



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

8th Annual Student-Faculty Research Day

Wednesday, May 7, 2014

Abstract Book

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

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FAAN: Dean, School of Nursing for providing support and assistance.

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for providing funding.

Research Day Speaker

Jed A. Levine

Executive Vice President and Director of Programs at the Alzheimer's Association, New York City Chapter

Jed A. Levine is the Executive Vice President and Director of Programs at the Alzheimer's Association, New York City Chapter. He has taught at Columbia Mailman School of Public Health and Hunter College, School of the Health Professions. He is a member of the New York State Coordinating Council for Services Related to Alzheimer's and Other Dementias, and is a member of Senator Gillibrand's Working Group on Aging. He is the principal investigator on the Chapters 30 month project, Palliative Care for Advanced Dementia: Training and Implementation. A frequent guest on radio and TV, Mr. Levine has presented nationally and internationally on dementia care, family caregiving, and disaster preparedness for persons with dementia.

Mr. Levine presentation is titled:

Alzheimer's Disease- Are We Prepared? Research, Policy and Resource Update

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Program

- 4:00 – 4:30 – Poster set-up**
- 4:30 – 5:15 – Poster display**
- 5:15 – Move to auditorium for refreshments**
- 5:30 - Introduction from Dean Gail McCain**
- 5:45 – 6:30 – Speaker: Jed A. Levine, Executive Vice President, Director, Programs & Services Alzheimer's Association, New York City Chapter**
- 6:30 – 7:00 – Q&A; Prizes awarded**

Listing of Abstracts

Poster Number 1: Nurses' Perceptions of Horizontal Violence

Authors:

Rosemary Taylor, Ph.D., B.S.N., R.N.
Postdoctoral Fellow/Visiting Assistant Professor
The Graduate Center, CUNY (Doctor of Philosophy in Nursing Program)

Background:

Horizontal violence contributes to an unsafe work environment and adversely affects patient outcomes. Despite increased awareness, the problem remains unresolved. A recent study of NY State nurses concluded that horizontal violence is so deeply ingrained in nursing culture that many nurses do not recognize it when they see it and do not perceive it as a problem. The purpose of this study was to investigate nurses' perceptions of horizontal violence, incorporating observation of associated behaviors in context, to inform interventions to improve recognition.

Methods:

This descriptive, exploratory study was conducted from June to November 2012 across two inpatient hospital units within a 400+ bed, not-for-profit, unionized, teaching facility in Central Massachusetts. Data collection incorporated document review, overt observation of over 120 employees at work, and 35 semi-structured interviews with nursing and other staff. Data was coded and analyzed thematically.

Results:

Results indicate that horizontal violence is perpetuated by lack of recognition, as well as causal attributions and competing priorities, most notably patient care. The majority of behaviors identified would not meet criteria for workplace violence as defined under existing policies, but would be prohibited under codes of conduct, which were not enforced.

Conclusions:

The phenomenon is influenced by multiple factors, suggesting that interventions focused on a single cause may be ineffective. Future interventions must not only address individual behaviors, but the institutional culture in which these behaviors are perpetuated.

This study was funded in part by a grant from the Gamma Epsilon Chapter of Sigma Theta Tau.

Poster Number 2: The Influence of Phonotactic Probability on Lexical Access in Children with and without Early Expressive Language Delay

Authors:

Melissa Salzberger (Graduate, Speech-Language Pathology, MS 2015)

Lauren Postiglione (Graduate, Speech-Language Pathology, MS CFY-SLP)

Michelle MacRoy-Higgins (Faculty, Speech-Language Pathology, PhD CCC-SLP, TSHH,)

Background:

The purpose was to examine the influence of phonotactic probability (the frequency of occurrence of speech sounds) on lexical access in typically developing children, and children who had a history of early expressive language delay (late talkers).

Methods:

Twelve children (6 had a history of expressive language delay) completed a cross-modal picture-word interference paradigm; participants named pictures while hearing related (phonological or semantic) or unrelated words. Reaction time (in milliseconds) was recorded.

Results:

Phonotactic probability did not influence lexical access. Both participant groups named target words (both high and low phonotactic probability) quicker after hearing a related word as compared with an unrelated word. Overall, children who were late talkers showed the same pattern of responses as their typically developing peers; however, they produced more errors during the experimental task. For both participant groups, errors were more frequently observed on high phonotactic probability words than low phonotactic probability words.

Conclusions:

Lexical access in children with a history of expressive language delay is similar to their peers without a history of delay. The children were able to take advantage of both phonological and semantic information to facilitate word naming. The increased errors observed in children who were late talkers suggests that the processes used during lexical access may be different as compared to their peers.

This research was supported by the President's fund for faculty advancement, Hunter College, CUNY

Poster Number 3: The effect of music interventions as an adjunctive therapy on preoperative anxiety

Authors:

Kharolann Pierre (Undergraduate, Traditional Generic Pathway)

Arianne Teakram (Undergraduate, Traditional Generic Pathway)

Dr. Eloise Monzillo, PhD, RN, AHN-BC, QTTT (Professor)

Issue:

To investigate the effects of music interventions with standard care versus standard care alone on preoperative anxiety in surgical patients.

Description:

Preoperative anxiety may lead to a number of negative physiologic and psychological effects. Preoperative standard care usually involves the use of pharmacological interventions, which are known to have adverse effects. Music interventions have no adverse effects. It is important to investigate the efficacy of non-pharmacological interventions compared to pharmacological interventions in reducing preoperative anxiety as a decrease in adverse effects may lead to a decrease in patient complications, to shorter hospital stays, and to less complicated nursing care. Keywords used include: “*music therapy*” AND “*anxiety*” AND “*preoperative*.” A systematic review and several randomized clinical trials were reviewed.

Results:

Key findings suggest that music interventions may have a beneficial effect on preoperative anxiety without adverse effects. The results suggest a decrease in self-reported anxiety levels, heart rate, and blood pressure. Also, there are two types of music interventions – music therapy and music medicine. Music therapy requires the involvement of a trained music therapist and the use of personally tailored music with a therapeutic process. In music medicine, medical personnel simply offer pre-recorded music for passive listening.

Conclusions:

Music interventions may be a viable alternative to pharmacological interventions in reducing preoperative anxiety. However, it is important to differentiate music medicine and music therapy. Future studies would do well in comparing the effects of music therapy and music medicine on preoperative anxiety.

Poster Number 4: Variations in the Multimerization region of the H. pylori CagA toxin affects virulence

Authors:

Tricia Alston (Undergraduate)

Daiva Ahire (CUNY - Hunter College)

Robert Raffaniello (Faculty)

Department of Medical Laboratory Sciences, Hunter College, New York.

Background:

Helicobacter pylori colonizes the human stomach by infecting epithelial cells. It is the primary cause of peptic ulcer disease and gastric cancer. Cytotoxin-associated gene A (CagA) protein is a virulence factor produced by *H. pylori*. Strains positive for CagA are associated with more severe gastric diseases. The 3' region of the CagA gene exhibits heterogeneity with respect to tyrosine phosphorylation motifs (EPIYA) and CagA multimerization motifs (CM). CM motifs are identified as Western and Eastern based on sequences found in Western and East Asian countries. It has been suggested that CagA proteins possessing an Eastern CM type are associated with less severe gastric disorders.

Methods:

In the present study, we examined the effects of CagA proteins with two CM motifs on cell function. Two CagA proteins were examined: CagA with a Western and Eastern CM motif (CagA-WE), and CagA with two Western CM motifs (CagA-WW). CagA sequences were fused with green fluorescent protein (GFP) to form a GFP-CagA fusion protein. GFP-CagA and GFP control constructs were transfected into human gastric adenocarcinoma cells (AGS). GFP-CagA expression was verified by immunoblotting and immunofluorescence.

Results:

We found that CagA-WE-transfected cells were less adherent when compared to CagA-WW. CagA has been shown to cause cell elongation in AGS cells. Cell elongation was more frequent in CagA-WW-transfected cells when compared with CagA-WE (8.34% versus 3.97% cells, respectively).

Conclusions:

These results indicate that distinct CM motif patterns affect the ability of CagA to alter gastric cell morphology and adhesion.

This research was supported a PSC-CUNY grant and the Presidential Fund for Faculty Advancement at Hunter College.

Poster Number 5: An Aphasia Rehabilitation Readings Group as the Foundation for Clinical Research Using Transcranial Direct Current Stimulation (tDCS) in Conjunction with Language Treatment for Aphasia

Authors:

Lindsay Cuneo (Graduate, Department of Speech-Language Pathology & Audiology)
Elizabeth E. Galletta (Assistant Professor, Department of Speech-Language Pathology & Audiology)

Background:

A voluntary extra-curricular aphasia-rehabilitation-readings group explored rehabilitation topics. The readings were discussed within the framework of the International Classification of Functioning (ICF) (WHO, 2001), which promotes the characterization of

health conditions among multiple domains. Readings in the area of tDCS and aphasia, clinical research that may be the future of aphasia rehabilitation, were the foundation for a clinical research experience. A clinical-research-case study that involved using tDCS, in conjunction with behavioral intervention for aphasia will be described.

Aphasia is a language disorder post stroke that affects over a million people in the US. The only treatment for aphasia is speech-language therapy. While language improvement is noted with therapy for some people, many continue to have life-long communication impairment.

Methods:

A 43 year-old stroke survivor with aphasia completed the pilot. The crossover design included baseline sentence probes, two treatment blocks, and follow up testing. Treatment block 1 consisted of ten sessions of speech-language therapy combined with tDCS. Treatment block 2 consisted of ten sessions of speech-language therapy with sham tDCS.

Results:

Post-treatment assessments included naming in single words and production of nouns and verbs in sentences. Naming production was variable post treatment.

Conclusions:

The behavioral intervention paired with tDCS, as well as the outcome measures, may have an effect on performance. A behavioral intervention that trains a linguistic construct, and the generalization of that construct to real-life communication instances, reflects the ICF characterization of aphasia in multiple domains (WHO, 2001).

Poster Number 6: In Preterm Infants, How Does Kangaroo Care Compare to Standard Care In Terms of Effect On Pain Levels Following Heel Sticks?

Authors:

Michelle Stone, RN (Graduate, Adult/Geriatric NP),
Marcella D'Abbraccio BSN, RN, CCRN (Graduate, Adult/Geriatric DNP),
Alysia Amreen Makhani, RN (Graduate, MS/MPH),
Jessica Erskine, RN (Graduate, MSN/MPA)
Hunter-Bellevue School of Nursing

Issue:

Preterm infants are at high risk for acquired disease, neurological injury, and adverse developmental outcomes as a result of painful experiences during hospitalization. The goal of this literature review is to determine if kangaroo care is an effective non-pharmacological intervention to decrease pain in preterm infants within the NICU setting following heel sticks.

Description:

A literature review was conducted using four peer-reviewed, quantitative research studies as well as one systematic review. Databases used included Cochrane Database of Systematic Reviews, CINAHL, PubMed, and Ebsco. Other sources of information used include: an interview conducted with expert researcher Dean McCain. The National Guidelines Clearinghouse was used to assess pre-existing guidelines.

Results:

Kangaroo care is an effective technique for diminishing responses to procedural pain in preterm infants as measured by heart rate variability, vital signs, salivary cortisol levels and infant pain scales. Maternal kangaroo care is more effective than paternal kangaroo care.

Conclusions:

Based on the findings, the authors developed recommendations or best practice when exposing preterm infants to procedural pain such as heel sticks. Guidelines include: mother as the preferred caregiver, beginning kangaroo care at least 15-30 minutes before heel stick, maintaining kangaroo care throughout the procedure and carrying out kangaroo care until the vital signs and behavior return to baseline. Kangaroo care is recommended as an effective intervention in the prevention of complications associated with pain in preterm infants following heel sticks.

Poster Number 7: Comparison of an Intermittent vs. Continuous Walking Program in Persons with Multiple Sclerosis Using the 6 Minute Walk Test: A Randomized Crossover Pilot Study

Authors:

Stefanie DiCarrado, SPT (Graduate, Doctorate of Physical Therapy),
Bridget Dungan, SPT (Graduate, Doctorate of Physical Therapy),
Elizabeth Huallpa, SPT (Graduate, Doctorate of Physical Therapy)
Jake Potrzeba, SPT (Graduate, Doctorate of Physical Therapy)
Herb Karpatkin, PT, DSc (Faculty Advisor)
Hunter College, City University of New York

Background:

Gait difficulty is a common complaint of persons with MS (pwMS). Neurogenic fatigue can prevent pwMS from walking longer distances, limiting ability to improve gait endurance. Most gait training programs are continuous in nature. Intermittent walking, where breaks are taken during walking may allow pwMS to walk longer distances with less of fatigue. The purpose of this study was to examine the effects of intermittent vs continuous walking on gait endurance in pwMS.

Methods:

Using a crossover design, subjects were randomized into intermittent (INT) and continuous (CONT) groups. All subjects performed a baseline 6-minute walk test (6MWT), then performed a training regime of eight 6-minute walks over a 4-week period, followed by a 6MWT posttest. Subjects in the INT group trained with three 2-minute

walks interspersed with 2-minute seated rests, while the CONT group trained 6 minutes continuously. Subjects then underwent a 4-week detraining period, followed by another 4-week walking period where they performed whatever type of training not done originally, with 6MWTs performed before and after the training program.

Results:

9 subjects (6 female, 3 male, EDSS 3.9) completed both training conditions. Intermittent training resulted in a significant ($F(1,8) = 9.634, p < .015$.) improvement in 6MWT (143.01') relative to continuous training, which resulted in a decrease of 59.2'.

Conclusions:

Despite small sample size, intermittent training resulted in a significantly greater improvement in gait endurance than continuous walking, suggesting that gait endurance in MS may be better improved with gait training that emphasizes intermittent rests as opposed to walking continuously.

Poster Number 8: Health Literacy and HIV Medication Adherence

Authors:

Anna Vrabel (Undergraduate, School of Nursing)

Purpose:

The purpose of this study was to review the current literature on health literacy and HIV medication adherence and to examine whether a significant relationship presently exists between these two variables. Health literacy is defined "as the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions". Research on health literacy has demonstrated that low health literacy is associated with a variety of issues, including the decreased ability to manage and properly take medications. Studies have shown that medication adherence is critical in HIV, as nonadherence to antiretroviral therapy is linked to drug resistance and ultimately HIV treatment failure. With this in mind, researchers have started to study the relationship between health literacy and medication adherence in the context of HIV.

Methods:

To perform this study, we performed a literature search, and searched the following databases: PubMed/MEDLINE, EBSCOhost, CINAHL, Science Direct and Web of Science. The key terms used in the search were *health literacy, health numeracy, HIV, medication compliance, medication adherence, interventions to improve adherence, and methods to improve health literacy*. The search was limited to articles that were published between 2008 and 2013. A total of eleven articles were obtained.

Results:

The research results were inconsistent. For example, in a sample of 145 men and women living with HIV/AIDS, Kalichman et al. found that there is a significant positive

correlation between health literacy and medication adherence. In contrast, a study conducted by Navarra et al. demonstrated no significant association between health literacy and HIV medication adherence in a sample of 50 HIV-positive adolescents (ages 13 to 24). Similarly, Colbert et al. performed a secondary analysis using data from 302 adults with HIV/AIDS and found no significant relationship between functional health literacy and HIV medication adherence.

Conclusions:

These results suggest that more research needs to be done on this topic in order to confirm or dismiss the relationship between HIV medication adherence and health literacy.

Poster Number 9: A Review of the Literature on Psychotherapeutic Interventions to Decrease Depression Among Informal Caregivers of Adults with Dementia in the Community

Authors:

Samantha Roche (Graduate, School of Nursing)

Lorie Goshin (Faculty Advisor)

Purpose

The aim of this literature review was to identify psychotherapy interventions to decrease depression among informal caregivers of community-residing adults with dementia.

Background:

Dementia is a complex disease that profoundly affects individuals and their families. Approximately one in eight people age 65 or older suffers from some form of dementia (Alzheimer's Association, 2013). Furthermore, the Alzheimer's Association (2013) estimates there are 15.4 million informal caregivers of adults with dementia in the United States. Caregivers provided 17.5 billion hours of care in 2012 with an estimated annual value upwards of \$216 billion. Depression among caregivers has been widely identified as a direct contributor to burnout, placing the care recipient at risk for institutionalization. Supporting caregivers in their role by implementing interventions to decrease depressive symptoms is both ethically and fiscally imperative.

Methods:

Cochrane Library, CINAHL Complete, MEDLINE, and PsycINFO were searched for the terms caregiver, dementia, intervention, and depression. Articles describing interventions involving customizable psychotherapies with caregivers of adults in the community over the past 5 years were considered. One descriptive, one mixed method, one randomized clinical trial (RCT), one quasi-experiment, and one meta-analysis were reviewed using thematic analysis.

Results:

Findings suggest that short-term, customized, cognitive psychotherapy interventions may be effective in reducing depression among the target population. Interventions differed in their approach and design, however, each intervention shared the similar foundation of being a personalized psychotherapy. Overall, internal validity of the reviewed studies is mixed. While some studies were rigorously designed, the RCT contains several threats to internal validity and the lack of a control group in the quasi-experiment limit confidence in those results. External validity of selected study findings is limited by small sample sizes.

Conclusions:

Flexibility to customize treatment to suit caregiver needs was a hallmark of successful interventions. Given the limited number of studies available, and the variations among interventions, more research is needed to fully assess the feasibility and efficacy of widespread implementation among these caregivers.

Poster Number 10: A Literature Review of Education Received By Families of Patient's Undergoing Palliative Extubation

Authors:

Andrew Hilbert (Undergraduate, Queensborough Community College)
Karen Gray (Undergraduate, Queensborough Community College)
Liloutee Singh (Undergraduate, Queensborough Community College)
Jennifer Quinones (Undergraduate, Queensborough Community College)
Lauren Fertel (Undergraduate, Queensborough Community College)
Tina Bayer RN MS ANP-BC (Faculty)

Issue:

The decision to palliatively extubate patients is never straight forward. Family members may feel that withdrawing life support is morally wrong. This becomes a challenge in cases where there is no ethical consensus about the decision to be made and/or the legal requirements for its enactment. This literature review addresses the following question: Is adequate education being provided for families who are making decisions concerning the palliative extubation of a loved one?

Description:

A systematic search and review of the research literature was conducted using CINAHL, PROQUEST, and Medline. Keywords used in the search included end-of-life, extubation, palliative care, terminal patients. Articles reviewed included three descriptive studies, and two analytical studies.

Results:

The reviewed studies reflected that there is insufficient communication concerning end-of-life care between healthcare workers and the families of terminally ill clients, particularly those patients undergoing palliative extubation. Families that verbalized confidence in the understanding of their loved one's illness, expressed greater satisfaction after either

recovery or death. Family members that felt uninformed about the prognosis were less likely to cooperate with the health care team or agree with the team's plan.

Conclusion and Recommendation:

It is our recommendation that a standard of care be developed that focuses on a effective therapeutic approach to palliative extubation based on respect, empathy and patient education. Conferences between the patient, family, and health care team can serve as opportunities to help families by empathizing with them, listening to their fears and concerns, and providing education as needed in a nonjudgmental atmosphere. This allows family members to make informed decisions. More research is required on techniques of compassionate palliative extubation that provide a peaceful and comfortable end of life for both the patient and family.

Poster Number 11: The Performance of Dancers on the Lower Quadrant Balance Test

Authors:

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Background:

The Lower Quadrant Y-Balance Test (YBT-LQ) is an evidence-based screening tool that measures ability to maintain unilateral stance while reaching the contralateral leg in the anterior (ANT), posteromedial (PM), and posterolateral (PL) directions. The purpose of this study was to observe the performance of collegiate dancers on the YBT-LQ and compare it with that of other athletic populations from the literature.

Methods:

39 collegiate dance majors participated. Subjects stood on the central platform of the YBT-LQ and used one foot to slide the reach indicator in each direction. Reach distance scores were normalized by leg length and used to compute a composite reach score.

Results:

Mean reach scores for dancers: ANT: 75.0% \pm 7.2%, PM: 121.6% \pm 9.3%, and PL: 120.0% \pm 8.7%. Mean composite score: 105.5% \pm 7.7%. Mean reach asymmetry values: greatest in PM direction (3.8cm \pm 3.0cm) followed by PL and ANT (2.8cm \pm 2.1cm; 2.6cm \pm 2.4cm). When compared to other groups of athletes, dancers performed superiorly in all outcome measures except the ANT reach distance; dancers performed significantly better in their composite score ($p < 0.005$), and PL reach score ($p <$

0.0005). Dancers performed a significantly more symmetrical PL reach when compared to athletes ($p < 0.0001$) except professional soccer players ($p = 0.18$).

Conclusions:

This research demonstrates that dancers perform differently on the YBT-LQ than other athletes. YBT-LQ normative values must be established for dancers before this test can be used as a screening tool for this population.

Poster Number 12: Lowering Cholesterol Levels through High Fiber Diet from Whole Grains

Authors:

Alexis-Erin Calderon (Undergraduate, School of Nursing)

Dan Chen (Undergraduate, School of Nursing)

Mankuen Chau (Undergraduate, School of Nursing)

Wonjin Cho Undergraduate (Undergraduate, School of Nursing)

Eloise Monzillo PhD, RN, AHN-BC, CPHQ-(Faculty, School of Nursing)

Issue:

There is significant evidence from primary studies that a diet containing soluble fiber has the beneficial effect of reducing high total cholesterol and LDL levels.

Description:

This systematic search and review of the research literature was conducted using the Cochrane website. The key words utilized were: diet, cholesterol, heart disease, prevention, fiber, whole grains, low density lipoproteins, adults, middle-aged, oats, wheat, corn, and cereal. Our studies include a systematic review and five nursing-based research articles.

Results:

Key findings indicate that whole grains containing soluble fiber have the benefit of reducing total cholesterol and LDL significantly in healthy people. There is no significant evidence to support that other whole grains containing insoluble fiber are capable of reducing total cholesterol and LDL levels.

Conclusions and recommendation:

The data suggest that not all whole grains have the effect of lowering cholesterol levels. The studies suggest that only the whole grains containing soluble fiber, such as oats, reduce total cholesterol and LDLs significantly. There was no evidence to support the idea that insoluble fiber has any beneficial effect. We suggest that more research should be carried out on people of various age groups, especially the elderly. The sample base of future studies could include participants from the healthy population in addition to those who already have heart disease, because it would be interesting to see if a diet with high fiber content could be used as part of these patients' treatment plans.

Poster Number 13: Turning Patients Every 2 Hours Compared to Every 4 Hours. What does the Evidence Show?

Authors:

Daniel Choi (Undergraduate, School of Nursing)
Alina Cobzaru (Undergraduate, School of Nursing)
Christine Dennis (Undergraduate, School of Nursing)
Sasrika DeSilva (Undergraduate, School of Nursing)
Eloise Monzillo PhD, RN, AHN-BC, CPHQ (Faculty, School of Nursing)

Issue:

Turning patients at risk for pressure ulcer (PrU) development has been a standard nursing intervention for years. However, there is controversy about the efficacy of turning patients every 2 hours compared to every 4 hours. This issue is important because turning patients every 2 hours places a strain on nursing staff, which has been downsized. The clinical question to be answered is: Should acute care patients be turned every 2 hours compared to turning every 4 hours to prevent development of PrUs? The purpose of this retrospective literature review is to examine the evidence supporting turning patients every 2 hours for pressure ulcer prevention.

Description:

A search of the Cochrane Library for systematic reviews supporting the efficacy of turning patients every 2 hours. Keywords used included *pressure ulcers*, *pressure ulcer prevention*, *repositioning*, *log-rolling* and *nursing interventions*.

Results:

There is no evidence that supports the practice of turning and positioning patients every 2 hours versus every 4 hours.

Conclusions and recommendations:

Nursing interventions should be evidenced-based to improve patient outcomes. These finding suggests that there is a need for further research on this topic.

Poster Number 14: A Literature Review of the Effects of Palliative Care on Pain Management in Adults with Advanced Illnesses

Authors:

Thomas Burger (Undergraduate, School of Nursing)
Cathy Lau (Undergraduate, School of Nursing)
Mandy Lee (Undergraduate, School of Nursing)
Hong Liang (Undergraduate, School of Nursing)

Issue:

Palliative care providers are a team of healthcare workers and specialists who work with a patient in providing management and relief of symptoms associated with an advanced illness. This literature review addresses the following question: in adults with advanced illnesses, what is the effect of palliative care compared to routine care on pain management?

Description:

The systematic search and limited review of the research literature was conducted using CINAHL COMPLETE and Cochrane Database. Keywords used included *palliative care, inpatient, pain, cancer patients, cancer, oncology, pain management, pain medication, pharmaceutical, pharmaceutical dose, routine care, and analgesia*. Studies included one systematic review, three randomized controlled studies, and two prospective studies.

Results:

Key findings indicate that patients who received palliative care had better control of cancer related and medication related side effects and higher levels of pain management compared to patients who did not receive palliative care or to patients' baseline.

Conclusions and recommendations:

There is a positive relationship between palliative care and improved patient outcomes compared to routine care, including outcomes related to cancer pain and symptoms, reports of significant pain, medication side effects, and physical and mental health.

However, palliative care may not affect many specific outcomes consistently. Furthermore, anesthesia pain medicine may be equally effective as palliative medicine in controlling cancer pain and symptoms. There is a need for more randomized controlled studies in this field. It would also be interesting to evaluate whether palliative care has an effect on pharmaceutical dosing and frequency of use. A question for a future study in adults with advanced illnesses, what is the effect of palliative care compared to routine care on pharmaceutical dosing and medication intervals?

Poster Number 15: A Literature Review of the Effects of Breastfeeding on Pain in Neonates

Authors:

Ejiroghene Idolor (Undergraduate, School of Nursing)

Anna Liefshitz (Undergraduate, School of Nursing)

Kenny Lin (Undergraduate, School of Nursing)

Jiali Liu (Undergraduate, School of Nursing)

Eloise Monzillo PhD, RN, AHN-BC, CPHQ (Faculty, School of Nursing)

Issue:

Non-pharmacological methods of pain management are especially important in the pediatric population because physiological differences in body systems between children and adults place children at a greater risk for experiencing adverse effects from pain medications. The literature review addressed whether breastfeeding should be used to

alleviate pain in neonates undergoing a single, minor painful procedure in comparison to the current use of glucose/sucrose water.

Description:

This systematic search and limited review of the literature was conducted using CINAHL, Medline, and the Cochrane Database. The keywords used were: *breastfeeding*, *breast milk*, *pain*, and *neonates*. Studies found consisted of a systematic review and four randomized controlled trials.

Results:

Key findings suggest that breastfeeding before, after, and during a minor painful procedure, such as heel lance or venipuncture, provides analgesia for healthy full-term neonates. The elements of breastfeeding, that is “taste, suckling, and skin-to-skin contact,” were found to contribute to its analgesic effect. Although not as effective as breastfeeding, bottle-fed breast milk was recommended as a safe alternative to breastfeeding because it did not have the potential side effects of glucose/sucrose water and also had a significant effect in decreasing pain scale scores.

Conclusion and recommendations:

In the clinical setting, it is important to note that breastfeeding is not only a source of nourishment for neonates that aids in growth and immunity, but also a means of newborn pain control. While the literature focused on term neonates, further research is needed in the effectiveness of breastfeeding in the preterm population because they undergo more frequent painful procedures.

Poster Number 16: Exercise in prevention and treatment of anxiety and depression among children and young people

Authors:

Sunju Han (Undergraduate, School of Nursing)

Joanna Yun (Undergraduate, School of Nursing)

Eloise Monzillo PhD, RN, AHN-BC, CPHQ (Faculty, School of Nursing)

Issue:

Anxiety and depression are becoming increasingly prevalent among children and adolescents and is a call for concern. These disorders have been typically treated through psychotherapy, cognitive behavioral therapy, and/or drug therapy which can be very expensive and can come with side effects. On the other hand, physical exercise is inexpensive and has few to no side effects. This systematic review addressed the following question: Among children and young people, does exercising compared to not exercising make a difference in the prevention and treatment of anxiety and depression?

Description:

This systematic review was conducted using Cochrane Controlled Trials Register, MEDLINE, EMBASE, CINAHL, PsychINFO, ERIC and Sportdiscus. Keywords used

included *exercise* and *depression*. Studies found included 16 randomized control studies of which 13 were prevention studies.

Results:

Key findings indicate that there is not enough evidence to state that exercise has a significant impact on anxiety and depression. Due to the limitations of the studies and scarcity of research, exercise has not been proven to be significant in preventing and treating anxiety and depression among children and adolescents. Neither intensity (low or high) nor type of exercise (aerobic or weight training) seemed to have an effect. However, exercise may be still essential in the emotional health of the youth.

Conclusions and recommendation:

For future studies, there is a need for more focused studies on the younger population and studies that look into the effects of exercise compared to other therapies.

Poster Number 17: A Literature Review of the Effects of Social Support on Medication Adherence in HIV-Positive Adults

Authors:

Edisa Korac (Undergraduate, School of Nursing)
Shanique Omeally (Undergraduate, School of Nursing)
Solomon Mosheyev (Undergraduate, School of Nursing)
Samantha Morel (Undergraduate, School of Nursing)
Eloise Monzillo PhD, RN, AHN-BC, CPHQ (Faculty, School of Nursing)

Issue:

Stringent adherence to highly active antiretroviral therapy (HARRT) is critical to the health and longevity of HIV-positive individuals. Due to the constantly evolving nature of the HIV virus, nearly perfect adherence to HARRT is necessary to prevent drug resistant strains of HIV and to reduce viral loads. The literature review examines the effects of social support interventions on medication adherence in HIV-positive adults.

Description:

The systematic review and randomized controlled trials used in this literature review were found using CINAHL, PubMed, and Cochrane databases.

Results:

A review of the literature yielded inconsistent results, some of which suggest that social support contributes to higher rates of adherence to HAART among HIV-positive adults. Several results, however, show no significant and long-term effects of social support interventions on patients' adherence levels.

Conclusion and recommendations:

In the HIV-positive population, it is important to study and understand the variety of complex factors that surround adherence to proper therapy. The review of literature generated inconclusive results due to the inconsistent interventions used by different

researchers among incomparable different groups of individuals. While the literature focused on the effects of social support on adherence to HAART, further research should be conducted to examine the effects of more powerful kinds of social support interventions on HIV-positive adults not suffering from poverty or other confounding issues.

Poster Number 18: Ethnic Minority Groups are Significantly Underrepresented in Nursing

Authors:

Veronica C. Pasha (Undergraduate, School of Nursing)

Dr. Kenya Beard (Faculty, School of Nursing)

Issue:

Ethnic minority groups are significantly underrepresented in Nursing. Less than 20% of the registered nurse (RN) workforce is composed of individuals coming from a minority background. This includes African Americans, Hispanic, Asian American, American Indian, Alaska Native and Pacific Islander (Rosseter, 2014). Increasing workforce diversity could help decrease health care disparities. Furthermore, graduating a more culturally diverse body of health care providers prepared to meet the needs of a pluralistic society will help to improve the quality of care rendered to patients. In order to do this, health professions educators will need to assist students with transferring cultural competence from the classroom to the work place.

Description:

Multicultural Education & Transformational Teachers is a workshop that strengthens the capacity of education to model cultural competence in the classroom and help facilitate clinical practices that will meet the needs of a pluralistic society. Educators in the health professions met to engage in a discourse on multicultural education. Participants discussed how best to construct learning environments that strengthen students' effectiveness in cross-cultural encounters. They examined the "hidden curriculum" and explored the pedagogical practices that support educational equity and academic excellence. The overarching goal is to have health professions educators shape educational policies that strengthen the multicultural capacity of future health care providers.

Lessons learned:

Following this discourse on multicultural education, health professions educators were asked to rate the following on a Likert 1-5 scale (1 being strongly disagree, 5 being strongly agree):

1. I can recognize the relationship between healthcare disparities, cultural competence and quality of care.
2. I feel comfortable using multicultural education as a way to model culturally responsive practices that facilitate effective cross-cultural encounters.
3. I feel comfortable leading discussions that address the relationship between culturally responsive care and patient outcomes.

4. I feel comfortable discussing issues surrounding diversity and creating an inclusive teaching environment.

Next steps:

Meet with the health professions educators six months post discourse and survey them on how they have promoted cultural competence in the classroom.

Poster Number 19: Pressure ulcer Prevention: Alternating pressure vs. Standard Foam Mattresses

Authors:

K. Alexander (Graduate, School of Nursing)

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L. Castiglia (Graduate, School of Nursing)

V. Robertson (Graduate, School of Nursing)

Lorie Goshin (Faculty, School of Nursing)

Background:

Each year the United States spends \$9.1-\$11.6 billion to treat pressure ulcers, with each individual cost ranging from \$20,900 to \$151,700 per pressure ulcer. One preventable way to address pressure ulcers is through support surfaces such as mattresses, particularly alternating pressure air mattresses.

Objectives:

To compare how alternating pressure mattresses to standard foam mattresses affect pressure ulcer prevention within the hospital stay in acute care patients.

Design:

Critical analysis of current and applicable research articles

Method:

A search was conducted using key words “alternating pressure mattresses,” “pressure ulcer prevention,” and “standard foam mattress.” Search dated from 2005 to October 2013. Databases used were CINAHL, Cochrane database Systematic Review, Medline/OVID, Medline Full Text, and PubMed. Additional articles referenced in systematic reviews were also reviewed for validity.

Results:

Three systematic reviews and six RCTs were included in our analysis. One systematic review, one meta-analysis, and two RCTs found a statistically significant difference in the reduction of pressure ulcers when using an alternating pressure air mattress instead of a standard foam mattress. Another meta-analysis and one RCT found no statistical difference between the two surfaces.

Discussion and Implications:

Alternating pressure mattresses compared to standard hospital mattresses more effectively prevent the development of pressure ulcers in the acute care hospital setting. However,

some the studies included are of low quality and their conclusions need to be considered with caution. Higher quality research is needed to determine the efficacy of alternating pressure mattresses to justify their implementation and use in the acute care hospital setting. All the studies showed that pressure ulcer preventive surfaces are not enough within themselves to prevent pressure ulcers. Using other nursing interventions in conjunction with those surfaces is the best way to prevent pressure ulcer formation.

Poster Number 20: Counseling for Depression in Adolescent Diabetics

Authors:

Ikeba Bonas (Graduate, School of Nursing)

Eva McLoughlin (Graduate, School of Nursing)

Kristin Santiago (Graduate, School of Nursing)

Lorie Goshin (Faculty, School of Nursing)

Diabetes is a major health concern in the United States, with a diagnosis rate increasing steadily especially among the young population. Among patients with type I and type II diabetes, depression is one of the most commonly occurring comorbidities. It is estimated that 12-18% of children and adolescents with diabetes report clinically significant symptoms of depression (Monaghan, Singh, Streisand & Cogen, 2010). Depression in adolescents with diabetes has been associated with negative diabetes related health outcomes such as poor glycemic control and recurrent diabetic ketoacidosis admissions. The purpose of this poster is to present the results of a literature review done to analyze the effect of diabetic counseling on adolescent diabetics and depression. This review looked to answer the question how does diabetic counseling affect the incidence of depression in adolescent diabetics? A literature search was conducted using the following databases: CINAHL, Medline and the Cochrane Database of Systematic Reviews. The search originally identified 30 potential articles that met the inclusion criteria. Six papers were included in the literature review. Studies found counseling led to improved quality of life and medication compliance, which in turn led to better glycemic control. It is essential that providers screen their diabetic adolescent patients for depression as diabetic counseling can have a positive effect on diabetes management. Psychosocial assessment and measurement of quality of life should be a part of routine diabetic care. Research on diabetic counseling improving levels of depression is limited and further research could prove to be beneficial in preventing depression among the adolescent population.

Poster Number 21: How Does PTSD Among Military Veterans affect their families?

Authors:

Allona Campbell

Katarzyna Fraczek

Sledge McKinley

Edmund Nebo

Sharon Y. Zuniga (Graduate, School of Nursing)
Lorie Goshin (Faculty, School of Nursing)

Purpose:

The purpose of the study was to investigate the relationship between posttraumatic stress disorder (PTSD) and overall family functioning after deployment.

Background:

PTSD has been identified as a signature traumatic injury to military veterans post-deployment. PTSD is associated with a negative impact on family functioning. Despite such evidence, there are few standardized evidence-based screening methods and community resources for this population.

Data Sources:

An extensive and integrative literature review was conducted using the following databases: CINHALL, Medline, and Cochrane Databases of Systematic Review.

Review Methods:

Initial unfiltered searches derived thirty-six articles that included randomized controlled trials, mix-methods studies, quantitative longitudinal studies, and quantitative studies on PTSD among military veterans and family functioning. Filtered searches with inclusion criteria of articles that were; peer reviewed, full text, less than five years old, primary quantitative articles, academic journals, and of English language decreased the search results to six applicable articles.

Results:

The six articles for literature review included, two randomized controlled trials, one quantitative longitudinal evaluation, one mix-methods study, and two uncategorized quantitative studies.

Conclusion:

PTSD is linked to detrimental outcomes in overall family functioning post-military deployment. In families of service members with posttraumatic stress symptoms (PTSS), there is an increased incidence of divorce rate, an increased risk of intimate partner violence (IPV), difficulty in child rearing, and child abuse. The findings from these studies suggest that clinicians should be screening with evidence-based assessment tools such as the CAPS for signs and symptoms of PTSD among military veterans as well as assessing for signs of domestic violence related to PTSD in veteran families in clinical settings. The REACH program can positively impact PTSD outcomes among military veterans. An appraisal of pertinent research indicates the imperative need for more effective evidence-based screening tools and available community resources for military veterans experiencing PTSD.

Poster Number 22: Health Impacts on Nurses Working the Night Shift

Authors:

Megan Leary (Graduate, School of Nursing)
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Lia Cohen (Graduate, School of Nursing)
Sara Haefner (Graduate, School of Nursing)
Lorie Goshin (Faculty, School of Nursing)

Higher nursing safety risks have been identified on night shifts as compared to day shift. Research on shift work in other areas has shown connections to personal employee health risks. As it is impossible to eliminate the night shift on inpatient units, it is important for hospitals to identify potential health risks to nurses and take action to improve nurses' health. A literature review was conducted to identify health deficits, both physical and psychological, associated with night shift work in nurses. Implications and interventions to mitigate these effects are discussed.

Poster Number 23: Cam and Art Use in HIV Patients**Authors:**

Jessica Lieder, RN BSN (Graduate, School of Nursing)
Karen Louw, RN BSN (Graduate, School of Nursing)
Amy McLaughlin, RN BSN (Graduate, School of Nursing)
Laura Orgill, RN BSN (Graduate, School of Nursing)
Ariel Silva, RN BSN (Graduate, School of Nursing)
Lorie Goshin (Faculty, School of Nursing)

Purpose:

In HIV positive patients, how common is the use of complementary and alternative medicine (CAM), why are CAM treatments being utilized and how does CAM impact antiretroviral therapy (ART)/highly active antiretroviral therapy (HAART)?

Intro:

In the 1980's patients diagnosed with HIV/AIDS had limited treatment options. Patients began seeking complementary and alternative methods (CAM) to fight the disease. In the mid 1990's "cocktail" retroviral treatments were developed and conventional treatment options became more effective and sophisticated leading to HIV becoming a chronic medical condition. Research shows people living with HIV/AIDS continue to utilize CAM treatments in addition to effective HAART therapy. CAM use is estimated to be between 16-95% in HIV positive patients. CAM is an umbrella term that covers a wide range of alternative therapy treatments from acupuncture, massage, reiki, meditation, to nutritional support, supplements, vitamins, and herbs. CAM assessment for HIV patients on HAART is particularly important due to the increased chance of supplements and herbs interfering with HAART therapy or leading to possible adverse effects and toxicity. Motivation for utilizing CAM is multifaceted and perceived benefits of CAM may drive decisions by HIV patients regarding ART protocol and medication adherence.

Methods:

A systematic review was conducted of recent original empirical articles and systematic reviews published between 2001 and 2013, evaluating efficacy of numerous CAM therapies, frequency of use among HIV patients, and perceived benefits of therapy by people living with HIV and possible interactions between CAM and ART/HAART. Three databases were searched, CINAHL, PubMed and Google Scholar. Search terms included, HIV, CAM, complementary medicine, limitations were 2001 to current year, full journal articles with abstracts available, and adult populations. Results yielded a total of 300 articles with overlap between the databases. 11 articles were selected for in-depth review and background information. These included 2 systematic reviews, descriptive studies, surveys and qualitative studies, and a literature review.

Conclusion:

CAM use is common in HIV positive patient population with multifaceted motivation in utilizing CAM even though HAART treatments are available. Primary care practitioners are not thoroughly assessing for the use of CAM and no standardized tool is available to do so. CAM use in the form of supplements and herbs may adversely affect HAART therapy and lead to toxicities.

Recommendations:

Additional research is required to further define the scope and nature of CAM use in the HIV population; development of a standardized CAM assessment tool is needed; screening by health care providers for utilization of CAM supplements and herbs.

Poster Number 24: What are the barriers to medication non-adherence in HIV positive adolescents?

Authors:

Jessica Lopez RN, BSN (Graduate, School of Nursing)
Jessica Olivio RN, BSN (Graduate, School of Nursing)
Omisha Patel RN, BSN (Graduate, School of Nursing)
Eva Santiago RN, BSN (Graduate, School of Nursing)
Erica Sosnowski RN, BSN (Graduate, School of Nursing)
Sharlinee Sritharan RN, BSN (Graduate, School of Nursing)
Lorie Goshin (Faculty, School of Nursing)

Aim:

This presentation discusses the results of literature review relating to barriers to medication adherence in the HIV positive adolescent.

Background:

According to Center for Disease Control (CDC), the adolescent population, ages 13-24, was the second highest group of newly diagnosed with HIV in 2010. Medication adherence in this population ranged from twenty seven to forty one percent. Medication non-adherence lowers the quality of life, increases healthcare costs and leads to drug

resistant strains. This review was conducted to find out about the barriers to medication adherence in HIV positive adolescents.

Data sources:

Databases: PubMed, CINAHL, Medline and the Cochrane Database of Systematic Reviews.

Review methods:

The literature review included qualitative studies focusing on adolescents, research designs which involved techniques for data collection, analysis and interpretation which are commonly viewed as qualitative research methods, such as open ended interview questions, face to face or focus group interviews and thematic of content analysis from year 2007 to 2013.

Findings:

Five qualitative studies were reviewed from 12 potentially relevant studies. Four studies involved face to face studies and one involved focus groups.

Conclusion:

Analysis of the evidence indicated medical insurance, family, finances, lack of trust and self-efficacy as the barriers to medication non-adherence in HIV positive adolescents. Development of intervention with focus on identified barriers would be beneficial in evidence based nursing practice.

Poster Number 25: A Review of the Literature on Psychotherapeutic Interventions to Decrease Depression Among Patients with Cancer

Authors:

Jason Meisel (Graduate, School of Nursing)
Samantha Roche (Graduate, School of Nursing)
Julie Wilkerson (Graduate, School of Nursing)
Lorie Goshin (Faculty, School of Nursing)

Purpose:

The aim of this literature review was to identify psychotherapy interventions to decrease depression among oncology patients.

Background:

Depression is a significant comorbidity among oncology patients, affecting nearly 25% of those diagnosed (Krebbler et al., 2013). Beyond feelings of sadness, depression is a significant mental health issue which impacts the patient physically and emotionally. Studies suggest oncology patients with untreated depression experience diminished quality of life and adverse physiologic outcomes (Reiche, Morimoto, & Nunes, 2005; Galway et al., 2012).

Methods:

Cochrane Library, CINAHL Complete, MEDLINE, PubMed and PsycINFO were searched for the terms psychotherapy, depression, oncology or cancer, and intervention. Articles describing interventions involving psychotherapies with oncology patients over the past 5 years were considered. Articles that discussed group therapy or informal support networks were excluded. One systematic review, four randomized clinical trials (RCT's), and one descriptive study were reviewed using thematic analysis.

Results:

Findings suggest that cognitive-behavioral psychotherapeutic interventions may reduce depressive symptoms in oncology patients. All studies examined included a "talking therapy", however, interventions differed in their approach and design. The systematic review varied widely in the types of interventions examined, leading to inconclusive evidence of the overall effectiveness of said interventions on depressive symptoms. Three of the four RCT's were rigorously designed, enhancing confidence in their results. The fourth RCT contained serious threats to internal validity, rendering its results less trustworthy. External validity was enhanced by the wide range of cancers studied.

Conclusions:

Based on the reviewed literature, oncology patients at risk for depression may benefit from cognitively-based psychotherapies. Widely accepted depression screening tools may be useful in identifying high-risk patients, so that they can receive psychotherapy near the onset of illness. These findings could be applied to an outpatient chemotherapy infusion setting. Upon initiation of chemotherapy treatment, a depression screening tool administered by an admission nurse would identify patients who would benefit from psychotherapy delivered by an infusion nurse trained in cognitive-behavioral therapy techniques. Periodic re-screening throughout the course of treatment would assist in evaluating outcomes.

Poster Number 26: HAART adherence in drug-users: DOT therapy over self-medication**Authors:**

Carla Williams, BSN, RN (Graduate, School of Nursing)
Bertrand Toulouse, BSN, RN (Graduate, School of Nursing)
Rony Lipovetzky, BSN, RN (Graduate, School of Nursing)
Lorie Goshin (Faculty, School of Nursing)

HIV-infected drug-users often lack consistent adherence to HAART, risking the development of viral resistance, clinical complications, and mortality. Our purpose is to present a literature review examining the effectiveness of directly-observed therapy (DOT) of HAART for injecting drug users, as compared to self-administered care. Methodology utilized was literature review from 2007-2013. Six articles were chosen out of 25: one systematic review of 45 RCTs (2012), four RCTs (2011, 2011, 2010, 2007), and one retrospective case-control study (2007). All studies verified DOT therapy effect on adherence, viral load, and CD4+ in

injecting drug users (IDU) for 6 months or less. Result findings endorse the use of DOT-administered HAART in HIV-infected injection drug users, as it effectuates an immediate improvement in adherence, viral load (VL), and CD4+ counts, thus reducing morbidity and mortality. For short-term medication management, DOT is the first-line treatment for injection drug users. Qualifications specified that DOT, as compared to SAT, were not found to have significant levels of adherence. Brief trial length, labor-intensive, and prohibitive cost-benefit ratio for resource-poor countries, also limits universal use. Behavioral interventions and mobile technologies could be explored for long-term use. Nurse teaching in schools can prevent substance abuse, HIV-infection, and co-morbidities.

Poster Number 27: Cultural Rituals and Prenatal Care In the Diverse Borough of Queens

Authors:

Jacqueline Budds (Undergraduate Student)
Karen Mclat (Undergraduate Student)
Deepa Persaud (Undergraduate Student)
Paula Salazar (Undergraduate Student)
Grace Song (Undergraduate Student)
Benjamin Yoder (Undergraduate Student)
Janice Molloy, RN, MS, CEN (Faculty)
Queensborough Community College/CUNY

Issue:

Nurses are responsible to be aware of the varying traditions and beliefs of different cultural groups for whom they provide care. The purpose of this project is to compile cultural information regarding prenatal care of the three most prominent cultural groups in the borough of Queens. The groups chosen were Chinese, Indian and Middle Eastern. It is important for nurses and other health professionals to be aware of the cultural needs of their clients in order to provide optimal client centered care. Nurses need to be able to recognize their own cultural beliefs and acknowledge that the clients be allowed to fulfill their own traditions and desires within safe limits. Standards for culturally competent care have been developed by the Joint Commission to improve the healthcare delivery.

Description:

A thorough search of the material available on CINAHL, Proquest and Medline was performed to gather information. Keywords searched included prenatal care, cultural competency, traditions, pregnancy, labor and delivery, obstetrics, and birth. The literature search included one qualitative study, three descriptive studies, research articles, texts, and government websites.

Results:

Culturally competent nursing incorporates the client's customs into the prenatal plan of care without jeopardizing the fetal wellbeing. Furthermore, with the knowledge based practice, the diverse cultural backgrounds were improved by providing unbiased, sensitive nursing care, and developing a trusting client-nurse relationship.

Conclusions:

By gathering and presenting this information to current and future healthcare providers, there will be an increased awareness of cultural differences and the implications they have on prenatal care. Steps should be taken to create cultural competency education programs in nursing schools and other healthcare settings.

Poster Number 28: Jewish Board of Family & Children's Services: a community agency innovating for children 0-6 yrs in NYC

Authors:

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Raymond Zakhari, EdM, MS, ANP-BC, FNP-BC (Graduate, School of Nursing)

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Rony Lipovetzky, PhD, RN (Graduate, School of Nursing)

Ann Ganzer (Faculty, School of Nursing)

Purpose

Our purpose is to evaluate the effectiveness of 2 interventions, Parent-Infant Therapy (PIT) & Play therapy. Our aim is to examine their scientific & clinical evidence-base with current findings.

Methods

Search criteria were conducted on Pub Med, Medline, and Cochrane for keywords: Attachment, Parent-Infant Psychotherapy, Play therapy, mother-baby for years 2010-2014. Out of 35 articles, 10 were selected, 6 for PIT, & 4 for Play Therapy.

For PIT, there was 1 randomized-controlled trial (RCT) (2014), 1 Best Practices of experts (2014), 2 prospective studies (2014, 2011), and 2 descriptive studies (2010, 2010).

For Play therapy, there were 2 RCTs (2013, 2012) and 2 case studies (2014, 2013).

Parent-Infant Therapy results

Parent-Infant Therapy was found to be effective at easing dyadic communication, facilitating positive interactions, reducing maternal perinatal depression, & improving neural emotional regulation by up regulating pre-frontal cortex (PFC) response in the brain.

Play therapy Results

Play therapy reduces aggression, inattention, facilitates relational and academic beneficial aims, and works flexibly with Family Therapy, and in relational-cultural modes.

Combined discussions

Either separately, or in combination, for 0-6yrs, these therapies effectively target dyadic problems, infant self-regulation, maternal psychomedical or psychosocial difficulties, medically fragile children, disadvantaged children, & children with disabilities.

Conclusions

Longitudinally, secure mothers usually have securely attached infants, but more attention must be paid to fearful mothers, who frequently will have fearful infants. To a less urgent degree, anxious mothers often have avoidant infants, while avoidant mothers usually have anxiously attached infants, which with early interventions, may be allayed to some extent, by PIT. Play therapy continues the benefits of PIT for 3-6 year olds, & can be combined with Family Therapies adjusted blended with relational-cultural modalities.

Poster Number 29: A Literature Review of the impact of weight-bearing exercise on osteoporosis

Authors:

Hayk Sahakyan (Undergraduate, School of Nursing)
Juan Reyes (Undergraduate, School of Nursing)
Youjia Shu (Undergraduate, School of Nursing)
Ying Hui Tee (Undergraduate, School of Nursing)
Dr. Eloise Monzillo (Faculty, School of Nursing)

Issue:

Exercise has often been considered an appropriate intervention in nursing for those who have osteoporosis. However, the effectiveness of weight-bearing exercise on minimizing the loss of bone density is still unclear. Furthermore, there are potential safety concerns in recommending exercises to individuals who have a decrease in bone density. Therefore, it is essential to explore this topic to determine if the benefits outweigh the risks. This literature review addressed the following questions: Do women who engage in weight-bearing exercise compared to women who do not engage in weight-bearing exercise have a decrease in the loss of bone density?

Description:

A systematic review was found on the Cochrane webpage. In addition, the CINAHL database was used to search for randomized clinical control trials. The keywords we used were "postmenopausal women", "osteoporosis and weight-bearing exercise". However, the term, "weight-bearing exercise" did not produce any results. Therefore, we broadened this term to "exercise".

Results:

Key findings indicate a correlation between brisk-walking and a decrease of bone mineral density loss in women at the femoral neck. Women who engaged in brisk walking for 2 years reported a higher incidence of falls. X-ray results did not show an increase in fractures.

Conclusions and recommendations:

Exercise appears to be associated with the reduction of bone mineral density loss, yet, the women who took part in the brisk-walking program experienced more falls. Further research can study whether age and comorbidities are the reason for the increased risk of

falls in women who engage in brisk-walking. Lastly, researchers can focus on whether specific nursing interventions can decrease the rate of falls in women with osteoporosis who exercise.

Poster Number 30: Effects of a Pre-op Teaching Class on Knowledge, Skills and Satisfaction related to use of PCA among Orthopedic Patients

Authors:

Grigoriy Fooks (Graduate, School of Nursing)

Elizabeth Capezuti (Faculty, School of Nursing)

Background & Significance

More than 600,000 knee replacements and 280,000 hip replacements are performed each year in the United States. Pain management is essential since it prevents patients in the post surgical period from being involved in a physical activity with physical therapy and may cause complications.

Purpose:

The proposed project will educate pre-op orthopedic patients about pain control through use of the PCA pump by assisting and motivating them to a control their own pain level. To eliminate the patients fear of addiction by increasing patient's awareness, understanding, and control of pain, use of PCA and side effects of opioids.

Theoretical Framework:

Social Learning Theory

Methods:

Quality improvement project on the 7 Silver unit of the Beth Israel of Mount Sinai hospital.

Intervention:

A pre-op class including a video presentation on the use of the PCA Pump; A mini lab with hands on practice will provide opportunity to patients to press the pump and see how it works.

Evaluation:

Pre- and post knowledge and attitudes questionnaire during hospitalization; and Patient satisfaction with their postoperative pain management (Lee & Park) conducted by phone following hospitalization

Poster Number 31: Feasibility and Effectiveness of an Interactive Computer-Based Educational Program to Improve CHF Knowledge among Hospitalized Veterans

Authors:

Yolima Vergara (Graduate, School of Nursing)

Elizabeth Capezuti (Faculty, School of Nursing)

Background:

Congestive Heart Failure (CHF) affects the lives of over five million Americans; this number is growing as the population ages. CHF affects the patient's quality of life: physically, psychologically and financially and poses a challenge for health care providers to manage the patient's symptoms. CHF is a complex chronic disease that often results in readmissions when not properly addressed outside of the hospital.

Needs Assessment:

High rate of CHF in veterans as well as high rate of hospital readmissions, knowledge deficits as well as non-adherence in this population.

Purpose:

The proposed project, will evaluate the feasibility of improving CHF knowledge with an interactive computer based educational program among veterans, compared with the standardized educational program. It will also explore the veterans view of the computer based program and what are the barriers or challenges they face in adhering to their treatment regimen.

Methods:

Quality Improvement project at the Manhattan hospital of the New York Harbor VA of veterans over 50 years old, with a CHF

Intervention:

Kognito, an interactive computerized based educational program

Evaluation:

Pre- and post intervention CHF knowledge questionnaire

Poster Number 32: Empowering Older Adult Patients in the Bronx Community to Facilitate a Patient/Provider Shared Process for Medication Reconciliation

Authors:

Dominica Potenza (Graduate, School of Nursing)

Elizabeth Capezuti (Faculty, School of Nursing)

Background:

Prevalence of polypharmacy is highest among older adults compared to any other population. This contributes significantly to the overall costs and morbidity related to preventable adverse drug events.

Needs Assessment:

A local needs assessment was performed at an Internal Medicine/Cardiologist outpatient practice located in the Throggs Neck section of the Bronx—from March 24, 2014 to March 29, 2014—surveying Bronx older adult patients and Bronx providers. All the providers surveyed were affiliated with MMC.

Purpose:

Evaluation of a patient empowerment intervention to facilitate a shared process between patients/providers for medication reconciliation to improve older adult patients' knowledge, participation, and communication about medication use.

Theoretical Framework:

Diffusion of Innovations Theory.

Methods:

Quality Improvement project at a primary care clinic serving older adults with multiple co-morbidities in the Bronx.

Intervention:

Standardized medication reconciliation process: Individual older adult patient empowerment sessions for 30-40 participants; Pre-appointment telephone call informing patient to bring current medication bottles/supplements (brown bag method) to upcoming scheduled visit; At visit...Provide and review IOM (2006) Fact Sheet "What you can do to avoid medication errors"; Complete "My Medication List"; Provide patient with 2 copies of "My Medication List"; Teach patient "brown bag method" &/or to bring a copy of current medication document to all future health care encounters.

Evaluation:

Two post-intervention surveys that will measure both older adult patient and provider perceptions of the medication reconciliation process.

Poster Number 33: An Education Initiative To Prevent Ventilator Associated Pneumonia (VAP) in the MICU

Authors:

Ninara Ibragimova (Graduate, School of Nursing)
Elizabeth Capezuti (Faculty, School of Nursing)

Background & Significance:

Ventilator-associated pneumonia (VAP) is defined as a type of pneumonia that is absent at the time of patient admission and develops after 48 hours of intubation and mechanical ventilation. VAP is associated with a high risk of mortality

Needs Assessment:

An evaluation of the current state of VAP at the MICU; the current target and an a gap analysis of what is missing to meet these benchmarks.

Methods:

Quality Improvement project at the MICU of Brookdale Hospital & Medical Center (BHMC)

Purpose:

The purpose is to develop and then evaluate an educational program for the MICU of BHMC that will increase awareness, understanding, and adherence to the current national guidelines resulting in VAP rates at or below benchmarks set by the National Healthcare Safety Network.

Intervention:

Based on the 100K lives campaign from IHI “Getting Started Kit: How-to-Guide: Prevent Ventilator-Associated Pneumonia”- an educational sessions for all respiratory care providers will be provided on all shifts.

Evaluation:

Will include provider knowledge, reliability of bundle compliance and VAP rates prior and following the intervention

Poster Number 34: NYC Hospice Community Needs Based Assessment**Authors:**

Jennifer O'Neill (Graduate, School of Nursing)

Elizabeth Capezuti (Faculty, School of Nursing)

Background/Needs Assessment:

Hospice care seeks to address not only physical pain, but also emotional, social and spiritual pain to achieve the best possible quality of life for patients and their families during the patient's end of life experience.

In 2000-2010, the amount of hospice providers in New York State declined with some states experiencing extremely robust growth. Current population of NYC is served by 5 hospices

Purpose:

The proposed project will examine community interest of NYC residents in a private free standing hospice. To gather information on community members thoughts, attitudes and understanding of hospice care. To identify the barriers leading to underutilization of hospice services

Theoretical Framework:

Precede-Proceed framework

Methods:

Site visit to a hospice located in a state that has grown its services in the 2000-2010 time frame; Site visits to 5 local hospice facilities with focus groups consisting of providers; and Focus groups consisting of community members in various locations in 5 boroughs.

Evaluation:

Summary of: Focus groups of community members interest in a private hospice in their area and Focus groups understanding of hospice care leading to implications for community wide educational program

Poster Number 35: Evaluation of Distress Levels and Coping Self-Efficacy in Oncology Nurses**Authors:**

Lara Wahlberg (Graduate, School of Nursing)

Elizabeth Capezuti (Faculty, School of Nursing)

Background & Significance:

Nurse distress (ND) has many different names such as burnout, compassion fatigue, secondary trauma, vicarious trauma, moral distress, and occupational stress. Inpatient oncology nurses, as caregivers to a population extremely ill from cancer and its treatment, suffer from ND. Exploring distress levels and coping needs of oncology nurses will alert nurse administrators that support is needed for these professional caregivers.

Needs Assessment:

A convenience sample of 26 inpatient oncology nurses in a major urban academic medical center completed a brief anonymous self-assessment rating their distress, while looking at a visual analog scale the Distress Thermometer (DT). Nearly two-thirds (65.4%) of the sample demonstrated significant levels of distress.

Purpose:

Self-evaluation of distress and coping skills can potentially help oncology nurses develop a compassion identity. Raising awareness of the distress levels of oncology nurses may also lead to organizational adjustments to improve work environments and increase coping skills so that oncology nurses may become better equipped to meet the psychosocial needs of their patients.

Theoretical Framework:

Nurse as a Wounded Healer (Conti-O'Hare, 2002).

Methods:

Recruit nurses from ONS local New York City area chapter meetings to participate in an anonymous self-appraisal of their distress levels and coping self-efficacy using the DT and an adapted OCSN-E.

Evaluation:

Summarize and present findings to nurse administrators and examine plan for institutional-level interventions for distressed nurses.

Poster Number 36: Factors Predicting Long-Term Outcomes Among Patients Treated With Spinal Cord Stimulation

Authors:

Karen Julia Doblin NP PhD CCRN (Graduate, School of Nursing)
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ABSTRACT

Studies concerning Spinal Cord Stimulator (SCS) outcome have suggested a high long-term failure rate with neuromodulation therapy in patients with chronic, intractable pain. Here, the efficacy of SCS was examined based on individual patient characteristics. This retrospective, quantitative, archival study investigated individual characteristics used for the prediction of efficacy with SCS 24 months post implantation through a chart review of 150 patients. Predictor variables were age, sex, type of pain, and educational level with duration of pain as a covariate. Findings suggested that sex is a key variable ($p = 0.05$) in the prediction of extent of pain with SCS. Type of pain and educational level were not significant predictors. Altogether, these results indicate candidacy for SCS should not be limited by diagnosis.

Poster Number 37: The Influence of Phonotactic Probability on Nonword repetition in children who were Late Talkers

Authors:

Kevin Dalton (Graduate, MS Speech-Language Pathology)
Dr. Michelle Mac-Roy Higgins (Faculty Advisor)

Background:

The purpose of this study was to examine the influence of phonotactic probability (frequency of occurrence of sounds) on three-year-olds with a history of early expressive language delay (HLD) performance on a non-word repetition task. Nonword repetition ability is commonly used to measure of phonological memory skills.

Methods:

A 24-item nonword repetition task was administered to 21 three-year-olds: 10 children with HLD and 11 typical language developing peers (TLD). 8 one-syllable nonwords, 8 two-syllable nonwords, and 8 three-syllable nonwords were used. Half of the nonwords contained high phonotactic probability sounds, and half contained low phonotactic probability sounds.

Results:

Overall, HLD and TLD children were more accurate in repeating high phonotactic probability nonwords than low phonotactic probability nonwords. There was no difference between HLD and TLD groups on repeating high and low phonotactic probability, one-syllable nonwords and high phonotactic probability two-syllable nonwords. TLD children were more accurate than HLD children on repeating low phonotactic probability two-syllable nonwords and high and low phonotactic probability three-syllable words.

Conclusions:

Both TLD and HLD children show sensitivity to phonotactic probability, suggesting they recognize phonological regularities in the language to which they are exposed. Reduced nonword repetition accuracy in HLD children on two and three-syllable nonwords suggests phonological memory is influenced by early delays in expressive vocabulary.

Acknowledgements:

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Poster Number 38: Are masks as effective as vaccination in the prevention of flu transmission?

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Influenza viruses circulate around the world every year with periodic emergence of new strains resulting in global pandemics. The Centers for Disease Control and Prevention report that the best way to reduce risk of acquiring the flu and spreading it to others is to receive annual flu vaccination (2014). A body of limited evidence shows that wearing masks is a protective measure in the prevention of flu transmission. Current health care setting policies strongly encourage workers to receive annual influenza vaccinations or wear face masks. Not all health care workers are interested in being vaccinated. Institutions demand that workers utilize face masks in the absence of vaccination.

Poster Number 39: Treatment for Victims of Sexual Trafficking in NYC

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Issue:

New York City and Long Island are in the top twenty human trafficking jurisdictions in the country. Nurses in most practice settings may be the first to identify victims of sexual trafficking as they present for care in emergency rooms, public health agencies and free clinics. Further, the psychiatric mental health nurse practitioner is in a unique position to treat these patients as they need a variety of medical, psychopharmacological and psychotherapeutic modalities.

Description:

The purpose of this presentation is to educate PMHNP's on the growing problem of sexual trafficking, and increase their knowledge about community organizations which exist in the NYC area. We have highlighted two evidenced-based interventions shown by literature review to improve symptoms in this population: Trauma-focused Cognitive Behavior Therapy and Peer Education/Survivor Led Groups.

Results:

Key findings suggest victims of sexual trafficking are in need of numerous services, including medical and mental health care, substance abuse treatment, emergency and transitional housing, economic assistance, legal advocacy and educational/vocational services. We have identified six organizations which provide assistance within several of these areas. Girls Education and Mentoring Services (G.E.M.S.) is highlighted as the agency most suited to provide evidenced-based interventions.

Conclusions and recommendations:

Victims of sexual trafficking present with a wide range of needs which are best offered by agencies equipped to provide multiple services and comprehensive case management. We have identified several New York City area organizations which meet these criteria.

Poster Number 40: Inhibition of Survival and Proliferation of Osteosarcoma cells with Riluzole

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Background:

Osteosarcoma is the most common bone cancer in children and people over age 60. It occurs in large bones particularly in areas with fastest growth rate. Glutamate modulates invasive growth in many cancers. We hypothesized that glutamate stimulates proliferation in osteosarcomas.

Methods:

Using a model of LM7 cell line, we have demonstrated that treatment of LM7 cells by Riluzole inhibits cell proliferation. The inhibition of proliferation of LM7 cells with Riluzole was demonstrated in 0.5% as well as 10% serum environment as indicated by DAPI and Ki-67 immunostaining. TUNEL assay was used to measure apoptosis in LM7 cells after Riluzole treatment. Migration characteristics are determined by scratch assay to determine the metastatic ability of LM7 cells in the presence of Riluzole.

Results:

Riluzole blocks proliferation of LM7 cells under low and normal serum growth conditions. Riluzole induces apoptosis in LM7 cells. Riluzole inhibits phosphorylation of epidermal growth factor (EGFR) in a time dependent manner.

Conclusions:

Riluzole blocks proliferation of LM7 cells and induces cell death due to apoptosis. Riluzole is an effective drug to prevent growth and induce death of metastatic osteosarcoma cells. We will further investigate the mechanism by which Riluzole inhibits proliferation in LM7 cells by determining the phosphorylation status of downstream signaling molecules of EGFR signaling pathways. Phosphorylation status of, PLC gamma, Akt at serine 475 & serine 308 will be analyzed to determine which of these pathways is targeted by Riluzole in inhibiting growth in LM7 cells.

Poster Number 41: Nurse Family Partnership

Authors: Chang Young Cho, Roberta Greengold, Caryn Ketteringham, Philip Malone, Lee-Lee Milner, Christina Shock-Weiss

Dr. Christine Ganzer (Faculty, School of Nursing)

NFP is an evidence-based, community health program that helps transform the lives of vulnerable, low-income mothers pregnant with their first child. Each mother is partnered with a registered nurse prior to 28 weeks in her pregnancy and receives ongoing nurse home visits that continue through the child's second birthday.

Nurses are provided comprehensive intensive training on the model and provided visit-to-visit guidelines, a data collection system, standardized evaluations and reports and quality improvement processes to translate into a predictable and replicable service model. Nurses also trained extensively in use of motivational interviewing, reflection in practice and foundational theories: ecology theory, attachment theory, and self-efficacy.

The program goals are: 1) To improve pregnancy outcomes by helping women engage in good preventative health services, including thorough prenatal care from their healthcare providers, improving their diets, and reducing their use of cigarettes, alcohol and illegal substances. 2) Improve child health and development by helping parents provide responsible and competent care. 3) Improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work.

Agencies must comply with a data collection schedule and constantly refer to their outcome and fidelity reports to ensure quality improvement. The fidelity report tracks the agencies compliance with 18 model elements to ensure successful program performance and provide the agency the best chance to replicate the outcomes of the original trials. A reporting portal provides ongoing reports on agencies performance in these areas.

Poster Number 42: Letters Home: An Air Force Nurses' Letters From Iraq Freedom

Authors:

Donald G. Smith Jr., RN, MA, PhD, USAFR Col (ret)

Background:

To provide a description of the lived experience of a reserve military nurse during the Iraq war. This analysis provides an insight into a nurses' personal experience and a story telling of the experience of war from the individual experience. The results would also add a vivid detail and personalize event analysis for nurses involved in future wars, greatly enhancing previous lessons learned.

Methods:

This analysis was done using a phenomenological research approach and is exploratory in nature, in order to describe the lived experience of a nurse involved in war during this time. Nurses are committed to caring for human beings and we must continue to seek to understand the contexts and meaning of that human experience. Phenomenological research is the understanding of a phenomenon, a true reflection of a lived experience, one that provide a thoughtful reflective description of what it is that renders a specific experience. This view attempts to understand the nature of every day experiences and to describe the meaning of our human experience. Finally phenomenology is the study of the human experience through an individual's own eyes. Using a phenomenological approach provided a means to examine in detail the reserve nurse's experience without any preconceptions or theoretical bias.

Primary sources for analysis are the 20 letters sent home by an Iraq Freedom AF Reserve nurse while reviewing secondary article published on military nurses experiences during recent wars.

Results and Conclusions:

Findings have determined several major themes including 1) A Levels of Anxiety, Fear and Frustration
2) A personal ability to: Modify, Adapted Complete & Accomplish all duties a “Can-do attitude” no matter what happened along with 3) A Sense of Pride/Duty/Honor. In addition there was a major theme of belonging with a total sense of pride. That were divided up into 3 phases: Orientation, Action and Returning

Poster Number 43: Do HIV-infected older persons report more depressive symptoms than other chronically ill community-living older persons?

Authors:

Kathleen Nokes, PhD, RN, FAAN

Background:

According to the National Institutes of Mental Health, depression is one of the most common mental health problems in community-dwelling older adults and negatively affects functioning, health outcomes, quality of life, and health care costs. Research indicates that HIV-infected people are more likely than the general population to develop depression. Studies have found that depressive symptoms in HIV-infected persons are associated with poor linkage to care, poor medication adherence, risky sexual behaviors, poorer virological response to treatment, and increased overall risk of mortality.

Purpose:

To explore if older persons living with HIV/AIDS experienced more depressive symptoms than other older chronically ill community-dwelling older adults in the United States.

Methods:

This project compares data about depressive symptoms as measured on the CES-D in older adults (ages 50-59 and 60-74) with HIV/AIDS from the International Nursing Network for HIV/AIDS Research to a sample matched on age reporting other chronic conditions from the Health and Retirement Study (HRS). The HRS is a longitudinal panel study that surveys a representative sample of more than 26,000 Americans over the age of 50 every two years. Supported by the National Institute on Aging and the Social Security Administration, the HRS explores health transitions that individuals undergo as they approach retirement and in the years that follow.

Conclusions:

Results indicate greater levels of depressive symptoms in the HIV sample, in younger subjects, and in those with additional health problems from both samples. These findings

indicate that depression is an important concern in people with HIV/AIDS, particularly those with additional health problems. Additional research is needed to identify factors that contribute to the reduction of depressive symptoms in older adults living with HIV/AIDS.

Implications for Practice:

Theoretical support and empirical evidence suggest that tailored interventions incorporating elements of cognitive-behavioral therapy and mindfulness-based cognitive therapy for the treatment of depressive symptoms in HIV-infected persons should be developed and tested. While depressive symptoms may be fewer in older compared to younger persons living with HIV/AIDS, they still exceed the levels experienced by other chronically ill community-dwelling older persons.

At the end of this session, participants will be able to:

1. compare levels of depressive symptoms experienced by older adults living with HIV/AIDS with those experienced by chronically ill community-dwelling older adults.
2. understand the need for further research to identify factors contributing to decreasing levels of depressive symptoms as older adults live longer with HIV/AIDS and other chronic conditions
3. describe the need for programs and interventions to address the burden of depression among older adults with HIV/AIDS

Poster Number 44: Measuring Ambulatory Oncology Nurses Knowledge and Perceptions in Caring for Older Cancer Patients

Authors:

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Background:

A high proportion of those receiving treatments in ambulatory oncology are older adults. There is little known about the challenges of providing care to older adults receiving complex cancer treatment regimens in the ambulatory setting. There are no instruments available to measure oncology nurse attitudes, perceptions, and knowledge specific to care of older adults in ambulatory settings.

Methods:

Descriptive study based on a 34-item on-line survey developed at Memorial Sloan Kettering Cancer Center (MSKCC) that examines nurse perceptions of their institutional

support to provide care to older adults with pain, sleep disorders, cognitive dysfunction, fall risk, other common geriatric syndromes as well as psychosocial concerns.

Results:

NICHE (Nurses Improving Care for Healthsystem Elders) member sites with ambulatory oncology services (n=18) recruited 282 registered nurses to participate. Most sites (n=14) were medium to large teaching hospitals. Registered nurse respondents held a BSN (53%) or Master's degree (21%) with a mean of 12 years experience. Most worked in medical-oncology (30%), chemo/infusion (27.3%) or surgery (15.3%) ambulatory setting. Most responses were positive; however, of the 8 items with relatively negative perceptions, most were related to the formal and informal supports available to the older cancer patients. Other concerns included lack of follow-up for drug side effects and use of geriatric consultation services.

Conclusion:

An iterative process utilizing input from both experts and direct care nurses can effectively develop a meaningful measure of knowledge and perceptions.

Poster Number 45: The Living Experience of Difficulty Telling the Truth

Authors:

Steve Baumann, Professor, School of Nursing

Background:

To study the experience of having difficulty telling the truth in clinical education and practice. The purpose of this study was to investigate the living experience of difficulty telling the truth.

Methods:

Parse's research method was used to answer the question: What is the structure of the living experience of difficulty telling the truth? The participants were 9 nurses and 1 physician.

Results:

The central findings of the study is the structure: *Uncomfortable dialogues and knowing silences with anguishing deliberations anticipating potential adversity while contemplating intentional withholding gives rise to calm acquiescence.*

Conclusions:

Telling the truth in certain circumstances is one of the hardest and most memorable aspects of everyday life and nursing practice. Participant comments suggest that they at times contemplate not telling the truth, and decide not to, even while this is in contradiction to their own personal values and professional ethics. Further research needs to be done to explore effective ways to educate nurses to be more skilled at truth telling and help nurses in practice be more effective communicators of the truth.

Poster Number 46: Genetics and Genome

Authors:

Alex Plavskin, MS, RN

Background:

Genetics and genomics are changing screening, diagnosis, and management of disease. It is essential that nurses have the knowledge to bridge the gap between molecular research and clinical practice. In response to this, nursing leaders from National Human Genome Research Institute and the National Cancer Institute identified essential genetic and genomic competencies for nurses in all clinical specialties, roles, and practice settings. In a follow-up study, Calzone and colleagues (2013) evaluated presence of these competencies as well as nurses' attitudes, receptivity, knowledge, and confidence in using genetics and genomics. Survey results showed variability in nurses' attitudes, receptivity, knowledge, confidence, and adoption of genetics and genomics into clinical practice.

Purpose:

The purpose of this proposed study is to explain variance in adoption of genetics and genomics into nursing practice using predictive factors of attitude, receptivity, knowledge, confidence, and characteristics of nurses.

Theoretical Framework:

This study will test the predictive value of variables affecting adoption of innovation as proposed by the Rogers' Diffusion of Innovations Model. Diffusion of innovations is a process whereby innovations are "communicated through certain channels over time among members of a social system" (Rogers, 2003, p.5). The Diffusion of Innovations Model demonstrates the process from initially acquiring knowledge about an innovation, forming a favorable or unfavorable attitude about the innovation, then deciding to adopt or reject it (Rogers, 2003).

Method:

The Genetics and Genomics Nursing Practice Survey will be administered to Registered Nurses in a variety of practice settings. Components of the survey will be used to evaluate characteristics of nurses and nurses' attitudes, receptivity to genetics and genomics, knowledge, and confidence. Characteristics of nurses include areas of employment, number of years in nursing practice, educational background, and continuing education. Nurses' receptivity will be evaluated based on their self-reported perception of the importance and potential uses of genetics and genomics. Nurses' knowledge of genetics and genomics will be evaluated using the twelve items used to calculate a knowledge score in the Genetics and Genomics Nursing Practice Survey (Calzone et al., 2013). Implementation of genetics and genomics into nursing practice will be demonstrated by the self-reported use of the Essential Nursing Competencies for Genetics and Genomics. Confidence will be measured by self-reported levels of confidence in using genetics and genomics in clinical practice (e.g. using family history to support treatment decisions, counseling patients about genetic risks, and accessing current and reliable information). Data will be analyzed using path analysis, including moderating and mediating factors, to explain variance in adoption of genetics and genomics into clinical practice.

Conclusions/Implications:

Understanding variables that contribute to adoption of genetics and genomics into clinical practice will promote educational initiatives and identification of potential barriers. Genetics and genomics have the potential to change how we screen for, diagnose, and treat diseases. Understanding and integrating genetics and genomics into clinical practice will allow nurses to provide current, competent, and patient-centered care.

Poster Number 47: Leveraging a Multi-Institutional Faculty Development Consortium in Technology as a Vehicle for Integrating IPE**Authors:**

Donna M. Nickitas, PhD, RN, NEA-BC, CNE, FNAP, FAAN

Shawn McGinniss, MS Ed

Martin Dornbaum, MS

Introduction

While there is growing support to adopt interprofessional education (IPE) in pre-certification health professional programs, barriers remain in the way of full integration in the curriculum, including insufficient faculty and curricular development.

Description

The *New York City Nursing Education Consortium in Technology (NYCNECT)*, a nursing faculty development initiative in teaching-learning with simulation, informatics, and telehealth technologies, was adapted for a wider health professions audience to support faculty- and program-level collaboration in the design, development, and implementation of IPE using academic technologies and evidence-based instructional design principles to support its delivery. Pre- and post-program measures will assess trainees' comfort level and instructional technology adoption, team project outcomes, professional achievements and milestones, and willingness for interprofessional collaboration.

Lessons Learned

To date, workshops on *Innovative Pedagogy* and *Simulation* were facilitated with a cohort of 37 faculty trainees, including 30 nursing faculty and 7 health professions faculty. Interprofessional faculty enrollment has demonstrated early successes in creating collaborative partnerships as faculty develop competencies in teaching with technology. A needs assessment and more comprehensive recruitment strategy is needed to increase the number of interprofessional faculty enrollees. This approach will support new partnerships and faculty collaboration for designing innovative learning experiences to engage students in interprofessional learning.

Poster Number 48: Physical Activity decreases Risk for Stroke in Women

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Background: The purpose of this study is to demonstrate the positive effects of physical activity in reducing the risk of stroke in women. As nurses, our goal is to identify and educate our patients about modifiable risk factors and ways to reduce them.

Methods: Journal article searches were obtained via multiple databases, including: CINAHL, Medline Plus, and Academic Search complete. Inclusion criteria included: peer reviewed articles with full text, from the past 6 years, and written in the English Language, Women. Keywords used included: women, stroke, physical activity, risk reduction, prevention, education, and nursing.

Results: Overall, women were found to have a lack of knowledge about their risk factors for stroke. Increased physical activity has the potential to decrease stroke incidence and related outcomes. Physical activity prior to having a stroke had a positive correlation with better outcomes. Both leisurely activity and more intense exercise were associated with a lower risk for stroke.

Conclusion and recommendations: Stroke is a major health concern for women. As nurses, our goal is to improve the health of our patients and we are in a suitable position to advocate and implement lifestyle changes. Educating women about types of physical activity that will contribute to their wellness, while taking into consideration any limitations they may have is well within the scope of our practice. Additionally, exercise and physical activity are inexpensive, easy, and informal ways to reduce the risk of stroke and many disease processes while requiring little financial burden on the individual choosing to do it.

Acknowledgements: Professor Doblin