Results:

Exercise Program for Nursing Home Residents with Alzheimer's Disease: A 1-Year Randomized, Controlled Trial

12-month mean treatment differences: ADL = 0.39, P = .02.

No effect on depression.

Exercise Training for Depressed Older Adults with Alzheimer's Disease

The Cornell Scale for Depression in Dementia: baseline median = 12.40 and post-test median = 9.77.

Six-Month Walking Program Changes Cognitive and ADL Performance in Patients with Alzheimer

The Barthel Index pre-intervention = 34 +/- 4 and post-intervention = 42 +/- 4

An Exercise Programme Led to a Slower Decline in ADLs in Nursing Home Patients

Katz ADL score: Mean score decrease from baseline with exercise = 0.6

Conclusions: Exercise proved beneficial to Alzheimer's patients. Exercise decreased depression and increased the patients' ability to perform activities of daily living.

Recommendations: In order to improve the reliability of results received in the different studies, larger sample sizes and longer duration of studies should be used.

Poster Number 30

Does Outpatient Self-Managed Warfarin Therapy Affect Therapeutic INR Levels Compared To Clinic-Managed Treatment?

Bryanna Kelly, BSN
Royston Ogbuagu, BSN
Leah Pillosoph, BSN
Lorene Fong, BSN
Graduate Students, HBSON

Issue: Patients undergoing warfarin therapy for postoperative anticoagulation or treatment for atrial fibrillation may find dosing for therapeutic effectiveness complex and time consuming, requiring weekly outpatient visits for lab testing. As an alternative to this standard treatment, a select group of patients may be able to manage warfarin therapy at home, provided that they receive training and education to self-test International Normalized Ratios (INR) levels and self-dose. This literature review explores how outpatient self-managed warfarin therapy effects therapeutic INR levels compared to clinic-managed treatment.

Description: This limited systematic search and review of the literature was conducted using Medline, CINAHL, and the Cochrane databases between 2006 and 2011 using the following keywords: home health, INR testing, nurse visits, telemedicine, warfarin dosing, warfarin therapy. Ten randomized clinical trials, systematic reviews, literature reviews, and descriptive studies were selected for the review.

Results: Studies showed increased rates of therapeutic INR's in patients who performed home testing and dosing. On the other hand, some studies determined home testing units reporting INR levels that were inconsistent with laboratory results.

Conclusion and Recommendation: The studies' findings of patient-managed warfarin therapy appear positive and would allow patients to become more involved in their care. However, improvements in the technology that drives this change must occur to determine INR levels as accurately as possible. The role of visiting nurses in patient-managed warfarin therapy can also be researched and studied.

Poster Number 31

Charting a Course for Success: Journey to BSN Completion

James Herbst, Dane Bautista, Mary Boyd, Jelisa Dopwell, Ashley Folkes, Mirelle Hazirate, Bekim Hajrizi, Donna Hunt, Grace Lee, Beverley McLean, Ivy Mutibura, Denise Reyna, Melissa Weinberg
Georgina Colalillo, MS, RN, Sponsoring Faculty Member

It was once said by Florence Nightingale that "Nursing is an art; and if it is to be made an art, it requires as exclusive a devotion, as hard a preparation, as any painter's or sculptor's work." Both Queensborough Community College (QCC) and Hunter-Bellevue nursing programs have long standing traditions of producing qualified nurse graduates that possess the capabilities to practice in a fast-paced, complex, technologically rich environment. With the advent of the recently implemented Hunter College-QCC dual degree nursing program partnership, the success rate and

image of both schools will surely be bolstered by providing opportunities for students to enter this modern era of nursing prepared and confident.

Issue: In order to meet the challenges of the program, QCC-Hunter students need authentic activities designed to facilitate learning and focus students on meeting career and transfer goals.

Description: High impact educational practices that foster the development of communication skills, analytical reasoning, higher level critical thinking skills and ability to apply learning to “real-world” complex problems have been shown to correlate with higher levels of student performance and success. By participating in writing intensive coursework, service learning, simulation experiences and ePortfolio, students are achieving set outcomes and charting the course for success. Mentoring and advisement is woven throughout. The poster will illustrate how these strategies support achievement of outcomes.

Lessons Learned: Increasing the frequency of meaningful interactions with faculty and peers, fostering more time and effort on research, writing and analytical thinking and facilitating more hands-on involvement and collaborate forms of learning can lead to student success and program completion.

Future Plans: Research on what strategies are most effective for student success.

Poster Number 32

Compassion Fatigue

William Rosa (Graduate Student) School of Nursing

Issue: Carla Joinson first presented the concept of Compassion Fatigue (CF) in 1992 while investigating a type of burnout experienced by people in the caregiving professions. Nurses were found to be particularly vulnerable to CF.

Description: Lombardo & Eyre (2006) show many “work-related,” “physical,” and “emotional” symptoms experienced by nurses with CF. CF may be viewed as the end product of a progression along a continuum, evolving from “compassion discomfort”, to “compassion stress”, and finally, “compassion fatigue” (Coetzee & Klopper, 2010). Hooper, Craig, Janvrin, Wetsel, and Reimels (2010) show CF prevalence is highest among emergency nurses, followed by ICU nurses, then nephrology and oncology nurses.

Results: The making of corporate athletes through the expansion of physical, emotional, mental, and spiritual capacities, as discussed by Loehr and Schwartz (2001), may be a viable method in decreasing CF prevalence when applied to nursing. Boyle (2011) suggests that by addressing three specific life arenas, work/life balance, educational, and work-setting programs, nursing-specific interventions for treating compassion fatigue are quite effective. Interventions created through the lens of Jean Watson’s Theory of Human Caring apply heart-centered practices, caritas processes, and the utilization of daily rituals as a way for nurses to renew themselves and grow in compassion.

Conclusions and recommendations: Interventions must include not only hospital and unit-specific programs, but also health promotion frameworks and nursing theory to validate effectiveness and overcome barriers.

Poster Number 33

Honey: Treatment for Burns

By: Kristine Santos, Tushmanie Rampersaud, Norman Jabaut, Timur Kitaev, and Jin He

The purpose of the study is to investigate whether Honey therapy is a viable treatment option for the burns.

Not everyone is apt to seek treatment in a clinical setting for burns, so people should be educated about effective alternative therapies they can use at home such as honey. For each study, the quality of the effectiveness of the honey treatment was investigated. Healing time and quality of healing were the main topics investigated. These articles were from EBSCO, Gale, and Medline.

In all the studies, honey demonstrated to be an effective alternative treatment. It was either as effective as or more effective than the control. In Study 1, honey was incorporated into a hydrogel dressing and was compared to an uninoculated hydrogel dressing. By day 7 of treatment, wounds with honey dressing were reduced by 15% as opposed to 13% with hydrogel dressing. In study 2, various experiments were conducted using honey from different origins. The results of the different studies show the advantage of using honey as a wound treatment. In study 3, healing took 3 weeks with silver sulphadiazine treatment, but took only 10 days with honey dressings. In study 4, results show that 100% of patients had epithelialization by day 21 with honey and only 84% with mafenide acetate.

Due to the growing population of consumers preferring natural remedies, additional research should be conducted to test if all honey has the same efficacy, which honey works best, and what are the limitations of honey treatment.

Poster Number 34

Effectiveness of pharmacological agents and cognitive behavior therapy in treating Body Dysmorphic Disorder

Aviva Schlesinger, Pema Sherpa, Renata Zaitova Undergraduate
School of Nursing

Faculty Sponsor: Pamela Mahon

Issue: To research effective ways to treat body dysmorphic disorder (BDD) by comparing the effectiveness of cognitive behavior therapy when used along with pharmacological agents in BDD treatment.

Description: Individuals with BDD are excessively preoccupied with an imagined or slight defect in his or her appearance. BDD is likely to occur along with depression, delusion, anxiety, OCD, and prior traumatic experiences. Because psychiatric disorders are comorbid, BDD is often treated with pharmacological agents that treat the comorbid condition, and cognitive behavioral therapy. SSRIs are the accepted drug used in BDD patients, but discrepancies remain in the literature as to what types of psychosocial therapies best enhance BDD treatment.

Result: The literature suggests that CBT when combined with pharmacological agents, decreases BDD symptoms more than drug therapy alone. Patients, however, are found to be reluctant to seek and maintain CBT and more often seek non-psychiatric treatments, such as surgical or dermatologic medical treatments. Literature has also shown that other types of psychosocial therapy such as cognitive therapy also reduce symptoms, but maintenance is limited in cognitive therapy as well.

Conclusion: Case studies are often used in BDD research and large scale samples ($n > 200$) are not

common, so the rates of treatment utilization are low. Much of this research, however, has shown that cognitive behavioral therapy, as well as other forms of psychosocial therapy, reduce BDD symptoms when used in conjunction with pharmacotherapy. More research is necessary to ascertain which types of psychosocial therapies are more effective, what populations experience benefits, and how maintenance of therapy regimens can be increased.

Poster Number 35

Does the pain of circumcision have lasting negative effects?

Nazifa Azizi, (Undergraduate, Generic), Rose Huang (Undergraduate, Generic), Yvette Macareno (Undergraduate, Generic), Alicia Martin (Undergraduate, Generic), Kayla Rodriguez (Undergraduate, Generic), Corinne Schlicht (Undergraduate, Accelerated)
Mary F. L. Belmont,

Issue: The pain of circumcision has been linked to lasting negative effects for infants later on in life. Whether or not circumcision should still be performed has progressively emerged as an issue in modern day birth practices. The evidence is not conclusive in terms of the medical benefits of circumcision, but cultural and medical perspectives continue to come into play.

Description: Randomized, qualitative and prospective cohort studies were used to investigate different methods of circumcision, facial display of pain, how circumcision impacts pain perception on vaccination months later, and psychological effects of circumcision.

Results: Major findings were greater neonatal pain response as elicited by facial expression during circumcision compared to routine heel sticks, and upon routine vaccination 4-6 months after. Neonates circumcised with no anesthesia suffer from severe pain, increased risk of choking and difficulty breathing, and changes in infant-maternal interaction. The Mogen procedure was preferred due to its speediness. Children circumcised at a young age may experience increased aggressiveness, weakened ego and nightmares.

Conclusions and recommendations: It is crucial to recognize the consequences of pain from circumcision. It may have long-lasting changes in infant pain behavior from alterations in the infant's central neural processing of painful stimuli. The issue of pain relief using the least painful procedure is important. More studies need to be conducted with larger sample sizes to assess the long-term effects of pain and injury during infancy as well as the adverse effects, safety, complications, long-term medical outcomes

Poster Number 36

Effective Asthma Drug Delivery Via Inhalers in Pediatric Patients

Dorothy Schwarz (Undergraduate, Generic) Parwadi Veerapen, RN (RN Pathway) Dmitriy Vernik (Undergraduate, Generic)

Issue: Asthma is the most common chronic childhood illness and is the leading cause for pediatric admission to hospitals and primary care offices. Evidence suggests that hospital admissions can be reduced with effective education for parents and children about asthma and its management. The objective of our Literature Review is to evaluate asthma educational intervention targeting effective drug delivery via inhalers in children.

Description: Various clinical studies in hospitals, pediatric clinics, and home-care settings explored inhaler education patterns in providers to asthmatic patients. Studies were conducted using

childhood asthma rating scales, questionnaires, and audio recordings. Different inhaler devices were tested to determine which devices promoted the most patient adherence.

Results: Complexity, attractiveness, and clarity of inhaler devices contribute to ineffective use. Flaws in provider knowledge of inhaler use, medication teaching and delivery, and lack of patient follow up add to readmission.

Conclusions and Recommendations: To promote effective asthma control, methods for effective drug delivery must be implemented. Provider education and refresher courses regarding proper inhaler use should be implemented. Audiovisual aides to assist in proper administration technique should be given to patients and their families. Patients should be encouraged to demonstrate proper inhaler use before leaving their provider's office, and should demonstrate proper use at subsequent visits. Patient's device preference should be taken into consideration when choosing colors and designs.

Sponsoring faculty member: Pamela Mahon

Poster Number 37

Preliminary Findings for the Hearing Efficacy of the NYEEI Nonferromagnetic Stapes Prosthesis

Christopher J. Linstrom (Faculty, Graduate Center, AuD Program)

Carol A Silverman, PhD, MPH (Faculty, COMSC)

Julia B Kieserman

Background: The NYEE (New York Eye & Ear Infirmary) Piston provides a narrower diameter and completely nonferromagnetic stapes prosthesis alternative to other nonferromagnetic prostheses. The purpose was to determine the short-term hearing efficacy of the NYEEI versus Armstrong prosthesis at 6 weeks postoperatively.

Methods: Primary stapedotomy records (from procedures performed by the senior author between 2007 and 2010) were excluded from retrospective review if (a) the operative diagnosis was obliterative otosclerosis or congenital fixation, (b) the argon laser was not employed, or (c) stapes footplate drill-out occurred. The mean preoperative and postoperative air-conduction (AC) thresholds, bone-conduction (BC) thresholds; and air-bone gaps (ABGs) were calculated using 500, 1000, 2000, and 3000 Hz in accordance with the 1995 AAO-HNS guidelines. The mean postoperative ABG PTA minus the preoperative ABG PTA yielded the change in mean ABG PTA.

Results: For the 28 records (n = 17, NYEEI prosthesis; n = 11, Armstrong prosthesis) meeting study criteria, all ears had prosthesis length of 4.00 or 4.25 mm. The mean age did not differ significantly between prosthesis groups (*t* test for independent groups and equal variances, $P > .5$). The mean PTA change did not differ significantly between prosthesis groups (*t* test for independent groups, equal variances, $P > .5$) for any audiologic measure, and this finding held up in ANOVA analysis with the covariate as preoperative ABG PTA.

Conclusions: The NYEEI stapes piston is essentially similar to the Armstrong stapes piston in short-term hearing outcome. Future long-term efficacy research is needed.

Contact: profaud@nyc.rr.com

Poster Number 38

Stress Among Oncology Nurses: Contributing Factors and Effective Interventions

Madeleine Hubbell (Undergraduate, Hunter Bellevue School of Nursing); Nicole Muccio (Undergraduate, Hunter Bellevue School of Nursing); Cecilia Malama (Undergraduate, Hunter Bellevue School of Nursing); Kiesha Bennett (Undergraduate, Hunter Bellevue School of Nursing); Young Sone (Undergraduate, Hunter Bellevue School of Nursing)

Faculty Sponsor: Mary F. L. Belmont

Issue: In addition to the general stressors present in the nursing profession, the intense and ongoing losses experienced in oncology care make oncology nurses vulnerable to burnout. Some of the factors inducing stress are patient deaths, harsh and complex treatments, and conflicts among peers and the multidisciplinary healthcare team. The success of coping strategies is varied due to individual personalities and unique job circumstances. Multifaceted measures and approaches to cope with occupational stress need to be institutionalized to secure the retention of oncology nurses.

Description: Statistical analysis of surveys and questionnaires were used to assess the effectiveness of interventions. Programs designed to strengthen the development of coping skills, promote supportive relationships in the workplace, and deal with work-related grief and bereavement proved to reduce stress. Our poster will identify factors leading to stress and burnout among oncology nurses and interventions that have improved job satisfaction, promoted personal wellbeing, and reduced stress.

Lessons Learned: With effective interventions such as bereavement counseling, promotion of teamwork among staff, implementation of stress management techniques, and the maintenance of an enriching personal life, oncology nurses can avoid burnout.

Next Steps: Future studies need to be conducted to retain nurses in the oncology specialty. Our poster addresses specific recommendations.

Poster Number 39

Title: How Is Anorexia Nervosa in Men Different From That in Women?

Hunter-Bellevue School of Nursing Undergraduate Students, Group 4:

Samantha Stallone, Jing Shan Chen, Yevgeniya Lipina, Naresa Baksh, Hua Lin, Xue Mei Wang

Faculty Sponsor: Mary Belmont, EdD, NP

Issue: Anorexia Nervosa (AN) is an eating disorder that is now becoming more prevalent in men. However, little research has been done with males, leading to a lack of knowledge of the ways in which the diagnosis, treatment, and prognosis of AN can affect males in contrast to females.

Description: The rationale for this review is to gain a better understanding of differences of AN as presented in males when compared to females, so that we can more effectively plan interventions for males with AN. The aspects investigated include behaviors, social issues, assessments, and treatments. Types of studies reviewed include case-control designs, retrospective review, and convenience samples. The types of analysis include descriptive/comparative analysis, matched-pair comparisons, and statistical analysis.

Results: Males with AN have higher rates of psychiatric and social co-morbidities, over-exercise, and pre-morbid obesity, but lower rates of cooperativeness in terms of following treatment regimens.

Conclusions and Recommendations: Current AN assessments are unreliable for men. A lack of recent studies of AN in males and lack of larger sample sizes make comparisons difficult. Further studies that include norms for males should be conducted on the needs of male participants because the limited resources we have might not be valid for males since the assessments are more female-specific. Treatment can be more effective if tailored specifically to the needs of men. Interventions for males with AN should account for gender differences in diagnosing and treatment planning.

Poster Number 40

Title: Relationship between postpartum depression and modes of child delivery

Peter Joseph, undergraduate, Tammy Leung, undergraduate, Irene Li, undergraduate

Faculty Sponsor: Dr. Pamela Mahon

Research Topic/Question: Are women who have a C-section compared with women who have a normal spontaneous vaginal delivery at a risk for postpartum depression?

ABSTRACT

Issue: Postpartum depression affects 10-20% of women in the first year after delivery. It can negatively impact the quality of life of the mother and all family members around her. It can also increase the mother's risk for suicide and bodily harm as well as infanticide and impair maternal-infant interaction. The onset of postpartum depression may be linked to mode of delivery.

Description: Depression at any point of life can be detrimental to overall health. Its onset during postpartum is especially detrimental because it can affect the delicate mother-infant relationship. In this literature review we analyzed prospective based cohort studies, case group studies, a case-control study, and survey-based studies. We investigated the relationship between postpartum depression and various modes of childbirth, including cesarean section and normal spontaneous vaginal delivery. Our aim was to distinguish which form of delivery posed a greater risk for postpartum depression.

Results: In 4 of the 6 studies we investigated, cesarean section (elective or non-elective) increased the risk of postpartum depression. The remaining two studies provided statistically insignificant results and thus were inconclusive.

Conclusion/Recommendations: Based on our investigation we can conclude that cesarean section places women at higher risk for postpartum depression when compared with those that gave birth through vaginal delivery. One flaw we noticed for some of the studies was the sample population. We felt some of the populations were specific to one region and culture. In future studies a more region-varied sample might provide more conclusive evidence.

Poster Number 41

Teen Abuse of Prescription Opioid Medication

Tenzin Ngawang, Jhoanna Santos and Jen Perez HBSON

Issue: The non-medical or illicit use of prescription medication by adolescents is a growing public health concern nationally.

Description: We will examine the literature which investigates and describes this problem. Search term such as "prescription drug abuse," "adolescent opiate abuse," "non-medical use," "teens and drugs," and combinations thereof were utilized. Studies were found which described interventions

applied, which examined correlates of non-medical prescription use among teens, which looked at prescribing rate changes over time, and which discussed ED visits precipitated by use of prescription opiates. National and regional data on this topic is also gathered by Federal and local governments.

Results: It is known that substances which are highly available in a community are those that are abused. Opiates are considered by teens to be easily accessible, and there is a high rate of diversion of them. They are more prescribed to girls, and girls report non-medical use of them more often. There are some correlations that seem to point to predisposition to this particular risky behavior and protective factors among teens. Prescriptions of “abusable” medications provided to adolescents have increased dramatically over the past decade-plus.

Conclusions and recommendations: It is surprising, considering the abundance of government data, and the urgency of this problem, how little of the quantitative data has been analyzed and how few qualitative questions have been asked. Studies which correlate rates of prescribed opiates to rates of non-medical use within a population are lacking. Studies which seek to understand why teens share their medications are lacking, as are studies which seek to assess attitudes among providers that have resulted in the near-doubling of prescribing abusable substances to adolescents in the past 15 years. Since this is a relatively new phenomenon, it is also unclear whether there are long-term psycho-social or physiological risks associated with use (medical or not) of opioid analgesics during adolescence. Data which allows the development of effective preventive programs and policies is urgently needed.

Poster Number 42

Changing Death Experiences in Health Care:

An Intervention to Enhance Power and Facilitate Completion of Advance Directives

Introduction: A pilot study was performed to explore an intervention to enhance power (as knowing participation in change) and to facilitate completion of advance directives (AD) with older adults in the community. Elizabeth Barrett’s (1989) theory of power as knowing participation in change was the framework for the study, in which power is comprised of one’s awareness, choices, freedom to act intentionally and involvement in creating change.

Method: After IRB approval, recruitment of participants occurred in several local community senior centers. Those who volunteered to participate attended a 2 hour session during which time the researchers shared information on AD through the use of a clinical vignette, focused group discussion and written materials. Using a pre-test, post-test design attendees were asked to complete a short demographic questionnaire and to complete the PKPCT (Barrett, 1989) before, and immediately after, the session. The PKPCT is an established tool to measure awareness, choices, freedom to act intentionally and involvement in creating change. The participants were then contacted via phone 6 to 8 weeks later to assess whether or not the intervention facilitated their completion of an AD and to discuss any concerns.

Summary: Fifteen of the twenty people who participated had higher post-test scores indicating increases in power. Follow-up phone interviews suggest that the intervention may also facilitate the completion of ADs (with N = 7 having done so already). Identified barriers to completion of ADs in our sample included a lack of knowledge, and ongoing discomfort with talking to loved ones about the topic.

Conclusion: Findings from this small pilot suggest that use of clinical vignettes and focused group discussion can lead to empowerment and facilitate the completion of advance directives. Ultimately, through knowing participation in change, one's quality of living-dying may be enhanced.

Implications for Research: Community engagement and discussion of advance directives through the use of clinical vignettes and focused group discussion is worthy of further study to help illuminate and overcome barriers to completion of advance directives.

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Poster Number 43

Nurse Educators In U.S. Schools of Nursing on End of Life Pedagogy: A Survey

Vidette Todaro-Franceschi, RN, PhD, FT

Hunter-Bellevue School of Nursing, Hunter College of the City University of New York, New York, NY

Adrial Lobelo, RN, MS, PMHNP

Nursing, South Beach Psychiatric Center, Brooklyn, NY

Purpose:

Nurse educators who teach end of life care in schools of nursing throughout the United States were invited to participate in a survey to identify whether: 1) they have been able to integrate EOL into their respective nursing curricula, 2) they have met with any obstacles in so doing, and 3) they have any recommendations for improvement.

Method:

After IRB approval, EOL educators from schools of nursing were invited to participate via email. A survey designed expressly for this study was administered via web-based technology (Survey Monkey) and included demographic questions along with questions specifically addressing EOL care content. Respondents (N =235) were asked to share their individual experiences with integrating EOL care into their nursing programs and were encouraged to provide recommendations for improving the assessment and delivery of EOL care education.

Results:

Findings indicate that there continue to be difficulties related to the incorporation of EOL care in nursing school curricula. Two salient themes emerged as barriers: faculty and administrative resistance (lack of support) and lack of classroom time to devote to the subject. In an era where the majority of people die in health care settings, it is of vital importance that nurses be prepared to provide EOL care.

Conclusion:

Ongoing reevaluation of nursing curricula is necessary to ensure that EOL care is adequately and consistently taught in schools of nursing.

Poster Number 44

Title: Do home nurse visits reduce 30-day hospital readmissions rates in heart failure patients when compared with no home nurse visits?

Allison Weiss, RN, BSN, Kevin Bojko, RN, BSN & Yolima Vergara, RN, BSN

Issue: Almost one-third of heart failure patients are readmitted within 30 days of discharge from the hospital, suggesting that this chronic illness is poorly managed. Medicare will no longer reimburse hospitals for these readmissions as of 2013. This systematic search and review of the literature examined whether home care follow-up is beneficial in preventing hospital readmissions for congestive heart failure (CHF) patients within 30 days of discharge.

Description: A systematic search of the research literature was conducted using the Cochrane Library, CINAHL, EBSCO MedLine, and PubMed with queries such as home care + prevents + CHF + HF + readmissions. Inclusion criteria were articles within the past five years with an experimental or quasi-experimental design. Ten studies were selected for this review.

Results: Nurse home care visits significantly reduce the frequency of hospital readmissions within thirty days of discharge by 20- to 48%.

Conclusions and recommendations:

Results of the search suggest that home care visits, with or without telemonitoring, can be effective for reducing 30-day hospital readmission rates for people with heart failure. Further research is needed to examine how practice will be changed to incorporate home care as a standard for heart failure patients and how this change will be paid for.

Poster Number 45

Verbal Fluency in Mandarin Speaking Adults

Nancy Eng (Faculty, COMSC); Yuk Lan Peng (Graduate Student, Teacher's College); Jennifer Wen Li Chen (Student, McGill University)

Background: The purpose of this student is to explore ways of exploring lexical and semantic fluency in native Mandarin speakers. Verbal fluency is a standard task used by speech/language pathologists and psychologists to evaluate lexical access where subjects are asked to as many words as they can that begin with a specific letter; usually the letters "F", "A" and "S" are used. As Chinese is not an alphabetic language, a relevant task must be presented to assess the quality of lexical access.

Methods: Thirty healthy Mandarin speaking adults participated in a semantic fluency task (i.e., "name as many animals as you can in one minute") and two lexical fluency tasks: character fluency task (i.e., "name as many words that contain the character¹ 美 and a classifier² fluency task (i.e., "name as many noun phrases that involve the classifier 條).

Results: Subjects' responses verify that their years of exposure to a second language (in this case, English) influences performance on semantic fluency where the more exposure that one has to English, the more one's response patterns mimic those of native English speakers. On the other hand, lexical fluency does not appear to be affected by the number of years in the United States.

¹ Characters: these are logograms used in the Chinese writing system; characters are largely morphemic each corresponding to a spoken syllable with a distinct meaning

² Classifiers: a closed class of words used along with numbers to define the quantity of a given object; classifiers make up the noun phrase (cl+number+noun). Classifiers are selected based on the noun in the NP

Conclusions: Cognitive processes such as semantic fluency may be subject to sociolinguistic influence. The stark contrast between Eastern and Western thought processes appear to influence performance on semantic tasks but not lexical ones which are presumed to be linguistic in nature. Contact: nancyeng@aol.com or neng@hunter.cuny.edu

Poster Number 46

School-Based Health Promotion Interventions for Obesity Prevention: A Literature Review

Rachel Guinness (Undergraduate, HBSON), Jessica Menier (Undergraduate, HBSON), Lynnique Mercury (Undergraduate, HBSON), Darwin Recentes (Undergraduate, HBSON), and Mariko Yamasaki (Undergraduate, HBSON),
Nursing 380, Section 3, Group 3
Faculty sponsor: Mary Belmont, EdD, NP

Issue: The prevalence and severity of childhood obesity have reached epidemic levels in the United States and the world. Childhood obesity is associated with increased diabetes, hypertension, and asthma as well as increased risks of adult obesity. Schools are uniquely positioned to address this issue and are able to reach many high risk children and adolescents.

Description: We conducted a review of relevant literature examining the effectiveness of school-based interventions in health promotion and obesity prevention in children and adolescents. Interventions included classroom curriculum, modifications in physical activity, and parental and peer involvement. Data and articles were collected from PubMed and CINAHL.

Results: Moderate success was demonstrated with both classroom based and physical activity interventions. Interventions were most effective when combined. Introduction of non-competitive games and new activities such as dance increased physical activity participation. Parental and peer involvement brought on healthier habits. However, programs applied for less than 6 months were not successful in weight and BMI reduction. Often weight loss occurred during the intervention, but participants regained the weight after the conclusion of the program.

Conclusions and Recommendations: It is evident that there is no easy solution to childhood obesity as the issue is dependent on many different factors. School-based interventions are one way of promoting healthy lifestyles with a large number of children and adolescents. Recommendations include interventions with a longer duration, providing innovative exercises, and strong support by parents and peers to help fight childhood obesity and created sustained weight loss.

Poster Number 47

Inhibition of Glutamate Dependent Growth in U-87MG, Human Glioblastoma Cell Line.

Zarina Yelskaya (Student, Hunter College, Medical Laboratory Sciences Dept.); Vangie Carrillo (Student, Hunter College, MLS Dept.); Shahana S. Mahajan (Faculty, Hunter College, School of Health Sciences, MLS program.)

Background: Malignant glioblastoma tumors are the deadliest of human cancers, due to their aggressive and highly invasive nature. Previously it was determined that glutamate acts on the AMPA receptors, a subtype of glutamate receptors, to stimulate cell proliferation. In this study we investigated the effect glutamate stimulation on cell proliferation of U-87MG human glioblastoma cell line and various drugs that may inhibit glutamate stimulated cell proliferation.

Methods: U-87MG cell line was serum starved, stimulated with various concentration of glutamate in between 5mM to 75mM. Cell viability was determined by trypan blue exclusion test. Then, U-

87MG cells were treated with various drugs, and in combinations. Quantitation of growth inhibiting cell proliferation was analyzed using immunofluorescence.

Results: Cells treated with 5mM of glutamate resulted in significantly increased cell proliferation compared to the untreated control. Cells treated with 25mM, 50mM and 75mM glutamate showed a significant decrease in the number of cells compared to 5mM and the untreated control. Cells treated with inhibitors in the presence of glutamate revealed significantly lower proliferation compared to glutamate treated control.

Conclusions: Our data confirms that glutamate signaling mediated by AMPA receptor induces U-87MG cell line proliferation, while high levels of glutamate results in cytotoxicity. In addition, we demonstrated that certain drugs are effective in inhibiting along the AMPA receptor dependent cell proliferation pathway, while others effectively inhibit cell proliferation along EGFR and mGluR Group II dependent pathways.

Poster Number 48

Evaluation of Tuberculin Skin Testing Administered by Nurses School of Nursing

Elvy Barroso Graduate, Accelerated combined MSN/MPH, Hunter College, Sewit Bereket Graduate, MPH, Columbia University

Background: The Mantoux tuberculin skin test (TST) is standard longstanding method for detecting latent tuberculosis infection. Interpretation of the results is subject to variability, inaccuracy due to lack of practitioner experience or lack of familiarity with recent changes in guidelines. This study reviews nurses' proficiency during 6 voluntary TST training sessions conducted by the Bureau of Tuberculosis Control of the New York City Department of Health and Mental Hygiene.

Methods: The training consisted of a didactic session followed by hands-on TST testing of a partner. Participants with previous experience were evaluated for the accuracy of the TST implant (measurement of the wheal) and accuracy of the reading (size of the induration 48 hour later) as compared with the readings of the expert instructor. These results were compared to the participants' months of experience in administering the TST.

Results: Data analysis was conducted on 67 participants who had previous experience with the TST. The reading accuracy for all training sessions had an overall average of 67%. The correlation coefficient between months of experience and reading accuracy was measured as 0.301 and was statistically significant ($p < 0.003$). The correlation coefficient between months of experience and implant accuracy was measured as 0.067 and was not statistically significant ($p = 0.511$).

Conclusion: The nurse's average TST reading accuracy needs improvement. Inaccurate readings can result in missed opportunities for follow-up evaluation and treatment of patients with LTBI. These findings support the need for educational strategies directed toward improving the accuracy of TST reading.

Poster Number 49

Hallie Mintz (COMSC graduate student) & Paul W. Cascella (COMSC faculty)
Faculty Sponsor: Paul W. Cascella, Ph.D., CCC

Issue: This research examines the therapeutic relationship between the expectancy theory, altered auditory feedback (AAF), and stuttering.

Description: This research was a comprehensive review of the extant literature on the efficacy of AAF among people who stutter.

Results: Studies show inconsistent results for AAF on stuttering. Some studies show an 80-90% stuttering reduction, while others show an insignificant reduction. This variability suggests that AAF, as a treatment for people who stutter, may be influenced by the expectations of users within the therapeutic context. Perhaps, the cumulative effect of AAF paired with personal expectations or clinician positive comments (via the Expectancy Theory as a placebo), yields a higher result (i.e., less stuttering).

Conclusions and recommendations: We hypothesize that positive and negative expectancy (delivered via verbal comments from the clinician) will influence the effect of AAF among individuals who do and do not stutter. Positive expectancy may convince people that a change will occur. Neutral expectancy may have no influence, while negative expectancy may convince people that no change will occur. The next step is to test these ideas in a controlled experiment.