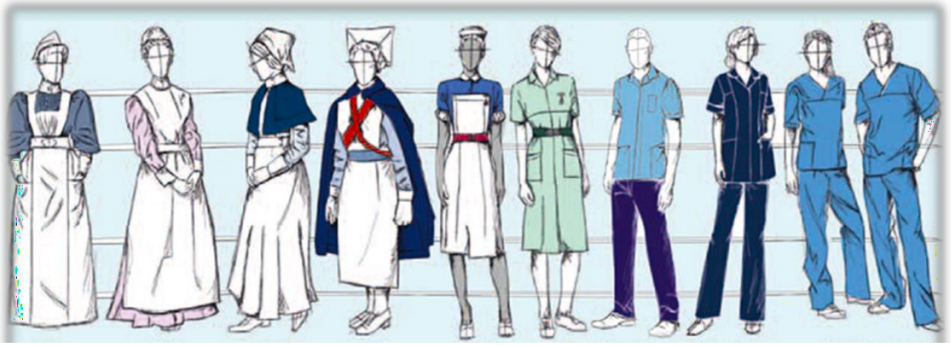
26TH SIGMA SO CAL ODYSSEY RESEARCH CONFERENCE

October 13 & 14, 2022 at the DoubleTree by Hilton San Diego Mission Valley

SIGMA 100 Years Strong: Looking Onward, Moving Forward



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PROGRAM

Research and Innovative Sessions: Speakers identified after abstract review.

THURSDAY PROGRAM 10/13/22

7:30-8:30	**Registration, Continental Breakfast, Exhibits & Posters**
8:30-8:45	**Welcome**
8:45-9:45	**KEYNOTE SPEAKER: Sara Horton-Deutsch, PhD, PMHCNS, RN, FAAN, ANEF, Sigma Board of Directors; Title: Moving Forward: The Nurse Leaders Role in the Use of Evidence to Expand Global Health**
9:45-10:15	**Break (Exhibits, Posters & Refreshments)**
10:15-11:45	**Breakout Session I** **A. Research Session** **B. Innovation Session**
12:00-1:00	**Lunch (Exhibitors & Posters)**
1:00-2:30	**Breakout Session II** **A. Research Session** **B. Innovation Session**
2:30-3:00	**Break (Exhibits, Posters & Refreshments)**
3:00-4:00	**Speaker: David King Lassman, Founder Gig XR; Title: The Metaverse: Empowering Nurse Educators Through Hyper-Realistic Holographic Content**
4:00-4:30	**Debrief the Day & Raffle**

FRIDAY PROGRAM 10/14/22

7:30-8:30	**Registration, Continental Breakfast, Exhibits & Posters**
8:30-8:45	**Welcome**
8:45-9:45	**KEYNOTE SPEAKER: Jane Georges, PhD, RN, Dean, Hahn School of Nursing and Health Science, University of San Diego; Title: Is Compassion Still Possible in Nursing? Reflections on Nurses and Power Relations**
9:45-10:00	**Poster Awards**
10:00-10:30	**Break (Exhibits, Posters & Refreshments)**
10:30-12:00	**Breakout Session I** **A. Research Session** **B. Innovation Session**
12:00-1:00	**Lunch (Exhibitors & Posters)**
1:00-2:30	**Breakout Session II** **A. Research Session** **B. Innovation Session**
2:30-2:45	**Break (Exhibits, Posters & Refreshments)**
2:45-3:45	**Speaker: Rocio Porras, MSN, APRN, FNP-BC, Title: Identification of Mild Traumatic Brain Injury and Rehabilitative Therapies**
3:45-4:15	**Summation and Raffle**

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Chapter	Name	Committee Responsibility
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Omega Omega National University, San Diego	Donalee Waschak	Evaluations and CEUs
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Phi Alpha Western University	Patti Shakhshir Gwen Orozco	Volunteers
Phi Pi Chamberlain University	Allen Perez LeAnne Prenovost	Publicity and Registration
Phi Theta California State University San Marcos	Denise Boren Bulaporn (Bee) Natipagon-Shah Cathryn Baker	Keynote and Closing Session Speakers
Psi Theta-at-Large Vanguard and Concordia University	Caroline Rae Miki Boyle	Research Abstracts
Rho Beta California State University San Bernardino	Dawn Blue Anne Lama	Proceedings
Upsilon Beta California State University Fullerton	Maryanne Garon Rose Sakamoto	Innovative Abstracts and Education Session
Xi Theta California State University Dominguez Hills	Rose Aguilar Welch	Program

Sigma Mission & Vision Statement

Our Vision

Connected, empowered nurse leaders transforming global healthcare

Our Mission

Developing nurse leaders anywhere to improve healthcare everywhere

Strategic Goals

Grow in value for nurses globally
Recognize and promote nursing scholarship, leadership, and service
Expand and develop strategic relationships globally
Advance innovative and customized resources to develop nurse leaders

Keynote Speaker Biographies

Thursday, October 13, 2022 - 0845 to 0945 - Morning Keynote Speaker

Sara Horton-Deutsch, PhD, PMHCNS, RN, FAAN, ANEF
Professor and Director of University of San Francisco/Kaiser Permanente Partnership Watson Caring Science Faculty Associate and Director of the Caritas Leadership Program

Dr. Horton-Deutsch has led in academic and practice settings for 35 years as an advanced practice psychiatric/mental health nurse, teacher/practitioner, consultant, program director, caring science endowed chair, coach, and academic/practice partnership director. Through her academic and practice career, she has contributed to evidence and practice-based knowledge development to ensure safety and quality care. As a reflective leader, she focuses on being inwardly sound and other focused to influence change positively. She has co-authored a number of books on Reflective Practice, Caring Science, and Caritas Coaching. She is a Caritas Coach, HeartMath Trainer, Reiki Practitioner, and Healing Circle Facilitator. Through her journey, she has learned the necessity of connecting to one's own inner sources of wisdom, power, and healing, as well as the arts and humanities that once defined the discipline of nursing. She is passionate about facilitating critical, deep, and authentic connections that support resilience and the profession's evolution. She has a new book; Visionary Leadership in Healthcare being published this month through SIGMA.

MOVING FORWARD: THE NURSE LEADERS ROLE IN THE USE OF EVIDENCE TO EXPAND GLOBAL HEALTH

Nurse leaders' lives are characterized by countless competing priorities requiring attention and resulting in a never-ending list of responsibilities. This presentation will explore why, now more than ever, nurse leaders must ensure all nurses understand and appreciate how the discipline informs the nursing profession and lays the foundation for professional impact. Nurses with this understanding embrace a more expansive view than medicalized ways of knowing alone. As a result, they are poised to use their unique knowledge to advance the profession's roles and responsibilities for improving global health. Importantly, nurse leaders who are literate in broad forms of evidence model the way for innovation and contributions that benefit the patient experience, co-create the work environment, and help to shape the future of healthcare. By setting the example as evidence-informed leaders, these nurse leaders create future leaders who ensure regenerative evidence-informed care. This provides the platform upon which global health is possible. Finally, the session will conclude with an overview of research, scholarship, mentoring, grants, award opportunities, and upcoming events through Sigma to support expanding forms of evidence to impact global health.

Thursday, October 13, 2022 - 1500 to 1600 - Thursday Afternoon Speaker

David King Lassman, Founder Gig XR

David King Lassman is a serial entrepreneur with over 25 years' experience in EdTech, AdTech and digital content spaces. He has built legacies around technological innovation and has had multiple exits with companies he has founded. He founded a VC fund in 2015 which invested in Southern California technology start-up businesses. Today, he leads teams across three continents in building and driving innovation around extended reality (XR) medical education and enterprise learning.

THE METAVERSE: EMPOWERING NURSE EDUCATORS THROUGH HYPER-REALISTIC HOLOGRAPHIC CONTENT

The nursing industry is facing challenges on so many fronts in recent times, chief among which is the unprecedented shortage in both nurses and physicians since the pandemic. As we struggle to fill the gap left by those professionals who have abandoned the industry, and with remote training becoming the new norm, innovation in technology is providing solutions.

Augmented and Mixed Reality technologies can be effective in training all levels of healthcare students and professionals through safe-to-fail simulation experiences that bring hyper-realistic holographic content into the physical world. Unlike Virtual Reality, the latest systems use head-mounted devices with clear visors that allow users to interact with content without obscuring the physical world from their view. For instance, standardized patients can now appear as holograms that can be deployed instantly and accessed over and over again.

The GIG Immersive Learning System features a growing catalog of applications built in conjunction with some of the most well-known medical institutions in the world to deliver a new way of running simulation programs to drive learning outcomes. Critically, learners can be together on campus, or as part of an instructor-led experience remotely using their mobile device to access content.

We will demonstrate how Mixed Reality is redefining simulation in healthcare and driving standards on a global basis.

Friday, October 14, 2022 - 0845 to 0945 - Morning Keynote Speaker

Jane Georges, PhD, RN
Dean, Hahn School of Nursing and Health Science, University of San Diego

Dean Georges joined the University of San Diego Hahn School of Nursing and Health Science in 1996 as an Associate Professor. A native of San Diego County, she has a deep commitment to the USD School of Nursing and to the promotion of excellence in nursing education in San Diego. She played a leadership role in the development of the School's major programs, including the PhD in Nursing Science, the Doctor of Nursing Practice, and the Master's Entry into Professional Nursing programs.

Dr. Georges became the fourth Dean of the Hahn School of Nursing and Health Science on July 1, 2018. Dean Georges holds a PhD in nursing science from the University of Washington School of Nursing, as well as BSN and MS degrees from the University of California, San Francisco. She has an accomplished record of research and publication in the areas of palliative and end of life care. She has authored numerous refereed journal articles and book chapters with a specific focus on suffering and compassion. Her philosophical work in these areas is recognized internationally, and her Theory of Emancipatory Compassion is utilized as a model in nursing research globally.
Jane has been a member of Sigma Theta Tau since 1982, and she strongly supports Sigma in its important role of moving nursing knowledge forward.

IS COMPASSION STILL POSSIBLE IN NURSING? REFLECTIONS ON NURSES AND POWER RELATIONS

The principal theme of this presentation is that the work settings of many registered nurses in the U.S. have become so demanding that the expression of compassion for our patients- and ourselves as nurses- has been rendered nearly impossible in many contexts. This presentation uses the scholarly work of Dr. Jane Georges to examine the ways in which nursing practice has been shaped by market forces and the COVID-19 pandemic to create ethical and emotional bio-toxic environments. Dr. Georges uses her historical research in identifying the ways in which professional nurses participated actively in state-sanctioned violence during National Socialism (Nazism) in Germany. Out of this historical documentation, Dr. Georges draws parallels of similar contemporary nursing participation- whether willing or not- in state/institutionally sanctioned violence. The concept of “power relations” is explored in the creation of clinical environments in which compassion is rendered impossible for nurses, and “quiet” violence to both patients and nurses is rendered inevitable. Nursing’s potential future as a continuing participant in institutionally sanctioned violence or a locus of resistance and force for social transformation is explored.

Friday, October 14, 2022 - 1445 to 1545 - Friday Afternoon Speaker

Rocio Porras, MSN, APRN, FNP-BC
Retired Navy Nurse Corps Officers

A native of Los Angeles, CA, Rocio Porras began her naval service when she enlisted in June 1993. After completing basic training at Recruit Training Command Orlando, FL., she reported to San Diego, CA, to attend the Naval School of Health Sciences Hospital Corps “A” School.

Upon graduation, she reported to Naval Medical Center San Diego, CA. where she worked in a very busy general surgery inpatient unit as a new hospital corpsman. It was there she first discovered her love for nursing. After successfully completing her first tour of duty, she transferred to Naval School of Health Sciences Portsmouth, VA., for Pharmacy Technician “C” School graduating in the top ten percentile of her class.

She then reported to Naval Hospital Jacksonville, Fl. to assume her duties as a new Pharmacy Technician. After a few years as a Pharmacy Technician, she decided to change paths and attended the Naval School of Health Sciences, San Diego, CA for Surgical Technologist “C” School. She was then assigned to the Surgical Services Department at NMCSD on graduation as a new Petty Officer 2nd Class. She applied and was accepted for the prestigious Medical Enlisted Commissioning Program. She attended and graduated from Mount Saint Mary’s College in Los Angeles, CA with her Bachelor of Science in Nursing. She then reported to Officer Indoctrination School in Newport, RI. Her shore and overseas tours as a junior officer include: Naval Medical Center San Diego, CA, inpatient Mental Health unit and Naval Hospital Camp Pendleton, CA, Family Practice Clinic Division Officer.

Ms. Porras’ deployments include: EMF Kuwait as Division Officer for the Mental Health Operational Stress Team in 2008 and JTF Guantanamo Bay Cuba in 2010 as an RN for detainee inpatient mental health services and Charge Nurse for detainee medical services.

In 2012 she attended the University of San Diego, CA and graduated with her Master of Science in Nursing for Family Nurse Practitioner with a 3.9 GPA and was inducted into the Sigma Theta Tau Honor Society of Nursing. She was board certified by the American Nurses Credentialing Center in July 2014 just prior to her current assignment and first utilization tour as a new FNP provider to USNH Okinawa, Japan, Bush Family Medicine Clinic on Camp Courtney. She continued her next tour back at the new Naval Hospital Camp Pendleton where she was department head of the 21 Area Branch Clinic and then hand selected to help establish the long awaited Naval Branch Health Clinic Temecula as Department Head where she was instrumental in the achievement of Joint Commission accreditation

and Laboratory certifications. In addition, she practiced as a Sexual Assault Medical Forensic Examiner completing over 100 exams and served as expert trial witness in multiple sexual assault cases.

In April 2021, she officially retired from active service after 28 years and transitioned to government service at Camp Pendleton's Intrepid Spirit Center a comprehensive specialty clinic in rehabilitative therapies for traumatic brain injury (TBI) for active duty service members of all branches covering all of Southern California and local surrounding states.

IDENTIFICATION OF MILD TRAUMATIC BRAIN INJURY AND REHABILITATIVE THERAPIES IN SERVICE MEMBERS

The focus of this presentation is identification of cause and effects of mTBI, acute vs chronic symptoms and the role of multidisciplinary therapies in treatment. Mild TBI can be identified by a constellation of symptoms in a patient's presentation with a history of concussive injury or repetitive concussive injuries. These symptoms can often be debilitating and disruptive to normal activities of daily living to include career and personal relationships. Looking at a specific and unique population frequently exposed to concussive injuries readily demonstrates the presentation of a common syndrome in both acute and chronic symptoms. This presentation will cover how Intrepid Spirit Center (TBI clinic) utilizes subject matter experts in providing a collaborative team approach in the treatment of mTBI.

Thursday, October 13, 2022

1015 to 1145 - Morning Breakout Session

Research

1020-1045 Terri Ares, PhD, MSN, RN tares@csudh.edu Xi Theta Pennie Sessler Branden, PhD, MSN, RN	WHAT LED TO THE NURSE'S CHOICE FOR MASTER'S DEGREE SPECIALIZATION?
1050-1115 Maria Perez, PhD, RNC-OB, LHRM, CHEP, HC maPerez@westcoastuniversity.edu Chi Beta & Iota Xi Rosh Mishra PhD, MS, CHEP	MINDFULNESS BREATHING: EFFECTS ON STRESS AND WELLNESS AMONG NURSING STUDENTS
1120-1145 Deanna Jung, DNP, RN, AGACNP-BC, ACCNS-AG, FNP, ENP dejung@fullerton.edu Upsilon Beta Kristina Fortes, DNP, FNP-BC	STANDARDIZED PATIENTS: BRIDGING THE GAP TO PRACTICE

Innovative - Clinical Practice

1020-1040 Grace Q. Nasi, BSN, RN, PCCN gnasi@health.ucsd.edu UCSD Health Trisha Weers, MSN, RN	NEWS (2) BUNDLE: ENHANCING IDENTIFICATION OF PATIENT DECLINE IN PCU
1040-1100 Valentina Obreja, DNP, RN valentina.obreja@gmail.com Gamma Tau At-Large/Omicron Delta Wei Ting Chen, BSN, RN, CCRN, CSC	EXTRACORPOREAL MEMBRANE OXYGENATION SITE ASSESSMENT TOOL
1100-1120 Patience Agoh, MSN, RN pagoh@health.ucsd.edu UCSD Hillcrest Melissa Meehan, MSN, RN, ACNS-BC	REDUCING PATIENT FALLS USING BEDSIDE MOBILITY ASSESSMENT TOOL
1120-1140 Tracy Fulton, DNP, MBA, RN, CCRN-K, WCC, EBP-C Layne.tracy@scrippshealth.org Scripps Health Elizabeth Swank, MS, RN	IMPLEMENTATION OF A URINARY STRAIGHT CATHETERIZATION PROTOCOL

Thursday, October 13, 2022

1300 to 1430 - Afternoon Breakout Session

Research

1305-1330 Hannah Jang Kim, PhD, RN, CNL, PHN Hannah.J.jang@kp.org Gamma Tau At-Large Minh Nguyen, MA, RN	IMPACT OF COVID-19 PANDEMIC ON HEALTHCARE PROVIDERS AND RESILIENCY
1335-1400 Deepti Bhatnagar, MSN, MBA, RN dipti3262@gmail.com Gamma Tau At-Large Martha E. Farrar Highfield, PhD, RN	EFFECT OF COMPASSION ROUNDS ON NURSES' PROFESSIONAL QUALITY OF LIFE
1405-1430 Susan Egami, MSN, RNC-NIC, IBCLC susan.egami@providence.org Gamma Tau At-Large Martha E. Farrar Highfield, PhD, RN	MINDFULNESS PHONE APP EFFECT: NICU RN PROFESSIONAL QUALITY OF LIFE

Innovative - Education

1305-1330 Sabine S. S. Dunbar, DNP, RN, NMW ssdunbar@llu.edu Gamma Alpha Chelsea Bartlett, MSN, RN, NP-C	LESSONS LEARNED FROM TEACHING HEALTH ASSESSMENT ONLINE
1335-1400 Teresa Hamilton, PhD, RN, CNE thamilton@calbaptist.edu Chi Mu Karen Bradley, DNP, RN, PNP-BC, NEA-BC Megan Ruggles, MSN, RN	EXPLORING STUDENT EXPERIENCES IN A DEDICATED EDUCATION UNIT
1405-1430 Genesis Bojorquez, PhD, RN, NE-BC, PCCN ger005@health.ucsd.edu Zeta Mu/Gamma Gamma Cabiria Lizarraga, MSN, RN-BC, NE-BC Gwendolyn McPherson, MSN, MPA, RN, CNS	D.R.E.A.M. STUDENT NURSE EXTERNSHIP PROGRAM

Friday, October 14, 2022

1030 to 1200 - Morning Breakout Session

Research

1035-1100 Cynthia Sanchez, DNP, RN, FNP-C sanc662@usc.edu Upsilon Beta	PREP UPTAKE: WHERE ARE WE NOW WITH PATIENTS USING STD CLINIC SERVICES?
1105-1130 Heather Abrahim, MSN, MPA, RN hlabrahim@health.ucsd.edu Phi Gamma	SUPPORTING A HEALING ENVIRONMENT THROUGH PERSONAL PET VISITATION
1135-1200 Mary Ekno, BSN, RNC-NIC mekno@health.ucsd.edu Gamma Gamma Jae Kim, MD, PhD Linda S. Franck, PhD, RN, FAAN Judy E. Davidson, DNP, RN, MCCM, FAAN	USE OF MOBILE TECHNOLOGY TO IMPROVE BREASTFEEDING RATES AMONG PRETERM INFANTS: A NON-RANDOMIZED INTERVENTIONAL PILOT STUDY

Innovative - Education

1035-1100 Ghada B. Dunbar, PhD, DNP, RN, NEA-BC, NPD-BC, CENP Ghada.B.Dunbar@kp.org Iota Sigma Nicole Ferrer, MSN, RN, NPD-BC, CMSRN Kimberly Hutapea, MSN, RN Lori Schultz, MN, RN, NPD-BC	STANDARDIZATION OF NEW NURSING ORIENTATION EDUCATION PLAN
1105-1130 Michelle Ocampo, BSN, RN mtocampo@students.llu.edu Gamma Alpha Kim Gnuschke, BSN, RN Kerri King, BSN, RN Ray Roazol, BSN, RN	ASSESSING KNOWLEDGE AND PLANNED CLINICAL USE OF CRISIS CHECKLISTS
1135-1200 Zelne Zamora, DNP, RN, CMSRN zzamora@llu.edu Gamma Alpha Whitney Steinkellner, BSN, RN, CCRN	ESCAPE THE MUNDANE: INCORPORATING ALTERNATIVE LEARNING

Friday, October 14, 2022

1300 to 1430 - Afternoon Breakout Session

Research

1305-1330 Sandra Peppard, PhD, RN speppard@swccd.edu Gamma Gamma Joseph Burkard, CRNA, RN Jane Georges, PhD, RN Judy Dye, PhD, APRN-BC, RN	THE LIVED EXPERIENCE OF MILITARY WOMEN WITH CHRONIC PAIN
1335-1400 Lindsay Holt, PhD, MSN, RN, CPAN lcosco@health.ucsd.edu Zeta Mu Cresilda Newsom, DNP, MSN, RN, CPAN JoAnn Daugherty, PhD, RN, CNL	DECREASING POST SURGICAL LENGTH OF STAY USING MINUTE VENTILATION
1405-1430 Tatiana Spiegler, MSN, RN tatiana.spiegler6860@coyote.csusb.edu Rho Beta Younglee Kim, PhD, RN, PHN	THE EFFECTS OF A FOOT SOAK PROGRAM ON NURSING STUDENTS' ATTITUDES

Innovative - Clinical Practice

1305-1325 Stephanie Chmielewski, MSN, RN, MSCJ, PCCN, HNB-BC Schmielewski@health.ucsd.edu UCSD Health	TRAUMA SPINAL CORD INJURY CLINICAL PRACTICE GUIDELINES
1325-1345 Cherry Sioson, BSN, RN ccsioson@health.ucsd.edu UCSD Health Faye Rivera, MSN, RN Nicole Tronco, MSN, RN	MITIGATING NURSE WORKPLACE VIOLENCE: AN EVIDENCE-BASED APPROACH
1345-1405 Lupe Yepez-Michel, DNP, RN, FNP loop@vmconfig.com Community Memorial Hospital-Ventura Kristina Fortes, DNP, FNP-BC Deanna Jung, DNP, RN, AGACNP-BC, ACCNS-AG, FNP, ENP	TRANSFORMING CARE: ESSENTIAL PRINCIPLES IN PREDIABETES
1405-1425 Valerie Williams, RN, CNS vawilliams@students.llu.edu Gamma Alpha Robin Dudley Pueschel, DNP, APRN, AGACNP-BC, RNFA Joanna Yang, DNP, RN, ACNP-BC, FNP-BC, ANVP- BC	BRINGING FIRST-LINE INSOMNIA TREATMENT TO PRIMARY CARE

Research Podium Presenters

SUPPORTING A HEALING ENVIRONMENT THROUGH PERSONAL PET VISITATION
Heather Abrahim, MSN, MPA, RN

WHAT LED TO THE NURSE'S CHOICE FOR MASTER'S DEGREE SPECIALIZATION?
Terri Ares, PhD, MSN, RN; Pennie Sessler Branden, PhD, MSN, RN

EFFECT OF COMPASSION ROUNDS ON NURSES' PROFESSIONAL QUALITY OF LIFE
Deepti Bhatnagar, MSN, MBA, RN; Martha E. Farrar Highfield, PhD, RN

MINDFULNESS PHONE APP EFFECT: NICU RN PROFESSIONAL QUALITY OF LIFE
Susan Egami, MSN, RNC-NIC, IBCLC; Martha E. Farrar Highfield, PhD, RN

USE OF MOBILE TECHNOLOGY TO IMPROVE BREASTFEEDING RATES AMONG PRETERM INFANTS: A NON-RANDOMIZED INTERVENTIONAL PILOT STUDY
Mary Ekno, BSN, RNC-NIC; Jae Kim, MD, PhD; Linda S. Franck, PhD, RN, FAAN; Judy E. Davidson, DNP, RN, MCCM, FAAN

DECREASING POST SURGICAL LENGTH OF STAY USING MINUTE VENTILATION
Lindsay Holt, PhD, MSN, RN, CPAN; Cresilda Newsom, DNP, MSN, RN, CPAN; JoAnn Daugherty, PhD, RN, CNL

STANDARDIZED PATIENTS: BRIDGING THE GAP TO PRACTICE
Deanna Jung, DNP, RN, AGACNP-BC, ACCNS-AG, FNP, ENP; Kristina Fortes, DNP, FNP-BC

IMPACT OF COVID-19 PANDEMIC ON HEALTHCARE PROVIDERS AND RESILIENCY
Hannah Jang Kim, PhD, RN, CNL, PHN; Minh Nguyen, MA, RN

THE LIVED EXPERIENCE OF MILITARY WOMEN WITH CHRONIC PAIN
Sandra Peppard, PhD, RN; Joseph Burkard, CRNA, RN; Jane Georges, PhD, RN; Judy Dye, PhD, APRN-BC, RN

MINDFULNESS BREATHING: EFFECTS ON STRESS AND WELLNESS AMONG NURSING STUDENTS
Maria Perez, PhD, RNC-OB, LHRM, CHEP, HC; Rosh Mishra PhD, MS, CHEP

PREP UPTAKE: WHERE ARE WE NOW WITH PATIENTS USING STD CLINIC SERVICES?
Cynthia Sanchez, DNP, RN, FNP-C

THE EFFECTS OF A FOOT SOAK PROGRAM ON NURSING STUDENTS' ATTITUDES
Tatiana Spiegler, MSN, RN; Younglee Kim, PhD, RN, PHN

Research Podium Abstracts

SUPPORTING A HEALING ENVIRONMENT THROUGH PERSONAL PET VISITATION

Heather L. Abrahim, MSN, MPA, RN
hlabrahim@health.ucsd.edu

Phenomenon of Interest: The objective of this study was to understand hospitalized patients' experiences of personal pet visitation.

Background: Our relationship with companion animals has developed over thousands of years. Today, pets are often considered integral members of the family. Because some patients include animal as well as human members in their definition of "family," many hospitals in the United States and Canada allow personal pets to visit patients while they are hospitalized. Little information exists in the literature to support personal pet visitation in the hospital aside from anecdotal evidence and opinion pieces. One published study examined the benefits a personal pet visitation program from the perspective of the health care providers and volunteer animal handlers. To this author's knowledge, no study has examined the patient's perception of personal pet visitation in the hospital.

Methodology: Semi-structured interviews were conducted with six patients whose personal pet(s) visited them during hospitalization on a progressive care unit at an academic medical center in Southern California. Interview narratives were examined using thematic analysis.

Results: Although data collection was truncated due to visitation restrictions implemented in response to the COVID-19 pandemic, the depth, breadth, and richness of the data allowed themes to be identified. Four dominant themes emerged: (1) novelty; (2) positive anticipation; (3) anxiety and diminishment; and (4) pride. In addition to the themes identified, the study provided valuable insights about the dynamics of personal pet visitation which can help organizations, staff, and patients/families facilitate a therapeutic experience.

Significance: Patient- and family-centered nursing care should be informed by the best available evidence. Knowledge and data derived from robust scholarly methods should drive how we deliver care. The current practice of allowing personal pets to visit hospitalized patients as part of patient- and family-centered care is not based on scholarly research, but on anecdotal evidence and the "conviction within the health care professions, academia, and the community in general that animals, as social supports, provide benefits to humans." If nursing is to continue to support this personal pet visitation, we need a scientific knowledge base with which to justify our actions.

Recommendations: Future research should examine the experience of personal pet visitation from the perspective of the patient's family and the hospital staff. In addition, quantitative or mixed methods studies which measure the impact of personal pet visitation on constructs such as pain, anxiety, and patient/staff satisfaction using validated instruments pre- and post-visit would be valuable additions to the literature.

WHAT LED TO THE NURSE'S CHOICE FOR MASTER'S DEGREE SPECIALIZATION?

Terri L. Ares, PhD, MSN, RN
tares@csudh.edu
Pennie Sessler Branden, PhD, MSN, RN

Background: The educational pipeline influences nursing career pathways and the availability of well-prepared clinical leaders, scientists, educators, administrators, and clinical practitioners for the profession. Over the years, multiple graduate level roles and specialties have arisen. The purpose of this study was to address the question: How is the choice of nursing master's degree role/specialty made and what influenced that decision?

Methods: This multisite descriptive phenomenological study used the Husserl method to describe participants' experiences as they expressed them. The method involves four steps: bracketing, intuiting, analysis, and the descriptive stage. Newly admitted and first year nursing students were recruited from master's nursing programs through a combination of convenience, snowball, and purposive sampling to achieve variation of the participants' program specializations. Data were collected using a survey and semi-structured interviews that were audio recorded, transcribed, and sent to participants for validation. Each interview was read multiple times by the researchers and analyzed.

Results: Eleven interviews were conducted. The iterative analysis process led to the discovery of 23 codes and six major themes. Under the category, *Inspiration,* recurring themes of role model or mentor and personal experiences shaping the decision emerged. The second category, *Aspiration,* contained four themes: to be a change agent/advocate, autonomy, professional growth and advancement, and a holistic approach to healthcare. There was no one specific decision-making process that occurred in choosing a nursing master's degree specialization. Role model/mentor was described most frequently as what led to the participants' specialization decision. Participants were encouraged when others believed in them and their potential, were inspired by faculty, and they wanted to become a role model based on the role models they had.

Implications & Recommendations: Role model/mentor visibility in a variety of roles is needed to sustain and inspire nurses to pursue those roles. Confusion is potentially generated when role incumbents hold academic preparation that is incongruent with the role that they hold. Graduate-prepared nurses should recognize their influence on other nurses through role modeling. Direct care nurses are not satisfied with their actual ability to practice holistically, thus nursing administrators should consider this element of job satisfaction when designing nurse retention programs. Academic programs provide an opportunity for professional growth and advancement; however, to meet nurses' expectations, programs need to ensure that students are prepared for advanced independent and interprofessional practice as a change agent and advocate, while approaching care holistically, and managing autonomy without compromising duty. Future research with larger samples should be done of the factors that lead to nurses' choice of various advanced specializations, to explore if direct care nurse job dissatisfaction is related to the pursuit of a graduate degree, and to investigate specific reasons that graduate students change their specialization while enrolled in a graduate program.

EFFECT OF COMPASSION ROUNDS ON NURSES' PROFESSIONAL QUALITY OF LIFE

Deepti Bhatnagar, MSN, MBA, (HSM), RN
dipti3262@gmail.com
Martha E. Farrar Highfield, PhD, RN

Aim: We hypothesized that a facilitated nurses' support group, Compassion Rounds (CR), would improve nurses' professional quality of life (QOL) on a newly designated COVID-19 unit.

Background: Evidence suggests that support groups enhance nurses' professional quality of life (QOL) and that in turn relates to better patient and nurse outcomes. Thus, investigators measured effects on professional QOL of a unit-level support group, Compassion Rounds, among nurses working on a progressive-care-turned-COVID-19 unit. The study used Stamm's framework of professional QOL as two balancing elements of compassion satisfaction (CS) and compassion fatigue (CF), with CF experienced as burnout (BO) and secondary traumatic stress (STS).[1]

Methods: For this quasi-experimental, pre/post, within group trial and after IRB approval, investigators recruited an inclusive, convenience sample of 84 nurses on the designated COVID-19 unit within a 377-bed, Magnet®-recognized, non-profit hospital. The intervention was 10-weeks of professionally facilitated, biweekly, 30-45 minute Compassion Rounds (CR) designed to support all unit nurses during the 2020-2021 pandemic's height. The Professional Quality of Life scale, version 5 (ProQOL5) measured nurses' CS, BO, and STS before and after the CR intervention. ProQOL5 content and construct validity are established, and CS, BO, and STS subscales have strong reliability (α=.75-.88).[1] Questionnaires were coded for paired analysis.

Data Analysis: Data were analyzed descriptively; inferential t-testing examined the hypothesis.

Results: Response rate was 45%. Nurses attended CR 1 - 10 times (*M*=3). Two-tailed, paired *t*-testing showed that CS scores fell after CR (n=10; *p*=.005), while BO (*p*=.05) and STS (*p*=.008) scores rose to moderate levels. Results were similar for two-tailed unpaired analysis of all data (N=38): CS fell (*p*=.008), STS rose (*p*=.05), but BO remained stable (*p*=.08).

Implications/Significance: Although the hypothesis was rejected, CR may have prevented worse deterioration of professional QOL during pandemic-related challenges; no counterfactual exists. CR did create clinically meaningful improvements for a few individual respondents whose CS rose and BO fell post CR. Further studies are warranted on CR given existing evidence on association between nurses' professional QOL and nurse and patient outcomes. Too, examining post-pandemic nurses' professional QOL could differentiate persistent negative trends from transient pandemic-related ones.

Funding: Funded in part by the internal PHCMC Nursing Research Fellowship Grant administered through Magnet/Research office, Providence Holy Cross Medical Center, Mission Hills, CA.

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[1] Stamm, B.H. (2010). *The Concise ProQOL Manual* (2nd ed.). https://proqol.org/proqol-manual

A MINDFULNESS PHONE APP AND NICU RNS' PROFESSIONAL QUALITY OF LIFE

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Aim/Objective: To test the hypothesis that mindfulness training via a phone application (app) will improve NICU nurses' professional quality of life.

Rationale/Background: NICU nurses work in high stress environments during the best of times, and the addition of pandemic-related stressors to that context presented extreme challenges to professional quality of life (QOL). Evidence suggests that learning mindfulness via a phone app may reduce burnout and stress and improve nurses' professional QOL. We used Stamm's framework of professional QOL as two co-existing dimensions: compassion satisfaction (CS) and compassion fatigue, including burnout (BO) and secondary traumatic stress (STS).[2]

Methods: After IRB approval, investigators used a single group, pre/post-test design. Data were collected during the 2020-2021 height of the COVID-19 pandemic from a convenience sample of 54 nurses working in a 12-bed NICU within in a 377-bed Magnet®-recognized hospital. The intervention was 21-days using the mindfulness phone app, *Premium Moodfit®*. Before and after the intervention, nurses completed a demographic sheet and two scales with established reliability and content and construct validity: 1) the Professional Quality of Life scale, version 5 (ProQOL5) (α=.75-.88) and 2) the Mindfulness Attention Awareness Scale (MAAS) (α=.81-.89).

Data analysis: All data were analyzed descriptively, and t-tests used to identify changes in mindfulness practice. The hypothesis was tested by using established ProQOL5 low, medium, and high cut scores and by inferential t-tests of ProQOL subscale scores of CS, BO, and STS.

Results: Response rate was 41% (N=22). Most participants were White (57%) with a BSN (85%), a mean of 18 years in nursing, and a mean of 14 in NICU. Pre-to-post MAAS scores were unchanged (p=.25), although paired (p=.00002) and unpaired (p=.00008) t-tests showed an increase in days of mindfulness practice. Paired t-testing showed that STS scores fell from moderate to low (n=9; p=.003), while low BO scores (p=.12) and moderate CS scores (p=0.4) remained stable. Independent t-testing of all ProQOL5 data yielded similar results (p<.05). The hypothesis was partially supported by the drop in STS as a dimension of compassion fatigue.

Implications/Significance: Despite the self-selected, convenience sample, findings suggest that using the *Premium Moodfit®* mindfulness phone app may reduce compassion fatigue and maintain positive professional QOL, even under heightened stress. Replication studies are warranted to verify results and establish trends during post-pandemic times.

Funding: Funded in part by PHCMC Nursing Research Fellowship Grant administered through Magnet/Research office, Providence Holy Cross Medical Center, Mission Hills, CA

[2] Stamm, B.H. (2010). *The Concise ProQOL Manual* (2nd ed.). https://proqol.org

USE OF MOBILE TECHNOLOGY TO IMPROVE BREASTFEEDING RATES

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Aim: Evaluate the efficacy of a mobile application designed to prompt human milk use among premature infants.

Background: The benefits of human milk based diet in premature infants is well documented, yet little has been done to develop and research methods that support mothers in providing their milk for their preterm infants.

Methods: Ethical approval was provided by the Institutional Review Board of the University of California, San Diego in advance of implementation. Written informed consent was obtained from the patients/guardians. Non-randomized interventional pilot. Data was collected from 22 mother/preterm infant dyads in a level III 54-bed neonatal intensive care unit (NICU).

Results: 90% of mothers used the mobile application. The proportion of mothers using human milk at discharge was higher in the intervention group (63.6%) vs. non-study infants (45.1%). When gestational age was considered, infants in the intervention group <30 weeks had higher human milk use at discharge (50%) than comparison infants (29.8%) while for those in the group >30 weeks these values were 80% vs. 70.6% respectively for the intervention and comparison groups.

Conclusions: A trend towards improvement in breastfeeding with use of the We3Health™ App reminders was noted though not statistically significant. Mobile technology needs to be supplemented with staff support to assure adherence. Full implementation of the multi-disciplinary multi-faceted FiCare model might strengthen existing measures supporting NICU mothers and families.

Implications: The use of mobile application technology to encourage mothers to use human milk is promising. A current multi-center clinical trial is underway to test this application with a larger population and a complete model of family-integrated care.

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DECREASING POST SURGICAL LENGTH OF STAY USING MINUTE VENTILATION

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Specific Aims: Evaluate minute ventilation monitoring (MVM) on length of stay (LOS) in patients diagnosed or at risk for Obstructive Sleep Apnea (OSA) in the Post Anesthesia Care Unit (PACU).

Background: Respiratory monitoring is imperative in the PACU, especially for patients diagnosed or at risk for OSA. Research supports MVM as an early identifier of impending respiratory compromise. Discharge standards of OSA or at-risk patients vary and warrant further studies to assess MVM prediction for preparedness to discharge.

Methodology: A two-group comparative design method evaluated LOS before and after introduction of MVM (ExSpiron) in addition to the standard of care (SOC) monitoring of respiratory rate, SpO2, and EtCO2. Each pre-MVM and post-MVM group included 50 patients divided evenly across two PACUs within the same hospital system. PACU LOS was defined as total minutes from arrival to discharge from PACU, at $52.00 per minute per stay.

Data Analysis: Unpaired t-test compared average length of PACU stay of high risk or diagnosed OSA patients with and without the addition of MVM to the SOC.

Results: An independent-samples t-test was run to determine differences in LOS between 50 subjects pre-MVM and 50 subjects post-MVM implementation at two PACUs within the same hospital system. PACU LOS decreased for those who received MVM (M= 106.22, SD = 56.85) than those who did not (M=140.96, SD= 81.55), a statistically significant difference of 34.74 (95% CI, 6.64-62.83), t(97) = 2.46, p = .016. Savings for the MVM patients was $88,140.00.

Significance: MVM in PACU can significantly reduce LOS for high risk, OSA with substantial cost savings.

STANDARDIZED PATIENTS: BRIDGING THE GAP TO PRACTICE

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Aims: The aim of this study was to evaluate the effect of utilizing standardized patients (SP) in nursing academia students' self-confidence, satisfaction, and communication patterns while completing OSCEs.

Background: Nursing education has been using simulation with objective structured clinical examinations (OSCEs), including standardized patients (SPs)to enhance student's skills, knowledge, and self-confidence. Utilization of the SPs is one such method in bridging the didactic to clinical gap in nursing education. The addition of the Standardized Patient provides nursing students a comparable and realistic means of developing critical thinking/interview skills, and implementation of the nursing process in creating a plan of care.

Methodology: A convenience sample of nursing students and standardized patients (SP) were evaluated for impact of learning with SP use. Undergraduate students (both pre and post licensure) in a bachelors of nursing program at a state university completed a questionnaire immediately following completion of the OSCE with SP use. Student's self-confidence and satisfaction were measured using the National League for Nursing's *Student Satisfaction and Self-Confidence in Learning* questionnaire. This 13-item questionnaire uses a Likert-type scale from 1 to 5 to assess learning perception from OSCEs involvement. Participants completed the questionnaire after simulation without SP use and then after OSCEs with SP presence.

Data Analysis: Total sample of participants N=108 that completed the questionnaire. Data was analyzed using *t* test scores on simulation activities without SP use as compared to those with SP use. Descriptive analysis was also completed to determine whether any significance in mean scores between the pre and post licensure student participants.

Results: An independent sample *t* test comparing the pre and post scores for the study participants during their simulation learning exercises. Students who completed the simulation with an SP, reported greater satisfaction ($p < 0.05$) and self-confidence ($p<0.01$) in the prelicensure students. Similar results were found in the post-licensure group: Satisfaction ($p < 0.05$) and self-confidence ($p < 0.03$). There were a total of 46 males and 62 females that completed the questionnaires of which 38 were prelicensure and 70 were post licensure students.

Implications to Nursing: OSCEs and Standardized Patients have been integral to replace some clinical experiences and became vital during the pandemic lockdown where clinical learning opportunities could not take place. This study provides valuable information to help schools of nursing to gauge the student satisfaction and self-confidence with the inclusion of SPs in their simulated clinical activities.

IMPACT OF COVID-19 PANDEMIC ON HEALTHCARE PROVIDERS AND RESILIENCY

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Objective: The purpose of this study is to assess the impact of COVID-19 on frontline healthcare providers and their household members. The study hypothesized that healthcare providers would report stronger resiliency and stronger impact of the pandemic than non-healthcare workers.

Background: The COVID-19 pandemic has made a significant impact on the health of healthcare providers and their families. Measuring the resilience of individuals using validated scales demonstrates how the surges of COVID-19 and the ongoing pandemic has impacted healthcare providers and their families.

Methodology: A cross-sectional survey was disseminated at multiple academical medical centers. The Brief Resilience Scale (BRS) was used to assess resiliency, and the Impact of Event Scale-Revised (IES-R) was used to assess subjective self-reported distress caused by traumatic events. Both scales have well-established reliability and validity. Participants also provided free text responses to describe main losses in social and support networks. Hypothesis testing of difference in resilience between healthcare vs. non-healthcare providers was performed using the Mahalanobis distance matching method and the Fisher sharp null or Fisher randomization tests. The contributing factors to resiliency were determined using generalized linear regression and random forest models. All analysis was conducted using R.

Results: A total of 1271 participants who completed the surveys were included in the final analysis. The majority (95%) of the participants were self-identified healthcare providers, of which 68.9% were nurses) The average of the total BRS score was 20.5 (SD 4.8) and the average of the total IES-R score was 26.6 (SD 16.6). The average total BRS score was within the range of normal resiliency (18 - 25.9). The average total IES-R score indicated a concern for post-traumatic stress disorder (PTSD).

Conclusion: While there was no statistically significant difference in resiliency between healthcare and non-healthcare providers, average IES-R scores suggest both groups were highly impacted by the pandemic and are concerning for PTSD. Additionally, protective factors for resiliency were uncovered, including social support and working in a healthcare setting. Given our findings and current literature on healthcare worker burnout, nursing leaders at healthcare institutions must implement policies and strategize provision of appropriate resources to support the resiliency and mental health of frontline staff.

THE LIVED EXPERIENCE OF MILITARY WOMEN WITH CHRONIC PAIN

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Purpose/Aims: This qualitative study was conducted to describe the lived experience of military women with chronic pain. The study aims (a) to explore a typical day with chronic pain and (b) to examine meaning through the participants' life experiences.

Background: Chronic pain, a persistent or recurrent pain lasting more than 3 months, is a widespread problem among military due to combat-related injuries and post-deployment stressors. Risk factors associated with chronic pain include gender, mental health, post-traumatic stress disorders, and prior physical or military sexual trauma. The most common prevalence of chronic pain is musculoskeletal (e.g**.,** low back and neck**),** migraine, osteoarthritis, and fibromyalgia. Following deployment, 25% of military women are at risk for chronic pain. Military women are prescribed opioids for pain at a higher rate than men and are at risk for prescription opioid addiction. The unique medical needs of military women, including chronic pain, are poorly understood by health care providers, and need to be addressed to achieve full integration into the military. There is a paucity of research on the daily lived experience of military women with chronic pain.

Methods: Using van Manen's approach, 13 active duty, retired, and veteran women were interviewed to explore these lived experiences.

Results/Analytic Approach: Eight themes emerged from an analysis of participants' experiences: (1) chronic pain is a frustrating, persistent, daily, and an hourly struggle; (2) resilience in living with chronic pain is the normal; (3) mission first and the impact of invisible pain; (4) self-care management and internal locus of control with non-pharmacological therapies; (5) pain accepted and managed to improve quality of life; (6) coronavirus disease 2019 (COVID-19) diminished social interaction; (7) pain of sexual trauma not reported; (8) disparities in healthcare due to self-perception of provider bias as pain is not understood.

Implications: The study generated new knowledge in Force Health Protection, ensuring (1) a fit and operational readiness force; (2) pre-to post-deployment care for women warriors, and (3) access to health care. The study findings supported previous research and could help direct future research into nursing, medicine, and allied health treatments for military and veterans' gender-specific healthcare, education, and training. Furthermore, the military women in this study provided insight into the need for future research to explore unconscious gender bias, health disparities, and a raised awareness of military women living with chronic pain.

Accepted by Military Medicine for publication and email approval to use

MINDFULNESS BREATHING: EFFECTS ON STRESS AND WELLNESS AMONG NURSING STUDENTS

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Background: Nursing students are at the forefront of the future of nursing; as such, their well-being is crucial to safe, quality patient care. In academia, they are subject to stressors beyond their capability of maintaining well-being. The nursing school holds them responsible for learning in a full-time accelerated program, along with handling full-time jobs, caring for their family, and caring for patients during their nursing clinical. These are no longer your typical full-time students of the 1980's and 1990's. Physical, emotional, and spiritual well-being affects a student nurse's health. The nursing student are facing high levels of stress. Nurses' work environments are stressful due to heavy workload, higher acuity patients, and self-neglect (WHO, 2016). Nurse's neglect to self-care is due to the fast pace demands of today's healthcare system and our student nurses are learning the same type of habit. This is one of the factors that negatively affect patient care and safety, along with the adverse impact it has on the nurses' and student nurses' well-being. There are a several integrative holistic modalities, which promote health. Mindfulness controlled breathing techniques is one, which may be beneficial to reduce stress and improve well-being. Little is known about the efficacy of mindfulness controlled breathing techniques among the student nursing population for the use of decreasing stress.

Purpose: Understand the effects of mindfulness controlled breathing techniques prior to testing as a self-care practice to maintain or restore well-being and decrease testing stress and anxiety.

Methods: This study is a pilot study mixed-methodology (quantitative/qualitative) testing it includes the self-reported perception of stress using Perceived Stress Scale (PSS) Likert-scale pre-and post-questionnaire (Appendix I) and follow-up questions (Appendix II), to elicit narrative inquiry about the experience. The final follow-up questionnaire was completed by participants in the study where they reflected on their experience with the use of the Mindfulness breathing technique as it pertained to their perception of stress. It was an opportunity to apply narrative inquiry to discuss their experience with the breathing techniques as well as to understand or make meaning of how they felt about their stress levels, as well as how they felt their stress levels were influenced using the breathing techniques.

Conclusions: This study supplied an understanding of the use of mindfulness-controlled breathing techniques for self-transcendence of the student nurse participants in order to achieve well-being and perception of decreased stress. The research helped student nurse participants acquire self-knowledge in order use mindfulness-controlled breathing techniques for their self-care such as during stressful testing situations. Limitations of the testing include not knowing if students are transferring the use of these techniques outside of the testing situation to see if it can help reduce perceived stress. Other limitations are if these techniques will be if these mindfulness-controlled breathing techniques are employed long term or integrated into their daily habits, outside of this study. Another limitation was that we started the study during Covid lockdown.

PREP UPTAKE: WHERE ARE WE NOW WITH PATIENTS USING STD CLINIC SERVICES?

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Objective: To describe the characteristics of persons at increased risk of HIV infection that are currently on PrEP, and those that are being offered or not offered PrEP at their Sexually Transmitted Disease (STD) visit and examine objectively if outcomes (offering PrEP to those at risk) are affected by provider type.

Background: Since the FDA approved pre-exposure prophylaxis (PrEP) in 2012 uptake has been slow. Many factors have been identified as barriers to the uptake and adherence to PrEP such as stigma, lack of insurance, lack of access, fear, and lack of awareness about PrEP. In order to describe the population of persons who utilized the local Public Health Center STD Clinic in Orange County, California as their source for STD care. Recognizing who is utilizing the services of the clinic and identifying persons at increased risk of HIV infection that are receiving PrEP, and those who are not on PrEP is part of the first steps of evaluating the services to the community in order to search for gaps in the uptake of PrEP and to facilitate solutions for groups at increased risk, and those that face barriers to care. Increasing awareness to the vital role that PrEP plays in HIV prevention to at risk patients, providers, and nurses is paramount to it's optimal utilization.

Research Methodology: A retrospective cohort study was conducted for a three-month period, yielding 819 visits. Data was collected for current PrEP use, whether patients were offered PrEP at their visit, and type of provider that cared for each patient. SPSS version 28.0 was used to analyze the data. A series of Chi square tests were used to describe the population which utilized the STD Clinic, persons at increased risk for HIV who were being offered PrEP, and whether provider type made a difference in whether or not PrEP was being offered to those at risk.

Findings: The patients were found to be predominately male 82.9%, White (75.3%) and Hispanic (54.5%). Slightly over one half of the patients described themselves as either men who have sex with men (MSM) or transgender women (TW) (52.5%) with the rest describing themselves as heterosexual (47.5%) the largest age group was 22-32 years of age. Age was found to be significantly different for those already on PrEP ($p=0.028$) and the offering of PrEP ($p= 0.032$) The largest groups that were currently on PrEP at the time of their visit were 33-43 years of age (32.1%) White (27.0%) and Spanish speaking (34.0%). The groups at increased risk of HIV infection that were offered PrEP with the most consistency was aged 44 and over (72.9%), Black (100% n=5) Asian 75.7% n=37) and Chinese speaking (100% n=1) and English speaking (67.7% n= 235). No significant difference in offering of PrEP to persons at increased risk was noted between the type of provider physician (68.5%) or nurse practitioner (65.3%) $p=0.585$. There was also a statistically significant difference found in age for those who accepted the offer to start PrEP at that visit ($p<0.001$).

Implications for Nursing: Nurses play a vital role in the education and acceptance of many types of preventive treatment. Understanding those groups at risk for HIV, and those that remain reluctant to starting PrEP is imperative for nursing in order to customize interventions such as health education for these populations.

THE EFFECTS OF A FOOT SOAK PROGRAM ON NURSING STUDENTS' ATTITUDES

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Objective: To explore undergraduate students' changes in attitudes toward homelessness after participating in a Foot Soak Program (FSP) for the Coachella Valley unsheltered population.

Background: There is a culture of disrespect among healthcare professionals in hospital settings towards patients experiencing homelessness. These harmful interactions result in stigmatization, shaming, and uncompassionate care, which destroys this population's trust in the healthcare system. Healthcare professional bias towards unsheltered people has adverse effects on patient outcomes due to clinician-patient interactions as it influences diagnosis and treatment decisions. Unsheltered people walk on average 10 miles a day and lack access to adequate foot care. The FSP brings foot care to unsheltered people who depend on their feet as a mode of movement.

Methods: The Foot Soak Program (FSP) is a prospective, pretest and posttest interventional study implemented with the support of the California State University San Bernardino Nurse Street Medicine Program during the Spring 2022 semester in the Coachella Valley. The validated evaluation tool used was the Attitude Towards Homelessness Inventory (ATHI), collected on CSUSB student nurses before the FSP orientation, along with demographics, and after their first day of foot soaks. The ATHI is an 11-question assessment tool with a six-point Likert scale and has four subscales: personal causation, societal causation, affiliation, and solutions. The students completed the ATHI on Qualtrics from February to April 2022; this data was exported to SPSS for statistical analysis for the ATHI total score and subscale scores.

Data Analysis: The IBM Statistical Package for Social Sciences (SPSS) version 26 was utilized for data analysis. A descriptive data analysis of all study participants was performed. A paired t-test was also performed to compare the mean scores of the pretest and posttest of the ATHI.

Results: A total of 81-foot soaks were performed by 17 nursing students. The age range for this sample was 20-39 years. Among 17 students, 15 (88.2%) were female, and two (11.8%) were male. Twelve study participants (70.6%) reported themselves as Hispanic. Eleven study participants (64.7%) indicated that they had never or rarely met homeless people. Higher ATHI scores mean higher empathy except for the Societal Causation subcategory; these results were inverted to match the other values. In the comparison of the pretest and posttest, the ATHI posttest total score (37.71±4.75) was higher than ATHI presets total score (29.88 ± 6.19), and the mean score difference between them was significant, $t(16) = 3.89$, $p = .001$.

Implications of Findings to Nursing: The FSP was the first program of its kind in the area. It created opportunities for healthcare professions students to improve their understanding of people's life experiences of struggling with home/shelter stability. These changes in students' attitudes towards homelessness before joining the workforce could lead to healthcare equity for this marginalized population through compassionate care and empathetic interactions.
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Research Poster Presenters

EXPERIENCES OF PSYCHOLOGICAL SAFETY OF BIPOC NURSING STUDENTS
Melissa Anozie, MSN, RN

SEXUAL HEALTH AND NURSING FACULTY
Claudia P. Benton, PhD, MSN, RN-BC, PHN

MISCARRIAGE GRIEF EDUCATION STUDY IN THE EMERGENCY DEPARTMENT
Kathryn R. Grauerholz, MSN, ANP-C; Melissa Ryan, BSN, RNC-OB

"REMEMBER OUR SONS & DAUGHTERS": ANALYSIS OF 1965 IGBO PETITIONS
Martha E.F. Highfield, PhD, RN

A SCOPING REVIEW OF MOBILE HEALTH UTILIZATION IN THE UNITED STATES
Matt Mincey, MSN, RN; Katherine Blaylock, Patricia Hernandez-Ortiz, Hannah Nygren; Tara Marko, RN

THE SILHOUETTE
Cyrus Jed G. Ramos, RN

NURSING STUDENTS' EXPERIENCE WITH HOMELESSNESS THROUGH FOOT SOAKS
Jessica Janeth Rodriguez, Carrie Lin Padojino; Younglee Kim, PhD, RN, PHN

ASSESSMENT OF EBP READINESS AT MORENO VALLEY MEDICAL CENTER
Quincyann Tsai, MSN, RN; Naomi Thiru, MBA, BSN, RN, MSIT; Regina Valdez, MA;
June Rondinelli, PhD, RN, CNS

THE OPIOID OVERUSE PREVENTION IN HOSPITALIZED PATIENTS
Danuta Wojnar, DNP, RN

Research Poster Abstracts

EXPERIENCES OF PSYCHOLOGICAL SAFETY OF BIPOC NURSING STUDENTS

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Phenomenon of Interest: Psychological safety is how one perceives the benefits, risks, and consequences of sharing an opinion, asking a question, reporting an error, or revealing one's true self to others (Edmondson & Lei, 2014). It is a belief that one will not be shamed, punished, or humiliated for speaking up with questions, concerns, or mistakes and is foundational in nurses advocating for patients. It has also been found to be an essential concept in the education of nursing students and is paramount to learning, student success, and identity formation (Chicca & Shellenbarger, 2020; Clark & Fey, 2020; Tremayne & Hunt, 2019; Turner & Harder, 2018). As the American demographic changes, and healthcare is tasked with mirroring the population, it is important to hear the stories of students that identify as black, indigenous, and people of color (BIPOC).

Description of Methodology: A qualitative, descriptive design was used to explore the experiences of psychological safety of BIPOC nursing students for this study. Purposeful sampling was required as the students must have completed at least two semesters of their BSN program as well as identify as BIPOC. Semi-structured interviews were conducted virtually with the goal of hearing the stories of students and their experiences with psychological safety. Inductive thematic analysis was performed.

Description of Participants: Eleven interviews were conducted, meeting data saturation. Participants ranged in age from 22 to 54 and self-identified their race as either Black/African American, White (Latino and Arab), Asian, or Native American. Nine identified as female, while two were male. Five participants were in their last semester while the remaining participants were at least halfway through their respective programs. The majority of participants attended schools of nursing with less than 50% of its student body from diverse backgrounds and an even less diverse faculty. Most of the participants had paid healthcare experience prior to starting their nursing programs.

Knowledge gleaned from study: Data collection is complete; however, the analysis is ongoing with an anticipated completion date of September 2022. Working themes are: The Past Informs the Present, Feeling Dismissed, The Consequences are Too Great, The Learning Community is Key, I am needed, and It's More than Nursing.

Implications or significance: Knowing the experiences of psychological safety BIPOC nursing students will allow nurse educators to foster a culture of safety, encourage inclusivity, celebrate diversity, and better prepare all students for the demands of practice. Preliminary themes suggest that continuing to seek out a diverse student population as well as diverse faculty is a key contribution to our BIPOC students' feeling safe to speak up. Getting to know them, tackling real life issues rather than sweeping them under the rug, and confronting incivility and racism will help our BIPOC students feel safer to share.

Recommendations for future studies: To be determined

SEXUAL HEALTH AND NURSING FACULTY

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Objective: The purpose aims to determine any predictive statistical relationships between nursing faculty sexual health attitudes and beliefs and their age, nursing educational level, nursing specialty, years of work, and years of teaching in nursing.

Background: Sexual health affects individuals throughout their life during wellness and illness. In the United States, sexual health has been inconsistent in nursing education. The individual's internal and external factors influence students' and nurses' knowledge, experiences, and competencies, impacting their education and professional practice. There was a gap in the literature regarding nursing faculty's sexual health attitudes and beliefs and the relationship between personal, educational, and professional factors as predictors.

Research Methodology: This research was nonexperimental and quantitative. The design was correlational with multiple linear regression. The sample was nursing faculty teaching at the baccalaureate, master, and or advanced practice nursing programs across the United States. Nursing faculty recruited from United States Universities voluntarily completed a confidential online survey for the procedure. The instruments were a peer-reviewed demographic questionnaire and the sexuality attitudes and beliefs survey (SABS). SABS is a valid (attitudes [r = -0.37; p < 0.05] and sexual myths [r = -0.43; p = 0.01]) and reliable (Cronbach's alphas of 0.75 and 0.82) instrument.

Data Analysis: The statistical data analysis used the SPSS statistical software program, version 24. The data analysis included descriptive and inferential statistics to test the hypotheses. In addition, the regression analysis identified the best predictors models and validation methods.

Research Findings or Results: The results showed a statistically significant and a moderate correlation (R = 0.35, R_2 = 0.12, F(9, 361) = 5.68, p < 0.01) of nursing faculty (n=371) sexual health attitudes and beliefs and the predictors affecting them positively or negatively. Nursing faculty showed lower SABS scores or barriers to addressing sexual health when they were older, had a doctorate, specialized in women's health, and had more years practicing and teaching.

Implications or Significance of Findings to Nursing:
This research added to the literature that years of teaching, age, a doctorate education, years of working in nursing, and women's health as a specialty were significant predictors of the nursing faculty's sexual health attitudes and beliefs, resulting in fewer barriers. These results could imply in nursing faculty the development of sexual health education, supportive nursing faculty, and advocacy for culturally diverse environments, policies, and promotion of further research.

MISCARRIAGE GRIEF EDUCATION STUDY IN THE EMERGENCY DEPARTMENT

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Objective: Evaluate the impact of reproductive grief care courses which include role play or Q&A with simulated case studies on learner knowledge, perceived self-efficacy, and skill in holistically supporting families experiencing miscarriage in the Emergency Department (ED).

Background: Each year, one million couples in the United States will experience a miscarriage and more than 50% of them will seek medical care in their local ED. While medical personnel are trained to attend to the physical needs of these patients, the typical ED staff member does not receive any formal education to address the grief and emotional anguish inherent in pregnancy loss, which negatively impact both the patient and the healthcare provider.

Methods: This is a prospective survey study of an education and training intervention on ~200 ED physicians, nurses, and allied health personnel at an urban and may eventually include other hospitals in more than one state. The survey study tool was adapted from one that was previously used in a study that evaluated the efficacy of an educational program addressing the psychosocial and bereavement support given to parents of NICU patients. The principal researcher of that study along with a group of experts in health communication, trauma informed care, and perinatal loss bereavement provided the necessary adaptations to the survey instrument to be used for measuring the efficacy of an educational program for the bereavement care of those experiencing miscarriage in the ED. In-person, on-demand online, and live webinar courses will be presented to all who provide direct patient care in the ED. The courses cover the incidence and unique aspects of reproductive loss & grief, potential barriers to providing grief care, specific communicative modalities, practical applications to mitigate parental trauma & distress, ongoing bereavement care, and personal self-care. Upon IRB approval, the study survey will be electronically administered and stored via ©Jotform for all course platforms. The survey will be administered before, immediately after the education intervention, and 6 months after completion of the educational courses.

Data Analysis: Descriptive and inferential statistics will be applied to the data using an online data analysis tool (SPSS). Categorical variables will be compared using variance tests: continuous variables will be compared in independent sample *t* tests. Pre/post and pre/6 month follow up *P* values will be calculated for each survey item, and *P* values and effect sizes (Cohen's d statistic) will be calculated for module scores.

Results: The study will yield improved mean scores in all the survey modules sub-categories which will remain significant at the 6-month follow-up mark.

Implications: This study will assess the utilization of a comprehensive educational curriculum for ED patient/family psycho-social and bereavement support. It will enhance education for pregnancy and postpartum care within Emergency Departments.

"REMEMBER OUR SONS & DAUGHTERS": ANALYSIS OF 1965 IGBO PETITIONS

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Phenomena of Interest: *Petitionary letters* have been used by diverse populations. Often called simply "petitions," such letters reveal how their authors negotiated with outsiders and among themselves in order to gain and maintain control of their day-to-day lives (Verner, 1995). As part of a larger study, I uncovered two 1965 petitions from rural Nigerian women to two US Church of Christ (COC) missionary nurses, who came to Nigeria to help establish a mission hospital. The letters provide a rare glimpse into how Igbo women made their voices heard.

Methods: Historical textual analysis of the Igbo letters was done within their social, political, economic, gender role, and mission context. I compared the 1965 letters to colonial-era petitionary letter form and consulted an Igbo informant. Examination of missionary documents provided further context and documented how the missionaries responded to the petitions.

Data Sources ("Participants"): Textual analysis uses primary and secondary sources. Primary sources included the two 1965 petitionary letters from groups of rural Igbo women, concurrent missionary documents, and existing missionary oral histories. Secondary sources were publications describing petitions and the 20th century Nigerian context.

Knowledge Gained: Both letters illustrate how petitionary letters continued from the colonial era into Nigeria's early post-independence years. In these post-independence 1965 letters, Igbo women appropriated the nurses into their village story and asserted their own power, a sense of sisterhood among all women (solidarity), traditional rights and duties, and equal partnership with missionaries (social contract). They called on the nurses to provide healthcare and hospital jobs for their families (supplication), arguing that this was consistent both with missionary-preached religious values and with missionary obligations incurred by missionary use of Igbo village spaces. The Igbo women likely expected the US women to sympathize with their key roles as primary socializers and providers for their children in their oblique request to "remember our sons and daughters." Weeks later, when missionary economic interests and desire for village goodwill aligned with Igbo women's petitionary requests, COC missionaries hired and began educating local "sons and daughters" as their first nursing, laboratory, and pharmacy staff.

Significance & Implications: The letters reveal Igbo women as central actors in shaping their own destinies, and their petitions prevent a stereotypical depiction of Africans as mere victims or as indebted recipients of western intervention. Nurses today, who are engaged in transnational care, should seek to understand others first in order to establish effective partnerships. The mission hospital continues today under Nigerian leadership.

Research Recommendations: Further study of petitions in diverse populations is warranted.

Key Reference: Verner, A. (1995). Discursive strategies in the 1905 revolution: Peasant petitions from the Vladimir Province, *The Russian Review, 54*(1), 65-90.

Funding: Oral histories previously funded in part by Gamma Tau at-Large Chapter, STTI.

Related publication: Highfield, M.E.F. (2022*).* "Remember our sons and daughters": An analysis of Igbo women's petitionary letters (1965). *NHR, 30*(1), 133-148. doi: 10.1891/1062-8061.30.133

A SCOPING REVIEW OF MOBILE HEALTH UTILIZATION IN THE UNITED STATES

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Objective: To assess the breadth of literature available regarding mobile health unit (MHU) utilization in the United States.

Background: Mobile health units (MHU) have becoming increasingly popular as a means to provide accessible healthcare that can reach underserved or marginalized groups. The services provided by MHUs vary widely depending on needs and resource availability within a community.

Methodology: A scoping review of literature using CINAHL, OneSearch, Ovid, PubMed, ProQuest, and the Cochrane library will be conducted to assess mobile health utilization in the United States from 2012 through 2022.

Data Analysis: Articles will be reviewed for study purpose and content. The following data elements will be extracted: First author, year, journal title, aim/research question, research design, discipline of service providers (nursing, medicine, dentistry, etc.), location, affiliation (university, private, etc.), and population served.

Implications: Mobile health units provide a wide range of services, often provided to underserved groups. MHUs can unite multiple disciplines such as dentistry, nursing, social work, and medicine to increase efficiency, foster collaboration, and provide holistic care to a community. This scoping review can be used to understand MHU activity and utilization over the past decade to notice trends and identify gaps. Nurses are an integral part of the community and interact with patients throughout the lifespan and at multiple levels of the illness to wellness trajectory. Nurses should be at the forefront of providing that care to their community and the first step is to understand the needs and services currently available.

Keywords: *community health, healthcare, mobile health clinic, mobile health unit, nursing, preventative health, public health*

THE SILHOUETTE

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Background: There is an increasing occurrence of children with G6PD deficiency that affects the experiences of their primary caregiver.

Objective: This study focused on the experiences of parents of children with G6PD deficiency with the disease, experiences of parents in the management at home and in the community, and with the Health Care System.

Methodology: The study utilized qualitative research specifically, Husserlian phenomenology. The seven participants were chosen through criterion sampling with the approval of the Ethics Review Board prior to the gathering of data. The data were collected from January 2022 – February 2022. Giorgi's method of interpretation was utilized in analyzing data and was simultaneously done with data gathering.

Findings: The themes that emerged from the study were the umbra, penumbra, and antumbra. The participants expressed that their experiences are likened to a silhouette. It represents the experiences of the participants when they narrated that they feel like they were in the darkest moment of their lives upon knowing the diagnosis of their child until such time that they finally accepted the reality and have to live with it, like the shadow that doesn't fade, that vague feeling will always be there.

Recommendations: Therefore, healthcare providers need to create a delicate balance between being informative, sympathetic, and supportive to the mothers regarding G6PD deficiency. The government should provide a Newborn Screening education on mothers' focused on needed information. And the education should be provided mainly by healthcare providers and supplemented by educational material. Lastly, more studies should be conducted in areas that were not explored in this study.

Keywords: *acceptance, fear, G6PD, support*

NURSING STUDENTS' EXPERIENCE WITH HOMELESSNESS THROUGH FOOT SOAKS

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Phenomenon of Interest: Stigmas have made the homeless people into an invisible population that people, including healthcare workers, tend to avoid or look past. However, it is essential to have a well-established comfort level when working with the homeless in order to provide efficient care that impacts health disparities. A foot soak practice can be the effective care to enhance the comfort and perception of the homeless. The purpose of this study was to gain a better understanding of prelicensure nursing students' experience with the homeless population through the initiation of foot soak practice.

Methodology: A descriptive qualitative approach was used to explore the experiences of undergraduate pre-licensure nursing students implementing the foot soak project on the homeless population within Coachella Valley from March 2022 to May 2022. Executing a foot soak practice required each student participant to conduct a brief foot assessment, provide a 15-minute non-medical Epsom salt foot bath, apply skin lotion or ointment as needed, and finally provide a clean pair of diabetic socks. Data was collected from eighteen senior students enrolled in the Baccalaureate Science Nursing (BSN) program at the California State University San Bernardino of Palm Desert Campus through a group debriefing. Sociodemographic and open-ended questions related to the nursing students self-reflection and personal experience of the foot soak practice for the homeless population were obtained for data collection. Thematic analysis of the debriefing data was performed to analyze, designate, and define themes.

Description of Participants: Among 18 study participants, 14 (78%) were female students and four (22%) were male students. The age range for this sample was 24-45 years. Thirteen study participants (70%) reported themselves as Hispanic.

Knowledge Gained from Study: Through data analysis, there were three categories of themes that emerged: a) unfamiliarity of foot soak for the homeless, b) initiation of therapeutic communication with the homeless, and c) positive change in personal perception of the homeless.

Implications or Significance: Nursing students, in general, have very limited opportunities to interact with the homeless population during clinical course rotations. Conducting foot soaks to a regular homeless patient population can increase a nursing student's understanding of specific population experiences through genuine human interaction.

Recommendations for Future Studies: Further studies, including quantitative and mixed methods are needed to validate statistical associations between students' attitudes toward the homeless and foot soak practice using a large sample. Developing a standardized approach to conducting a foot soak in order to boost the nursing student confidence level is also needed.

THE OPIOID OVERUSE PREVENTION IN HOSPITALIZED PATIENTS

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Objective: To determine whether the implementation of the American Holistic Nurses Association's Pain Relief Toolkit for Patients & Self-Care: Progressive Muscle Relaxation (PMR) would impact the patient pain level and the number of administered opioid doses in elderly patients diagnosed with chronic noncancer pain (CNCP) when compared to current practice in an acute care hospital in southern California.

Background: Chronic pain increases with age, especially in persons aged 65 and over (Dahlhamer et al., 2018). Nonpharmacologic strategies and nonopioid therapies are preferred for patients experiencing chronic noncancer pain (CDC, 2021). The overuse of opioids and the underuse of nonpharmacologic pain control measures are the main reason for the opioid crisis in the U.S. (Wilson et al., 2020).

Methodology: The quantitative methodology and the quasi-experimental design were used. Albert Bandura's self-efficacy theory and Lewin's change theory were the theoretical underpinnings of the project. The sample was selected from all patients admitted for observation with a recorded history of CNCP using the convenience sampling method. The total sample size was 60 patients (n = 30 in the comparison group and n = 30 in the implementation group). Data on pain levels were measured by the Numeric Rating Scale (NRS), and data on opioid use were obtained from the electronic health record. The NRS demonstrates criterion-related validity with the functional pain assessment scale used in hospitalized patients with chronic pain (Arnstein et al., 2019) and moderate reliability (0.67), with a minimum detectable change of 2.6 and a minimum clinically significant difference of 1.5 in patients with neck pain (Young et al., 2019).

Data Analysis: The original dataset was entered into an Excel database and uploaded into IBM SPSS 26.0 for further analysis. Descriptive statistics were calculated and analyzed using frequency distribution. The paired-sample t-test compared the means of two measurements of pain taken from the same individuals before and after the PMR intervention implementation.

Parametric independent t-tests were used to measure the age equivalence of the comparison and intervention groups and to compare the mean number of administered opioid doses, nonpharmacologic pain control interventions, and pain assessments between these groups.

Results: Results demonstrated a significant reduction in pain, $t(34.362)=2.044$, p = 0.049 and number of administered opioid doses $t(31.250) = 3.982$, p =.000; an increase in the number of pain assessments between the comparison (M = 9.13, SD = 4.681) and the intervention group (M = 12.2, SD = 4.708), $t(58) = -2.530$, p = .014; and an increase in usage of the nonpharmacologic pain-control strategies in the intervention group (M = 2.47, SD = .86) compared to the comparison group (M = 0, SD = 0), $t(29) = -15.703$, p = .000.

Implications: Implementing the PMR intervention enhances chronic pain control, reduces the number of opioid doses, and prevents undesired potential complications related to opioid use.

Innovative Podium Presenters

REDUCING PATIENT FALLS USING BEDSIDE MOBILITY ASSESSMENT TOOL
Patience Agoh, MSN, RN; Melissa Meehan, MSN, RN, ACNS-BC

D.R.E.A.M. STUDENT NURSE EXTERNSHIP PROGRAM
Genesis Bojorquez, PhD, RN, NE-BC, PCCN; Cabiria Lizarraga, MSN, RN-BC, NE-BC;
Gwendolyn McPherson, MSN, MPA, RN, CNS

TRAUMA SPINAL CORD INJURY CLINICAL PRACTICE GUIDELINES
Stephanie Chmielewski, MSN, RN, MSCJ, PCCN, HNB-BC

STANDARDIZATION OF NEW NURSING ORIENTATION EDUCATION PLAN
Ghada B. Dunbar, PhD, DNP, RN, NEA-BC, NPD-BC, CENP;
Nicole Ferrer, MSN, RN, NPD-BC, CMSRN; Kimberly Hutapea, MSN, RN;
Lori Schultz, MN, RN, NPD-BC

LESSONS LEARNED FROM TEACHING HEALTH ASSESSMENT ONLINE
Sabine S. S. Dunbar, DNP, RN, NMW; Chelsea Bartlett, MSN, RN, NP-C

IMPLEMENTATION OF A URINARY STRAIGHT CATHETERIZATION PROTOCOL
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EXPLORING STUDENT EXPERIENCES IN A DEDICATED EDUCATION UNIT
Teresa Hamilton, PhD, RN, CNE; Karen Bradley, DNP, RN, PNP-BC, NEA-BC;
Megan Ruggles, MSN, RN

NEWS (2) BUNDLE: ENHANCING IDENTIFICATION OF PATIENT DECLINE IN PCU
Grace Q. Nasi, BSN, RN, PCCN; Trisha Weers, MSN, RN

EXTRACORPOREAL MEMBRANE OXYGENATION SITE ASSESSMENT TOOL
Valentina Obreja, DNP, RN; Wei Ting Chen, BSN, RN, CCRN, CSC

ASSESSING KNOWLEDGE AND PLANNED CLINICAL USE OF CRISIS CHECKLISTS
Michelle Ocampo, BSN, RN; Kim Gnuschke, BSN, RN; Kerri King, BSN, RN; Ray Roazol, BSN, RN

MITIGATING NURSE WORKPLACE VIOLENCE: AN EVIDENCE-BASED APPROACH
Cherry Sioson, BSN, RN; Faye Rivera, MSN, RN; Nicole Tronco, MSN, RN

BRINGING FIRST-LINE INSOMIA TREATMENT TO PRIMARY CARE
Valerie Williams, RN, CNS;
Robin Dudley Pueschel, DNP, APRN, AGACNP-BC, RNFA;
Joanna Yang, DNP, RN, ACNP-BC, FNP- BC, ANVP-BC

TRANSFORMING CARE: ESSENTIAL PRINCIPLES IN PREDIABETES
Lupe Yepez-Michel, DNP, RN, FNP; Kristina Fortes, DNP, FNP-BC;
Deanna Jung, DNP, RN, AGACNP-BC, ACCNS-AG, FNP, ENP

ESCAPE THE MUNDANE: INCORPORATING ALTERNATIVE LEARNING
Zelne Zamora, DNP, RN, CMSRN; Whitney Steinkellner, BSN, RN, CCRN

Innovative Podium Abstracts

REDUCING PATIENT FALLS USING BEDSIDE MOBILITY ASSESSMENT TOOL

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Statement of Problem: Unit had a surge in patient falls and staff being injured related to mobilizing patients.

Objective: To increase patient and staff safety through implementation of a mobility assessment tool.

Background: Patient falls in the hospital are adverse events that impact patient quality, safety, and care. CMS lists falls as an event that should not occur in patient care areas. Currently, no tool to assess patient ability to safely mobilize in use at facility.

Methods: This EBP project used the 8 A's framework. Pre/Post staff knowledge surveys collected. Staff educated re: use of Banner's Bedside Mobility Assessment Tool (BMAT) and importance of documented availability of required assistive devices. BMAT embedded into electronic medical record (Epic) to increase ease and transparency of assessment compliance and documentation as well as remote auditing capacity. Nine months of compliance audits conducted. Fall incidence and rates tracked for one-year post-intervention. Pre and post intervention Average Length of stay (ALOS) and staff injury data obtained and analyzed.

Results: Staff knowledge improvements ranging from 92% to over 880%. BMAT documentation compliance among AM/PM shift ending at an overall average of 87.1%. Baseline Quarterly Falls with Injuries=3; post quarter 1, 2, 3, 4, 5, and 6 are 2, 2, 2, 1, 3 and 1 respectively. Falls with Injury/1000 patient days baseline quarter = 1.13, post quarters 1, 2, 3, 4, and 5 are 0.67, 0.69, 0.69, 0.33, and 0.99 respectively. ALOS baseline 5.13 and post quarters 1, 2, and 3 are 5.64, 5.58, and 5.12. Staff injures baseline were 5/year and 2/year post implementation.

Implications: Staff knowledge increased significantly and voiced feeling more empowered to know when and how to mobilize patients more safely. BMAT related documentation compliance remains good. A downward trend in falls with injury incidence and rates is noted, including a drop to only one fall with injury on the unit in a quarter post-intervention. Will continue to monitor ALOS data. Staff injuries related to mobilizing patients decreased by 60% in first year post intervention.

Recommendations: House-wide adoption of BMAT, which is in process.

D.R.E.A.M. STUDENT NURSE EXTERNSHIP PROGRAM

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Statement of the Problem: The Future of Nursing Report 2020-2030 by the National Academy of Medicine indicate the nursing workforce does not reflect the U.S. population. Diversity among caregivers is needed for achieving equity. At UC San Diego Health (UCSDH), there is a lack of nursing racial concordance for Hispanic and African-American patients.

Method Used to Address the Problem: A career pathway at UCSDH for student nurses was created to increase diversity in healthcare and address opportunity gaps for nursing students. The Diversity Retention Equity Aspire Mentor (DREAM) nurse extern program considers a student grade point average, and an essay submission that includes extensive details about themselves and their ambitions, passions, and experiences. As 3rd semester nursing students, DREAM externs are provided a didactic curriculum including a clinical nursing preceptorship and classroom instruction of relationship-based care, research, evidence-based practice, and simulation healthcare.

Resulting Change: The DREAM Program cohort started July 2021 comprised of 10 student nurses. All student nurses (n=10) graduated from a San Diego Community Colleges and completed the DREAM program externship in May 2022. The externs completed 240 additional clinical hours, divided into 160 hours of practicum and 80 hours of didactic. DREAM student nurses worked as nurse externs for the Hillcrest Inpatient Medicine Service (HIMS) units for one year and were provided a UCSDH mentor for career advisement. All DREAM externs were hired on as a Senior Nurse Aide on the HIMS units. Upon completion of the DREAM program, 9 out of 10 externs gained career employment as a clinical nurse at UCSDH.

Implications and Significance: The DREAM program provided a pathway for associate degree nurses into a magnet health system while maintaining the nurse-sensitive quality and dedication to education and development. Through DREAM, UC San Diego Health is increasing opportunities for underrepresented nursing students and further showcasing its commitment to developing diverse and expertly trained nurses. DREAM is a tangible program that can directly impact the nurse to patient racial concordance for all underrepresented minority groups.

Future Recommendations: After college graduation and upon receiving their RN licensure, DREAM externs will return to UCSDH as a New Graduate RN. DREAM addresses student nurses' socioeconomic challenges and other barriers to success. This program is primed to be implemented at other health systems to assist in increasing workforce diversity. In the DREAM program, students are exposed to professional integration and socialization within both the academic and healthcare settings.

TRAUMA SPINAL CORD INJURY CLINICAL PRACTICE GUIDELINES

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Statement of the Problem: The hospital did not have standardized protocols for spinal cord injury care in the medical center policies, nursing clinical practice guidelines, or the trauma handbook utilized by prescribing providers. The spinal cord injury population is vulnerable as the anatomical and physiological presentations are highly compromised and require attentive nursing care. The lack of protocol was problematic since providers ordered care inconsistently, resulting in incongruent nursing care.

Method: The San Diego 8 A's Evidence-Based Practice Model served as the theoretical framework. The model was utilized to structure the project's problem through assessing, asking, acquiring, appraising, applying, analyzing, advancing, and adopting.

Description of the Innovation: This project created interdisciplinary Trauma Spinal Cord Injury Clinical Practice Guidelines focused on collaborative care using a systems approach. A confidence and knowledge deficit were found in nurses who provide care for spinal cord injury patients. Spinal Cord Injury Collaborative Care education was provided to staff nurses through an interdisciplinary session by nursing, advanced practice nursing, respiratory, physical, and occupational therapists. The session was recorded and distributed to all nurses as part of the education plan. Time was made available to answer questions and follow up with any concerns. Pre-testing and post-testing were conducted. Confidence increased from 74% to 98%, and knowledge increased from 62% to 77%, post education, respectively. Nursing, advanced practice providers, and healthcare informatics developed a spinal cord injury order set within the electronic medical record.

Implications and Significance: The Trauma Spinal Cord Injury Clinical Practice Guidelines serve as a resource for nurses to provide comprehensive, evidence-based care to this marginalized patient population. A spinal cord injury order set was created within the electronic medical record through the partnership with nursing, advanced practice providers, and healthcare informatics. The order set allows advanced practice providers to input tasks consistently, aligning the care provided by nursing staff.

Recommendations: Care of the spinal cord injury patient is highly individualized. Spinal guidelines have improved nurse confidence and knowledge. Future planning includes hospital-wide dissemination, structured education training, and continued collaboration with interdisciplinary team members. The project's second phase will measure how the guidelines have improved nurse-sensitive indicators within the patient population.

STANDARDIZATION OF NEW NURSING ORIENTATION EDUCATION PLAN

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Statement of the Problem: In 2020, this multisite organization identified an educational need to standardize new nursing orientation (NNO) for inpatient nurses, travelers, and unlicensed assistive personnel to improve efficiency and meet compliance requirements. The existing educational process across the multi-site system involved myriad educational modalities and formal orientation, customized for diverse clinical settings. To enhance new knowledge acquisition and provide new resources and tools across clinical practice the decision was made to design a standardized New Nursing Orientation encompassing clinical nurses, travelers, and unlicensed assistive personnel.

Method Used to Address the Problem: This innovative project incorporated strategies for successful partnership and collaboration between key stakeholders across the fifteen medical centers to design, develop, and implement the process of a standardized NNO curricula. Workgroups were formed to support this robust process of the NNO standardized curricula. The workgroup comprised of Regional nursing leaders. local Medical Center nursing leaders (Chief Nurse Executives, Directors of Nursing Professional Development & Education (DNPDE), Service Line Leaders, Educators, etc.), Subject Matter Experts, Labor Partners, and Medical Center staffing office. A phased implementation timeline incorporating feedback and evaluation was utilized. This process facilitated assimilation, monitored improvement in evolving learning needs, curriculum modification, and the addition of current clinical workforce new requirements.

Description of any Innovation and Resulting Change: Expansion of this offering through additional innovative educational technologies met evolving requirements and the diverse workforce landscape in clinical settings. The successful implementation of this standardized education content resulted in a tailored learning experience which ensured equality of access to resources and knowledge received by the learners to meet their learning needs. An improved evaluative tool for more formalized feedback was developed.

Implications and Significance of the Project Findings: Through expansion of a standardized curriculum this program served to meet needs for increased staff engagement, improved patient interactions, and efficiency at the clinical unit setting level. This comprehensive curriculum will strengthen organizational success and support safe clinical practice through the provision of improved clinical competence, professional growth and development, increased confidence, success, and performance improvement of employees.

Recommendations: To support ongoing program sustainability, the robust partnership between all key stakeholders is maintained through scheduled meetings to review content twice per year. This ensures the curriculum content incorporates current evidence-based practices. The continued partnership with Medical Center Leadership, DNPDEs, and Regional Professional Development & Education Consultants ensures the standardized curriculum continues to meet the needs of all Medical Centers across the multisite system. We propose to promote continued evaluation of educational standardization to support excellence in nursing education and practice.

LESSONS LEARNED FROM TEACHING HEALTH ASSESSMENT ONLINE

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Problem: The COVID-19 pandemic dictated transitioning face-to-face nursing courses to an online environment, which was especially challenging for skills intensive health assessment courses.

Method: Distance learning strategies were applied to adapting a prelicensure health assessment course from in-person to completely online. The course was designed with both synchronous and asynchronous components to provide flexibility and convenience, using a Learning Management System (LMS) and cloud-based video communications software. Typical classroom activities and lab instruction were replaced with pre-recorded lectures, virtual labs, and online submission of assignments, including video recordings of weekly physical assessment practice and summative head to toe checkoffs done by students at home.
Additional support for student learning and success was provided through a virtual Putting It All Together (PIAT) lab that included a peer review component, faculty creation of applicable videos, and a discussion board on the LMS for posting questions to faculty.

Innovation: Many features of the online course continue to be utilized after returning to in-person instruction, including online submission of work, Q&A discussion boards, and faculty created demonstration videos. Having students record videos for the PIAT lab, rather than performing the assessment in person, increases the quality of student demonstrations, enhancing the in-person instruction. The peer review feature utilized during the PIAT lab helps students critically assess a peer's video and provide meaningful feedback.

Implications for education: The use of video recordings can be effective for learning hands-on skills virtually or in person. The online peer review of PIAT recordings is a useful tool to help students develop the skills of critical appraisal and professional communication that are necessary in nursing. Online submission and grading of assignments have the potential to increase efficiency and enhance student and faculty feedback.

Recommendations: Prelicensure health assessment courses can be taught online and provide students with greater flexibility and independence; however, this experience showed that significant faculty time was needed in evaluating weekly videos. Online tools can be effective even with in-person instruction and can increase efficiency as well as quality of instruction.

URINARY RETENTION STRAIGHT CATHETERIZATION PROTOCOL: AN EBP FEASIBILITY PROJECT

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Background: Catheter Associated Urinary tract infections (CAUTIs) remain an elusive problem within many healthcare organizations. Some urinary catheters are placed due to concern for possible urinary retention secondary to anesthetics and/or medications administered. However, the incidence of urinary retention, even due to specific medications, is low (25%). Once a urinary catheter is discontinued, our organization identified that if the patient didn't urinate within 24 hours, urinary catheters were frequently reinserted, sometimes even at less than 24 hours and remained for an extended amount of time, increasing the risk of CAUTI.

Goal/Aim: This project had two goals: 1. to complete a gap analysis to identify evidenced based and 2. to implement an EBP intervention based on the literature. The overarching aim was to identify the feasibility of a Urinary Retention Straight Cath Protocol on nurse workflow, reinsertion of urinary catheters, and patient satisfaction.

Methodology: Review and appraisal of the literature identified a urinary retention straight catheterization (cath) protocol as an intervention not yet attempted at the investigating organization. An evidenced based urinary retention straight cath order set was developed and implemented by members of the systemwide CAUTI team, Urology, and Infectious Disease based on the literature reviewed. Using descriptive statistics re-insertion rates, average times of straight cathing, and compliance rate for the protocol were calculated.

Results: Out of the 80 patients in the sample, only 9% had a urinary catheter replaced after implementing the order set secondary to concern of acute urinary retention. One patient (0.12%) patient suffered trauma due to the straight cath procedure. The average times of straight cath was 2.6 times. Compliance rate for performing the post void residuals was only 29%.

Implications: The results of the pilot demonstrate that implementation of a urinary retention straight cath protocol is feasible and can reduce unnecessary re-insertion of urinary catheters without harm to patients. Further evaluation of requirement of post void residuals will help to identify improved compliance of the protocol. Patient trauma was minimal, patient satisfaction was not affected, and rate of straight cathing was low.

EXPLORING STUDENT EXPERIENCES IN A DEDICATED EDUCATION UNIT

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Aim: To understand the experiences of students participating in a dedicated education unit (DEU) in one of our clinical facility partners.

Problem: Clinical placements are scarce and rotating through different care areas, particularly moving from facility to facility, is stressful for students and may reduce patient safety due to unfamiliarity with the processes, policies, and procedures.

Innovation: A local healthcare facility partnered with us to create a DEU in which staff would be educated with our theoretical perspective and specially trained to precept our nursing students. One clinical group, Group J, was randomly chosen to participate in this program. The students in Group J will do all clinical rotations possible for three years in this DEU including all adult health medical surgical rotations-Fundamentals, Physical Assessment, Adult Health 1 and 2, Gerontology, and Capstone. In other care areas, the students in Group J will remain at that healthcare facility in units appropriate to the content they are learning, like maternal-newborn care and care of children.

Method: A literature search demonstrated the DEU provided more opportunities for students to learn communication, teamwork, time management, and other professional skills to help them transition to successful nursing careers. Therefore, following the second semester, students were surveyed to understand their experience. Using a Likert scale of 1 to 4, students were asked to rate how welcome they felt on the DEU, their satisfaction, whether they were assigned the same nurse weekly, whether they were comfortable with and able to access and document in the electronic health record (EHR), and their perception of nurses' communication, teamwork, and time management. Students were also asked to quantify how many times they were able to perform skills like nasogastric tube insertion, wound care, urinary catheterization, blood glucose checks, restraints, medication administration, and intravenous care. Finally, students answered open ended questions so we could understand their experiences.

Resulting Change: Students felt welcome on the unit (mean 3.4), satisfied (mean 3), and had access to the EHR for their assigned patients (mean 3.5). Students found that nurses communicated well (mean 3.4), worked as a team (mean 3.3), and exercised good time management (mean 3.4). Students were able to administer more medications than is typical (100% administered 4 to 10 meds per semester). Students were not assigned the same nurse (mean 2.5), were not able to document (mean 2), and could not perform more skills that typical.

Implications: DEU is an effective model for student clinical rotations

Recommendations: 1) We want to better understand the experiences of the RN preceptors at the healthcare facility. 2) We would like to expand this program and have DEUs in other healthcare facilities with a more robust selection process so students choose to participate in DEU at a particular healthcare facility.

NEWS (2) BUNDLE: ENHANCING IDENTIFICATION OF PATIENT DECLINE IN PCU

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Statement of the Problem: There is a process deficiency in the trauma progressive care unit (PCU) on the timely activation of rapid response teams (RRT). Acute patient deterioration is not being easily recognized: thus, there is a significant delay in medical intervention resulting in adverse safety events. Currently, there is no tool used in the unit to assess patient deterioration consistently.

Method: The project utilized the evidence-based 8A's framework to implement a validated track and trigger tool—the National Early Warning Scores (NEWS 2)—in a trauma PCU and determine the tool's impact on reducing RRT delays and unexpected transfers to the intensive care unit.

Description of the Innovation: All nursing staff completed an online learning module to become certified in using the tool. Five-unit champions were selected to further educate the staff on the new protocol. A NEWS2 paper chart is produced for use on all high-risk patients during the implementation phase. An algorithm was also created to guide clinicians on the time to activate critical care interventions. Interdisciplinary collaboration with the medical and critical care team was then consummated to establish the appropriate escalation of care based on a patient's NEWS2 score. NEWS2 was embedded into the patient electronic health record to ease use and accessibility for staff. Chart audits were conducted to assess the impact of NEWS2 in the unit. The implementation of the NEWS2 protocol resulted in a significant reduction in the delay in RRT activation. The length of delay time in calling RRT improved from an average of 2.4 hours pre-intervention to 0 hour (no delay) and the number of unexpected ICU transfers reduced by more than 50% post-intervention.

Implications and Project Significance: Failure to rescue in an inpatient setting is an adverse event that should be avoided at all costs. This event is highly associated with increased length of hospital stay and unplanned ICU transfers from the floor. The use of a track and trigger system, NEWS2, can decrease failure to rescue occurrences in the hospital. NEWS2 has also contributed to the nurses' increased confidence in identifying early signs of patient decline. As a result, RRT teams are being activated on time to ensure immediate medical interventions are done for critically ill patients.

Recommendations: The NEWS2 protocol and escalation pathway will be proposed to be disseminated across the organization. In the advent of this global pandemic, the employment of clinical scoring systems to predict severe disease and mortality in patients with covid-19 should be investigated further.

EXTRACORPOREAL MEMBRANE OXYGENATION SITE ASSESSMENT TOOL

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Statement of the Problem: To create and validate a site assessment tool to allow visualization and facilitate cannula insertion site assessment, preserve patient skin integrity, prevent further skin breakdown by frequent dressing change, difficult removal, and cannula site infection prevention in long-term ECMO patients.

Methods: The literature search used the Medical Subject Headings (MeSH) via the online Biomedical Library's database at the University of California, Los Angeles, Harvard Medical School, and Ohio State University Library. In addition, studies indexed until August 15, 2021, were searched via PubMed, EMBASE, ProQuest, and Cochrane. The terms, including indexed terms (MeSH), individually or using Boolean operators (AND and OR), were "Extracorporeal Membrane Oxygenation," "dressing change," "assessment," "bloodstream infection," and "central line." The original peer-reviewed articles were appraised (17) and selected (7). The articles were focused on long-term ECMO patients' dressing change practice, cannula securement devices, cannula site assessment, ECMO patients' mobility, and bloodstream infection prevention.

Description of the Innovation: The ECMO SAT was created to support daily assessment and to trigger interventions such as "send culture," "suture," "new dressing," other intervention," or "none." The tool allows the inventory of all insertion points, securement device, bleeding, the need for hemostasis, skin color, drainage, surrounding skin, and to record the patient's mobility level. Also, it allows recording the patient's experience (when they can communicate) regarding how comfortable the patient with their cannula site is. The data collection was completed in October 2021. Study personnel independently achieved the ECMO SAT for inter-rater reliability (98%, CI 95%).

Implications and significance: ECMO SAT supports evidence-based practice change regarding ECMO site assessment, dressing change, and securement methods promoting timely intervention to avoid any complications that may occur at the cannula site insertion in long-term ECMO patients. In selected cases allows ECMO patients' experience assessment.

Recommendations: Include ECMO SAT in the infection prevention strategy. Consider standardizing the dressing change on ECMO patients process. Develop an institutional guideline aligned with CD and ELSO recommendations. Use a dressing kit to reduce the time of the dressing change. Include patient experience to drive further improvements to support early and safe mobility and ambulation in ECMO patients.

ASSESING KNOWLEDGE AND PLANNED CLINICAL USE OF CRISIS CHECKLISTS

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Statement of the Problem: Emergency manuals, a collection of crisis checklists, are cognitive aids that assist users to recall information & execute actions for low frequency, high risk skills & patient care events they have been taught but may forget during times of high stress. Crisis checklists help cultivate a culture of teamwork in which specific tasks are delegated & workload shared by team members (Simmons & Huang, 2019). Crisis checklists are a valuable aid that significantly improve the management of operating room (OR) emergencies. Crisis checklists were not being introduced to SRNAs in the program attended by these authors. As a result, SRNA students entered clinical practice without any awareness of how to use crisis checklists.

Method Used to Address the Problem: The use of the Stanford Emergency Manual was introduced to the SRNA Class of 2023 during a Principles of Nurse Anesthesia Practice course, using a lecture format on the crisis checklists & crisis resource management, as well as a simulation training session. This gave students an opportunity to participate in simulated OR emergencies using crisis checklists.

Description of any Innovation and Resulting Change: Data was collected through the use of pre & post-surveys. Students' awareness on utilization of crisis checklists to manage OR emergencies increased by 66% post implementation. Awareness on the format & layout of crisis checklists increased by 60%. There was a 31% increase in the students' knowledge scores after project implementation ($p = 0.003$).

Implications and Significance of the Project Findings for Research, Practice, Leadership, or Education: Continued use of crisis checklists in the clinical setting will lead to better management of acute emergencies, less omission of critical management steps, & better patient outcomes. Team communication improves. SRNA confidence to manage emergencies should also increase.

Recommendations or Future Problems/Questions: Incorporate the Stanford Emergency Manual into the curriculum & simulation training for SRNA's at this University. Consider this experiential teaching method for all nursing specialties.

MITIGATING NURSE WORKPLACE VIOLENCE: AN EVIDENCE-BASED APPROACH

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Statement of the Problem: There is a significant practice gap in addressing workplace violence in the trauma unit. Prior to project implementation, there have been six staff injuries due to workplace violence. The total amount of treatment costs for staff was $21,862.34. Additionally, a total of 1,012 non-productive work hours were utilized for staff requiring time off from work, resulting in $60,675 of non-productive and wasted time.

Method: This safety initiative employed the Plan-Do-Study-Act (PDSA) model for continuous process improvement.

Description of the Innovation: The project was started by reviewing all code gray calls, security disturbances, and incident reports related to workplace violence. A survey was conducted to obtain staff perceptions of the unit's safety culture. Inter-professional collaboration with the security team, safety training leaders, and the risk department was consummated. A multi-faceted approach was enacted that included establishing a safety training class for staff, creation of a safety algorithm utilizing environmental alarms, installation of a designated security station within the unit, daily security rounding with nurse leaders, debriefing, and flagging alerts in EPIC for patients with violent behaviors. The following outcomes were achieved: There was a significant increase in staff attendance in the Crisis Prevention Institute (CPI) safety training class from 1% to 100% and security calls were reduced from 323 to 144. A significant negative correlation was observed between staff with active CPI training and security calls ($r_p = -0.62$, $p < .001$, 95% CI [-0.79, -0.37]). This indicates that as staff with active CPI training increases, security calls tend to decrease. A significant negative correlation was observed between staff with active CPI training and panic alarms ($r_p = -0.56$, $p < .001$, 95% CI [-0.75, -0.28]). This indicates that as staff with active CPI Training increases, panic alarms tend to decrease. Since project implementation, there have been 0 staff injuries and 0 light-duty hours utilized.

Implications and Project Significance: Violence against healthcare workers is an emerging national issue and a problem experienced by 5West staff with increasing severity. The negative implications of workplace violence in healthcare are immense and impact the quality of life of healthcare workers. The literature supports training and education as the best methods to combat violence in the workplace. Through increasing awareness and participation in safety training, healthcare workers will be equipped with the best practices to manage workplace violence.

Recommendations: The next phase of the project is studying the impact of establishing a behavioral emergency response team (BERT) during an acute behavioral emergency. This innovative solution to address impending patient aggression is a compassionate, patient-centered response to behavioral emergencies and reveres the clinician's medical and ethical mission to provide care while also protecting them from harm.

BRINGING FIRST-LINE INSOMNIA TREATMENT TO PRIMARY CARE

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Statement of the problem: Chronic insomnia symptoms afflict more than 37% of the adult population. Most patients report their insomnia symptoms to their primary care provider. 80% of providers believe that insomnia is a significant health concern. Yet, their lack of Cognitive- Behavioral Therapy Insomnia (CBT-I) intervention training, lack of instructions on administering insomnia screening tools, or knowledge of safer alternative sleep medications causes primary care patients to be prescribed non-evidence-based insomnia treatments.

Method used to address the problem: This is a quality improvement project involving patients referred to the sleep medicine department at a large hospital system in San Bernardino County. The student coordinator administered the Insomnia Severity Index and the Sleep Hygiene Index during the pre-intervention insomnia encounter with selected patients. A brief discussion about CBT-I interventions and concepts are reviewed with the patient. The CBT-I intervention was previously only done face-to-face.

Description of any innovation and resulting change, if appropriate: At the end of the pre-intervention encounter, the student coordinator sent the Virtual CBT-I Intervention links to a secure email address. The virtual CBT-I intervention links topics consist of eight different modules including videos on a variety of CBT techniques. During the 3–week post-intervention encounter, the student coordinator re-administers the Insomnia Severity Index Screening Tool and Sleep Hygiene Index Tool and will assess post-intervention qualitative data using the Post Intervention Evaluation tool. Post Intervention Evaluation tool.

Implications and significance of the project findings for research, practice, leadership, or education: Prompt treatment of insomnia can reduce the risk of other mental or physical causes of insomnia providing the option of CBT-I in primary care decreases the time to treatment and permits earlier intervention for insomnia. The results of this project can provide patient and provider feedback to modify the current Virtual CBT-I Interventions to make them more applicable.

Recommendations or future problems/questions: Untreated insomnia increases the risk of mental and physical conditions that directly affect patients' quality of life and longevity. When the patient reports insomnia symptoms to their primary care physician, the severity can be assessed using the ISI screening tool, followed by timely access to the Virtual CBT-I Intervention that can be added to the patient after-visit summary. This could result in more timely management of the patient’s insomnia.

TRANSFORMING CARE: ESSENTIAL PRINCIPLES IN PREDIABETES

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Statement of the Problem: Approximately 84-million American adults have pre-diabetes, of which 90% are unaware they have it. Without intervention and lifestyle modifications, up to 30% of individuals with pre-diabetes will develop type II diabetes within 5 years. Prediabetes is growing at a rate of greater than 4.5% annually. This suggests an additional 25.2 million individuals will be diagnosed with diabetes as early as 2023.

Methods: The setting was a rural ambulatory clinic in Southern California. The patient population was primarily Hispanic. Interventions included improved provider awareness and identification through increased screening of at-risk individuals for prediabetes, lifestyle counseling, nutrition class enrollment, and subsequent re-evaluation of HbA1c laboratory tests at 3-month intervals.

Description of Innovation: A convenience sample of 264 participants was obtained. 162 participants completed the study. Findings included 142 participants (87%) of those that completed the study had statistically significant ($p > 0.001$) reductions of their HbA1c values.

Implications and Significance for Practice: The interventions demonstrated a decrease in HbA1c levels. This study highlights pre-diabetes is treatable and reversible. This does not require a massive overhaul of existing policies and procedures, nor does it require health care organizations to expend millions of dollars in equipment. Instead, an essential program deployed using a small number of resources can make a dramatic difference. Identification, education, and interventions as seen in this study can provide needed care for individuals diagnosed with prediabetes.

Recommendations for Future Practice: Further research should be completed in this area. A single clinician in a rural ambulatory clinic may not be generalizable to suburban or urban ambulatory clinics.

“ESCAPE” THE MUNDANE: INCORPORATING ALTERNATIVE LEARNING

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Purpose/Aims: To provide an alternative clinical learning environment for students to practice skills, assessments, and review medical-surgical nursing content.

Background: The COVID-19 pandemic limited clinical rotation sites at many nursing schools as hospitals closed their units to students. Faculty were tasked to find alternative learning in lieu of bedside clinical nursing experiences. Simulation provided many of the hours needed as per the allowance given by the Board of Registered Nursing. However, students tired of the simulation experience and looked for other avenues for learning content as well as reviewing skills.

Methods: The simulation was patterned after an Escape Room concept. A group of individuals uses knowledge and problem-solving skills to answer various puzzles or questions to “escape” from an enclosed room. To adhere to the social distancing requirements at the time, each clinical lab group was divided into two teams of four to five students each. Students were timed to “get out” of the room the fastest time, creating a competitive spirit as they completed each box and focused on the concept. The groups would then be timed as they moved through five different locked boxes based on body systems (Immune, Cardiac, Respiratory, Gastrointestinal, and Genitourinary). A QR code was affixed to the front of the box and, when scanned, contained a math question whose answer opened the multiple dial combination lock to the box. Each box had a five-point quiz, an assessment to be performed, and one hands-on skill to demonstrate to the instructor. Participation from all students was required to complete the skills and tasks in each box, and once completed, the students moved on to the next. Only when all boxes and tasks were achieved would the team “escape” the room. Upon simulation completion, the group debriefed with the clinical instructor. Assessment and skill content was reviewed, and the quiz answers were discussed with rationale for comprehension. Furthermore, students were given additional time to practice hands-on skills with the instructor.

Outcomes: Students stated how enjoyable the Escape Room was to enhance learning and review skills. The unintended effect of collaboration between students was noted while observing the Escape Room activity. Students were able to challenge what they have learned through active implementation of their knowledge, skills, and assessments.

Conclusions: Escape Rooms can be an effective alternative means to incorporate learning and skills for students that can assess a student’s comprehension and learning approaches.

Clinical Implications for Future Undertakings: Post-pandemic, the use of an Escape Room can be reformatted and adapted to be an effective simulation learning tool for various Nursing courses for undergraduate students and a means to measure competency and collaboration.

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Innovative Poster Abstracts

INTERPROFESSIONAL AWARENESS TOOL IN PRESSURE INJURY PREVENTION

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Background: Despite the many advances in practice and extensive research surrounding pressure injury (PI) acquisition, hospital acquired pressure injuries (HAPIs) continue to be problematic to the surgical patient. Up to 66% of surgical patients can experience pressure injuries during the perioperative period due to a multitude of factors (Ramezanpour et al., 2018). A recent teaching facility's nurse-driven practice change included the incorporation of the Scott Triggers Tool, an evidence-based PI risk assessment tool specifically for the perioperative patient. However, despite this change, the facility's HAPI rates have remained above average, indicating a need for improvement. An identified gap in tool utilization was the exclusion of anesthesia personnel (specifically nurse anesthetists) in its rollout and education, resulting in a general lack of awareness of its evidenced-based prediction score and patient care implications. Our study's purpose was to determine whether the inclusion of the facility's nurse anesthetists, through an education session and implementation of an interprofessional awareness tool in the electronic medical record (EMR), would improve awareness of PI knowledge, risk assessment, and preventative care that would impact practices related to PI prevention.

Methods: Pre- implementation surveys were distributed to participants to assess for knowledge of PI risk factors and Scott Triggers Tool, perception of Scott Triggers Tool, and confidence in optimizing PI care. Implementation consisted of an evidence-based education session focusing on PI risk factors, background and significance of the Scott Triggers Tool, care recommendations for PI prevention, as well as a newly implemented awareness tool located in the EMR. After a three-week period, post-test surveys were distributed to determine improvement in knowledge, perception, and confidence. Data collection is currently in progress.

Results: Preliminary data indicates that 1) a gap in PI risk assessment existed, 2) a gap in the Scott Triggers Tool existed, 3) an education session and hover-over feature were helpful to increase awareness of PI risk in a group of nurse anesthetists.

Conclusion: Preliminary data indicates that adequate education in PI risk assessment and preventive practices can have positive impacts on awareness, knowledge, and practices among a specific group of healthcare workers in the perioperative setting.

PROVIDING ACTIVITIES FOR ALZHEIMER/DEMENTIA CLIENTS TO PROLONG ACTIVITY

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Statement of the Problem: Upon her diagnosis of Alzheimer's'/Dementia disease, I became my mother's primary caregiver. I had no idea what I would do to keep my mother cognizant mentally for as long as possible. I drew from my experiences as a preschool teacher, ways of providing safe and enriching activities to exercise her mental capabilities. Now as I provide care to one of her siblings, I find myself advancing the ideas that I used to help my own Mother. I am teaching her daughter how to use these principles as well.

Method Used to Address the Problem: Using Piaget's theory of cognitive development, I applied it to my own mother's declining cognitive skills. I have recently discovered the Retrogenesis theory (Reisberg, et al., 2002) and eagerly look forward to combining the two theories to create even more ways to enrich my aunt's days moving forward.

Description of any Innovation and Resulting Change, if appropriate: Using Piaget's theory of child cognitive development, and assessing the cognitive level of Mom, I was able to provide activities that both interested and challenged her thinking. Mom continued to live in her home for 12 years after diagnosis. My aunt resides independently in her own home with daily oversite and assistance with activities she is unable to perform.

Implications and Significance of the Project Findings for Research, Practice, Leadership, or Education: Every human has basic needs and desires. By using tools to assess an Alzheimer's client by a trained caregiver, activities can be provided to meet many of the needs or desires at a level the client can understand and internalize. The client is calmer and easier to guide through the daily routine. (Reisberg, et al., 2002) This can allow the client to remain at a lower level of care for a longer period of time.

Recommendations or Future Problems/Questions: My goal is to expand my training program to more caregivers. This would include nurses, CNA's and family members. The application I am developing could be used to assess and plan care that is individualized to each client, using tools such as F.A.ST (De Vreese, et al., 2015). or the Global Deterioration Scale (GDS). The results would assist the caregiver to choose activities that would stimulate the Alzheimer's client and maintain abilities longer. Positive effects could keep family members in their home longer. It could slow the decline in activity that usually causes a client to be discharged from an adult daycare facility. It would allow staff to engage those residing in an assisted living facility or nursing home to keep their activities of daily living intact, leaving CNA's and other personnel free to aide with more severely declined residents. I plan to observe for a reduction in combativeness as a result of appropriately occupying the mind in an engaging fashion.

References

De Vreese et al., 2015 and Reisberg, et al., 2002

CREATING A PERIOPERATIVE EXTERNSHIP FOR NURSING PROGRAM

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Problem: Nursing profession's staffing shortages, especially in the perioperative environment, posed as a challenge to hospitals. To assist with the recruitment and retention of nurses in the surgical setting, Western University of Health Sciences collaborated with area hospitals to develop the Perioperative Externship for Nurses (PEN) program, providing nursing students with extensive experiences in the perioperative and procedural areas.

Methodology and Innovation: *Creating Academic Service Partnerships* From 2019-2022, the College of Graduate Nursing received funding from California's Song Brown/ Office of Statewide Health Planning and Development grant for registered nursing. The primary purpose of the Song-Brown grant was to increase work force development in the unmet needs of the medically underserved areas. Dean Lopez and Dr. Patricia Shakhshir reached out to clinical partners, San Antonio Regional Hospital (SARH) and Pomona Valley Hospital Medical Center (PVHMC). In 2019, both SARH and PVHMC partnered to create the inaugural PEN program. 2020, a continued partnership with PVHMC increased recruitment among underrepresented perioperative services. PEN nursing students completed 270 clinical hours as well as the Association of periOperative Registered Nurses. Periop 101 core curriculum modules. Additionally, the PEN students partnered with their mentors and followed the evidence for development of rapid improvement cycles.

Outcomes: November 2021, all PEN students became new graduate perioperative nurses, specializing in cardiac services and general surgeries. Orientation times decreased from 9 months to 5 months, and workforce increased by 5 perioperative nurses. The PEN program continues with inclusion of the rapid cycle improvement process into the clinical course, then sustaining the magnet status hospital research innovation solidifying the academic service partnership.

Implications and Significance Due to the reduction of workforce in specialty areas, especially perioperative services, creation of a perioperative externship nurse program will successfully assure an interest in the perioperative nursing specialty. Implementation of the PEN program decreased new graduate orientation time frame as well as increased the workforce for an underserved area of nursing. In summary, the PEN program created well rounded, qualified entry level nurses to fill future vacancies.

Recommendations: With the success of the PEN program, a similar model may be initiated for other areas of the hospital such as critical care, oncology, or emergency department. Creating academic service partnerships creates more learning opportunities for the students as well as create a workforce for the retiring of the experienced nurses.

SLEEP APNEA SCREENING: RECOGNIZING RISKS AND COMPLICATIONS

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Problem: Sleep apnea is the most common type of breathing related sleep disorder characterized by repetitive episodes of upper airway collapse during sleep leading systemic oxygen desaturation. It is estimated 15-30% of Americans have sleep apnea; many of them are undiagnosed. As a result of repetitive decreased oxygenation, sleep apnea is associated with an increased incidence of obesity, diabetes, hypertension, stroke, and arrhythmias. Additional complications from sleep apnea include inadequate sleep quality leading to increased motor vehicle accidents and decreased work productivity, and complications while receiving anesthesia. Although complications are severe, sleep apnea's symptoms go unnoticed. Many patients are unaware they have sleep apnea symptoms until a pre-anesthesia screening is completed before an elective surgery or procedure. It is estimated that 81% of surgical patients with sleep apnea have never been diagnosed.

Method used to address the problem: The STOP-Bang questionnaire is a highly-sensitive sleep apnea screening tool frequently used in the pre-anesthesia setting to detect low (0-2 score), intermediate (3-4 score), and high risk (5-8 score). It identifies potential intraoperative/intraprocedural airway risks and complications due so sleep apnea. The questions assess the most common sleep apnea symptoms and correlations such as snoring, excessive time sleepiness, hypertension, obesity, age older than 50 years, large neck size, and male gender.

Innovation: According to the Health Belief Model (HBM), health-related behaviors are motivated by an individual's perception of health risks. The perception of health risks is objective and person-specific. By influencing an individual's perception of susceptibility and severity, health behaviors can be influenced. By providing education to nurses in pre-op, post-anesthesia, and short-stay units, an attempt to alter the perceived threat of undiagnosed sleep apnea is made. By providing reminders at staff huddles and frequent educator rounding, an attempt to prompt and remind staff (i.e., cues to action) to complete the STOP-Bang questionnaire for all pre-anesthesia patients. As a change agent and leader, nurse educators will provide sleep apnea education and complete unit rounding.

Anticipated Change: After planned interventions, it is anticipated to see an increase in the quantity of STOP-Bang sleep apnea screens documented in the pre-anesthesia period with an increase in the quantity of patients identified as high-risk for sleep apnea. This will be measured by chart review. It is anticipated to see an increase in airway surveillance of intermediate and high-risk sleep apnea (i.e., STOP-Bang ≥ 3) by post-anesthesia nurses and decrease in critical care transfers. This intervention will be evaluated by post-test and chart review.

Implications for Research: The anticipated results indicate sleep apnea remains underdiagnosed and highlights the importance of screening prior to receiving anesthesia to increase airway surveillance and decrease critical care transfers. There is an opportunity for future research on whether patients identified as intermediate and high-risk receive outpatient follow up for sleep apnea treatment.

DETERMINING READINESS AND CONFIDENCE IN TRANSITION TO PRACTICE

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Statement of the Problem: In 2020, 27.6% of new graduate nurses left the nursing profession within the first year of employment. Approximately 1 in 5 new graduate nurses leave nursing within the first year following graduation of which 47.7 % had difficulty adapting to nursing which may have included: lack of confidence, lack of preparedness- skill and/or knowledge, or inability to perform adequately. New graduate and novice nurses leaving the profession is growing at a rate that will negatively impact the already current nursing shortage nationally.

Methods: The setting is a private four-year academic College of Nursing in Riverside County. The student population included both traditional and entry level master's degree students. Methods included an anonymous questionnaire that comprised quantitative and qualitative questions related to demographics, previous healthcare experience, type of preceptorship (i.e. one on one or group), and confidence in knowledge and skill sets. The questionnaires were sent to recent graduates (0-5 years).

Description of Innovation: A convenience sample of new graduate nurses within the last five years was emailed an anonymous questionnaire related to knowledge, skill sets, and confidence levels during their transition to practice. Analysis is pending currently.

Implications and Significance for Practice: The intervention of a one-on-one preceptorship model has many benefits for new graduate nurses who are transitioning to practice. This study highlights how one on one preceptorships may improve knowledge, skills set, and confidence levels of the new graduate nurse versus that of a group preceptorship. These findings may reflect the ability of new graduate nurses to remain in practice beyond their first year. Identification of areas of knowledge, skills, and confidence may augment curriculum to retrain new nurses.

Recommendations for Future Practice: Further research should be completed in this area. As a single private four-year higher education institution may not be generalizable to other institutions including those that are state funded.

BUILDING ON THE BASICS: STREET MEDICINE INNOVATIONS

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Problem: Census data from the past five years suggests the number of unhoused residents in San Bernardino County has increased, especially with the Covid-19 pandemic (SBC.gov). One of the many challenges in San Bernardino is the inadequacy of health care for vulnerable populations, namely those who are unhoused and of lower socioeconomic status. The impact of the pandemic also impacted nursing programs struggling to find clinical sites for community and mental health nursing courses requiring clinical practice hours.

Method: A student nurse-led clinic program, using an innovative and adaptive approach to increase access to health care for the unhoused, was established as a staple of trusted and consistent nursing care in the city of San Bernardino. Utilizing the nursing process, a department of nursing in San Bernardino County set out to replicate an established and successful nurse clinic program for this population during a global pandemic, in order to grow and expand presence and caring nursing practice in the communities where most of the university students live. The nurse clinics included vital signs, blood glucose and oxygen saturation collection, wound care, and foot soaks, as well as medication reconciliation, patient education, and referral to local free clinics. Utilizing a collaborative healthcare student effort was also established with a local school of medicine.

Innovation: A local non-profit outreach organization in the socioeconomically depressed area of the city of San Bernardino was identified as a location to provide consistent pop-up nurse clinics for the unhoused. Led by nursing department faculty, four nursing student assistants collaborated with their peers from the existing Street Medicine program to replicate in their community. Through collaboration, students from the prelicensure BSN and RN to BSN program began collecting community and mental health clinical practice hours with supervision as well as scheduled bimonthly weekend volunteer opportunities. Utilizing the original basic nursing Street Medicine tool kit, resources were streamlined, updated, and expanded to include an upscaled system of screening and data collection forms, including mental health screening tools and student-created educational handbooks from vetted sources. Data was collected on those served, services provided, students' attitudes and perceptions of this population.

Implications: The nursing Street Medicine program has not only provided nursing care to this population, but also offers nursing students the opportunity to explore personal attitudes and bias towards the unhoused. Data collection gauges personal experiences that may have changed attitudes toward the unhoused. Serving as a clinical site for nursing students during the pandemic kept students on-track for graduation.

Recommendations or future problems/questions: The current data collection forms can assess the shifts in client health; however, the program has yet to devise an easy-to-use tool and online ability to evaluate the effectiveness of services provided.

A-F BUNDLE: “D” DELIRIUM ASSESSMENT

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Statement of the Problem: A complication often unnoticed, *delirium* affects 50-80% of critically ill patients (Krewulak et al., 2018). This condition results in devastating consequences for patients and their families. Specifically, patients who experienced *delirium* in Intensive Care Units are at risk for lasting cognitive deficits, mental illness, and even increased mortality (Krewulak et al., 2018). In addition to poor outcomes, *delirium* causes a significant increase in healthcare costs (Devlin et al., 2018). This study titled ‘A-F BUNDLE: “D” DELIRIUM ASSESSMENT’ is aimed at early recognition of *delirium* in patients admitted to an intensive care unit of an inner-city hospital.

Method Used to Address the Problem: The use of the CAM-ICU was implemented to assess all patients for signs of delirium. The CAM-ICU is considered one of the most accurate in detecting delirium with a sensitivity rate of 95% and an interrater reliability score of 97%. Registered nurses in the ICU assess all patients once every shift and report positive findings to the physician. Delirium is discussed during daily ICU rounds where the interprofessional team can identify interventions to prevent or treat it based on patients’ risk.

Implications for Nursing Practice: Nurses can work both independently within their scope and in collaboration with the interprofessional team to effectively manage delirium. The implementation of an interprofessional approach empowers nurses to practice at their full capacity by contributing evidence-based nursing strategies that will prevent or minimize delirium.

Nurses have the ability to modify the patient’s environment to promote night-time sleep and enhance day-time cognitive stimulation. They can coordinate with interprofessional experts to improve mobility, minimize sedation, and wean from the ventilator. Their knowledge and understanding of medications and their patient’s responses allow them to significantly contribute to team discussions and advocate for their patient’s individual needs. Overall, nurses’ participation in the identification and management of delirium can have a significant impact on patient outcomes, effectively decreasing the length of stay, improving time to recovery, preventing long-term sequela, and decreasing mortality.

Recommendations: To sustain delirium assessment practices and continue to improve the accuracy of the assessments to optimize delirium recognition. To enhance anti-delirium interventions such as night-time sleep promotion, progressive mobility, and appropriate medication management to decrease the incidence. To expand assessment to non-ICU areas utilizing appropriate tools.

DISINFECTION OF HIGH-TOUCH SURFACES REDUCE THE INCIDENCE OF HAI

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Aims of the Project: This evidence-based QI project will impact staff compliance with the five-by-five Initiative (5x5 Initiative) as measured by audits. The second aim is to improve the staff's perception by reinforcing the importance of utilizing the 5x5 Initiative. The third aim is to impact patients' and families' perception of the 5X5 Initiative to reduce HAIs and reduce hospital-acquired CDIs by 50 percent.

Background: In the surgical trauma neuroscience ICU at University Medical Center, there was an increased number of Clostridium difficile infections (CDIs) reported in 2021 compared to other intensive care units. Environmental cleaning services clean the floors and bathrooms of patients' rooms during patient stay, so the cleaning of high-touch surfaces is often neglected, which is why this project is essential.

Method: This project is conducted in 32-bed surgical trauma neuroscience. The pre-and post-audits of environmental cleaning were done. Pre and post-implementation perception surveys to evaluate nurses' perceptions of cleaning high-touch surfaces and the 5x5 Initiative. The perception of patients or family members is assessed by asking them if the staff informed them about hand hygiene and PPE during their visit. The student DNP project leader reinforced education regarding the 5x5 Initiative. The 5x5 Initiative includes cleaning 5 high-touch surfaces (Bedside rails, IV pump, nurse call light, tray table, and patient room phone) by 5 am and 5 pm.

Outcomes Achieved: The implementation of the project greatly influenced the staff's compliance with the 5x5 Initiative and patient and family education on hand hygiene. There is a statistically significant increase in the patient's and family's positive response to the education provided about hand hygiene/Isolation precautions. The perception of staff has been improved regarding implementing the 5x5 Initiative.

Conclusion: Adequate and routine cleaning protocols such as the 5x5 Initiative and educating patients and families/visitors about hand hygiene and other appropriate precautions can reduce pathogens' transmission and decrease the risk HAIs.

Professional Implications: Environmental cleanliness is of great importance, especially for critically ill patients. The pathogens can transfer from one surface to another and pose a significant risk of infection, resulting in increased morbidity and mortality. This project will improve environmental cleaning and reduce the risk of HAIs in the ICU.

INCREASING ADVERSE CHILDHOOD EXPERIENCES (ACES) AWARENESS

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Problem: Currently, there is a lack of standardized and evidence-based screening for the ten types of adverse childhood experiences (ACEs) which includes the categories of abuse, neglect, and household dysfunction in the adolescent inpatient psychiatric population. Screening for ACEs allows for the identification of pediatric patients who have experienced ACEs and are at risk for developing the toxic stress response and ACE-associated health conditions as well as the application of targeted interventions to mitigate the toxic stress response caused by ACEs.

Methodology: To assess and promote knowledge of ACEs and practice of trauma-informed care amongst nursing staff caring for adolescent psychiatric inpatients and screen for ACEs utilizing the Pediatric ACEs and Related Life Events Screener (PEARLS) tool. Educate nursing staff on ACEs, ACE screening, the PEARLS tool, and trauma-informed care and have them complete pre- and post-knowledge, attitude, and practice surveys before education and after implementation of the PEARLS tool. Comparison of pre-and post-knowledge, attitude, and practice survey data. Evaluation on the use and completion of the PEARLS tool and data analysis of ACE/Related Life Events scores using descriptive statistics.

Innovation: Adolescent psychiatric inpatient nursing staff will be educated on ACEs, trauma-informed care, and screening for ACEs in the adolescent psychiatric inpatient population utilizing the PEARLS tool. Adolescent psychiatric inpatients will be screened for ACEs and related life events upon admission to better identify and provide targeted interventions for those adolescents who are at risk for the toxic stress response and ACE-associated health conditions.

Implications: Screening for ACEs and providing targeted, evidence-based interventions for identified toxic stress improves outcomes for families and children. Education on ACEs and trauma-informed care improves the quality of healthcare interactions, provides support for individual and family well-being, and reduces long-term morbidity and healthcare costs.

Recommendations: Implementation of standardized electronic documentation and Medi-Cal reimbursement for ACE screenings, interventions based on the patient's ACE score, ACEs Awareness training for other members of the multidisciplinary team, and development of ACEs Spanish language materials.

IMPROVING CARE TRANSITIONS AND SELF-EFFICACY FOR SNF PATIENTS

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The Problem: Effective transitional care interventions for skilled nursing facility (SNF) patients continue to be a challenge. Overwhelmed patients and caregivers often the lack necessary skills and direction in chronic condition management upon discharge to home. These factors may lead to preventable acute care episodes and increased distress during care transitions.

Methods: The Project Lead (PL) used the Iowa Model of Evidence-Based Practice, Bandura's Self-Efficacy Theory, and Transitions Theory to guide this Quality Improvement (QI) pilot study. The study involved developing a five-week self-efficacy training program for SNF patients and caregivers based on Kate Lorig's self-efficacy training concepts, nursing skill training, and application of Mary Naylor's Transitional Care Model approach to post-discharge follow-up. PL evaluated the study's outcomes over a six-month period utilizing quantitative pre and post-data.

Outcomes: To date, 7 of 10 groups completed the intervention, with a significant increase in patient and caregiver self-efficacy levels ($p < 0.001$). There was a 7% increase in quality of care transitions compared to baseline assessment ($P < 0.007$). With transitional care team follow-up, patients were assisted with scheduling appointments with their primary care providers, while the ED visits decreased. Referrals to home health care, a 30-day supply of medications, and durable medical equipment are services arranged by the facility case management team. Despite the intervention, patients experienced decreased timeliness in the delivery of these services.

Conclusion and Implications: Self-efficacy training for SNF caregivers and patients and Mary Naylor's approach to transitional care may increase self-efficacy levels and improve the quality of care transitions. Data suggests that the SNF case management team needs to arrange home health follow-up and durable medical equipment delivery earlier to avoid gaps in safety and follow-up care. SNF leadership is to prioritize self-efficacy training and transitional care follow-up for patients transitioning back into the community. Bedside nurses, advanced practice nurses, and nurse leaders are uniquely positioned to champion these changes as they practice in the SNF setting and can guide patients and caregivers during clinical encounters in anticipation of care transitions.

Recommendations for Future Studies: These findings underline the significance of self-efficacy training in improving the quality of care transitions for patients undergoing rehabilitation in the SNF settings. Future studies may examine a relationship between the two, while also measuring behavior changes produced by self-efficacy training. Larger sample size and a longer implementation period are advised in future studies while accounting for disparities in race, sex, language, and literacy levels.

INFLUENCING HEALTH BEHAVIORS IN COMMUNITY HEALTH PROGRAMS

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Statement of Problem: Community health programs based on diet and lifestyle modification have been shown to improve cardiometabolic risks among minority groups. While evidence that supports such interventions is effective, studies that show changes in health behaviors that promote healthy lifestyles necessary to reduce chronic illnesses such as cardiovascular diseases, diabetes, and cancers are limited among Cambodian Americans. Cardiovascular diseases account for about 19% of deaths among Cambodian Americans. Thus, the purpose of this project was to explore and evaluate the influence of the healthy community programs on health behaviors of Cambodian community dwellers residing in Orange County, Southern CA. This project ultimately aims to improve current health programs' delivery that ensures cultural sensitiveness that meets Cambodians' health needs and funding sources.

Methodology: The two programs implemented at the Cambodian Family Center (TCFC) are the Healthy Changes Program (HCP) and the Change Club, devised with the same goals to improve health knowledge and change in health behaviors toward healthy lifestyles and increase access to care. Both programs are delivered in bilingual: English/Khmer and funded by the Hoag Foundation. These programs provide individual and group health education sessions organized by staff and guest speakers from existing community partners and CSU, Fullerton volunteer nursing students. Bilingual health navigators assist and coordinate these healthcare services. Participants in the HCP and Change Club meet weekly for physical activities and quarterly for nutrition and health workshops.
Baseline data was collected through a pre-enrollment survey. The baseline survey was coupled with intake history of health status, health behaviors, access to care, and current health knowledge. A six-months follow-up survey after attendance was collected to evaluate the content and delivery of these two programs.

Result: The findings suggest the positive influence of implementing the HCP and Change Club programs on health behaviors such as weight management, physical activity, and healthy eating habits. Participants report 23% and 48% increase in physical activity and vegetable intake frequency, respectively. Furthermore, participants report learning new information about cardiovascular conditions, preventive care, access to free or low-cost health screenings, and lifestyle modification at the end of the six months period.

Implications/ Recommendations: A community health programs that can provide a change in health behaviors with appropriate language and cultural communication may be beneficial in decreasing and managing cardiometabolic risks. Integration of cultural awareness in promoting educational information and health behaviors tailored to Cambodian Americans should be considered. Nurses can advocate, promote wellness, and prevent illness through effective healthy community programs by partnering and collaborating with community organizations to improve the health of vulnerable populations.

ATTITUDE CHANGE OF NURSING STUDENTS TOWARD UNHOUSED PEOPLE

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Objectives: Upon completion of this presentation the learner will be able to:
Describe basic features of a nursing street medicine program with nursing students;
State two reasons for involving nursing students in street medicine; and
Describe the research tools used to evaluate the effectiveness of a nursing street medicine program.

Statement of the Problem: The problem statement is that: there is a high number of unhoused persons in the California Inland Empire; emergency rooms are utilized for primary care and minor issues; there is a need for no cost healthcare services for underserved and often uninsured individuals and families that is provided where they live and spend time; and nursing students need to understand homelessness and develop empathy for unhoused persons.

Method Used to Address the Problem: Nursing students in community health and psychiatric mental health nursing courses are required to have clinical experiences in the community. Service in street medicine provides practical experience with a population with severe healthcare needs, no primary care provider, and the majority with co-occurring and/or substance abuse and mental health issues.

Description of the Innovation: The nursing CSUSB faculty and students conduct nurse clinics at free lunch and breakfast programs and in encampments that include taking vital signs, blood glucose, heart and lung sounds, wound and foot care, medication management, chronic disease management, preventive care, health education, foot soaks, and referrals in collaboration with medical school faculty, medical residents and students.

Evaluation of the Innovation: The program utilizes descriptive data on the demographics of people served and the service provided, and qualitative data from a survey of student attitudes toward the homeless and homelessness before and after participation. Results will be presented.

Implications and Significance of the Project Findings: The street medicine program is working to replicate the program in other nursing schools.

Recommendations for Future: Challenges and hurdles to overcome will be presented.

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ACADEMIC SUCCESS AND PROFESSIONAL IDENTITY DURING THE PANDEMIC

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Statement of the Problem: Theoretical and clinical nursing education should meet the needs of the student's expectations for academic success and professional identity development (Maginnis, 2018). Research has long identified the objective for undergraduate students to construct a nursing identity grounded in social interactions with faculty and shaped by values and norms learned in both formal and informal curriculum (Del Prato, 2013; Maginnis, 2018). However, little is known about the student's response to the intentional approach to teaching that offers opportunity to consciously reflect on the complex and intricate process of learning and development. The purpose of this study is to explore each student's lived experience in nursing education throughout the pandemic. The two main objectives are: 1) to identify pedagogical practices that showed the greatest impact on student development of their personal and professional nursing identity 2) to assess the level of academic success students felt they achieved and the unique aspects that helped foster their learning.

Method Used to Address the Problem: A purposive convenience sample of 17 baccalaureate nursing students from a Hispanic Serving Institute (HSI) participated in an exploratory qualitative study examining the lived experience of nursing education during the pandemic. Students completed a set of in-class reflective writing activities. Data for this study included weekly short writing prompts and three open-ended narrative reflections on three separate occasions throughout the course of a 15-week semester.

Description of any Innovation and Resulting Change, if appropriate: As a result, students described themes related to barriers to learning versus supportive systems fostering self-efficacy, physical and mental health, and pivotal learning experiences. Faculty gained a deeper understanding of the patterns and emotions among students and in doing so enabled teaching styles that helped students find ways to fulfill their academic requirements in the course, while demonstrating empathy.

Implications and Significance of the Project Findings for Research, Practice, Leadership, or Education: In this study, nearly all students express how motivational and mindful reflective writing effectively extend the student's classroom experience from lecture to application in the clinical setting and their personal lives.

Recommendations or Future Problems/Questions: Nursing students striving for academic achievement and professional identity development while simultaneously undertaking the pandemic are key stakeholders in the future success of healthcare. This study proposes that educators, nurse leaders, and institutions work collaboratively to empower students and be present for the students as a trusted space to grow and learn.

HEALTH EDUCATION PROGRAMMING FOR TRANSITIONALLY HOUSED MEN

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Problem: Transitional housing complexes are non-clinical, residential communities for a variety of individuals, including the unhoused, post-incarcerated, and those with mental health disorders, addictions, and long-term injuries. These facilities offer a variety of services that meet their residents' basic needs (food, water, security, and safety), and some advanced needs (addiction recovery and financial aid). However, health services and health care providers are not part of standard services, despite the prevalence of disease, severity of illness, and comorbidities being greater among the socioeconomically disadvantaged and unhoused. Although a variety of external resources are available and accessible for this population to receive care, the issues of understanding, adherence and compliance with treatments continue to exist when members of the transitionally housed population lack foundational health knowledge.

Method: Evidence-based practice project; a series of weekly group health and wellness education sessions were piloted and offered on selected topics designed to introduce basic health concepts.

Innovation: A Registered Nurse, and MSN candidate, developed and offered a pilot health education program for the residents of a transitional housing facility for men in San Bernardino County to address the issue of deficient knowledge through the provision of targeted health and wellness education and the encouragement of personal health literacy. Topics included healthy eating and understanding nutrition facts labels, weight-free exercise, identifying stressors and alleviating anxiety, and developing healthy relationships. A group format, multimodal approach was used; each session included a brief content presentation, handouts, discussions, demonstrations, and active learning activities. Direct resident interactions allowed for the introduction, reinforcement, or clarification of personally or commonly relevant information. The health education sessions provide the necessary building blocks adults require for managing their own health, as well as understanding the complex lifestyle modifications of many diseases.

Implications: Health education programming provided by trained health care professions in community and non-clinical environments offers a unique opportunity to highlight factual health information residents would otherwise not have access to. It provides an opportunity for nurses to introduce, support, and reinforce not only health topics and teachings given by providers, but also encourage residents in developing greater self-efficacy in engaging in health promoting behaviors and improved health literacy. The long-term implications of this project include: the minimization of health disparities, hospitalizations, healthcare costs, medication misuse and overdose, incidence of relapse, critical injury, or exacerbation of chronic disease, and an increase in quality of life, sense of belonging, adherence to treatments, and so much more.

Recommendations or Future Questions: This innovative evidence-based project has led to the novel concept of introducing regular health education programming into non-clinical residential complexes for vulnerable populations. It has identified a need for further research on the effectiveness of providing a health education program to transitionally housed men on health literacy and self-perceptions of the ability to engage in health promoting behaviors.

AN APA WRITING INNOVATION FOR FIRST-YEAR NURSING STUDENTS

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Statement of the problem. Evidence indicates that nursing students demonstrate weak writing skills including an inability to correctly use the American Psychological Association's (APA) style guidelines. Our review of literature revealed that students have diverse learning needs, suggesting that multi-modal approaches to teaching are most effective for improving writing skills. Thus, this innovative project sought to introduce principles of scholarly writing and APA style guidelines to first-quarter students in an eight-quarter generic baccalaureate nursing program using multiple pedagogical approaches.

Methods. Nursing students were provided education to improve their professional writing skills and implement APA style. Students (n=16) completed pre- and post-educational investigator-designed surveys that quantified demographics, confidence, knowledge with using basic APA style and formatting, and ability to access APA resources. Descriptive statistics and the Wilcoxon Signed Ranks Test were used to assess if there was a significant change in students' knowledge of APA guidelines.

Description of innovation and resulting change. This multi-modal program was delivered via online mini-lecture modules using VoiceThread™ (which provided background, rationale, and directions for APA use), in-class activities, and APA-related tools (i.e., checklist, template, and reference/in-text citation examples). When comparing matched pre- and post-responses, there was a non-significant increase of 16.7% in the median score for APA knowledge ($p = 0.13$). Confidence in ability to use correct basic APA style and formatting increased from 25.0% to 68.8%. Knowledge about how to access APA resources increased from 25.0% to 93.8%.

Implications for education. Findings provide initial validation for the feasibility and effectiveness of these curricular elements. The combination of writing resources and education increased nursing students' confidence and knowledge. These curricular elements can support students as they progress through the program.

Recommendations. It is recommended that nursing schools utilize a multi-modal educational approach to improve students' APA formatting and style capabilities. Further program evaluation, with a larger sample size, is needed to provide a longitudinal view of effects of APA education and resources for students at intervals throughout their undergraduate program.

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