General Poster Session 9:50 AM - 10:30 AM

**Poster #1**

The Relationship of a Test of Essential Academic Skills (TEAS)-V Preparation Course and TEAS Scores among Nursing Program Applicants

An examination into the status of student admission to pre-licensure RN education reveals there are barriers to maximizing student admissions. One barrier is that some nursing programs do not have enough qualified applicants to fill admission capacity. The National League for Nursing annual survey showed that, out of all the applicants to RN programs, 39% were accepted, 28% were qualified but not accepted, and 33% did not qualify (NLN, 2013b); therefore, nursing programs turned away or rejected 61% of those applying to RN programs. The survey also indicated that 53% of BSN programs, 40% of ADN programs, and 63% of diploma programs had admission vacancies (NLN, 2013e). With the need to graduate more nurses to meet future demands, nursing programs need to maximize admission and admit to full capacity. Nursing programs that are not admitting to full capacity should examine solutions for filling admission capacity, particularly in the area of unqualified applicants. The Test of Essential Academic Skills (TEAS)-V is a test used by nursing programs nationwide as a part of admission criteria, but little study has been done on practices used to help students prepare for the test. This study seeks to determine if there is a difference in TEAS-V scores between students who participated in a TEAS-V preparation course and students who did not. This quantitative, retrospective, causal-comparative study is in progress. The Institutional Review Board of the authors institution approved the study, and data collection was initiated. Completion of data analysis is anticipated for March 2015 or sooner. Exploration into practices of TEAS-V preparation can provide insight into methods of helping students qualify for nursing programs. This information would be especially useful for nursing programs that do not have enough qualified applicants to fill all admission capacity and use the TEAS-V as a part of admission criteria.

**Poster #2**

Mr. Richard Celestine

Implications for patients receiving prophylactic Enoxaparin (LMWH) when neuraxial anesthesia is used for patients undergoing a total knee replacement.

Patients undergoing total knee or hip surgeries are commonly given a low dose, low molecular weight heparin (LMWH), such as Enoxaparin, which acts as an antithrombotic agent to prevent deep vein thrombosis and pulmonary embolism. Low doses of enoxaparin are often administered without laboratory monitoring. Regional anesthesia along with the use of enoxaparin is safe and effective and further reduces the risk of venous thromboembolism. However, there have been several reports in the literature regarding spontaneous epidural and spinal hematomas with the use of LMWH and regional anesthesia. The incidence of spinal hematoma in patients receiving LMWH is estimated to be 33:100,000 in patients receiving epidural anesthesia and 1: 100,000 in those receiving spinal anesthesia compared to 1:150,000 after epidural anesthesia and 1:220,000 after spinal anesthesia. The risk of developing an
epidural or spinal hematoma with neuraxial anesthesia in combination with the use of enoxaparin increases; with concomitant use of anticoagulants, prolong use of indwelling catheters for administration of anesthesia and with advanced age. The decision to perform neuraxial anesthesia and the timing to remove the catheter for patients receiving LMWH is usually done by personal preference. Literature shows that at the time of neuraxial placement, coagulation studies should be within optimal levels, and anticoagulation levels should be carefully monitored prior to placement of neuraxial catheterization. When removing an indwelling catheter anticoagulation levels should not be at therapeutic levels, as this increases the risk of spinal hematoma formation. Vigilant monitoring is critical to allow timely evaluation of neurological complications with prompt diagnosis and early intervention for improved outcomes. An understanding of the importance of the dose-dependent bleeding potential and crucial timing for catheter placement and removal is essential for patient safety and management.

**Poster #3**

Mr. Chase Chiasson

Intraoperative care of an LVAD patient undergoing non-cardiac surgery

Background: According to the CDC about 5.1 million Americans suffer from congestive heart failure (CHF). Some of these patients are benefitting from the use of a left ventricular assist device (LVAD). According to Thoratec, makers of the Heartmate II, over 17,000 of their LVADs have been implanted worldwide, and it is estimated 200,000 - 500,000 additional individuals could benefit from the use of LVADs. LVADs are a treatment option for individuals with CHF and can be used as a bridge to heart transplant or as destination therapy for individuals deemed unable to receive a transplant. Teaching Points: Individuals with LVADs may require the same surgeries as any other individual. LVAD patients have undergone many surgeries including appendectomy, cholecystectomy, and exploratory abdominal surgery. This presentation focuses on the anesthesia care of non-cardiac surgery in patients with an implantable LVAD, and it includes information for anesthesia providers on intraoperative management of LVAD patients including, anticoagulation use and reversal, antibiotic use, hemodynamic monitoring, treatment of hypotension, and importance of arterial line use. Summary: The use of LVADs are increasing yearly allowing for additional studies on intraoperative management. With the increasing numbers of LVADs being implanted, it is important for anesthesia providers to be familiar with LVADs, how they operate, important anesthesia implications, and hemodynamic changes relevant to LVADs.

**Poster #4**

Ms. Julie Delaney

Improving Outcomes using the ABCDE Bundle

Critically ill patients are at risk for developing two common problems. ICU-acquired delirium and physical weakness are two conditions that are linked, as seen through research, to poor long-term outcomes including higher mortality. It is estimated that 80% of ICU patients develop these conditions,
most often those intubated. The cost of treating patients for delirium alone is estimated at up to $20 billion dollars annually. For better quality outcomes and to reduce the societal cost, proactive changes are needed. Education was presented to the front line caregivers on the AACN's ABCDE Bundle protocols starting in November 2013 and through early 2014. Education was done via articles, computer learning modules, posters, and one on one bedside training. Every ICU patient was to be assessed daily with spontaneous awakening and breathing trials and the CAM-ICU. Each day the patient was categorized based on ability, to a tier on the mobility protocol and a goal was set for advancement. One limitation of our project is relying on the documentation/recording of the events for data.

**Poster #5**

Dr. Paula Kensler

Effectiveness of advanced practice nurse-led heart failure clinics on all-cause mortality: A systematic review of quantitative evidence

The American College of Cardiology Foundation (ACCF)/American Heart Association (AHA) Task Force on Practice1 stated that the lifetime risk of developing heart failure (HF) is 20% for Americans 40 years of age or older. To illustrate the magnitude of the problem, the report states that: 1) approximately 5.1 million persons in the United States (US) suffer from HF today (2.4% of the population); 2) the absolute mortality rates for patients with HF remain at about 50% within five years of diagnosis; and 3) total costs for HF care exceeds 40 billion dollars annually, with over half of the cost going toward hospitalizations. An estimated 1 to 2% of the population in European countries lives with HF and the prevalence of HF increases to greater than 10% in those 70 years and older. Globally, it is estimated that 1 to 2% of the population in developed countries suffer from HF, with the incidence of HF approaching five to 10 per 1000 persons per year. Estimates in most developing countries are not available. The Institute of Medicine (IOM) stated in their 2010 report, The Future of Nursing Leading Change, Advancing Health: Nurse should fulfill their potential as primary care providers to the full extent of their education and training. The objective of this systematic review was to synthesize the best available evidence regarding the effectiveness of interventions delivered in advance practice nurse-led clinics on mortality in adult (19 years of age and older) patients with heart failure. APN-led HF clinics provide evidence-based quality care to patients with HF as demonstrated by lower mortality rates. APNs are primary care providers that have the education and training to increase coverage and improve access of healthcare that the patient with heart failure needs to optimize longevity.

**Poster #6**

Ms. Ashley Krebs

The Effect of High-Fidelity Simulation on Self-Confidence, Communication, and Clinical Judgment Skills of Baccalaureate Nursing Students

Aim: Examine the effect of HFS on self-confidence, communication, and clinical judgment of BSN students and determine the difference in self-confidence, communication, and clinical judgment between BSN students who participated in interdisciplinary high-fidelity simulation (IHFS) and those
who participated in HFS. Description: A repeated measures comparative design was utilized. The sample consisted of 54 BSN students, ages 21 to 48, at a private faith-based university. Level I and II students were randomly assigned to a HFS or IHFS group. The tools used: NLN Satisfaction/Self-Confidence Scale, TeamSTEPPS® T-TAQ, and Lasater Clinical Judgment Rubric. Two of the tools were administered as pre-tests and all three tools as post-tests. Each group participated in the same three Elsevier® Evolve scenarios. The Laerdal SimMan® Essential mannequin was utilized. Six hypotheses were tested. One: no significance of IHFS on self-confidence (p = .088). Two: no significance of IHFS on communication (p = .905). Three: no significance of IHFS on clinical judgment (p = .317). All over four observations. Four: no significance between BSN students who participated in IHFS and who participated in HFS on self-confidence (p = .054). Five: no significance between BSN students who participated in IHFS and who participated in HFS on communication (p = .288). Six: no significance between BSN students who participated in IHFS and who participated in HFS on clinical judgment (p = .406). HFS had significance on self-confidence (p < .001), communication (p = .001), and clinical judgment (p < .001). Implications for Nursing: Interdisciplinary collaboration aids in improving client outcomes. Increased exposure to HFS and IHFS could positively affect self-confidence, communication, and clinical judgment of both disciplines (nursing and medical). Recommendations: Repeating the study: after increased exposure to HFS in both disciplines, with a larger sample from different programs, and with a medical faculty member as the physician during IHFS.

Poster #7
Ms. Christi Robinson & Ms. Jamie Gautreaux

Inpatient Falls: Prevention is the Key

The aim of the project was to increase our patient satisfaction scores relative to response time to call and attention to patient needs, decrease our length of stay, and decrease the incidence of falls by adding new prevention strategies to our current multifactorial intervention program. We developed Mobility/Activity Circles and placed in each patient room to enhance communication amongst all caregivers of the patient’s current mobility status. These are updated each shift. We added Mobility Technicians to help increase our patient’s activity level, promote health, and decrease the patient’s length of stay. Lastly we enhanced our rounding for increased scheduled assistance to the patients through the use of classroom education, role playing, real-time auditing with feedback, and positive recognition. During the 16 weeks of observation the fall rates and length of stay numbers decreased. We also had an increase in patient satisfaction scores related to attention to personal needs and promptness response to call. Although it is unsure as to what degree each new intervention contributed more to our current fall reduction plan, we feel there is some evidence to suggest that by adding the Mobility/Activity Circles, 4P rounding, and mobility techs was shown to be effective.

Poster #8
Ms. Randy Rosamond & Ms. Shelly Dolan

Child Abuse Prevention Education for Undergraduate Nursing Students-An Evidence-Based Program
Current statistics on child abuse reveal that child abuse affects nearly six million U.S. children each year. An estimated one in ten children have been sexually abused. However, experts contend that even more children are victims of abuse due to underreporting. Growing evidence supports the link between child abuse and long-term devastating effects on the child and community. Progress is being made in accordance to state and federal laws and through nursing policy and education. In an effort to combat this menace, the Child Health Nursing Faculty at Louisiana State University Health Sciences Center - School of Nursing has taken the initiative to undergraduate nursing students about the significance and consequences of abuse. By introducing them to a quality intervention program in the community, nursing students are becoming more aware of their role as key players in mitigating child abuse in the community.

**Poster #9**

Ms. Danielle Stewart & Ms. Anna Bailey Gibson

**New Orleans Adolescent Reproductive Health Project (NOARHP)**

Louisiana’s teen birth rate and sexually transmitted infection (STI) rate are significantly higher than the national average. Because Louisiana law does not mandate formal reproductive health education, many adolescents never receive information regarding healthy relationships or reproductive health. New Orleans Adolescent Reproductive Health Project (NOARHP) is a multidisciplinary student-led volunteer organization at LSUHSC that seeks to reduce STI prevalence and teen pregnancy rates among 15 to 19 year-old school students. Our mission is to provide all Orleans parish public high school students access to age-appropriate, evidence-based, culturally sensitive and comprehensive reproductive health education, leading to safer, more responsible reproductive health decisions. Our governing principles are: 1) Effectively delivered reproductive health education can reduce unwanted pregnancy rates, delay onset of sexual activity, and decrease STI transmission rate. 2) Interprofessional health care teams improve the health of individuals and communities, and each member brings valuable perspective and expertise that improves the functioning of the team. 3) Health professional students hold knowledge about both biological health and social determinants of health, which make them effective health educators. Since its foundation in 2011, NOARHP continues to develop and implement a reproductive health curriculum derived from CDC-aligned adolescent health guidelines. Evidence from pre- and post-test data shows that students benefit from the course; out of eight health behavior outcomes (HBO), students showed marked improvement each semester. NOARHP utilizes the results of these pre-and post-tests to tailor the curriculum to better meet students’ needs. Along with the addition of teaching tools and visual aids, we implemented a mandatory training session for volunteer reproductive health teachers. We have reached over 1100 students so far and hopes to increase our impact in 2015.

**Poster #10**

Ms. Sandra Wade & Ms. Leisa Kelly

**Let’s Ex-foley-ate! Implementation of a Nurse-Driven Urinary Catheter Removal Protocol**
BACKGROUND & PURPOSE: Catheter-Associated Urinary Tract Infections (CAUTIs) are the most prevalent hospital-acquired infections. According to the CDC, they add 2-4 days and $500-$2000 to each stay, and result in 13,000 deaths annually. The greatest risk factor for their development is prolonged use of urinary catheters. The projects purpose was to reduce the number of CAUTIs by empowering RNs to independently remove catheters when there are no appropriate indications for continuing. Goals were reductions in total foley days and the catheter dwell time per patient. DESCRIPTION: Multiple studies have demonstrated a relationship between implementation of nurse-driven protocols and CAUTI reduction. Two CNSs, an infection control nurse, and two physician champions led an 8-month foley removal protocol pilot on 3 postoperative and 2 cardiology units. After MEC approval of 12 indications for catheter maintenance, based on CDC and SCIP guidelines, nurses were educated via a computer learning module, algorithms, pocket cards and staff huddles. RNs evaluated foley necessity daily, based on patient condition, existing orders, and approved indications. If none were present, the nurse either removed the catheter or conferred with the MD for clarification. Challenges were nurse reluctance to independently remove catheters and the additional charting necessitated by protocol details not already incorporated into the EMR. EVALUATION & OUTCOMES: Foley days, incidence of UTI, and nurse documentation were monitored for pilot success. The cardiology units had a significant decrease in foley rates; and there was an overall decrease in catheter dwell time on all 5 units. CAUTIs decreased in all pilot units, remaining below the NHSN mean. APPLICATION TO PRACTICE: Nursing practice on the pilot units was enhanced by a sense of empowerment, pride in process ownership, and improved collaboration with physicians. Their enthusiasm and success are encouraging others as the protocol expands house-wide and throughout a 5-hospital system.

Concurrent Podium Session A: 10:30 AM-10:50 AM

Dr. Ray Devlin

The incidence of thromboembolism formation following the use of recombinant factor VIIa in patients suffering blunt force compared to penetrating trauma: a systematic review

Background Rapid replacement of blood loss is critical in patients suffering traumatic hemorrhage. The demand for blood products can exceed the supply during mass casualty situations as a result of civilian disaster scenarios and military combat operations. When the availability of blood products is limited, certain interventions have shown promise in conserving blood supplies. Recombinant factor VIIa (rFVIIa) has been administered as a treatment for controlling hemorrhage in trauma patients. The demonstrated safety of rFVIIa for off-label use in traumatic hemorrhage is most likely due to the localization of its effects at specific sites of vascular injury, in turn avoiding a systemic activation of the clotting cascade.1 The safety profile of rFVIIa in traumatic hemorrhage has come into question. rFVIIa activates the clotting cascade when administered in pharmacological doses and circulates at levels 1,000 times greater than normal endogenous levels, displaying a half-life that is considerably longer in duration.1 This use of rFVIIa in trauma patients has shown promise in reducing the requirements for blood products needed but questions remain as to whether the risk of thromboembolism outweighs the benefits.2 Although rFVIIa has a tendency to remain localized to areas of vascular insult, there may be an increase in thromboembolism formation when patients suffer multiple sites of injury as seen in blunt force trauma.
Is it possible that rFVIIa may be best avoided in certain types of traumatic injuries? Objectives This review aimed to identify the incidence of thromboembolism formation in patients suffering traumatic injuries after receiving rFVIIa. The two types of injuries included were blunt force and penetrating trauma.

Dr. Jennifer Martin

Protective Ventilatory Strategies in the Operating Room to Decrease the Incidence of Post-Operative Atelectasis

Atelectasis is defined as a collapse of the lung tissue affecting part or all of the lungs. General anesthesia is associated with impaired oxygenation and pulmonary atelectasis has been identified as the major cause. The effect of decreased FiO2, the use of PEEP and recruitment maneuvers to prevent post-operative pulmonary atelectasis has not been well defined within the anesthesia community. The common practice among anesthesia providers is to perform general anesthesia without the use of PEEP and a 100% FiO2 without using a vital capacity maneuver at the end of the anesthetic. There is no systematic review to reveal data about the proposed interventions and their effect of post-operative pulmonary atelectasis. This review aims to provide evidence on the best practice use of PEEP, decreased FiO2, and/or recruitment maneuver before extubation in reducing the development of post-operative pulmonary atelectasis. The objectives of this systematic review were to systematically review and synthesize research literature in order to identify the most effective interventions used by anesthesia providers in the reduction of pulmonary atelectasis. This review aimed to answer the following specific question: In patients undergoing general anesthesia, what are the effects of peak end expiratory pressure (PEEP), a decreased fraction of inspired oxygen (FiO2) delivery, and/or the use of a recruitment maneuver on the development of post-operative pulmonary atelectasis? More specifically, the objectives are to identify: The effectiveness of PEEP, a decreased FiO2 delivery, and/or the use of a recruitment maneuver on the development of post-operative pulmonary atelectasis in patients undergoing general anesthesia.

Dr. Rose Schaubhut

Impact of the Cornerstone of Cultural Competence during a Disaster Cycle Education Program for Nurses: Program Results

This presentation discusses the impact of the Cornerstone of Cultural Competency during a Disaster Cycle (C3DC) educational program developed at Louisiana State University Health Sciences Center School of Nursing. The purpose of this program was to educate health care providers in providing cultural competent care to vulnerable populations in emergency preparedness and disaster response. The C3DC program included online learning sessions, face-to-face educational sessions, academic course offerings and case studies delivered in a Second Life® technological modality. The train-the-trainer approach was used to introduce the educational sessions to nurses throughout the state. Academic course offerings were delivered to 896 undergraduates and 181 graduate students in 24 colleges and universities. There were 1,387 nurses who attended online or live sessions over the three year period. This program targeted nurses in Louisiana yet the program attendees included 24 states and the
territory of Puerto Rico. Evaluation results of the program modules rated online and distance learning modalities for the programs will be discussed. Results of the program evaluation were positive. Nurses who participated in the programs rated the program as excellent or good (88%). Those who deemed the program effective in maintaining a state of readiness were also 88% with 92% of attendees noted that the program met their personal expectations and the content was applicable to their nursing practice. Final program evaluation results will be presented. The Healthy People 2020 Preparedness objective is impacted by educating nurses to lead and transform the health care delivery system.

**Concurrent Podium Presentation B: 10:30 AM—10:50 AM**

**Dr. Rose Schaubhut**  
**Preceptor Education: Enhancing Knowledge and Attitudes**

Precepting nurses is a process of educating, acculturating, guiding and coaching students, newly hired nurses and experienced nurses who move to a new role. Because clinical education is vitally important for students prior to their graduation, the preceptor plays a key role in student learning (Mc Clure & Black, 2013). A Preceptor Education Program (PEP) provided nursing education sessions in one Louisiana hospital from August to October of 2013. Attendees completed a post-test which measured the self-reported improvement on the Smedley, Morey and Race (2010) Preceptor Program Educational Outcome (PPEO) survey instrument. This descriptive project used a convenience sample of preceptors (N=56) of newly hired nurses and nursing students. Attendees viewed the voice over slides in a computer room setting. Participants completed the post program PPEO questionnaire instrument and demographics. Program participants had a basic BSN education (58.9%), were non-Caucasian (69.7%), with an age range from 41-60 (64.3%) worked in a hospital based (62.5%) or outpatient clinic setting. The program results showed enhancement of knowledge and attitudes with each individual question score mean ranged from 3.18 to 3.43 on a 4.0 scale. No correlations were found between the variables of age, experience, number of preceptees or with any of the survey subscales. The entire evaluation program results will be discussed.

**Ms. Katharine Howe**  
**SMART CAFÉ: A student-directed interprofessional approach to nutrition education in schools**

Precursors of hypertension and atherosclerosis begin in children as young as age five. However, practicing a healthy lifestyle in childhood can mitigate adult risk factors for cardiovascular disease and metabolic syndrome. In New Orleans, even with extended-day school programs that provide three meals a day to children, one fifth of the population experiences food insecurity and one half of all children are on food stamps. In line with the National Collaborative on Childhood Obesity (NCCOR) goal to implement sustainable interventions, SMART CAFÉ is an interprofessional group of health sciences students who visit local elementary school cafeterias to teach basic nutrition and encourage K-2nd
graders to try unfamiliar but nutritious foods. Of the over 800 children serviced, 95% are eligible for free and reduced lunch and 97% are African American. Volunteers use rhymes and visual aids to bring curriculum-guided lesson plans to life. Volunteers come from the schools of medicine, nursing, public health, allied health professions, and dentistry. Programs like SMART CAFÉ often struggle to engage volunteers across disciplines due to difference in schedules, few open lines of communication, and limited appreciation of the urgency of preventive medicine. Establishing an interprofessional student board overcomes these challenges and prepares students to lead interprofessional teams. By observation, extrinsic motivation with encouraging words and small rewards is the most successful element of our intervention. Pre- and post-intervention data on nutrition knowledge and types and quantity of food consumed at lunch has been collected at two local elementary schools. Chi-square and regression analyses will be done using pre- and post-intervention data to determine if there was a significant increase in healthy food consumption and to guide curriculum modification. Four other local schools have requested SMART CAFÉ, indicating the program is suitable and pertinent.

Dr. Laura Bonanno

Teamwork Training for Interprofessional Students (TTIPS) : Improving the quality of care for veterans and diverse populations with behavioral health disorders

The purpose of the Louisiana State University Health Sciences Center-New Orleans (LSUHSC) School of Nursing (SON) proposal for the Advanced Nursing Education Program entitled: Teamwork Training for Interprofessional Students (TTIPS) : Improving the quality of care for veterans and diverse populations with behavioral health disorders is to promote interprofessional education (IPE) to improve the care of veterans and diverse populations with Multiple Chronic Conditions (MCC), specifically, behavioral health disorders (BHDs), using technologically supported IPE in teamwork training. Guided by the Institute of Medicines (IOM) 2003 recommendations for the reform of health professions education as well as the Interprofessional Education Collaboratives (IPEC) Core Competencies for Interprofessional Collaborative Practice (IPEC, 2011), this project aims to promote institutional cultural change through technology supported IPE focusing on fostering highly reliable team function in the care of patients with MCCs. In this manner, nurse anesthesia and other graduate healthcare students will be equipped with the necessary knowledge, skills, and attitudes to provide these patients quality care in their encounters with them in the clinical environment.

Concurrent Podium Session C: 10:30 AM-11:30 AM

Dr. Todd Tartavoulle

Sexual Functioning in Women with Pulmonary Hypertension

Background/Significance: Pulmonary hypertension (PH) is a progressive and ultimately fatal disease. The ultimate goal is to reduce the symptomatic disease burden associated with PH and increase the clients’ health related quality of life. Despite the pharmacologic advances in the last several years that has been associated with the improvement in the hemodynamic profile of the PH client, many PH clients continue
to experience a reduction in health related quality of life as sexual dysfunction is a common problem of increasing incidence in adult women with PH. Purpose: The purpose of this research study was to (a) assess sexual function among adult women with PH and to (b) determine prevalence of sexual dysfunction in adult women with PH. Method: In this cross-sectional, descriptive study, women aged 19-78 years were requested to complete the Female Sexual Function Index (FSFI) and a general demographic questionnaire. The Theory of Unpleasant Symptoms was used to guide the research study.

Ms. Katharine Saussy

Obstacles for the Use of Intraosseous Vascular Access Catheters in a Level I Trauma Center

Intraosseous (IO) vascular access is a well-established method of vascular access in the resuscitation of severely ill or injured patients. IO access appears to be underutilized in the hospital setting outside of emergency codes despite numerous indications for its use. We hypothesized that despite formal training, there remain misperceptions among nurses about this mode of access and that it remains infrequently used even for patients with emergent, urgent or difficult vascular access (EUD). An anonymous survey was conducted within departments at a Level 1 trauma center. Surveys were distributed to nurses in the ED, medical ICU, surgical ICU, PACU, and anesthesiology. The questionnaire focused on training, usage, perceptions and concerns that prevent nurses who care for critical patients from utilizing IO catheter for rapid vascular access. One hundred and four respondents completed the questionnaire. The most respondents were in the emergency department and most of had been formally trained within the last two years. The two most common obstacles reported were lack of adequate training and lack of confidence in IO as a route for vascular access. Fear of complications and perception of pain were the next two most cited obstacles. Respondents had the ability to select more than one obstacle. The majority of nurses who respond to EUD patients receive formal training in the use of IO needles. However, less than half have ever used one. Few of these trained nurses, in fact, reported even having attempted to place an IO needle indicating a general lack of comfort with this method of access. Other contributing factors include lack of sufficient training and confidence in the IO method, misperceptions about pain, usage, and complications. Further education, geared towards developing procedural confidence among nurses may increase the use of IO needles in challenging vascular access patients.

Dr. Jennifer Manning

The Influence of Nurse Manager Leadership Style on Staff Nurse Work Engagement, Structural Empowerment and Intent to Stay in Acute Care Hospitals

Background: Recent evidence has shown when staff nurses are not engaged and empowered in their work they are more likely to become dissatisfied in their job resulting in increased turnover and adverse patient outcomes. One common reason cited is the lack of support from nurse managers. Understanding the impact a nurse managers leadership style has on staff nurses was identified as a gap in the current literature which needed further investigation. Objective: This study aimed to investigate the relationship between nurse manager leadership style and staff nurse work engagement, structural empowerment, and intent to stay. Methods: Using a descriptive, correlational design, staff nurses from three hospitals
were sent electronic surveys containing questions from the Multifactor Leadership Questionnaire, Conditions of Work Effectiveness Questionnaire, Utrecht Work Engagement Questionnaire and the Intent to Stay Questionnaire. A backward elimination regression analysis was used to analyze the findings. Results: The data analysis revealed predictive relationships between transformational, transactional and passive avoidant leadership styles and staff nurse work engagement and structural empowerment. There was a positive relationship between nurse manager transformational leadership style and staff nurse structural empowerment and work engagement. There were both positive and negative relationships between nurse manager transactional leadership style and staff nurse structural empowerment and work engagement. There was a negative relationship between passive avoidant leadership style and staff nurse structural empowerment and work engagement. Conclusions: The findings from this study are consistent with recent nursing research studies on leadership style, work engagement, and structural empowerment. Recommendations include the need for more research on the impact of leadership style on staff nurse empowerment, engagement, and intent to stay in staff nurses. Additional recommendations include the need for nurse manager leadership development in healthcare settings. Through leadership development, leaders can improve their skills and increase awareness regarding their impact on organizational outcomes.

**Concurrent Workshop A: 11:40 AM-12:20 PM**

Dr. Dianna Douglas & Ms. Randy Rosamond

**The Evolution of Nursing: The importance of Understanding What You Know (The fundamental importance of nursing philosophy, history, and theory)**

All nurses understand the importance of taking a pulse. Our education and experience guides us toward nursing interventions for our patients’ wellbeing. Likewise, Nurses’ philosophy, history, and theory gives nurses indispensable support for choices made based ways of knowing and the ability to perceive our patients as a whole person. Without an understanding of Nurses’ philosophy, history, and theory nurses are placed in the precarious position of blindly following the lead of other disciplines nor could nurses comprehend the evolution of their own discipline and profession. An examination of major thoughts and movements in western intellectual history provides insight into many ways in which knowledge has been viewed. It is imperative that nurses gain an understanding of the diverse scientific and philosophic traditions that have influenced the development of nursing knowledge in order to further enhance our science our discipline and our profession and our practice. An analysis of nursing history, clearly illustrates the philosophical foundation for nursing knowledge. Where does nursing begin, with Nightingale? Nursing began long before her, however, she was the first nurse theorist, drawing upon philosophy and history to form her beliefs into a practical way of taking care of the ill nurses must be able to think philosophically about their knowledge base and make sound judgments about its continuing development. Solid research skills are one prerequisite for development of the knowledge base for Nursing and understanding philosophy is what makes those skills solid.

**Concurrent Workshop B: 11:40 AM-12:20 PM**
Suicide risk and the need for intervention: Results from a community needs assessment in North Sulawesi, Indonesia

Background: The Kessler Screening scale (K6), for psychological distress examines the severity of mental illness amongst general populations in North Sulawesi over a limited time period of 30 days. Examination on the impact of severe mental illness shows men and women at high risk of suicide. Presently, little research exists on a need for psychological intervention in rural communities. Findings of this study recognize a demand for suicide prevention methods to be established over time. Methods: Patients with a K6 greater or equal to 13 were considered high risk for suicide and received a previously validated suicide screen. Based on responses to the survey, patients were then grouped into low, moderate or high risk for suicide. Descriptive statistics were performed on the sample in STATA 13. Results: K6 evaluations were performed on 697 patients. Of these patients, 73 reported a 13 or higher on their K6. The majority of the population was categorized as low risk (64%) with 8% as moderate and 22% as high risk. Discussion: This assessment demonstrates the need for comprehensive mental health care in North Sulawesi. The Tomohon project will establish the best approach to decreasing numbers of high-risk suicide patients.

Concurrent Workshop C: 11:40AM-12:20 PM

Dr. Karen Lyon

Competency Outcomes for Learning and Performance Assessment: Implementing the COPA Model

During the past three decades, Lenburg (1990, 1992-1995, 1998, 1999) developed the Competency Outcomes and Performance Assessment (COPA) Model, based on extensive work with the New York Regents College Nursing Program (1973-91) and multiple other educational, service and organizational entities and conducting research related to them. It is a holistic but focused model that requires the integration of practice-based outcomes, interactive learning methods, and performance assessment of competencies. In the COPA Model, the constellation of eight core practice competencies are categories under which a flexible array of specific skills can be clustered for particular levels, types, or foci of practice. These core competency categories collectively define practice and are applicable universally in education and practice environments. Although many of them are required simultaneously, in actual practice, they are discrete skills that can be adapted to fit specific settings, clients, employees, and types and levels of students and practitioners. These essential core competencies are: assessment and intervention, communication, critical thinking, teaching, human caring relationships, management, leadership, and knowledge integration skills. This presentation will focus on the process of transforming traditional goals and objectives into measurable competency-based student learning outcomes and RN performance criteria into competency-based behaviors that improve patient care outcomes.
Moderated Poster Session: 1:30 PM-2:15 PM

Poster #11
Dr. Marie Adorno
Tell them our Story: The Lived Experiences of Associate Degree Nurses Returning to School

The level of education for RNs must be elevated. The IOM committee recommends that the proportion of nurses with baccalaureate degrees (BSN) be increased to 80% by 2020 (IOM, 2010). While some strides have been made in elevating the level of education among registered nurses, data from the American Association of Colleges of Nursing (AACN, 2010) indicated that less than half (47.2%) of the total RN population hold baccalaureate degrees. Moreover, only about 13.0% of RNs hold graduate degrees (AACN, 2008; NSSRN, 2010; IOM, 2010), and less than one percent of RNs have a doctoral degree (IOM, 2010). Nurses with doctorates are needed to teach future generations of nurses and to conduct research that becomes the basis for improvements in nursing science and practice. The IOM Committee also recommends doubling the number of nurses with a doctorate (IOM, 2010). Despite this need for a more educated workforce, only about 15-16% of RNs prepared in associate degree programs return to school to obtain the BSN. Results of this qualitative phenomenological research study explores the lived experiences of registered nurses who originally obtained an associate degree in nursing and, while working in a healthcare setting, returned to school to attain a BSN. Data gathered during individual interviews provided insights into what the participants described as the benefits of attaining a BSN as well as what they considered to be barriers that associate degree RNs must overcome to pursue a BSN education. Each of the participants developed the necessary motivation and determination to overcome significant barriers in order to achieve the BSN.

Poster #12
Ms. Alice Battista & Ms. Emily Lasseigne
A Single Intervention Interprofessional Simulation Experience

Interprofessional education (IPE) improves collaboration amongst health care professionals, safety and quality of care for the patient, and cultural competence of health-care providers (Bridges, Davidson, Odegard, Maki, & Tomkowiak, 2011; Lange, Mager, & Andrews, 2013). Here, the results of a prospective mixed methods data collection study of an IPE simulation experience centered on transferring a patient with two or more medical lines (e.g. IV, O2, and wound vac). The main objective was to utilize IPE to improve knowledge, skill, and perception levels of nursing students regarding safe patient transfers and activities of daily living (ADL) and occupational therapy students regarding safe handling of a patient's medical lines. Target participants were students from LSUHSC School of Nursing (SON) and Department of Occupational Therapy (OT). After an introductory lecture on IPE, SON and OT students were paired to work together through a collaborative process of peer-education, with SON students responsible for education of proper medical line management, and OT students responsible for education of proper techniques for safe client transfers and ADL. An OT and a SON faculty facilitated each simulation experience. Pre and post quantitative and qualitative data were collected. At conclusion, a group
debriefing was done to review the simulation experience. Students reported statistically significant improvement in all knowledge and skill areas related to the simulations, and improved perceptions of each others professions. Results support IPE as an important factor in teaching students how to communicate, collaborate, and learn from other health care professions. Student feedback supports that this project should become a permanent component of the OT and SON curricula.

**Poster #13**

Ms. Ellen Byer & Ms. Rennie Jacobs

_A Single Intervention Interprofessional Simulation Experience_

Interprofessional education (IPE) improves collaboration amongst health care professionals, safety and quality of care for the patient, and cultural competence of health-care providers (Bridges, Davidson, Odegard, Maki, & Tomkowiak, 2011; Lange, Mager, & Andrews, 2013). Here, the results of a prospective mixed methods data collection study of an IPE simulation experience centered on transferring a patient with two or more medical lines (e.g. IV, O2, and wound vac). The main objective was to utilize IPE to improve knowledge, skill, and perception levels of nursing students regarding safe patient transfers and activities of daily living (ADL) and occupational therapy students regarding safe handling of a patients medical lines. Target participants were students from LSUHSC School of Nursing (SON) and Department of Occupational Therapy (OT). After an introductory lecture on IPE, SON and OT students were paired to work together through a collaborative process of peer-education, with SON students responsible for education of proper medical line management, and OT students responsible for education of proper techniques for safe client transfers and ADL. An OT and a SON faculty facilitated each simulation experience. Pre and post quantitative and qualitative data were collected. At conclusion, a group debriefing was done to review the simulation experience. Students reported statistically significant improvement in all knowledge and skill areas related to the simulations, and improved perceptions of each others professions. Results support IPE as an important factor in teaching students how to communicate, collaborate, and learn from other health care professions. Student feedback supports that this project should become a permanent component of the OT and SON curricula.

**Poster #14**

Ms. Leanne Fowler

_Preventing Oversedation in the Mechanically Ventilated,

Preventing oversedation of the mechanically ventilated, critically ill, adult patient avoids several costly complications. Despite multiple studies published over the last fifteen years recommending proven interventions, such as the RASS tool, found to reduce oversedation [and the healthcare burdens due to oversedation], the student finds many patients with a level of consciousness beyond the sedation goal during her routine daily hospital rounds as an Acute Care Nurse Practitioner (ACNP). The benefits of preventing oversedation is directly associated with improving the short-term and long-term recovery from critical illness and improving healthcare costs in general. The purpose of the quality improvement project is to implement the RASS tool into the daily assessments of mechanically ventilated, adult
Intensive Care Unit (ICU) patients in an effort to reduce the rate of oversedation and consequently, improve ICU LOS days for ventilated patients (vICULOS) and duration of ventilation (DOV) days. The sites average vICULOS is 7.5 days and average DOV is 5.5 days for the year of 2013 (Janine Parker, personal communication, July 16, 2014). The student personally identified 83 out of 100 occurrences of RASS scores being greater than -3 (suggesting oversedation for the most common RASS goal of -2 to -3) over a period of three months. The data will be analyzed utilizing a histogram and pareto chart to compare pre-project performance measures to post-project performance measures. The Students T-Test will be utilized to assess whether the means of the pre-project data are statistically different from the post-project measures.

Poster #15

Dr. Gloria Giarrratano & Ms. Randy Rosamond

Student Nurse Perceptions Learning Complementary and Alternative Therapies (CATs) in an Elective Nursing Course

Complementary and alternative therapies (CATs) are an important aspect of providing holistic care that incorporates mind-body and spiritual health. CATs, such as guided imagery, relaxation, and meditation are well recognized as effective strategies in health promotion and preventative care. In 2005 the American Holistic Nursing Organization called for the integration of alternative and complementary therapies (CATs) as a standard of nursing care. Likewise, the American Association of the Colleges of Nursing has called for curricula in basic nursing programs to develop a beginning understanding of complementary and alternative therapies (CATs) in practice. The current irony is that holistic care including CATs is not always integrated formally into core courses of BSN curriculum. The stumbling block appears to be the logistics of how to incorporate CATs modalities into nursing curriculum so all students can achieve an appropriate level of competency in select modalities. Knowing students' perceptions of learning CATs in their current curriculum can help determine what students perceive as helpful learning experiences and what barriers to clinical application exist. Likewise, students use of CATs as self-care strategies to deal with academic stress and health promotion needs further exploration to evaluate its positive impact in self-development of future nurses. The purposes of this study is to gain insight into how students at LSUHSC School of Nursing value and apply knowledge about CATs in their clinical practice, and what educational changes in the current CATs curriculum would be helpful to improve learning. Specifically, the researchers seek to answer: What are nursing students' perceptions about learning complementary and alternative therapies in the current elective nursing course (NURS 4366) offered in the LSUHSC School of Nursing, Baccalaureate Nursing Program? Students who completed NURS 4366 Fall 2014 were invited to participate in a post-course survey consisting of open-ended questions concerning learning and using CATs. Responses from course participates will be analyzed and common themes presented.

Poster #16

Ms. Denise Hancock
Leaving Academia: Work Experiences and Career Decisions of Former Nurse Faculty

Background: Faculty shortages are the primary obstacle to increasing the supply of potential nurses. Research indicates that few academically qualified nurses are choosing to work in faculty jobs. Among nurse faculty, reported turnover intention rates are high. Faculty departures for non-academic jobs contribute to the growing shortage. Little is known about the experiences of former nurse faculty, or the factors that influenced departure decisions. Purpose: To understand the faculty work experience and identify career decision factors from the perspective of former nurse faculty. There are three research questions: 1) How do former full-time nurse faculty describe the faculty work experience? 2) What factors influenced the decision to leave a faculty position? 3) What changes to the faculty work experience would make a full-time nurse faculty position more enticing? Methods: This is a qualitative study using Maxwell's (2013) interactive model for qualitative research. The investigator has purposefully selected a sample of former nurse faculty members to interview about work experiences and career decisions. Data collection and analysis are ongoing. Results: Findings will be disseminated at the conclusion of the study in 2015.

Poster #17
Jennifer Lemoine & Ronda R. Smith
Got Milk? Effects of Early Enteral Feedings in Gastroschisis Patients

Purpose: Analyze the effects of a new early enteral feeding protocol in gastroschisis patients. Subjects: Thirty-two neonates born with gastroschisis. Gestational age range, 35 0/7 - 39 0/7 weeks, mean gestational age of 36 6/7 weeks. Design: Retrospective study with a convenience sample. Methods: Data compared neonates with a gastroschisis defect admitted to the Neonatal Intensive Care Unit over a six year period. Patients managed without the early enteral feeding protocol formed the traditional feeding (TF) group, while those who received nutritional management following protocol implementation comprised the early enteral feeding (EEF) group. Main Outcome Measures: The main outcome measure was length of stay (LOS). Secondary outcomes measures included: number of days from closure to initiation of feedings, number of days to achieve full enteral feedings, number of days from initiation of feedings to achieve full enteral feedings, total number of days on TPN, incidence of sepsis, and peak direct bilirubin levels. T-test for independent samples was used to compare variables between the groups. Pearson correlation coefficient was computed to assess mean group differences. Finally, the chi-square test was used to assess group difference of nominal scale dependent variables. Principle Results: There was a statistically significant difference in the scores for LOS between the TF group and the EEF group (P = 0.022) and incidence of sepsis (x2 (1) = 4.386, p = .036). There was also a robust, positive correlation between the number of days to achieve full feedings and LOS (r = .895, n=32, p < .001). Conclusions: Findings support the potential benefits of early initiation of enteral feedings in reducing the incidence of sepsis. They further suggest the time to achieve full enteral feedings, not necessarily the timing of initiation of feedings, significantly impacts LOS.

Poster #18
Ms. Jennifer Melton & Ms. Mary Emmons

Skin to Skin Contact and Exclusive Breastfeeding Rates during the Early Postpartum Period

When we started this project in January 2012, the aim was to increase the exclusive breastfeeding rate by the initiation of early (within one hour of birth) skin to skin contact between healthy, term infants and their mothers. Skin to skin contact within one hour of delivery is associated with increased exclusive breastfeeding rates. Each year, we have increased our exclusive breastfeeding rates, but our rates are still low, in comparison to the national averages. We have started implementing new standards for skin to skin, including the time frame for initiation. We are now requiring that the babies are placed skin to skin within 5 minutes of birth, and remain so, uninterrupted for at least one hour, or until the first breastfeeding occurs. In late 2014, we began working towards receiving Baby Friendly designation, which supports our continued efforts to improve our exclusive breastfeeding rates. We are hopeful that our rates will be significantly higher when we present this project again later this year.