



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

**9th Annual  
Evidence-Based Practice Poster Day  
Wednesday, April 29, 2015**

**Abstract Book**

THE NINTH ANNUAL EVIDENCE-BASED PRACTICE POSTER  
DAY HUNTER-BELLEVUE SCHOOL OF NURSING AND HUNTER  
COLLEGE SCHOOLS OF THE HEALTH PROFESSIONS

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We gratefully recognize and give thanks to Gail C. McCain PhD,  
RN, FAAN: Dean, School of Nursing for providing support and  
assistance.

A special thank you to Dr. Julianne Imperato-McGinley and the  
Weill Cornell CTSC for their generous support.

We would like to thank the Hunter College School of Nursing  
Alumni Association for providing funding.

Linda A. Hatfield  
Biographical Profile

Dr. Hatfield received her BS, MS and PhD from The Pennsylvania State University. She completed a postdoctoral fellowship in Human Molecular Genetics from the National Institute of Nursing Research. Dr. Hatfield is an Assistant Professor of Evidence-based Practice, a board certified neonatal nurse practitioner, and the faculty advisor to the School of Nursing's Neonatal Nurse Practitioner program at the University of Pennsylvania, School of Nursing. As Director of Research and Evidence-based Practice at Pennsylvania Hospital in Philadelphia, Dr. Hatfield's clinical responsibilities facilitate direct care nurse's awareness and understanding of nursing research and evidence based practice.

Dr. Hatfield's program of research investigating the analgesic properties of behavioral and environmental interventions, the genetic association between treatment interventions and infant pain physiology, and the long-term effects of undermanaged pain in infants and young children has received national and international recognition. She is a member of numerous scholarly and professional organizations and regularly reviews manuscripts for national and international pediatric and pain management journals. Dr. Hatfield teaches advanced research methods and lectures on pediatric pain management and molecular genetics in undergraduate and graduate courses at the University of Pennsylvania, School of Nursing.

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

**9<sup>th</sup> Annual Evidence-Based Practice Poster Day**

- 4:30-5:30**      – **Speaker:** Linda A. Hatfield PhD, NNP-BC, Assistant Professor of Evidence-Based Practice Faculty Advisor Neonatal Nurse Practitioner Program University of Pennsylvania School of Nursing
- 5:30 – 5:45**      – **Move to auditorium Foyer for refreshments**
- 6:00-6:30**      –**Poster display**
- 6:30 – 7:00**      –**Prizes awarded**

# **Listing of Abstracts**

## **Poster Number 1:**

Overcoming Health Disparities in Audiology: Working with Hispanic/ Latino Populations

### **Authors:**

Jennifer Gilligan, BA. The Graduate Center, CUNY (Doctoral Student [2016] Audiology Program)

Carol A. Silverman, PhD, MPH (Faculty)

### **Issue:**

Significant racial and ethnic health disparities exist in the United States, resulting in unequal treatment and poorer outcomes for minority populations. In a society of changing demographics, effective cross-cultural communication by audiologists should be a fundamental element of clinical practice

### **Description:**

Cultural competence and proficiency are key elements for providing person-centered care in audiology. Understanding different cultures, health beliefs and communication styles can help overcome communication barriers, and thereby enhance equity in healthcare and health literacy to influence positive outcomes.

### **Lessons Learned:**

This issue is particularly relevant for audiologists seeing Hispanic/Latino populations, a demographic projected to comprise over 30% of the population by 2050. Culturally-based attitudes, health beliefs and communication styles are central to the way individuals perceive and interact with mainstream hearing health services. An evidence-based overview of normative cultural characteristics such as familismo, respeto, fatalismo and simpatia will be given, with examples of values versus stereotypes. Health beliefs are outlined with implications for counseling and fostering adherence to recommendations. Verbal and nonverbal communication styles are examined, with discussion of implications for audiologic prevention and diagnosis. Culturally competent intervention strategies are modeled, with techniques drawn from a range of sources and healthcare models.

### **Next Steps:**

Considerations for different levels of English proficiency, socio-economic status, degree of acculturation and health literacy level are provided, and resources for building a culturally proficient practice are highlighted.

**Poster Number 2:**

Caring for Healthsystem Elders: A Qualitative Study of Nurse's Most Pressing Issues

**Authors:**

Steven Baumann

Elizabeth Capezuti

**Background:**

The number of persons over the age of 65 in the US is expected to double by 2050. The percentage of hospitalized adults over age 65, already more than 50% of hospitalized patients, is likewise expected to increase. Providing safe and effective care for acutely ill hospitalized elders poses a significant challenge for hospitals. Dr. Capezuti and her colleagues at Nurses Improving Care for Healthsystem Elders (NICHE) have been at the forefront of improving the quality and safety of care to hospitalized elders in the US and Canada, particularly by educating nurses and nursing leaders on best practices to reduce the use of restraints and prevention of the fall related injuries.

**Purpose:**

The purpose of this study is to explore what nurses perceive as the most pressing issues in respect to providing high quality safe care to older adults in the acute care setting, and what they see is needed to improve this care.

**Conceptual Framework:**

No conception framework was used to guide the qualitative part of this study.

**Methods:**

A Giorgi's phenomenological method was used to analyze the qualitative data in this study. It was used to uncover themes and the structure of the meaning in the qualitative data generated by the nurses who provided at least a four line response to the first and third open-ended questions in the Geriatric Institutional Assessment Profile (GIAP). The GIAP is a self-report survey/instrument designed to assess an institution's readiness to provide quality patient-centered care to older adults. The two key GIAP survey's questions used to in this analysis were; "What are the most pressing issues you currently face in caring for the elderly," and the second "What would help you improve care for older adults?" The analysis was done on 75 nurses responses of sufficient length, out of 353 RNs who responded to the safety and restraints/falls questions between May and July 2013. The New York University Committee on Activities Involving Human Subjects granted this study exempt status.

**Conclusions:**

The findings of this study is the structure of the meaning of the experience of caring for healthsystem elders which is excessive load amid individual and institutional deficiencies give rise to unavoidable injustices as staff nurses are denied the satisfaction of doing a job well done.

**Poster Number 3:**

In adult populations, is family presence during resuscitation effective in decreasing anxiety of family members, when compared to non- family presence?

**Authors:**

Senobia Morale

Frank Colonna

Jennifer Kurulgan

Katlin Farrelly

**Abstract:**

Family presence during resuscitation (FPDR) is an option occurring more frequently in various hospital settings including outpatient, acute care, and even operating rooms. There is controversy regarding FPDR in terms of patient outcomes, family satisfaction, and clinical performance. The primary aim of this study was to examine the effects of FPDR on patient outcomes, stress level of family members witnessing resuscitation, and the attitudes of healthcare providers towards FPDR. Various types of studies were examined which included quantitative randomized controlled trials (RCT), qualitative studies and mixed methods. The results suggested positive results towards decreasing family members' stress and improving patient satisfaction. There was no interference with medical efforts; however there was an initial negative correlation between FPDR and the beliefs of healthcare providers (physicians and nurses). More studies need to be conducted for a longer duration of time and in a wider variety of settings in order to fully understand the potential benefits of FPDR which is rapidly growing in today's society.

**Keywords:** *family presence during resuscitation, ethics, patients' rights, nurses, doctors, family presence, research, critical care, patient advocacy*

**Poster Number 4:**

## A Study of Graduate Nursing Students Reflections on the Art of Tibetan Medicine

**Authors:**

Steven Baumann

Denise Murphy

Christina Anne Ganzer

**Background:**

The purpose of a course assignment to view The Art of Tibetan Medicine at the Rubin Museum was to expose graduate nursing students to an alternative worldview on health and healing, to increase their cultural competence and appreciation of esthetic ways of knowing. The research question that guided this study was “what is the emerging meaning of living balance as depicted in the exhibit? Reflective writing on works of art invites a dialogue between artwork and the viewer, which can give rise to new meaning and understanding. Marshall (2013) has written about her use of artwork to complement the natural science component in nursing education. She had undergraduate nursing students create and write about mandalas, a Buddhist artform, to enhance their self-awareness, communication and therapeutic relationships skills.

**Purpose:**

The purpose of this poster is to discuss a hermeneutic study of graduate nursing students’ written reflections on a Rubin Museum of Art in New York City exhibit titled; *Bodies in Balance: The Art of Tibetan Medicine*. The mission of the museum is to “create an environment that stimulates learning, promotes understanding, and inspires personal connections to the ideas, cultures, and art of Himalayan Asia” (Rubin Museum, 2015).

**Conceptual Framework:** Parse’s (2014) humanbecoming paradigm was used to guide this hermeneutic study

**Methods:**

Hermeneutics was initially developed to study sacred and classic texts. Dilthey (1883/1988) suggested that hermeneutics could be used as a method to explore lived experiences. Heidegger (1962) applied hermeneutics to the process of understanding being. Gadamer (1974/1994) stated that understanding arises from the coming together of the interpreter’s perspective with the work of text, a process he called the fusion of horizons. The hermeneutic humanbecoming method (Parse 2014) shares the following assumptions with above referenced Heidegger-Gadamerian sources:

1. Meaning is a personal humanuniverse creation.
2. Creations and interpretations of texts and artforms are perspectival.
3. The researcher-text and researcher-artform dialogue coconstructs meaning moments with the becoming visible-invisible becoming of the emerging now.



4. New understandings of living experiences arise with interpretations of texts and artforms.
5. Understandings transfigure the researcher's living experiences (Parse, 2014, p. 77-78)

**Processes of the Method:**

The hermeneutic humanbecoming method (Parse, 2014) is used to discover emergent meanings of universal living experiences (p. 78). It involves the following processes, discoursing with penetrating engaging, interpreting with quiescent beholding, and understanding with inspiring envisaging (Parse, 2001).

**Findings/Conclusion:**

This summary of the 13 participants' essays were interpreted in light of Parse's humanbecoming school of thought (Parse, 2014). The student's essays were summarized around four themes; *Surprising and Amazing, the Interconnectedness of All Things, Unexpected Elements and Commonalities, and Attention to Daily Living*. Parse's (2014) three core knowings of living quality (fortifying wisdom, discerning witness and penetrating silence) were used to consider the emergent meanings of the summary of the student's essays on living balance as depicted in The Art of Tibetan Medicine exhibit. The humanbecoming hermeneutic method was able to access and honor the students reflections on the philosophical, religious, cultural and scientific elements depicted in the centuries old art works that have inspired various types of healers in many different parts of the world. Tibetan medicine itself is an integration of Buddhist thought, Ayurveda medicine, and cultural practices from China, India and Tibet.

The study also discusses how art can be used in nursing education to teach graduate nursing students about alternative methods of healing, beliefs, and cultural practices. The student's essays reveal the student increased ability to think critically about their own assumptions about health and healing, and their increased respect for the health practices of persons from very different backgrounds. In other words, art is both a window and a mirror which can bring healing, cultural competence, and understanding. Such skills and knowledge are critical in the care of persons from diverse backgrounds and working effectively on interprofessional healthcare teams.

**Poster Number 5:**

Integrating Neighborhood Food Environment Data with a Comprehensive Community-based Survey Data to Support Population Health

**Authors:**

Manuel C. Co Jr., MSN, MS, MPhil, RN, CPHIMS (Faculty, School of Nursing)  
Suzanne Bakken, PhD, RN, FAAN, FACMI (Faculty, Columbia University)

**Background:**

Overweight and obesity affects lower-income communities of color living in areas with higher than average access to fast food restaurants and with limited access to healthy foods at reasonable cost such as those offered in supermarkets or other similar retail food outlets.

To gain a comprehensive understanding of community residents living in Northern Manhattan, this study was undertaken as part of the Washington Heights/Inwood Informatics Infrastructure for Comparative Effectiveness Research (WICER) Project.

Geographic-level data can provide context to understanding the health of a community. This study reports our integrating neighborhood food environment data with our community survey data to enhance our understanding of the influence of place on health in a predominantly Hispanic low-income underserved urban population.

**Methods:**

The neighborhood food environment is characterized by integrating external geographic-level ZIP code data on food stores and farmers markets with geocoded WICER survey data on >5,000 Northern Manhattan residents.

Food outlets were identified using the North American Industry Classification System (NAICS) definitions obtained from the ReferenceUSA's national business database.

The geocoded addresses of the neighborhood food outlets will be integrated and mapped into our WICER study participants' respective half-mile street network.

**Results:**

Eight food outlet types were present in Northern Manhattan. Total food outlets by ZIP code ranged from 46 to 79.

**Conclusion:**

Integrating available external geographic-level data with our comprehensive community-based survey data provides context to our study of place and health for community residents with significant health disparities.

**Acknowledgement:** WICER (R01HS019853), WICER 4 U (R01HS022961), T32NR007969 (Bakken, PI; Co)

**Poster Number 6:**

## Web-based GIS Mapping Tools for Assessing Neighborhood Environment

### **Authors:**

Manuel C. Co Jr., MSN, MS, MPhil, RN, CPHIMS (Faculty, School of Nursing)

Suzanne Bakken, PhD, RN, FAAN, FACMI (Faculty, Columbia University)

### **Background:**

Where one lives and works can have an influence on an individual's health, and studies have associated the environment with the residents' physical activity level, diet, asthma, obesity, diabetes, and risk for cardiovascular disease.

An environmental scan was undertaken to identify web-based geographic information system (GIS) mapping tools that researchers can use to assess the influence of the neighborhood environment on health outcomes

### **Methods:**

Web-based GIS mapping tools were identified by scanning the Internet as well as doing a PubMed literature search.

Of particular interest is the agreement between the on-site field audits and virtual audits conducted using web-based GIS tools such as Google Earth and Google Maps with Street View.

### **Result:**

Available web-based GIS mapping tools are identified and described. Findings from these studies support the innovative use of web-based GIS tools as cost-effective, efficient, and reliable alternative to on-site field audits.

### **Conclusion:**

This environmental scan highlighted available web-based GIS mapping tools that researchers can use to virtually assess the neighborhood environment to inform and provide context to their study of place and health

**Acknowledgement:** T32NR007969 (Bakken, PI; Co)

**Poster Number 7:**

How does taking hydroxyurea compared to no medication affect the number of crises in patients with Sickle Cell Anemia?

**Authors:**

Paul Jones, RN-BC

Jensen Esteves, RN

Rachel Nash, RN-BC

Oluwadamilare Adeosun, RN

**Issue:**

The use of Hydroxyurea in patients with Sickle Cell Disease (SCD) is the prevailing practice in adults, pediatrics and infants; however, the scarcity of research and lack of public funding aimed at this marginalized population continues to affect the long term health of those diagnosed with the disease.

**Description:**

Randomized control trials and systematic reviews focusing on the efficacy of Hydroxyurea in reducing pain crises in adults, pediatrics and infants with SCD was the focus of this review. Databases utilized during the search included Cochrane , PubMed, CINAHL and Medline. The search terms utilized were Hydroxyurea AND Sickle Cell Anemia as well as Hydroxyurea AND Sickle Cell Disease

**Results:**

Three randomized control trials and two systematic reviews were located addressing the topic between 1996 and 2012. Both systematic reviews examined only one randomized control trial from 1995 and 1996 respectively. The most recent randomized control trial was in 2012 and involved infants. Pain events and hospitalization rates decreased in all randomized control trials.

**Conclusion:**

People living with SCD encounter a multitude of adverse effects and hospitalization costs are high. The paucity of research is alarming and given the economic, racial and ethnic profile of those suffering from this disease, more attention and research is needed to prevent further marginalization. In 2010 the Registry and Surveillance System of Hemoglobinopathies Project (RUSH), was created to raise awareness and only has seven participating states. More studies are necessary to examine the long-term effects and efficacy of Hydroxyurea.

**Poster Number 8:**

Nursing Care for Patients with Aphasia: Learning How to Communicate Effectively

**Authors:**

Mariel Acosta Melo (Undergraduate-Nursing- New Generic Program)

Maria Ponce (Undergraduate-Nursing -New Generic Program)

Elizabeth Galletta (Faculty Advisor-Speech-Language Pathology and Audiology Department)

**Issue:**

Communication is vital for the development of a therapeutic nurse-patient relationship, but it is common to see communication problems arise between nurses and individuals with aphasia.

**Description:**

Our project focuses on how knowledge and awareness of the different types of aphasia alter nursing care. We define aphasia and describe two actual patient profiles of people with different aphasia types and severity. We then offer communication techniques used to improve patient-nurse communication in this patient population given the differences that exist in language abilities among people with aphasia.

**Lessons Learned:**

There are various impediments to the nurse-patient interaction that can lead to a lack of communication during the nursing process. Contributing factors include the lack of knowledge and sensitivity of the nurse when working with individuals with aphasia. As well, different types of aphasia vary in severity and thus the communication techniques that nurses utilize to interact with these patients should vary. Through the comparison of diagnostic scores on a standardized language assessment, we observed two different aphasia cases varying in severity. We have concluded that it is crucial that nurses improve their communication with patients with aphasia because the lack of communication may result in unfavorable patient outcomes.

**Next Steps:**

Nurses can improve their communication skills with patients with aphasia and should be made aware of how to manage hesitations, silence, and different gestures that may accompany aphasia. In addition, health care institutions should provide interdisciplinary training to reinforce communication strategies to improve patient care for stroke survivors with aphasia

**Poster Number 9:**

Music Therapy and Aphasia

**Authors:**

Danielle Testaverde (Master of Science Program in Speech-Language Pathology)

Sara Weiss (Master of Science Program in Speech-Language Pathology)

Elizabeth Galletta (Faculty Advisor)

**Issue:**

Aphasia is a communication disorder secondary to acquired brain injury of the left cerebral hemisphere. It can affect an individual's oral language, reading, and writing abilities. There exists a variety of approaches in the treatment of aphasia, yet efficacy is often lacking. Studies have suggested that more than 1/3 of stroke survivors present with aphasia, thus creating a strong need for research into different treatment options. Music therapy as an approach in the treatment of aphasia is a relatively new concept, yet has encouraging effectiveness. As a result, the application of music therapy in the treatment of aphasia should continue to be researched further in order to examine the most suitable and effective ways to implement it.

**Description:**

A review of the research literature on group music therapy in treating aphasia was conducted using online databases including Medline, PsycInfo, and Academic Search Complete.

**Results:**

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:**

The literature suggests there is reasonable effectiveness of music therapy based treatments for aphasia. Research has shown more gains in language when comparing music therapy based treatments to traditional speech therapy in stroke patients. In addition, music therapy has been shown to increase motivation, interaction, mood, and participation in treatment

**Conclusions and recommendations:**

Researchers were able to gain insight into music therapy approaches and evaluate its effects on language. Evidence indicates that elements of music therapy can be used by clinicians when treating patients with aphasia, and that music therapy is gaining attention for the treatment of aphasia.

**Poster Number 10:**

Research Study of Aphasia Combining Neuromodulation and Behavioral Intervention:  
Subject Inclusion Criteria

**Authors:**

Tori Caruso (Master of Science in Speech-Language Pathology)

Prudence Rydstrom (Master of Science in Speech-Language Pathology)

**Background:**

The purpose of this study is to consider the effects of transcranial direct current stimulation (tDCS) over language centers in the left hemisphere combined with an efficacious speech-language therapy in people with aphasia.

**Methods:**

Eleven participants have been screened for this study to date. Screening assessments include: The Western Aphasia Battery (WAB), The Northwestern Naming Battery (NNB), and The Northwestern Assessment of Verbs and Sentences (NAVS). Subject inclusion criteria for the behavioral assessments are: a WAB score of 50-80 indicating mild to moderate aphasia severity, a noun-verb ratio on the NNB greater than 1.0, a NAVS profile that indicates a baseline of at least 40% correct and a hierarchy in accurate verb production.

**Results:**

This year, a total of five subjects were screened. All potential participants met the tDCS criteria; one out of five subjects fit the WAB criterion, with 3/5 too severe, and 1/5 too mild. The subject who met the WAB criterion met the noun-verb ratio criterion, however scored too high on the NAVS to be included in this study that pairs a behavioral verb-argument structure treatment with tDCS. .

**Conclusion:**

None of the screened participants were eligible for the study due to not fitting inclusion criteria. In order to optimize the potential of research opportunities combining tDCS and behavioral treatments, a wide-range of efficacious behavioral treatments need to be considered. Recruiting subjects who meet both tDCS and specific behavioral criteria has been challenging.

**Poster Number 11:**

Methods and Clinical Outcomes of Intensive Comprehensive Aphasia Programs (ICAPs)

**Authors:**

Peter Gaibrois (Master of Science Program in Speech-Language Pathology)

Elizabeth Galletta (Faculty Sponsor)

**Issue:**

Aphasia, commonly defined as impairment or loss of language functions, is a frequent and often chronic consequence of stroke, with detrimental effects on patient autonomy and health-related quality of life. Although beneficial in some cases, the effectiveness of traditional behavioral therapy is often limited, and therefore new treatment designs must be developed in order to improve rehabilitation of post-stroke aphasia. Service providers have recently begun to establish intensive comprehensive aphasia programs (ICAPs) in an attempt to improve client outcomes post-stroke. As ICAPs are a new and rapidly growing treatment approach in the field of speech-language pathology, they deserve attention investigating the methods and clinical outcomes available to date.

**Description:**

A review of the research literature on ICAPs was conducted using online databases including Medline and PubMed, and was supplemented by presentations attended at the national American Speech-Language-Hearing Association conference in November 2014.

**Results:**

Following a review of the literature, findings indicate positive outcomes from ICAPs in measures of language impairment, functional communication, and communication-related quality of life. The review also demonstrated significant variability in the methods of the programs, including in types of therapy provided, program length, and treatment intensity.

**Conclusions and recommendations:**

Though early reports from ICAPs are promising, further research is needed to compare the language and communication outcomes of ICAPs to traditional individual and group speech-language treatment approaches. Additionally, as the methods of ICAPs vary widely across programs, they must be examined to determine optimal features such as program length and intensity.



**Poster Number 12:**

A Literature Review of the Diagnosis and Management of Absence Seizures in Children under Ten Years of Age

**Authors:**

James Allen (Undergraduate, Queensborough Community College (QCC))

Dixie-Ann Amoroso-Pugh (Undergraduate, QCC)

Richard Groll (Undergraduate, QCC)

Jamila Jones (Undergraduate, QCC)

Jia Liu (Undergraduate, QCC)

Helen Kourland-Piacere (Undergraduate, QCC)

Yana Poghosyan (Undergraduate, QCC)

Philip Repaci (Undergraduate, QCC)

Mario Romero (Undergraduate, QCC)

Carlene Waite (Undergraduate, QCC)

Carla Wells (Undergraduate, QCC)

Tina Bayer RN MS ANP – BC (Faculty, QCC)

**Issue:**

Manifestation of absence seizures in children is greatly detrimental to their basic quality of life, safety, and psychosocial development. This literature review addresses the following questions: What are the current models of diagnosis and treatment of absence seizures in children under age ten, what are the emerging complementary treatment interventions available, and what are the new pharmacological advancements?

**Description:**

This literature review was conducted using Medline, ProQuest, and CINAHL. Keywords included *absence seizures*, *T-type Ca<sup>2+</sup> channels*, and *epilepsy*. Studies that were used for the literature review comprised of one experimental study, one clinical trial study, three cross-sectional secondary data analyses, and three descriptive studies.

**Results:**

Treatment is limited by potential side effects of two principal anticonvulsant medications, including development of cognitive-behavioral disorders, hepatotoxicity, and fatal dermatological rashes. Research into diet therapy, new medications & non-invasive neuro-stimulation proves effective through decrease in seizure frequency.

**Conclusions and recommendation:**

Absence seizures in children under age ten require holistic and multi-faceted treatment plans. Pharmacological treatment for absence seizures is somewhat effective, but research into T-type calcium channel blockers should be championed considering their superior effect. Alternative treatments, like auditory stimulation and Ketogenic diets, should be considered due to their efficacy in decreasing seizures.

**Poster Number 13:**

A Literature Review of Management of Patients with Traumatic Brain Injuries

**Authors:**

John Gallagher

Carolina Gomez

Cynthia Webster

Stacey Julien

Bryan Snipe

Jean Chang

Daniella Lampone

Genisse St. Hubert

Tina Bayer RN MS ANP-BC (Faculty Sponsor)

**Issue:**

Caring for patients with traumatic brain injuries (TBI's) can be difficult for nurses and other health care professionals. These patients require complex care. This literature review addresses the following questions: What are some management techniques used for victims of traumatic brain injuries and which aspect of that management is most critical to ensure the best outcome for the patient?

**Description:**

Research was reviewed using CINAHL, EBSCO Host, and Medline. Keywords used: pre-hospital management, secondary brain injury, traumatic brain injury, management & education. Articles reviewed included four descriptive studies, and one analytical study.

**Results:**

The studies focused on patient management post TBI to improve outcomes and prevent further complications. Establishing pre hospital standards ensuring airway patency and IV access can decrease hypoxia and hypotension, due to TBI's. Transitional nursing care in the community can improve quality of life.

**Conclusions and recommendations:**

Our recommendation is that healthcare providers caring for patients with head trauma receive training in the management of potential Traumatic Brain Injuries. Implementing timely interventions, heightened awareness of the early signs of complications, and providing continued care to these patients, can improve outcomes. Future research regarding induced-hypothermia after a TBI changes patient outcomes long term is ongoing.

**Poster Number 14:**

Evaluation of Distress Levels and Coping Self-Efficacy in Inpatient Adult Oncology Nurses

**Authors:**

Lara Wahlberg (Graduate, DNP)

**Background:**

Inpatient oncology nurses, as caregivers to a population extremely ill from cancer and its treatment, suffer from Nurse Distress (ND), described in the literature as burnout, compassion fatigue, moral distress, and occupational stress. ND results in a variety of negative consequences to the nurse, and may lead to medical errors, high rates of turnover and poor patient satisfaction scores.

**Methods:**

Inpatient oncology nurses were recruited from the Oncology Nursing Society (ONS) local NYC area chapter meetings, Hunter College, and ONS Facebook pages to participate in an anonymous online survey appraising participants' distress levels and coping self-efficacy using the Distress Thermometer (DT) and Occupational Coping Self-Efficacy Questionnaire for Nurses (OCSE-N).

**Results:**

Of a total of 163 completed responses, the overall mean DT score was 8.06. Older participants and those with more experience reported less distress. Those with advanced degrees were more distressed. The OCSE-N scores showed little variation by demographic group. Those with higher OCSE-N scores reported less distress. A moderate, negative correlation was shown, with a statistically significant Pearson coefficient of  $-.407$ . Open-ended questions revealed common stressors of oncology nurses and pointed to solutions that institutions might implement..

**Conclusions:**

Providing institutional-level support for oncology nurses is necessary for retention. Interventions aimed at improving coping self-efficacy are worth exploring. More research is needed to determine how distress affects nurses' ability to meet the psychosocial needs of their patients.

**Acknowledgements:** This project would not have been possible without the support and guidance of Elizabeth Capezuti and Anita Nirenberg.

**Poster Number 15:**

Pro's and Con's of Breastfeeding: How to Empower Mother's to Breastfeed for the First 6 Month's of Life

**Authors:**

Daphney Daniel (Undergraduate, Queensborough Community College)  
Shanta Liverman-Diaz (Undergraduate, Queensborough Community College)  
Alexandra Miller (Undergraduate, Queensborough Community College)  
Nicole Mowatt (Undergraduate, Queensborough Community College)  
Katherine Padilla (Undergraduate, Queensborough Community College)  
Janice Molloy RN, MS, CNE (Sponsoring Faculty)

**Issue:**

Literature reviews have shown that breast milk is the gold standard for infant nutrition during the first 6 months of life. There are several factors that can contribute to the mother's decision to breastfeed or bottle-feed. Recent evidence has shown that 71% of women initially breastfeed, however, only 35% continue for the next six months. Is there enough education provided to breast-feeding mothers for them to be successful?

**Description:**

A comprehensive search of the research literature was conducted using CINAHL and BioMed Central databases. Key words in this search included breastfeeding, benefits, gold standard, lactation, pros and cons, education, and baby friendly initiative.

**Results:**

The research revealed that 71% of women initiated breastfeeding. *Healthy People 2010* had a projected goal for 50% of women to continue breastfeeding past the first 6 months of the infant's life, however only 35% triumphed. During our clinical rotations we found that the majority of patients were receptive to breastfeeding, therefore we provided one on one patient education on breastfeeding and evaluated the knowledge on the material presented. Our findings revealed that after patient teaching 60% of patients remained successful, whereas the other 40% had chosen to bottle feed their babies.

**Conclusion and recommendations:**

We found that through increasing patient education and awareness of the advantages of breastfeeding, mothers are more likely to continue to breastfeed. The American Academy of Nurses promotes the W.H.O./U.N. Children's UNICEF's "baby friendly" national initiative to help moms in understanding what's involved in nurturing infants through breastfeeding. It's our recommendation that nurses should promote patience, persistence, and be the sideline cheerleader for the patient. Utilizing the W.H.O.'s 10 Steps to Successful Breastfeeding will aid in encouraging moms to breastfeed effectively for a minimum of 6 months of life.

**Poster Number 16:**

## Early Palliative Care in Cancer Treatment

**Authors:**

Kevin Budway

Sarah Garza

Alethea Pietri

James Washington

**Background:**

Traditional cancer treatment focuses on curative and life-prolonging treatment with palliative care initiated towards end-of-life. Palliative care is focused on relieving physical and psychological symptoms caused by serious illness and improving quality of life for both patients and their family members.

**Purpose:**

The purpose is to review the literature regarding the effectiveness of early palliative care initiated at diagnosis improving quality of life measures versus traditional oncology care in patients with advanced cancer.

**Design and Method:**

Review of literature from databases of medical and nursing literature. Inclusion criteria includes: English language, peer-reviewed, full-text, 2010-2014, palliative care and advanced cancer.. However, exercise may be still essential in the emotional health of the youth.

**Results:**

Reviewed studies strongly support a variety of positive outcomes related to quality of life, including improvement in physical symptoms, psychological status, and spiritual well being. Three studies also found increased survival time.

**Conclusion:**

The positive findings suggest early palliative care should be initiated for patients with advanced cancer. Further investigation is needed, including standardization of early palliative care, including care models lead by advanced practice registered nurses.

**Poster Number 17:**

Development of Instructional Competencies for Assessing and Managing Suicide Risk for Baccalaureate Nursing Education

**Authors:**

Abigail Kotowski (Graduate Center, CUNY, PhD Nursing Program)  
Dr. Carol Roye (Faculty Sponsor)

**Background:**

Suicide is a leading cause of death throughout the world, and although reforming health professional education was identified as a primary goal for suicide prevention, an identified gap in baccalaureate nursing education is instructional competencies for assessing and managing suicide risk.

**Methods:**

A Modified Delphi Method, which is a systematic polling of the opinions of an expert panel knowledgeable on a given topic through iterative questionnaires in an attempt to reach group consensus was used beginning with a focus group of nursing experts.

**Results:**

Competencies suggested by focus group members were compiled with competencies from the Best Practice Registry of the National Strategy for Suicide Prevention and scored through SurveyMonkey and an audio-recorded teleconference which resulted in the Round I Survey. After the second round, forty-two instructional competencies were scored for inclusion in the final model.

**Conclusions:**

Incorporating these instructional competencies into baccalaureate nursing education might increase the competence of nursing students toward caring for patients expressing suicidal ideation. This instructional competency model is offered as a first step toward improving the competence of baccalaureate nursing students in the assessment and management of suicide risk.

**Acknowledgements:** This research was supported by a Doctoral Student's Research Grant,

**Poster Number 18:**

Vocabulary in toddlers who are late talkers

**Authors:**

Elyssa Kaden (MS Speech Language Pathology Program)

Kate Fahey (MS Speech Language Pathology Program)

Michelle MacRoy-Higgins PhD CCC-SLP, TSHH (Sponsoring Faculty)

**Background:**

The purpose of this study was to examine vocabulary characteristics in toddlers who were late talkers (LT) as compared with age-matched (AM) and vocabulary-matched (VM) controls. Specifically, the types of words and the proportion of nouns produced were compared.

**Methods:**

The MacArthur-Bates Communicative Development Inventories, Second Edition (CDI-2) was administered to examine the vocabularies of 36 toddlers: 12 LT, 12 AM and 12 VM. The CDI-2 was used to assess 22 semantic categories within the toddler's vocabularies as well as the percentage of words classified as nouns, verbs, closed class and other.

**Results:**

Semantic categories in LT toddlers were more similar to the VM group as compared to the AM group; however the VM group showed some similarities to the AM group that was not observed in the LT group. Words classified as *nouns* were the most represented category for all groups; however, the proportion of *nouns* produced by LT group was significantly less than both control groups. AM controls produced a larger proportion of *verbs* than both groups, whereas LT produced a significantly larger proportion of *other* words.

**Conclusions:**

The vocabularies of LT showed both similarities and differences to the AM and VM controls. Toddlers who are LT do not appear to be simply delayed as compared to AM peers; these differences may reflect an underlying language disorder.

**Poster Number 19:**

The Nurse Writing Mentor Program at Hunter College: A Model for Academic Success

**Authors:**

Amanda Anderson (Graduate student and adjunct faculty, Nursing)

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Marcella Pomeranz (Graduate student and adjunct faculty, Nursing)

Joy Jacobson (Adjunct faculty, Nursing)

James Stubenrauch (Adjunct faculty, Nursing)

Diana Mason (Faculty, Nursing)

**Issue:**

CUNY's Hunter-Bellevue School of Nursing (HBSON) consists of a linguistically diverse population of students, many of which hold full time work in addition to academic study. Upon admission to HBSON, an individual student writing assessment is not performed, thus, faculty report high levels of graduates lacking the ability to convey information in a publishable or plagiarism-free manner. Recent research and narrative attests that this is an industry-wide phenomenon..

**Description:**

The Nurse Writing Mentor Program (TNWMP) was created under the guidance of the Hunter Reading/Writing Center (RWC) in response to significant student need for writing instruction and a desire that students reach the health-policy IOM recommendation in the report, The Future of Nursing. It is the goal of TNWMP to improve how nursing students engage their writing process, education and profession, and to help them become confident thought leaders that participate, create and disseminate health policy.

**Lessons Learned:**

TNWMP assimilates the e-mentoring model initiated by the RWC and the Hunter School of Social Work into nurse-specific mentoring, and has developed a model based on scholarly nursing publishing standards with a desire to meet HBSON's busy population in an adaptable and efficient manner. Data shows that students who use writing centers have greater academic success, increased confidence, and decreased plagiarism. Our data mirrors this.

**Next Steps:**

To achieve a HBSON where every nurse graduate possesses the writing skills to enter into, create and lead effective health care change, TNWMP has created a set of program goals and objectives that will be implemented and assessed through research.



**Poster Number 20:**

The Influence of Phonological Awareness and Pre-literacy Language Development on Word Learning in three-year-olds with a History of Expressive Language Delay

**Authors:**

Kevin Dalton (Graduate, MS Speech Language Pathology)

Michelle MacRoy-Higgins, PhD CCC-SLP, TSHH (Sponsoring Faculty)

**Background:**

The purpose of this study was to examine the influence of phonological awareness (i.e., awareness of the speech sounds of spoken language) on three-year-olds' with a history of early expressive language delay (HLD) performance on a fast-mapping task. Phonological awareness has been shown to reliably predict subsequently developed literacy skills.

**Methods:**

Twenty-one three-year-olds from monolingual English-speaking homes participated. Ten had a history of being late talkers (LT), and 11 served as age- and gender-matched typical language developing (TD) controls. Four non-word stimuli were created for the fast-mapping task. Each non-word was assigned to a discrete novel object, such that that each such object served as a referent for the corresponding non-word form; four familiar object/referent pairs were also included. Novel words were presented in two blocks, each comprised of a comprehension and a production probe.

**Results:**

On comprehension and production tasks, the TLD participants performed better than the HLT participants. Both TLD and HLT participants performed better on comprehension tasks as compared to production tasks. TLD identification scores were significantly better than HLT identification scores ( $p = .006$ ) and greater than production scores for TLD ( $p = .0001$ ) and HLT ( $p = .0002$ ) participants.

**Conclusions:**

These results suggest that late talkers, who improve expressive language to an age appropriate level in preschool, do not learn new words in the same manner as their peers. Thus, reading and literacy development in children with HLT should be monitored and intervention should occur promptly if difficulties are observed.

**Poster Number 21:**

A literature review of early prevention strategies to reduce incidence of obesity in childhood

**Authors:**

Melissa Giron (Undergraduate, QCC)

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Kofoworola Thomas (Undergraduate, QCC)

Jenna Jean-Louis (Undergraduate, QCC)

Georgina Colalillo, MS, RN, CNE (Sponsoring Faculty)

**Issue:**

Obesity in children is a growing epidemic. Research shows that 1 in 3 children in America are obese. Prevention of childhood obesity whereby decreasing the occurrence of health risks later in life must be a priority. Obese children are more likely to grow up to be obese adults with increased risk of diabetes, cardiovascular disease, cancer, gastrointestinal disease and more. This project looks to identify the early interventions, beginning in early childhood that can be employed to reduce the incidence of childhood obesity. A review of the effective strategies will be presented.

**Description:**

A systemic search and review of the research literature was conducted using CINAHL, ProQuest and GOOGLE scholar. Keywords used in the search included obesity; children; early interventions; parents. Articles reviewed included four qualitative studies and one descriptive article. This project focuses on early intervention strategies that have been found to be effective and can be used to curb the occurrences of obesity. Educating children is important but the ability to educate the parent is paramount to the fight against childhood obesity. Prevention in obesity starts in nursery and reinforced in the school and community

**Results:**

Evidence based research show that there is correlation between early interventions and education reduction in the risk of obesity.

**Conclusions and recommendations:**

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.

**Poster Number 22:**

A Literature Review of Interventions Preventing the Progression of GDM to Diabetes Mellitus Type 2

**Authors:**

Allen Alexander  
Brain Gallagher  
Alexandra Hanin  
Christina Larocchia  
Zerla Lau  
Jennifer Yam  
Barbara Rome (Sponsoring Faculty)

**Issue:**

The prevalence of GDM is increasing, particularly among vulnerable populations. With the rising prevalence of diabetes and obesity in our society, as well as increasing maternal ages, GDM is likely to grow as an issue. To compound the problem, it greatly increases both the mother's and child's risk of developing type 2 diabetes. Women with a pre-pregnancy BMI of 25 or greater are more likely to develop GDM that progresses to type 2 diabetes. Other predisposing risk factors include inadequate nutrition, lower socioeconomic status and sedentary lifestyle. Incidence of GDM is higher among females of non-European descent, a family history of diabetes, and advanced age at pregnancy. Prevention or delay of the progression to type 2 diabetes can be achieved with early education regarding regular screening and lifestyle modifications. In particular, controlling weight gain, regular exercise, diet modifications, and breastfeeding have been shown to prevent the progression to type 2 diabetes and its various comorbidities.

**Research methods:**

A systematic search and selective review of the professional literature was performed using CINAHL, MedlinePlus, and PubMed. The search was executed using keywords such as *gestational diabetes*, *diabetes mellitus type 2*, *lifestyle modification*, and *risk factors*. Peer-reviewed analytical studies and literature reviews published between 2010 and 2015 were selected from the results.

**Results:**

The literature reviewed supports the correlation between lifestyle modifications and a lowered risk of type 2 diabetes in mothers with a history of gestational diabetes.

**Conclusions and Recommendations:**

Current recommendations as evidenced by research show that lifestyle and nutritional modifications can prevent or delay the onset of type 2 diabetes with a history of gestational

diabetes. Modifications include reducing daily caloric intake, controlling portion sizes of meals, and weight loss of 5% to 10% of the patient's body weight significantly affects the risk for type 2 diabetes.

**Poster Number 23:**

Timing of Prophylactic Antibiotics for Caesarean Deliveries: A Review of Literature

**Authors:**

Marisol Montoya (Accelerated Baccalaureate Nursing Program, SUNY Downstate)

Iris Mizrahi (Accelerated Baccalaureate Nursing Program, SUNY Downstate)

Elena Kiselev (Accelerated Baccalaureate Nursing Program, SUNY Downstate)

Dzina Rozava (Accelerated Baccalaureate Nursing Program, SUNY Downstate)

Jennifer Baxter, PhD, RN (Sponsoring faculty)

**Issue:**

Is there sufficient evidence as to best timing of prophylactic antibiotics (PAB) to prevent maternal and neonatal complications: before incision and after cord-clamping?

**Description:**

14 articles were reviewed (8 randomized control trials (RCTs), 5 systematic reviews, and 1 descriptive study), using PubMed, Cochrane Database, Ovid, and Google Scholar.

Keywords included "antibiotic," "caesarean section," "cesarean section," "C-section," "cord-clamping," "infection," "neonate," "newborn," "pre-incision," and "prophylaxis".

Inclusion criteria were international and domestic studies; English language; elective and non-elective C-sections; published since 2008. Multiple dose trials were excluded.

**Results:**

7 RCTs found no significant difference in maternal or neonatal complications with timing of PAB. One RCT found significant reduction in maternal wound infection rate and endometritis with pre-incision PAB. 5 systematic reviews found a significant decrease in maternal morbidities, but no significant difference in neonatal outcomes with pre-incision PAB.

**Conclusions and recommendations:**

Based on the literature review, there is no difference in outcome when PAB is given before incision or after cord clamping. Given this literature review, ACOG guidelines may need to be revisited as many care setting policies are based on ACOG recommendations. In addition, neonatal gut colonization, oral thrush, and bacterial resistance later in childhood, effects of breastfeeding versus formula fed infants of mothers who received post-cord clamping PAB, and long-term neonatal effects were not studied in relation to timing of PAB.

**Poster Number 24:**

Impact of a Home Care Staff – Directed Intervention on HHCAHPS Scores

**Authors:**

Amauche Obi-Eyisi BSN, RN (DNP Student, Hunter College)

**Background & Significance:**

Home Health Care CAHPS Survey (HHCAHPS) was designed to measure the experiences of people receiving home health care from Medicare-certified home health agencies. Beginning fiscal year 2015 certified home health agencies are reimbursed based on scores from HHCAHPS survey. Nurses and rehabilitation (rehab) therapists play an important role in improving HHCAHPS scores to meet national benchmarks.

**Needs Assessment:**

Most (86%) of respondents (13 registered nurses, 11 rehab therapists and 1 medical social worker) working in the Central Harlem of the Visiting Nurse Service of New York (VNSNY) reported lack of knowledge of HHCAHPS. 86% of all respondents of the HHCAHPS survey. Also, 100% of nursing employees and 86% of rehab therapists reported lack of knowledge of value based purchasing

**Purpose:**

The purpose of project is to: (1) Increase knowledge in HHCAHPS scores and value based purchasing; (2) Develop & implement strategies to improve communication by utilizing shared decision making principles; and (3) Improve HHCAHPS scores by 10% for the next quarter following the intervention (May - August 2015).

**Theoretical Framework:** Kotter's 8-step change model

**Methods:**

A quality improvement initiative using an educational intervention involving registered nurses and physical therapists of the, VNSNY - Central Harlem unit.

**Intervention:**

Includes both: (1) an educational intervention focusing on the HHCAHPS survey, its impact on value based purchasing and (2) the implementation of strategies developed by staff using shared decision making skills.

**Evaluation:**

Will include pre/post-test to assess mastery of key concepts such as HHCHAPS and VBP. Evaluation will also include participant satisfaction survey and changes in HHCAHPS scores prior and following the two parts of the intervention.

**Poster Number 25:**

Effectiveness of Exparel Analgesic  
In Managing Post-Operative Pain Following Orthopedic Surgery

**Authors:**

Grigoriy Fooks, RN, BS (DNP Student, Hunter Bellevue School Of Nursing)

**Background:**

Approximately 74.9 million people in the United States are diagnosed with Osteoarthritis (OA) (CDC, 2012). Pain is the main symptom of OA that affects the quality of life and the loss of function and mobility in an individual (Conrozier et al, 2014). Many patients choose to have a surgical joint replacement after many years of suffering from chronic pain (Schaible, 2012). It is well established that post-operative pain hinders the recovery process and limits mobilization, leading to a myriad of complications including gastrointestinal issues and cardiac/respiratory problems (Vander et al, 2004). Primary care providers, such as physicians or nurse practitioners, need to consider how to prevent and manage post-operative pain in order to provide comfort and eliminate future complications. Many medications help to control pain, including opioids, non-steroidal anti-inflammatory drugs (NSAIDs), and local anesthetics (American Academy of Orthopedic Surgeons, 2014).

**Purpose:**

The goal of this quality improvement project is to assess effectiveness of Exparel analgesic in managing post-operative pain following orthopedic surgery.

**The specific objectives are:**

- 1). Minimal patient experience of pain as indicated by a pain score of 5 or less (out of 10) in 80 percent of the post-orthopedic patient on days 1, 2 and 3 following the total knee and total hip replacement surgeries.
- 2). Decrease in the average length of stay for those receiving Exparel, compared to the 3.7 day average in the 6-month period prior to the initiation of Exparel use.
- 3). Regain ambulation status in the postoperative period (Day 0 = out of bed within 12 hours; Days 1-3: to achieve an individual mobilization goal.
- 4). Identify any process improvement areas.

**Methods:**

This project occurred on the medical surgical/orthopedic floor of the Mount Sinai Beth Israel Medical Center. The sample included 50 patients that underwent a total knee or total hip elective surgeries. An Exparel effectiveness data collection tool was created to assign to each post-op patient a number to ensure anonymity and to assess the effectiveness of Exparel in patients that underwent TKR/THR surgeries. This data collected came from the patient chart and EMR and included the surgeon's name, procedure, gender, age, ASA level, BMI, and length of stay as well as opioids use before surgery, ability to get out of bed within 12 hours following arrival on 7 Silver, and discharge disposition. Clinical data included a pain score upon arrival to the unit and data concerning nausea, vomiting, and constipation and distance goal achieved for days starting from day of surgery through day number 3 after surgery.

**Results:**

Only 58% of patients (n=50) on admission had a pain score of 5 or less during the day of surgery, even though mean level of pain was 5 during the 4 post-operative days for all patients. 70% of patients required additional pain medication via a PCA pump in the PACU or unit. Constipation was major issue during the entire length of stay for 70% of the patients. The mobilization goal was achieved by 70% of patients during the day of surgery, during the first day post op by 94% of patients and during the second and the third day by 100%. The LOS was 3.7 days - the same as prior to the initiation of Exparel use.

**Conclusions and implications:**

The use of the Exparel as single pain management therapy was not enough to control patient pain. There are several implications for nursing practice. Surgery is a stressful and painful procedure that is associated with patients' fears of the unknown especially when a new pain medication/route of administration is introduced. This quality improvement project provided an opportunity for nurses to be involved in teaching patients and assessing the effectiveness of Exparel. Exparel use was not successful, as the only therapy for pain control nor did its' usage lead to an earlier discharge for patients with better pain control and mobilization. These results underscore the need for the development of new pain management therapies.

**Poster Number 26:**

Impairments and Demographics Associated with Lateropulsion after Stroke: A Logistic Regression Analysis

**Authors:**

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**Background:**

Patients with lateropulsion following stroke ('pusher syndrome') present with other significant stroke deficits in addition to pushing toward the contralesional side when upright. These deficits are not a necessary condition for the presence of lateropulsion; however, they hinder recovery from lateropulsion and delay functional recovery.

**Objective:**

The purpose of this study was to determine if logistic regression modeling would distinguish the presence of lateropulsion post-stroke, based on common stroke impairments or demographic factors, in a manner specific to lesion side.

**Design:**

Retrospective chart review at an in-patient rehabilitation facility. Logistic regression analysis.

**Methods:**

Electronic medical records of patients with stroke admitted to in-patient rehabilitation were designated into lateropulsion (LP+) and non-lateropulsion (LP-) groups via the Burke Lateropulsion Scale (with '2' or above signifying lateropulsion). Only patients whose admission motor Functional Independence Measure (FIM) scores were less than 30 and whose lower extremity scores on the Fugl-Meyer Assessment were 18/34 or less were included. Separate logistic regression tests were performed for left and right brain lesions using the binary variable (LP+ and LP-). Factors in the analysis included: demographic data (age and gender); admission values of motor status of the contra-lesional side (Motricity Index); proprioception (contralesional limb placement error test); vision (confrontation tests); and, cognitive Functional Independence Measure (FIM) scores. Chi-square analysis compared LP+ and LP- groups for visuospatial neglect as measured by the Star Cancellation Test and the Line Cancellation tests.

**Results:**

62.7% of LP+ and 74.7% of LP- with left brain lesions showed an association with age, gender, cognitive FIM and upper extremity Motricity Index in the logistic regression model. For right brain lesions, 66.7% of LP+ and 71.1% of LP- showed association with



age, gender, cognitive FIM, lower extremity Motricity Index and limb placement error. Both models were statistically significant ( $P < .001$ ). Neglect was more prevalent in the LP+ groups ( $P < .002$ ).

**Conclusion:**

In patients with stroke and poor motor and functional performance, patients with lateropulsion had more significant deficits than those without lateropulsion, especially with right brain lesions. Left and right brain lesions showed different influences of these impairments in logistic regression models. Increased rehabilitation time is indicated due to the negative influence of lateropulsion and these impairments on regaining vertical postural alignment and ultimate functional recovery.

**Poster Number 27:**

Time to Recovery from Lateropulsion Dependent on Key Number of Key Stroke Deficits

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**Background:**

Lateropulsion, a postural control disorder, delays recovery following hemispheric stroke. The number of stroke impairments may lead to differential recovery rates, depending on the intact systems available for recovery from lateropulsion.

**Objective:**

To study the impact of key postural control deficits on lateropulsion rate of recovery following stroke.

**Methods:**

Through retrospective analysis: 169 patients with hemispheric stroke in an in-patient rehabilitation facility were divided into 3 groups: (1) motor deficits only; (2) motor and hemianopic or visual-spatial deficits or motor and proprioceptive deficits; and (3) motor, proprioceptive, and hemianopic or visual-spatial deficits. Kaplan-Meier survival analysis determined if time to recovery from lateropulsion (achieving a score of 0 or 1 on the Burke Lateropulsion Scale) differed by group.

**Results:**

Log rank tests showed that time to recovery from lateropulsion differed based on the number of deficits (group,  $P = .012$ ). Post hoc analyses by lesion side showed that group differences only occurred in right brain lesion ( $P < .05$ ) as compared with left brain lesions ( $P = .34$ ). Patients recovered from lateropulsion during in-patient rehabilitation if they had only motor deficits; those with all 3 postural control deficits showed the most protracted recovery.

**Conclusions:**

Rate of recovery from lateropulsion after stroke is dependent on the side of lesion, and number of key motor, proprioceptive, and/or hemianopic or visual–spatial deficits. The more postural control systems affected, the slower the recovery. Our data identify patients likely to need protracted rehabilitation targeting key stroke impairments.

**Poster Number 28:**

How does efficacy and safety of Rivaroxaban compare with Warfarin among older adults diagnosed with Atrial Fibrillation?

**Authors:**

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Joanna Nowosad, RN  
Karen Doblin (Faculty Advisor)

**Background & Significance**

A great number of people in the US and worldwide are suffering from Atrial Fibrillation (AF). According to American Journal of Cardiology US is expected to increase from 1.2 million cases in 2010 to 2.6 million people diagnosed with AF by 2030 (American Journal of Cardiology, 2013). Stroke and thromboembolism are serious complications for patients with AF; however, choosing an appropriate anticoagulation therapy can significantly reduce the incidence of both. Nonetheless, anticoagulation therapy can be associated with its own risks and complications. Bleeding can be a major adverse effect of anticoagulant treatment, and the ratio of risk for bleeding vs. stroke must be carefully considered before choosing and starting the right anticoagulation therapy. The therapies that are available to patients and clinicians include the new oral anticoagulants, and the more traditional vitamin K antagonists. Safety and efficacy of those two approaches to therapy, as well as the cost have to be thoroughly considered.

**Abstract:**

There have been a lot of debates within the medical community regarding safety and efficacy of new oral anticoagulants compared with that of vitamin K antagonists in the prevention of embolic events. Many studies have been done to closely examine and compare treatments with rivaroxaban vs. warfarin. After performing a systematic search of published literature, 8 studies were carefully chosen, studied, and analyzed for similarities and differences in safety and efficacy of these two anticoagulant therapies. No major overall differences were found by any one of these studies with the exception of one, which was inconclusive. Evidence in the other studies supported new anticoagulant therapy (rivaroxaban) being as effective and as safe as the vitamin K antagonist therapy (warfarin), with minor clinical differences, such as higher risk of bleeding within the first 7 days of the initiation of rivaroxaban therapy but a decreased risk of bleeding after a month. Many

studies also found that rivaroxaban posed lower risk of intracranial bleeding and higher risk of GI bleeds

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**Poster Number 29:**

Empowering Older Adult Patients in a South Bronx Primary Care Clinic to Facilitate a Patient/Provider Shared Process for Medication Reconciliation

**Authors:**

Dominica Potenza (Graduate, School of Nursing)

Elizabeth Capezuti (Faculty, School of Nursing)

**Background/Purpose:**

Prevalence of polypharmacy is highest among older adults compared to any other population. Polypharmacy contributes significantly to the overall costs and morbidity related to preventable adverse drug events (ADEs). This quality improvement (QI) project evaluates a patient empowerment intervention to facilitate a shared process between patients/providers for medication reconciliation by improving older adult patients' knowledge, participation, and communication about medication use

**Theoretical Framework:**

Diffusion of Innovations Theory encompasses how new ideas and social practices disseminate throughout a society and guides this medication reconciliation QI project at the organizational level (practitioners) and community level (older adult patients).

**Methods:**

QI project at a primary care clinic serving older adults in the South Bronx. Intervention includes a standardized medication reconciliation process: Individual older adult empowerment sessions; Pre-appointment telephone call informing patient to bring current medication bottles/OTCs ("brown bag method") to upcoming clinic visit; At visit review IOM (2006) Fact Sheet "What you can do to avoid medication errors"; Complete NYC-DOH (2010) document "My Medication List"; Teach patient "brown bag method" or at minimum to bring a copy of current medication document to all future health care visits; Follow-up visit to reinforce process. Evaluation: Two post-intervention surveys measuring older adult patient and provider perceptions of the medication reconciliation program.

**Results:**

Older adults (N=20) with a mean age of 74.1 years were enrolled. Post-intervention surveys (N=19) showed 94.7% of older adults agreed they felt more knowledgeable; 84.2% agreed they felt more involved; 89.4% agreed the program improved communication. All providers (N=3) strongly agreed the medication reconciliation intervention improved accuracy of older adult patients' medication lists.

**Conclusions:**

Outcomes reported by older adult participants were increased knowledge, participation, and communication. Providers reported an improvement in the accuracy of medication records—while agreeing that a shared patient/provider medication process lessens provider burden.

**Poster Number 30:**

The Effects of Maximal Strength Training on Gait and Balance in Persons with Multiple Sclerosis

**Authors:**

H. Karpatkin, PT, DSc, NCS, MSCS,  
Sarah Dworetzky, SPT, David Park, SPT,  
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Michael Zervas, SPT

**Background:**

Physical Therapy strength training programs utilizing mild to moderate intensity are commonly prescribed to address many of the deficits found in multiple sclerosis, but studies examining the effectiveness of higher intensity strength training in gait and balance have not been performed. The purpose of this study was to examine the effects of MST on functional measures in PwMS

**Methods:**

A pretest/posttest design was used. Objective measures included subjects' Berg Balance Scale (BBS), 6-minute walk test (6MWT), their 1RM lift for each leg using a leg-press machine, Visual Analog Fatigue Scale (VAFS), Fatigue Severity Scale (FSS) and the MSIS-29. Subjects completed an 8 week protocol consisting of 2 sessions per week, performing 4 sets of 4 repetitions using the leg-press for each leg at 85-95% of their 1RM.

**Results:**

7 subjects (5 female, 2 male, EDSS 3.57) completed the 8 week MST protocol. There were significant changes found in all objective measures from pre to posttesting. (1RM, BBS, and 6MWT). Right leg 1RM increased significantly by 82.86 pounds ( $p = .004$ ), and left leg 1RM increased significantly by 72.14 pounds ( $p < .001$ ). The BBS increased significantly by 5.28 points ( $p = .008$ ). The 6MWT increased significantly by 150.69 feet ( $p = .045$ ). No significant changes were found after analysis of the VAFS

**Conclusion:**

Significant improvements were seen in all objective measures (1RM, BBS, and 6MWT) following the MST protocol. This suggests that MST may be a safe and effective measure to improve balance and gait in PwMS.

**Poster Number 31:**

Decreasing Maternal Obesity: A Breastfeeding/ Nutrition Education Program for Hispanic Women in East Harlem, New York

**Authors:**

Nefertiti Cano (Faculty, DNP Student, Bellevue School Of Nursing)

**Background:**

Obesity is now a national epidemic associated with both short and long term increased morbidity and mortality. In recent years the increasing incidence of obesity during pregnancy and its association to increased morbidity and mortality during childbearing has been of great concern. Untreated obesity can potentially lead to overall decreased health, decreased quality of life, and increased health care cost. Breastfeeding when paired with adequate nutrition knowledge and physical activity has been shown to facilitate weight loss and decrease post-partum weight retention.

**Needs Assessment:**

Local community and facility needs assessment was performed at a non for profit community home health agency located in East Harlem. A web based community survey and an electronic chart review was conducted to assess for breastfeeding and nutrition risk factors and practices in pregnant and parturient Hispanic females receiving obstetric home care services between 2011 and 2013..

**Purpose:**

Implement a comprehensive, culturally appropriate, breastfeeding and nutrition education program, to improve breastfeeding and nutrition knowledge, participant self-efficacy and empowerment, reduce postpartum BMI while maintaining continued breastfeeding, and promote wellness in Hispanic women of childbearing age in East Harlem.

**Intervention:**

A 5 week comprehensive, culturally appropriate, breastfeeding/ nutrition education program. Groups meet for 1.5-2 hours once a week x 5 weeks with distribution of pre and post completion survey on breastfeeding and nutrition knowledge. Program tools include face to face group sessions, video media, and written education material on breastfeeding and nutrition.

**Evaluation:**

Self reported pre and post completion survey to measure how likely program to improve general breastfeeding and nutrition knowledge and practices. Measurement of postpartum weight to compare pre and post pregnancy BMI for participants who complete the program.

**Poster Number 32:**

From Evidence-Based Practice to Practice-Based Evidence:  
Educational Initiative in Urban Teaching Hospital to Reduce Ventilator Associated  
Pneumonia (VAP)

**Authors:**

Ninara Ibragimova RN, BSN (Adult/Geriatric DNP student)

**Background/Purpose:**

Ventilator-associated pneumonia (VAP) is defined as a type of pneumonia that is absent at the time of patient admission and develops after 48-72 hours of intubation and mechanical ventilation. VAP associated with significant mortality and cost. Research shows that among multifactorial interventions the education of respiratory caregivers is the first step in reducing VAP rates. The purpose of this study was to develop, implement, and evaluate the feasibility and efficacy of the educational program for the MICU registered nurses that will increase awareness, understanding, and adherence to the best strategies resulting in VAP rates at or below benchmarks set by the NYC Healthcare and Hospital Corporation (HHC).

**Methods:**

The program is designed as quality improvement project for MICU nurses (n=40) using (1) educational sessions with pre-posttest mean scores comparison as evidence of improvement in VAP prevention knowledge level, (2) surveillance of VAP rates during post-interventional period (6 months), and (3) statistical analysis of VAP rates trends in pre and post-interventional period as evidence of feasibility and efficacy of the designed program. T-test was applied for a comparison of pre-posttest mean scores, and pre-post-interventional VAP rates' trends were analyzed by independent sample test. Both statistical analyses were done on the IBM SPSS program.

**Results:**

Implementation of educational program among MICU nurses (1) increased the mean of post-test score by 25% , suggesting that a key evidence-based strategies for VAP prevention were perceived by MICU nurses; (2) significantly decreased the incidence of VAP in the MICU: our 57.4% reduction in the rate of VAP from 5.4 per 1,000 ventilator days to 3.1 per 1,000 ventilator days was associated with an estimated cost savings of \$ 320,000 for the period of six months (September, 2014 –March, 2015).

**Discussion:**

Declined and sustained low VAP rates in post-interventional period are a practice-based evidence of feasibility and efficacy of the educational initiative. Despite of the encouraging results obtained during implementation of the initiative, our program has some limitations: the program is not blinded, and sharp drops in VAP rates in immediately in post-

educational period can be explained by well-known Hawthorne effect. Staff education is one of the most important, but not the only factor affecting VAP rates. The program cannot be generalized to other settings.

**Conclusion:**

EBP shows that among multifactorial interventions the education of the respiratory caregivers is the first step in reducing VAP rates.

Strict adherence to a key strategy in VAP prevention may reduce VAP rates, which will improve patients' outcomes and significantly decrease the cost of care for patients required mechanical ventilation. The extension of the positive outcomes requires repetitive educational sessions to sustain nurses' compliance for VAP prevention.



**Poster Number 33:**

Nurse Practitioner Awareness of HIV Pre-Exposure Prophylaxis and Potential Barriers To Prescribing

**Authors:**

Jeff Day MS, AGPCNP-BC (Hunter-Bellevue School of Nursing)

**Abstract:**

1.2 million people in the United States are living with HIV infection. The estimated annual cost to treat HIV/AIDS in the United States is 27.6 billion dollars. This expense continues to rise as 50,000 new cases of HIV are diagnosed every year. Pre-exposure prophylactic medication to prevent the transmission of HIV (PrEP) was introduced in 2014. When taken consistently, PrEP has been shown to reduce the risk of HIV infection in people who are at high risk by up to 92%. Nonetheless, the number of providers prescribing PrEP remains low. Current literature regarding PrEP prescribing practices focuses almost exclusively on physicians and public health officials. The purpose of this Capstone project is to add the awareness, experience, and concerns of Nurse Practitioners to the growing body of PrEP knowledge. An anonymous, online survey of Nurse Practitioners currently practicing in the United States will be used to collect data. This data will give a clear understanding of why Nurse Practitioners may not be prescribing PrEP. With this information, a strategic plan can be formulated to overcome any barriers, and, ultimately, the rate of HIV transmission will fall.

Keywords: PrEP, prescriber, attitude, pre-exposure prophylaxis, HIV, prevention, knowledge, perception, experience, antiretrovirals, Truvada, chemoprophylaxis, prevention, infection, men who have sex with men, MSM

**Poster Number 34:**

Factors Involved in Forming Group Therapy Programs: A Pragmatics Group Case Study

**Authors:**

Julie Morvitz (Graduate Student, Speech-Language Pathology & Audiology)

Elizabeth Galletta PhD, CCC-SLP (Faculty Supervisor)

**Issue:**

This clinical-research project aimed to find out the factors speech-language pathologists consider when creating therapy groups, and the efficacy of group therapy programs for clients with communication disorders.

**Description:**

A literature review was conducted regarding the factors considered in creating groups for people with communication disorders (e.g. disorder, age, number of participants) and the efficacy of group therapy for people with different communication disorders, including language disorders, autism spectrum disorders, articulation disorders, and aphasia. The study participants included the clinical supervisors and the graduate students who were involved in forming a pragmatics skills group at the Hunter College Center for Communication Disorders in Summer 2014. The study participants were interviewed about their experiences forming the group as well as the group intervention process. In addition, the methods included an analysis of factors regarding three clients who attended the pragmatics group.

**Lessons Learned:**

The study participants' responses regarding forming the group varied, which reflected the research in the area of forming groups. There is more than one way to create a group, and methods vary depending on the clinicians and the clients. The majority of responses reflected clinical expertise and opinions, rather than research-based knowledge.

**Next Steps:**

There is limited research in the area of aspects involved in forming group therapy experiences, and much of the research involves inconsistent outcomes. Further research is necessary to advance speech-language pathologist's knowledge of group therapy and its outcomes, and to promote consistency in the criteria that are included when forming group treatment programs for clients with communication disorders.

**Poster Number 35:**

Verbal Fluency as a Universal Measure of Cognitive-Linguistic Functioning: A Comparison of English Speaking Young Adults and Mandarin Speaking Young Adults on Verbal Fluency Tasks

**Authors:**

Melissa Salzberger (Graduate, Master of Science in Speech-Language Pathology), Nakyung Yoo (Graduate, Master of Science in Speech-Language Pathology Program), Nancy Eng (Faculty Sponsor)

**Background:**

The purpose was to evaluate the responses of Mandarin speaking and English speaking adults on a semantic verbal fluency task. Whereas VF tasks are widely used among speakers of Indo-European languages, verbal fluency tasks may not generalize to languages that are linguistically very different. We predict that there are qualitative differences in verbal fluency responses between Mandarin- and English- speakers.

**Methods:**

Participants were instructed to “In sixty seconds, name as many animals (& occupations) as you can” Responses were coded as correct, errors (repetitions, non-words, words unrelated to the task) clusters (words generated within a given subcategory) and switches (changes to a new subcategory once the previous subcategory was exhausted).

**Results:**

Word production on semantic verbal fluency tasks is quantitatively similar between groups of English speaking young adults and Mandarin speaking young adults. Both groups used clustering and switching strategies and were able to take advantage of semantic, phonological and lexical information to facilitate the use of clustering. Cross-linguistic differences, however, show up in the clustering strategies used. Mandarin speakers made greater use of lexical strategies than their English counterparts..

**Conclusions:**

The nature of the lexicon affects the strategies that speakers use when performing verbal fluency tasks. Mandarin words are constructed based on free-morphemes that are represented by characters. Mandarin speakers use their knowledge of these characters to facilitate lexical strategies. This study urges investigators and clinicians to use verbal fluency tasks with caution when analyzing responses since these are motivated based on linguistic variables rather than on general semantic organization

**Poster Number 36:**

Assessment of Reading Post Stroke

**Authors:**

Sara Weiss (Hunter Student)

May Sofi (Undergraduate Student, SUNY New Paltz)

**Issue:**

Patients often report reading difficulties following cerebral vascular accident (CVA). Two types of reading deficits resulting from a CVA are alexia and neglect dyslexia. Alexia, often associated with left hemisphere brain damage (LHD), is defined as an acquired reading disorder secondary to brain injury. It can result in a variety of impairments including incorrect production of words during oral reading as well as reduced comprehension of written words. Unilateral visual neglect (UVN), often a result of right hemisphere damage (RHD), however not exclusive to RHD, can be described as an attention deficit that prevents an individual from attending to stimuli on the contralateral side to the lesion, thus affecting reading.

**Description:**

A review of the research literature on assessing reading following stroke was conducted using online databases including Medline, PsycInfo, and Academic Search Complete.

**Results:**

The literature suggests that reading performance is an important area to assess in the overall evaluation of an individual's functioning following CVA. Assessment of alexia and neglect dyslexia was found to promote gains in reading abilities. However, no comprehensive reading assessment exists in which reading difficulty secondary to both LHD and RHD is examined using the same instrument.

**Conclusions and recommendations:**

It is imperative to include proper assessment of the scope of reading deficits that occur post stroke. A comprehensive reading assessment tool should be developed to assess reading post stroke. Without adequately doing so, reading-related issues may go undetected, thus affecting daily functioning and overall quality of life (WHO, 2001).

**Poster Number 37:**

Palliative Care Committee in Mary Manning Walsh

**Authors:**

Karen Leung MS, ANP-BC, GNP

**Issue:**

There is an increasing number of older adults in the United States and in New York City. This will mean a rise of admissions into nursing homes for long term skilled nursing care. Many nursing home older adult residents pass away in these facilities, however proper end-of-life care is nearly non-existent due to a lack of palliative care teams in nursing homes. This holds true for Mary Manning Walsh Home in the Upper East Side of Manhattan in New York City.

**Description:**

Under-treatment of pain and non-pain symptoms at end-of-life result from misconceptions of both healthcare providers, and patients and families. Mary Manning Walsh Home is addressing this issue by re-initiating a Palliative Care Committee, which it had approximately 12 years ago. The committee consists of the medical director, a volunteer nurse practitioner and a staff nurse practitioner who provides palliative care consults. The nursing staff will be educated on how to recognize the dying process which will generate more palliative care consults.

**Lessons Learned:**

Education to increase awareness and knowledge of nursing staff on palliative care, the dying process and end-of-life will and must continue.

**Next Steps:**

Integration of palliative care and end-of-life care into the culture of Mary Manning Walsh Home is the final goal of the Palliative Care Committee. High-quality comfort care will be a familiar treatment plan to the entire staff of the nursing home.

**Poster Number 38:**

An Exploration of the Underutilization of Hospice and Palliative Care Services in New York City through the Perspective of Local Experts

**Authors:**

Jennifer O'Neill RN, BSN, OCN (DNP Student, Hunter Bellevue School Of Nursing)

**Purpose:**

This study aims to explore the factors leading to the underutilization of hospice and palliative care services in New York City (NYC) through the perspectives of local experts in the field and provide potential solutions for providing improved comprehensive care for patients and their caregivers with serious illness and at the end of life

**Background:**

Patients, who are facing worsening medical problems or end of life, if given the opportunity, are increasingly opting for treatments that manage symptoms and enhance quality of life over more aggressive treatments. On the national level the probability of a chronically ill Medicare beneficiary dying in the hospital declined from 32.2% in 2003 to 28.1% in 2007. In contrast the report highlights the fact that in 2007, the highest rates of death in hospitals were in regions in around New York City, including Manhattan, which was almost double the national average at 45.8%. In New York City the average person with a serious illness is receiving care from twelve different specialists, with no single individual coordinating care. The domains of palliative care include attention to physical and psychological symptoms and improved communication and coordination, yet this is not what seriously ill patients usually get.

**Methods:**

A qualitative exploratory design was used, utilizing a semi-structured guide for in-person and telephone interviews. The participant selection process commenced through a review of the current literature and a search of local hospice and palliative care organization webpages for those who were recognized as key informants in the industry. After acceptance to participate was confirmed via email a date, time and location for the interview was established (N=30).

**Results:**

Of the interviews conducted, the barriers identified include: large academic institutions lack of referrals to hospice many instances choosing to treat until time of death, lack of education of providers both in-patient and out-patient of the appropriate time to refer patients to hospice, skilled nursing home facilities can bill at a higher rate for non-hospice services which leads to reduced transition of patients into hospice care, lack of education of patients, family members and caregivers regarding what exactly hospice and palliative care is and what it entails, and lack of hospice facilities and community based palliative care programs in NYC.

**Conclusions and Implications:**

Although there were numerous complex factors leading to underutilization of services identified by the interviewees, there was an almost equal amount of possible positive

changes mentioned. Through the advent of Accountable Care Organizations, improved education of providers, enhanced outreach to the public and strengthening the work force with advanced practice nurses; a path appears to improve care of our patients and their caregivers with serious illnesses and at the end of life.

The information presented in this research can provide insight from the urban microcosm of NYC that maybe applicable to other cities experiencing similar challenges to providing the quality of care and services desired by patients and caregivers.

**Poster Number 39:**

Faculty acceptance testing of multimedia-based e-learning resources on core competencies for interprofessional collaborative practice

Shawn McGinniss, MS Ed; Donna M. Nickitas, PhD, RN, NEA-BC, CNE, FNAP, FAAN; Martin Dornbaum, MS

**Issue:** While the growth of interprofessional education (IPE) in the health professions is promising, a number of barriers remain in the way of full integration in the curriculum, including insufficient learning resources available to educators. When designed as open, reusable learning objects, e-learning may be an ideal approach for disseminating “instructor-ready” content for introducing core competencies early in pre-licensure programs. Four interactive, case-based e-learning modules were designed to be easily threaded in to the existing curriculum. A round of user acceptance testing was conducted with nursing educators.

**Description:** Eight volunteer reviewers provided initial alpha testing. Email invitations for beta testing were then sent to 197 nursing educators and clinicians. A total of 15 (8%) evaluations were returned to date. Evaluation items assessed instructional design, content quality and relevance, learner engagement, visual design, and helpfulness of the accompanying faculty guide. Additional qualitative feedback was collected in a focus group webinar.

**Lessons Learned:** Reviewers found the modules to be well designed and highly adaptable for a variety of contexts, but favored instructor-facilitated discussion over self-study. Recommendations include, a) adding debriefing questions for novice learners with limited clinical experience; b) expanding question difficulty; c) representing more professions in interprofessional teams; d) highlighting issues affecting clinician workload and task orientation (and their effects on patient-centered care); e) improving navigation and instructions; and f) enhancing student performance and usage analytics.

**Next Steps:** Educators from a wider range of professions are being sought for reviews and piloting. The modules will be disseminated internationally via curriculum e-repositories under a Creative Commons license.



**Poster Number 40:**

Visual Thinking Strategies and a Cohort of BEST 4.0 Hunter- Bellevue Nursing Students

By Leonela Contreras, Shena Joseph, Ashleen Torres

**Abstract:**

This poster presents the experiences of a cohort of nursing students who participated in a visual thinking strategies (VTS) project from September to December 2014 under the facilitation of Doctor Denise Murphy. The intent of this program was to improve skills of visual observation, interpretation, communication and critical thinking by:

- ❖ Learning to focus on detail and to increase one's ability to interpret visual cues via the VTS process
- ❖ Providing evidence supporting one's statement: the interpretation of details in the image and the reasoning behind those interpretations.
- ❖ Looking deeply at various pre-selected images and then transferring these skills to clinical practice.

Four undergraduate nursing students met weekly to collaboratively view and analyze various images prepared by the instructor for each session. Pre- and post- writing samples were collected from the students; an evaluation tool to compare the samples is currently under development. The hope for the future: is to duplicate the VTS project and expand the number of nursing student participants.

**Poster Number 41:**

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

**Author:** Yolima Vergara (DNP Student, Hunter Bellevue 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 42:**

Recognition and Differential Diagnosis of Trauma-Related Psychiatric Diagnoses in a High-Needs Medicaid Population

**Author:**

Shoshannah Pearlman (DNP Student, Hunter Bellevue School Of Nursing)

**Background:**

Patients with symptoms of Post-Traumatic Stress Disorder (PTSD) and other trauma-related disorders are frequently misdiagnosed, because their presentation lies outside the training of most mental health providers. As a result, their treatment tends to focus on psychiatric medications with serious side effect profiles, rather than recommended treatments for PTSD.

**Community Need:**

This project takes place in the mental health division of a Federally Qualified Health Center (FQHC). The population is largely homeless, entirely Medicaid, and is characterized by chronic physical, psychological, and/or sexual abuse during childhood and extensive experiences with violent events in adulthood. Rates of diagnosis of major psychiatric disorders do not match those expected based on population prevalence and the demographic characteristics of the population.

**Objectives:**

- (1) to increase awareness of trauma-related psychiatric disorders,
- (2) to increase rates of accurate diagnosis of patients with trauma-related disorders
- (3) to increase rates of appropriate treatment of patients with trauma-related disorders.

**Intervention:**

The intervention has two components. First, changes to the electronic medical record (EMR) will steer the clinician towards diagnosis consistent with the Diagnostic and Statistical Manual of Psychiatry (DSM) criteria for trauma-related disorders. Second, I will provide in-service training and instruction so that these additions are used efficiently and effectively.

**Method:**

Rates of diagnoses will be tracked for three months prior and three months following the intervention. Population characteristics will be collected and linked to diagnosis data in order to control for population demographics. Interviews with clinicians will be conducted to obtain their view of any changes in their approach to diagnosis and treatment, as well as clinician satisfaction with the two components of the intervention.

**Results:** The intervention and data collection is expected to be completed in August 2015.

**Implications:**

By increasing recognition of a specific diagnostic category that particularly applies to this population, they are likely to receive more meaningful and relevant care. The long-term impact is to break the cycle of trauma passed down from generation to generation of patients' families.