21st Annual Nursing Research Conference

Join us for an inspiring day of lively and provocative dialogue.

June 14, 2017
8:30 am–4:00 pm

NYU Langone Medical Center
550 First Avenue
New York, New York 10016

Registration required.
med.nyu.edu/nursingconference
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* In alphabetical order by presenter/first author’s last name
Purpose: To provide a forum to showcase current nursing research for improving healthcare and patient care outcomes

Target Audience: All RN’s

Keynote Speaker and 2017 McClure Visiting Scholar

Cindy L. Munro, PhD, RN, FAAN, FACMI

Associate Dean of Research and Innovation, Professor at University of South Florida College of Nursing, and Co-Editor in Chief, American Journal of Critical Care

Learning Objectives:
1. Discuss the current state of the science in clinical and workforce issues
2. Recognize implications for research having wider applicability to other disciplines, social sciences, and medicine, as well as further areas of study to explore a phenomenon in greater detail.

4.0 contact hours will be awarded

There is No Commercial Support for this activity

NYU Hospital for Joint Diseases is an approved provider of continuing nursing education by New Jersey State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
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Smilow Seminar
POSTER ABSTRACTS

“Oral hygiene initiative for Peri-Operative Patients as the frontline for Prevention of pathogenic Oropharynx colonization” - Dora H Castillo; Vera Toong

Purpose: The purpose of the study is to examine the practice of Oral Hygiene on peri-operative patients in SDA (surgical admissions unit), and patient responses to this new Nurse driven initiative in this large multicultural Medical Center. Thus, with the purpose to minimize progression from pathogenic oropharynx colonization to pulmonary colonization, preventing non-ventilator pneumonia (NV-HAP), and Ventilator Associated Pneumonia (VAP) over time.

Supportive data: The Center for Disease Control and Prevention (CDC) and the Health Infection Control Practices Advisory Committee (HICPAC) recommends guidelines to reduce the incidence of pneumonia and other severe, acute lower respiratory tract infections in the acute care setting. In the literature, there is strong evidence correlating poor oral hygiene with pneumonia and systemic infections in the hospitalized patient.

Method: The staff, (RNs, PCTs, Clerks) on the unit were in-serviced on this new project for patients to receive oral hygiene prior to their procedure, whether they had general or local anesthesia. Patients and their families were also taught the importance and reason for having it done. Posters on the unit and in the bathrooms assisted in reinforcing to patients and staff the importance of Oral Hygiene prior to going to surgery. Upon admission, each patient had an oral care assessment preformed and received oral hygiene prior to surgery. Tool utilized was the SAGE®’s Oral Care Assessment scoring system, assessing the status of the teeth, tongue, lips, saliva, and oral mucosa. Patients discharged on the same day received a phone call the next day evaluating their experience. The International Statistical Classification of diseases and related problems codes for pneumonia (ICD-9) will be used in long term to identify effect of this project.

Results: Based on collected data (October 2015- September 2016), 8003 patients were evaluated, 8% (623) pediatric patients, 58% (4,674) adult patients and 34%( 2,706) geriatric patients. All patients’ initial oral assessment demonstrated a score of 5 (normal). After surgery, 64 % of patients remained overnight. 36% patients were discharged the same day with a follow up call the next day. From the latter group, 98% of patients expressed a positive experience with oral care practices. Patients who were admitted received an evaluation of their hospital stay and commented on the oral care initiative on their admission as a positive experience as well. Infection control department is analyzing data to evaluate the effectivenes of this oral care initiative.

Conclusion: NV-HAP and VAP are important concern with our multicultural patient population. Based on the findings, there has been an increase awareness of the importance of oral hygiene by medical staff, patients and their families. Collaboration from all the team members was crucial for this initiative program to start. Meetings followed to maintain communication about the progression of the project. This initiative assisted to have this project started not only to this unit but it was also implemented on two other periop surgical units within the institution with also a smooth transition 10 months later. Our expectation is to evaluate data over time to assess trends and patient outcomes post op.

* In alphabetical order by first author’s last name
‡ NYU Langone Medical Center
"Nursing Mentorship: Clinical Coaching and Shared Leadership" – Vincenza Coughlin;* Marin Skariah;§ Vanessa Tavarez;§ Annette Best§

Background
Conversations between the 25 newly hired staff and more senior nurses suggested a need for clinical coaching. Novice nurses historically lack confidence, efficiency of time management, and competency in performing with high acuity (Ebright, 2010). Teamwork between nurses is essential for best practices in the clinical setting. In order to facilitate the new hires’ transition into the professional RN role, research supports the strategy of mentoring.

Purpose
The OB Nursing Mentorship Program was initiated to assist in the transition of newly hired staff into the professional role. The mentor-mentee relationship fosters an environment that reduces anxiety, promotes staff satisfaction, enhances clinical performance, and improves the quality of patient care.

Methodology
The Program includes nurses from labor and delivery and mother baby units. Staff nurses with four or more years of obstetric experience were encouraged to enlist as mentors. The mentees were given a list of the volunteering mentors, were asked to rank their top three choices, and matched accordingly. The purpose of ranking is to encourage a mentee to choose someone they feel comfortable with, who may or not have been a preceptor. Mentor-Mentee dyad interactions were promoted through professional formal and informal meetings and personal communication. Events at the kick-off, three months and six months, including night and day shift, were held to promote communication and a team-building environment. A handbook was developed to assist in the framework of the program and guide the mentorship pairs throughout the process.

Results
As per mentee feedback via a pre-survey and Likert scale, the program was agreed to be beneficial in the areas of: work experience, support system, self-confidence, teamwork, knowledge and skills, and intra-professional communication. A survey distributed at six-months indicated that staff feel they receive support on the unit and that coworkers are willing to assist. The results also illustrate a continued need for clinical coaching and desire to participate in activities that promote professional development.

Conclusions/implications for practice
The OB Mentorship Program will formally conclude at one year of participation. Mentored pairs are encouraged to maintain their relationships and continue participation in the Program as mentors for new cohorts. We hope to promote partnerships as well as maintain shared goals that enhance team building, staff engagement, shared leadership, a healthy work environment and professional development.

* NYU Langone Medical Center
"Reducing Hospital-Acquired Pressure Ulcers Using Bundle Methodology in Pediatric and Neonatal Patients Receiving Extracorporeal Membrane Oxygenation Therapy: An Integrative Review and Call to Action" – Suzanne Courtwright; Kari A. Mastro; Donna Johnson; Sandra McGill

Background
Children and infants receiving extracorporeal membrane oxygenation (ECMO) therapy are at nearly eight times higher risk for developing hospital-acquired pressure ulcers (HAPUs) than other patients in the patient intensive care unit. HAPUs are considered preventable complications of care and associated with increased morbidity, mortality, suffering, and significant economic impact. Pediatric and neonatal patients on ECMO are at substantial risk for developing HAPUs and this problem is compounded by the increasing use of ECMO as a lifesaving technology.

Bundle methodology in healthcare delivery is a strategy inclusive of standard and reliable processes that demonstrate effectiveness to improve outcomes of care. Patient positioning is an important element of the recommended care bundle, and yet apprehension of nurses and physicians to reposition patients while on ECMO is documented in the literature, citing decannulation, hemodynamic instability, availability of staff and equipment, size of the patient and level of pain/discomfort as reasons of concern.

Purpose
The purpose of this review was to focus on identifying (1) evidence of the effectiveness of care bundle methodology to reduce hospital-acquired pressure ulcers (HAPUs) in pediatric and neonatal patients receiving extracorporeal membrane oxygenation (ECMO) therapy and (2) barriers to implementing HAPU care bundles in this at-risk population.

Methodology
An integrative review was conducted. A search of the scientific literature was performed. Studies included were published between January 2011 to February 2016. A total of 7 articles met inclusion criteria. Data was extracted from each article and analyzed to identify common themes, specifically bundle methodology and barriers to implementing HAPU bundles in this population.

Results
There is limited research on effectiveness of care bundle methodology in reducing HAPUs in children, and no research specific to its effectiveness in pediatric or neonatal ECMO patients. No research was identified studying barriers to implementation of HAPU care bundles. As a result, this pediatric hospital developed and implemented a PU prevention bundle for patient receiving ECMO in January 2016. Preliminary results show zero (0) hospital acquired pressure ulcers in this population from January 2016 - November 2016.

Conclusions/Implications for Practice
Nurses are well poised to test innovative strategies to prevent HAPUs. Nurses should consider implementing and testing bundle methodology to reduce HAPU in this at-risk population and conduct research and publish their findings.

* Morgan Stanley Children's Hospital at New York Presbyterian
"The Potential Effects of an Extended School Day on Childhood Obesity" – Laura Cupelli; * Gregory Cahill; †† Elena Vamos; †† Emily Cupelli†

Background: Obesity is a significant health problem for children, with an increase of prevalence from 7% (1980) to 18% (2012). Children who are obese are more likely to become obese as adults. There is a significant economic burden associated with adult obesity, with an estimated increase in obesity associated cost from 99.1 billion in 1990 to an estimate of 147 billion in 2012, and expected to increase. Both the Centers for Disease Control and World Health Organization cite obesity prevention within major policy statements, stressing the magnitude of this problem for society. However, there is no consensus regarding the economic value of specific school based interventions for children, or an understanding of the adjust cost of these interventions in terms of the effect of adjusted life years or morbidity.

Objective: To explore the feasibility of implementation of an Extended School Day (ESD) and the effect of ESD on childhood obesity, through a review of the literature and assessment of current pilot programs. An analysis of program cost, cost effectiveness in comparison to the cost per hour of the ESD through analysis of current programs, including the CATCH program and others, was done.

Results. ESD is an effective intervention in the treatment and prevention of Childhood Obesity. Current pilot programs (CATCH and others) demonstrate cost savings based on cost effective ratio (CER) per quality adjusted life years compared to the cost per hour of ESD, with an estimated cost of ESD of $1200 per year versus estimated increase health cost of $3000.

Conclusion: ESD shows cost savings in pilot programs with improvement in the health of participants. Additional research is needed regarding local economic barriers for implementation of ESD, as well as ongoing research into the best use of time within the longer school day.

* Zicklin School of Business, Baruch College
† Pediatric Urology Associates
“Associations Among Religiosity, Spirituality and Sexual Risk Behaviors in African American Adolescent Females” – Ranekka Dean*

Background
Although religiosity is commonly associated with lower levels of sexual risk behavior in adolescents, little is known about spirituality's unique effect. Spirituality is a significant component of everyday life for many African Americans (AAs) and has been shown to influence health behaviors. Historically, AAs are well connected to the church and other religious-based organizations. Religion has been documented as a significant resource for African American adolescents.

Purpose
The purpose of the study was to explore the association of religiosity and spirituality with age of sexual debut, sexual risk-taking behavior, including oral sex among a national sample of AA adolescent females.

Methods
Using data from the National Study of Youth and Religion, a longitudinal nationally representative sample, initial data processing and cleaning was performed to examine associations among different religiosity items and to decide whether and how to combine multiple items into a single summary variable for analysis. Specifically, exploratory factor analysis and estimation of internal consistency reliability was used for scale development of religiosity as a means to measure relationships among scale items, determine scale scores, and to decide which items to retain or remove. Discrete time survival analysis was used to relate multiple characteristics to the hazard function of sexual intercourse and oral sex onset across a relevant age range.

Results
The findings suggest that religiosity may promote delayed onset, fewer partners, infrequent activity and greater responsibility with oral sex.

Implications
Risk reduction programs aimed at AA adolescent females should incorporate aspects of religiosity into safe sex practices for non-coital sexual activity.

* Mount Sinai Hospital
“gp78 is a Negative Regulator of TRAIL-induced Apoptosis in Breast Cancer Cells” – Jennifer Dine*

**Background:** TNF-related apoptosis inducing ligand (TRAIL) selectively induces apoptosis in transformed cells by activating the extrinsic apoptotic pathway via its cognate receptors on the cell surface, TRAIL receptor 1 (TRAIL-R1) and TRAIL receptor-2 (TRAIL-R2). Triple negative breast cancer (TNBC) cells (so-called because TNBC lacks estrogen and progesterone receptor expression and Her-2 amplification) have been found to be sensitive to TRAIL while breast cancer cells of other subtypes of disease remain relatively resistant. Unfortunately, the mechanisms that govern sensitivity to TRAIL are not yet understood. The identification and characterization of novel regulators of the TRAIL pathway would provide new insights into the mechanisms that regulate TRAIL and potentially provide therapeutically exploitable molecular targets for the enhancement of TRAIL-based cancer treatments.

**Method:** In order to identify candidate regulators of the TRAIL pathway, our lab carried out a high-throughput RNAi-mediated screen of ~1300 genes using the TNBC cell line MB231. One hundred fifty candidate regulators were identified, including gp78 (also known as AMFR), a negative regulator of TRAIL sensitivity. gp78 is a really interesting new gene ubiquitin ligase that helps facilitate the retrotranslocation of substrates across the endoplasmic reticulum (ER) membrane into the cytosol during ER-associated protein degradation. This process is critical to maintaining cellular homeostasis by promoting the proteasomal elimination of misfolded proteins and is integral to cell survival. Interestingly, gp78 has previously been found to promote metastasis in a mouse sarcoma model, and in this study, we have further characterized gp78 as an inhibitor of apoptosis.

**Results:** The initial findings from the RNAi screen were confirmed by carrying out siRNA-mediated knockdown of gp78 in MB231 cells. The cells with inhibited gp78 expression were found to be significantly sensitive to TRAIL-induced caspase-3/7 activity and loss in viability. Knockdown of gp78 using in total 11 independent siRNAs demonstrated that TRAIL sensitization is gp78 dose-dependent. Furthermore, pan-caspase inhibition with the pharmacologic inhibitor ZVAD-FMK completely abrogated sensitization to TRAIL with gp78 knockdown, demonstrating that loss in viability is caspase dependent. These results were further characterized by inhibiting gp78 and one of the initiator caspases, 2, 8, 9, or 10, in simultaneity. Loss of the initiator caspases 2 and 8 reduced sensitivity to TRAIL with gp78 knockdown, suggesting that pathways involved in the activation of these caspases in particular may confer sensitivity to TRAIL.

**Conclusion:** In summary, these findings suggest that gp78 inhibition may optimize TRAIL receptor-agonist treatment for patients with triple negative breast cancer. Further investigation is warranted.

* The Graduate Center
Background

Healthcare is demanding the ability of its healthcare workers to communicate and collaborate in a team environment. The Institute of Medicine has identified teamwork and collaboration as vital qualities for nurses to learn in the nursing curriculum. Yet, nursing education has been unsuccessful in assuring that its graduates are as prepared with these attributes as they should be.

Purpose

The participation in collegiate extracurricular activities has been shown to foster leadership, communication skills, self-efficacy and persistence to stay in college, yet there is very little research on the nursing student who participates in college activities. There is also a plethora of studies on student athletes and the qualities that are learned from this experience, yet again, no nursing students are mentioned in these studies.

Methodology

A phenomenological design was done to illuminate and shed light to the experiences of being both a student nurse and a student athlete. Thirteen practicing nurses from various institutions and different NCAA sanctioned sport participation were interviewed about their collegiate experience as being both a student nurse and a student athlete. Each of the roles have various challenges and coordinating both was not easy, but these nurses shared very poignant stories of how and why both roles enhanced the other.

Results/Conclusion

Five essential themes were identified from the study; Athletic identity; Perseverance; Support; Acceptance and Belonging and Transitioning the sports mentality into nursing.

Nursing education has a history of separating nursing students from many of the other college students on campus. Nursing students also have very high attrition rates. Extracurricular activities, college athletics and a sense of belonging all foster the persistence to remain in college, yet nursing curriculums frequently prevent many nursing students from participation in college activities. This study initiates discussion on nursing student’s involvement in collegiate activities and particularly collegiate sports, and introduces ways in which faculty, administrators and coaches can foster the nursing student’s ability to balance the dual roles.

* Nassau Community College
"Developing an Adapted Cardiac Rehabilitation Training for Home Care Clinicians: Patient Perspectives, Clinician Knowledge, and Curriculum Overview" – Jodi Feinberg;† Ana Mola;‡‡‡ David Russell;† Kathryn Bowles§§§

BACKGROUND: Cardiac rehabilitation (CR) has been demonstrated to improve clinical outcomes for patients with cardiovascular disease. While heart failure and acute myocardial infarction are two of the most common conditions among home care patients, there is limited evidence that home care clinicians receive education on the core competencies of CR.

PURPOSE: This presentation will describe the development and implementation of a CR training program adapted for home care clinicians, which incorporated the viewpoints of homebound patients with cardiovascular disease.

METHODOLOGY: Literature and guideline reviews were performed to glean curriculum content. Semi-structured interviews were conducted with nine homebound patients regarding their perspectives on living with cardiovascular disease. Focus groups were also held with n19 home care clinicians to understand their perspectives on caring for these patients. Transcripts were analyzed with the constant comparative method. Based on results, a training program for clinicians was developed and implemented. A 15-item knowledge questionnaire was administered to home care nurses and rehabilitation therapists pre- and post-training. Responses to the knowledge questionnaires were scored and analyzed using a paired sample t test.

RESULTS: Three themes emerged among patients: (1) limited awareness of heart disease; (2) patient motivation and caregivers’ importance; and (3) barriers to attendance at outpatient CR; and two additional themes among clinicians: (4) gaps in care transitions; and (5) educational needs. A significant increase in knowledge was observed among home care clinicians post-training compared with pre-training (pretest mean = 12.81; posttest mean = 14.63, P < .001). There was no significant difference between knowledge scores for nurses and rehabilitation therapists.

CONCLUSIONS: Home care clinicians respond well to an adapted CR training to improve care for homebound patients with cardiovascular disease. Clinicians who participated in the training demonstrated an increase in their knowledge of the core competencies for CR.

† NYU Langone Medical Center
‡ Visiting Nurse Service of New York
“Improving Early Detection and Intervention of Lymphedema” – Mei Fu,* Deborah Axelrod;† Amber Guth††††

**Background:** Many women suffer from daily distressing symptoms related to lymphedema following breast cancer treatment. Lymphedema, an abnormal accumulation of lymph fluid in the ipsilateral body area or upper limb, remains an ongoing major health problem affecting more than 40% of 3.1 million breast cancer survivors in the United States. Patient-centered care related to lymphedema symptom management is often inadequately addressed in clinical research and practice.

**Purpose:** The goal of this project is to use machine learning to understand the association between symptoms and other relevant personal and clinical factors and the presence of lymphedema, to develop a web-based self-assessment platform that enables patients to assess their risk for lymphedema from anywhere. Machine learning is a sub-field of computer science that specializes in prediction-making through pattern recognition and computational learning theory in artificial intelligence.

**Methods:** This is a cross-sectional and observational study. As part of routine clinical practice, the NYU Cancer Center has implemented an automated touch screen tablet to collect patient generated, data to evaluate lymphedema symptoms among women treated for breast cancer. Since using an automated Touchscreen for evaluating symptoms will be part of routine care for patients who receive services from the cancer center. We will engage women who come for follow-up care after breast cancer surgery to the NYU Cancer Center and provide them with automated touch screen tablet to report their symptom experience as part of routine care. 600 patients will be recruited over a period of 4 years.

**Conclusions/Implications for Practice:** We have started to recruit patients since December 2016 with minimal of 24 patients per month. Given the progressive nature of lymphedema and the fact that early intervention enables better clinical outcome, completion of the study will provide a classification algorithm that accurately identifies lymphedema cases with a high sensitivity of >=95%, while maintaining a sufficiently high specificity >=85%

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* NYU Rory Meyers College of Nursing
† NYU Langone Medical Center
"Patient Centered Communication with Patients Newly Diagnosed with Breast Cancer" – Deirdre Kiely; Kristin Pego

BACKGROUND: There has been growing attention to the informational priorities of patients diagnosed with breast cancer in a shared decision making (SDM) model of care. While patients prefer an active role in decision making they report adequate information provision as an unmet need throughout their cancer experience. This is of concern in cancer care where patients are faced with complex decision making based on an understanding of medical information in an unfamiliar learning environment. SDM is the foundation of patient centered communication (PCC) and is intended to help clarify patient preferences resulting in greater satisfaction with decision-making and outcomes.

PURPOSE: SDM traditionally addressed the physician-patient dyad however this does not reflect the contemporary health care team (HCT) that includes a variety of providers. The purpose of this project is to identify the role of the Advance Practice Nurse (APN) in implementing a program that fosters SDM in breast cancer care.

METHODOLOGY: A systematic review of the literature on informational needs research has been directed at PCC, SDM and patient satisfaction. This is consistent with the Oncology Nursing Society 2014-2018 Research Agenda priorities for oncology nursing research to expand the knowledge of patient-centered cancer care including improving provider-patient communication.

RESULTS: The Institute of Medicine (IOM) defines patient-centeredness as “providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decision.” The alignment of information needs and consideration of patient preference for involvement during comprehensive healthcare discussions makes for a more effective and meaningful provider-patient interaction. When patients are encouraged to communicate their concerns they take an active role in tailoring their care and are generally more satisfied with the overall experience. This emphasis on improving patient communication and participation in decision-making has been prompted by a shift in the paradigm from a passive role to a collaborative role in a SDM model of care based on the seminal work by Degner (1998).

There has been increased awareness that patients newly diagnosed with breast cancer need to be provided with information that supports their preferred participation in the decision making process. Patients’ information needs may shift across the continuum of care from diagnosis to survivorship and should be reassessed on an ongoing basis. A survivorship care plan addresses the changing patient needs as well as the informational needs of the Primary Care APN to facilitate the transition of care.

* NYU Langone Medical Center Perlmutter Cancer Center

Center for Innovations in the Advancement of Care
“An Evaluation of Geriatric Strategies to Prepare Geriatric Nursing Workforce: Outcomes of a Hospital-based Training Program” – Gary Kwok; Tara Krzyzewski; Marilyn Lopez; Peri Rosenfeld

**Background**: Despite evidence of increasing numbers of hospitalized older adults, deficiencies in geriatric training remain. In 1997 this academic medical center adopted the national Nurses Improving the Care of HealthSystem Elderly (NICHE) program to train Geriatric Resource Nurses (GRNs). In 2014, the national NICHE model was supplemented and expanded to meet institutional goals. This resulted in a new hybrid GRN structure and redesigned, formalized training program which combined NICHE on-line resources with homegrown, innovative and interdisciplinary learning modalities.

**Purpose**: To evaluate the institution’s hybrid geriatric training program including (i) comparative analysis with other NICHE hospitals; (ii) retention of GRNs; (iii) effectiveness of training measured by utilization of EBP toolbox; and (iv) GRN assessment of program elements.

**Methodology**: Descriptive and comparative analyses using: (i) administrative data including national NICHE data; and (ii) online survey (via Qualtrics) of all GRNs trained before Fall 2016 (n=74; 85% response rate).

**Results**: While this institution has trained 87 GRNs (dispersed in 22 units across 12 specialty areas), over half (52.9%) of the 487 national NICHE hospitals have 10 or less GRNs. This institution also has a high retention of GRNs (98.9% remains with the organization) and respondents reported higher “intent to stay” compared to cohorts of RNs completed another training course within the institution (MeanGRN=4.33 vs. MeanOther=3.82, p<.001). All respondents reported frequent and consistent utilization of geriatric EBP toolbox. Though, GRN veterans were more likely to use the EBP toolbox for specific geriatric syndrome (e.g., falls, function/mobility, healthcare decision making, medications; p<.05). Respondents found clinical rounds and presentation of clinical experts to be the most important program components and suggested more clinical rounds and case studies. Q/I project was considered among the less important and respondents expressed that they needed more time and guidance for the projects. GRNs also reported NICHE on-line training to be less favorable and some homegrown training activities less useful than expected.

**Conclusions/Implications for practice**: Institutional commitment to geriatric nursing, as demonstrated in the hybrid NICHE program, created a cadre of GRNs dedicated to the institution, as well as to older adults. Survey provided valuable feedbacks from the GRNs for future changes in the training program. Plans for additional evaluation activities include (i) a qualitative study of Nurse Manager, colleague, and other stakeholder’s perceptions of the GRN role and influence; and (ii) evaluation of GRN practices on patient outcomes.

* NYU Langone Medical Center
"The Effect of a Rapid Rehabilitation Program on Length of Stay and Functional Recovery of Patients Undergoing Unilateral Total Knee Arthroplasty" – Patricia Lavin; Geraldine Pagnotta; Ellen Rich

**Background** Total knee arthroplasty is a surgical procedure performed in many hospitals to relieve the pain of osteoarthritis. Over the past two decades, various clinical initiatives have been designed to improve outcomes and reduce costs for patients undergoing total knee arthroplasty. Rapid rehabilitation, or the initiation of the first physical therapy (PT) visit in the post-anesthesia care unit on the day of surgery, has been shown to decrease the hospital length of stay (LOS). However, few studies have examined longer term functional outcomes of rapid rehabilitation for patients undergoing total knee arthroplasty.

**Purpose** The purpose of this study was to assess the effect of a rapid rehabilitation program on inpatient length of stay, inpatient physical therapy clinical pathway progress, and post-discharge functional recovery for patients undergoing a unilateral total knee arthroplasty in an urban orthopedic specialty hospital.

**Methods** The convenience sample used for this study was comprised of patients between the ages of 18 and 80 who were undergoing total or unicompartmental knee arthroplasty and had a principal diagnosis of osteoarthritis of the lower leg. Patients were assigned to groups based on time of day of surgery, in order not to purposefully deprive anyone of rapid rehabilitation. Due to unavailability of PT staff in the evenings, the control group was comprised of later-day surgical cases. In addition to length of stay, functional outcomes were measured by progression along a physical therapy rehabilitation pathway and the Knee Injury and Osteoarthritis Outcome Score pre-surgically and at four and 12 weeks postoperatively. The four domains addressed in the KOOS are symptoms, pain, performance of activities of daily living, and quality of life relevant to knee function.

Results Of the 188 presurgically consented subjects, 113 ultimately did not meet the inclusion criteria, leaving 75 participants, with 45 in the control group and 30 in the experimental group (those who received rapid rehabilitation). Experimental group LOS was significantly shorter than the control group (p = 0.0261). Obtaining post-surgical follow-up data was challenging. Multilevel regression modeling showed that KOOS and physical therapy clinical pathway score trajectories did not differ significantly between groups. Patients receiving rapid rehabilitation were 2.5 (95% CI 0.958, 6.53) times more likely to have a positive physical therapy rehabilitation trajectory than patients in the control group.

**Conclusion** Findings validated earlier study results in terms of LOS; however, further research is needed to assess the effect of rapid rehabilitation on longer term functional outcomes.

* NYU Hospital for Joint Diseases
“Nurses Use of NICHE Medication Guidelines in Older Adults Admitted to a Long-Term Care Setting” – Tisha Lim; Stacen Keating

**Background:** As the older adult population increases substantially throughout the coming decades, increased needs for long term care services will coincide. Delivering quality care to this population will become more challenging as a result. Nurses Improving Care in Health-system Elders (NICHE), a geriatric nurse led evidence-based practice program is therefore expanding into the long term care arena. NICHE provides training and evidenced based guidelines on a number of common health care practices evident in long term care facilities. Appropriate, geriatric medication administration in long term care is a significant issue, and NICHE has developed guidelines with the intent to help nurses deliver high quality care to older adults.

**Purpose:** The aim of this research study was to understand if the current state of medication practice for both registered nurses (RNs) and licensed practical nurses (LPNs) in a long-term care facility in New York City follows the recommendations of the NICHE Medication Guidelines.

**Methodology:** An intervention using a pre-test/post-test survey was performed. The intervention was an hour long educational in-service at a long-term care facility regarding the NICHE Medication Management Guidelines.

**Results:** One in-service educational presentations were done with six nurses and a second is in progress with ten additional nurses at a single urban, non-profit long term care facility. Preliminary results show that all participants were not familiar with the NICHE program or the medication management guidelines prior to the educational session. Results also showed that LPNs and RNs were generally aware that the use of non-pharmacological interventions such as creating a toileting schedule for the prevention of incontinence instead of using pharmaceuticals. In addition, LPNs and RNs were aware of common medication side effects, but were not familiar with the Beer’s Criteria which identifies potentially hazardous or inappropriate medications that should be avoided when treating older adults.

**Conclusions:** Results suggested that nurses need more education in according with evidence-based practices that emphasize the use of non-pharmacological interventions for older adults regarding a number of common problems found in gerontology practice.

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* NYU Rory Meyers College of Nursing

[Center for Innovations in the Advancement of Care](#)
“Exploring Nurse Burnout in the Adult Intensive Care Setting: A Literature Review” – Shiyon Mathew; Nadege Rihan; Marie Elias

**Introduction:** Burnout affects nurses at various levels and settings, but is particularly prevalent among nurses in the intensive care setting due to high patient acuities, intense responsibilities, advanced technologies, involvement in morally distressing situations and challenging family crises (Epp, 2012). Work-related burnout is characterized by exhaustion, lack of excitement and inspiration, feelings of incompetence and isolation. Additional features include frustration or distress, and consequently reduced efficiency, absenteeism, and increased number of medical errors in the work place (Bakker, Le Blanc & Schaufeli, 2005).

There are three identified dimensions of burnout namely emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach, Jackson & Leiter, 1996). Higher levels of emotional exhaustion and depersonalization and lower levels of personal accomplishment were associated with the existence of burnout (Guntupalli, Wachtel, Mallampalli & Surani, 2014).

The consequences of burnout are grave, affecting employees, patients, and the organization as a whole. Thus, it is of importance to examine the contributing factors of burnout in order to preserve a healthy workforce of critical care nurses.

**Purpose:** The objective of this literature review is to explore the contributing factors of burnout among nurses in the adult intensive care setting and to identify preventative strategies to minimize burnout.

**Setting:** Adult intensive care unit (ICU).

**Methodology:** A literature search spanning from 2005-2016 was conducted using CINAHL, PsychInfo and PubMed. Search terms included burnout, critical care nurses, intensive care units, moral distress and fatigue. Using a combination of terms, the search on the aforementioned databases yielded a total of 198 articles. Original research studies and articles reporting on the incidence of burnout, its contributing factors and how it affects nurses in the ICU's were identified. The reference of relevant articles were examined to identify additional studies. Using in-patient critical/intensive care units as inclusion criteria and long-term care facilities, home care, medical surgical units and outpatient clinics as exclusion criteria, thirteen peer-reviewed articles were selected for final review.

**Results:** Various studies over the years have identified the prevalence of burnout in intensive care nurses and pointed out contributing factors that increase the likelihood of experiencing burnout. These varying factors were organized into four broad categories such as chronic work stress, heavy work load, conflict with patients and coworkers, and work-life imbalances.

Work stress related factors such as shortage of staff, ethical dilemmas, lack of support from management, high expectations, working with complex technology, and long hours have been linked to burnout (Epp, 2012; Saini, Kaur & Das, 2011).

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* Montefiore Medical Center
**Background:** Ostomy surgery is a life changing event requiring self-management tasks to address the medical, behavioral, and emotional impact while adjusting to the ostomy. If co-morbid depression exists, these tasks become more difficult. Quality of life (QOL) measurement may help to elucidate the prevalence of co-morbid depression after ostomy surgery.

**Purpose:** The purpose of this study was to describe depression and suicidal thoughts or actions reported by adults with a permanent ostomy.

**Methods:** Using convenience sampling methods, 230 eligible participants attending a United Ostomy Associations of America conference were invited to complete a survey of demographics and the City of Hope Quality of Life-Ostomy Questionnaire. All descriptive statistics and quantitative data were entered and analyzed using a computer software program.

**Results:** Of the 140 participants who met inclusion criteria and provided data, the majority were Caucasian (134, 95.7%) females (83, 59%) with an ileostomy (86, 61.4%). Mean QOL was 7.56 (SD = 1.59, range 3.84 - 10). When asked about psychological support/concerns, 51 (36.4%) reported they were depressed after surgery; of these, 12 (8.6%) reported suicidal thoughts or actions.

**Conclusion/Recommendations:** Mean QOL scores were consistent with those found in other QOL studies however, a substantial number of respondents reported depression and suicidal ideation. It is possible that patients with an ostomy may experience unrecognized depression. Ideally nurses should screen for depression, refer for treatment and design interventions to improve QOL after ostomy surgery.

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* NYU Lutheran Medical Center
† Long Island University: Brooklyn
“Best Practices For Using Survivorship Care Plans: Women With Breast Cancer Speak Out!” –
Judith Moran*; Marianne Kiernan††††††

**Background:** There are 2.8 million women with a history of breast cancer in the USA (American Cancer Society, 2014-2015). This represents 23%, or the largest single segment, of all cancer survivors. In 2006, the Institute of Medicine (IOM) recommended the use of Survivorship Care Plan(s) (SCPs) among patients with cancer to help coordinate care and improve outcomes. Building on the IOM recommendation, the American College of Surgeons’ Commission On Cancer established the use of SCPs as a practice standard in 2015. Despite widespread use of SCPs, little research has been conducted describing how survivors use their SCPs and associated benefits.

**Methods:** In 2016, a mixed method, IRB-approved research study was conducted to investigate SCP use, from the perspective of women diagnosed with breast cancer, at an NAPBC-accredited Breast Center. A survey was designed to measure: 1) Benefit level assigned to SCPs; 2) Recommendations for improving the SCP format/content; and 3) “Best Practices” for using the SCP. Among 30 women eligible to participate in the study, 15 (50%) agreed to participate as subjects.

**Results:** Ages of subjects ranged from 48-88 years (mean = 64; median = 69). The mean benefit level assigned to the SCP was 3.28 (possible range 0-5). This finding indicated that there was opportunity for improvement. There was no statistically significant relationship between subject’s age and the SCP benefit level. (Pearson’s $r = -0.02; P$ value = 0.93). The majority of women considered their SCP moderately to extremely beneficial. Several women described using their SCP as a reflective guide to wellness and recovery. Others commented that their SCP helped organize important information in one central location (i.e., dates of procedures, names and phone numbers of care providers, etc.). Several subjects recommended that additional information be included about nutrition, exercise, stress management and support groups. One subject, a member of the Silent Generation, recommended that the SCP be available in bolder, larger font size to facilitate ease of reading for older women. A younger subject recommended that email and website links be included in the SCP to facilitate communication.

**Conclusions:** The scientific merit of this research study is that information gained from subjects was used to revise the Breast Cancer SCP. In addition, a “Best Practice Resource Guide” was created to help women with breast cancer attain maximum benefit from their Survivorship Care Plan.

* John T. Mather Memorial Hospital
"A Retrospective Study of the Revision Rate of Tympanomastoidectomy due to Cholesteatoma at NYEEI for 10 year period from 2005-2015" – Maria Roque

**Background**: Cholesteatoma, as defined is an abnormal, noncancerous skin growth that can develop in the middle section of the ear, behind the eardrum. It may be a birth defect, but it’s most commonly caused by repeated middle ear infections. Cholesteatoma often develops as a cyst, or a sac, that sheds layers of old skin. The etiology of cholesteatoma remains unknown. It is estimated that the incidence of cholesteatoma is 4.2 cases per 100,000 inhabitants per year in the US. Another study estimated an annual incidence of 3 children and 12.6 adults per 100,000 inhabitants per year. It was reported that cholesteatoma was the most prevalent in Caucasian population, followed by Afro-descendants, but rare in Asians. It has been suggested that cholesteatoma occur more frequently in males, approximately 1.4 times higher than females. The rate of occurrence is high in populations of adults between ages 20-30. A study conducted in Israel concluded that about 66 per 100,000 inhabitants per ear undergo cholesteatoma surgery, which many suggest an especially high prevalence rate. Treatment of cholesteatoma is almost always possible but requires multiple operations to achieve it. Patients as well as members of the family oftentimes feel frustrated when the outcome of the surgery is not what they expected. NYEE has been known for its specialization in the field of Otolaryngology and it will be interesting to document the revision rate of cholesteatoma treatment in this institution.

**Specific Aim**: This research aims to know the revision rate of surgery due to cholesteatoma at NYEEI for 10 year period (2005-2015) and to know possible factors which lead to reoperation.

**Methodology**: A retrospective study for a period of 10 years from 2005-2015 of all surgical cases of tympanomastoidectomy due to cholesteatoma. Revision rate will be based on the reoccurrence of cholesteatoma after the initial operation during the 10 year period. Chart review of both electronic and paper will be done. During the review of charts, charts will be divided equally into 3 groups, those operated using the wall up technique, operated using the wall down technique and other modified technique like cartilage reconstruction. Identifying patients using hospital ID number not by name or SSN who have revisions of surgery during the period of 2005. Kaplan-Meir analysis will be used to ensure accurate and precise result reporting since it is expected to have patients that will be lost to follow-up during the 10 year period.

* New York Eye & Ear Infirmary of Mount Sinai
Background & Purpose
Patient and family education is a critical component of successfully managing the complex pediatric patient. The literature reveals that a comprehensive patient/parent education program, beginning upon admission, enhances staff engagement and can transform care at the bedside. Further, providing early access to multi-modal education and emotional support decreases the anxiety of parents at the time of discharge when they find themselves thrust into the new role of medical caregiver. Despite the tremendous need for research and best-practice models in this area, there is a gap in the literature describing comprehensive education programs implemented prior to discharge for medically fragile children living with complex disorders. Due to several converging factors (including discharge delays, patient/family satisfaction, standard of care, best practices, and transformative bedside care) our pediatric acute rehabilitation facility recognized the need for a formal education program.

Methodology
To better identify specific and quantifiable needs, an ad hoc multi-disciplinary committee (nursing, child life, respiratory therapy, social work), with the support of nursing leadership, implemented a qualitative and quantitative assessment of education and support. Staff nurses, nursing assistants, parents, and other allied disciplines (child life and respiratory therapy) were surveyed to determine perceived education and support needs, learning preferences, teaching styles, and other related factors. Review of existing educational materials was also part of the assessment.

Results
Results across all stakeholders overwhelmingly favored early access to multi-disciplinary, multi-modal education for patients and parents. As expected, learning and teaching styles varied considerably. Further, review of existing educational materials revealed an area in significant need of revamping and consideration. Findings were presented to nursing management and other members of the leadership team and the committee was given permission to create a pilot program.

Conclusion & Implications for Practice
The objective of the multi-disciplinary pilot education and support program (beginning Q2 2017) focuses on our most common education topics including nasogastric tube placement, medication administration, tracheostomy and ventilator care on the inpatient Infant and Toddler Unit. The goals of the pilot program are to 1) decrease length of stay, 2) improve patient/family satisfaction and other measurable outcomes and 3) create a standardized process for parent/patient education. Upon completion of the 6 month pilot, the program parameters will be expanded to include other educational topics needed for self-management at discharge (including wound care and self-catheterization) and broadened to address the school-age/adolescent population.
**Background**

Oral mucositis (OM) is among the most common, painful, and debilitating adverse effects in patients undergoing radiation (RT) and or chemoradiation therapy (chemoRT). Currently, there are no effective therapies or preventive treatments for OM. Rather most suggested treatments are palliative in nature. Novel discoveries in OM have focused on understanding the host-microbial interactions, because current pathways have shown that major virulence factors from microorganisms have the potential to contribute to the development of OM and may prolong the existence of already established ulcerations, affecting tissue healing and local inflammation.

**Purpose**

The objective of this randomized clinical trial was to assess the effects of a novel oral care protocol, on OM in patients undergoing RT or chemo/RT and to evaluate the impact of the intervention during cancer treatment.

**Methodology**

A total of ten participants were included in this study. Upon the development of Grade 1 OM (WHO criteria) subjects were randomized. Subjects assigned to a Control Group (CG) received a standard of care oral hygiene and had their teeth brushed by a dental professional on a bi-weekly basis. Subjects assigned to the Intervention group (IG) received a weekly modified professional dental cleaning including supragingival plaque debridement [a light-touch, gentle form of instrumentation performed with an ultrasonic instrument to promote plaque removal, to facilitate biofilm disruption and endotoxin flushing]. Subsequently, the cleansing and deterging of the oral mucosal surfaces was performed. In addition, all subjects were examined bi-weekly by a Head and Neck multidisciplinary team who performed a comprehensive assessment including quality of life and pain associated with OM. Stimulated whole saliva samples were collected for salivary proteomics analyses.

**Results**

Salivary inflammatory biomarkers, noted in levels of IL-1, IL-13, IL-8 and IFN-Ɣ, were consistently increased in the CG and were reduced or stayed the same in the IG at the end of the treatment. Although not statistically significantly due to the small sample size, a tendency of pain decrease was observed in the IG after the 2nd week of RT. Difficulty in swallowing was statistically significant when both groups were compared (p = 0.016) showing that participants who received the comprehensive oral care treatment had a better outcome.

**Conclusion**

These results provide preliminary evidence for the effectiveness of a modified professional oral care intervention during RT or chemoRT. It also presents an opportunity to create a multidisciplinary approach involving dental and medical professionals with the potential to improve quality of life during cancer treatment.

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* NYU Langone Medical Center
“The Efficacy of Intranasal Fentanyl versus Intravenous Morphine in the Pediatric Setting: A Systematic Review” – Jessica Szydlowski; * Donte Flanagan; † Clarissa Vogel

**Background/Purpose:** The safety of intranasal (IN) fentanyl has been previously established, but evidence is lacking regarding its efficacy compared to traditional pediatric acute pain management using intravenous (IV) morphine. The purpose of this systematic review is to examine the efficacy of IN fentanyl compared to IV morphine in pediatric patients experiencing acute pain.

**Methods:** PubMed, Embase, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and the Cochrane Library databases were searched, along with a grey literature search using Scopus and hand searching, using keywords fentanyl, morphine, intranasal, and intravenous. Randomized controlled trials (RCTs) and observational studies that compared pain outcomes in pediatric patients (0-18 years) were included. Study design, setting, intervention, time between drug administration and pain scores were extracted. Studies were appraised for quality using the Downs and Black checklist.

**Results:** Of 574 studies identified in the search, 3 studies (2 RCTs and 1 retrospective cohort observational study) represent data from 223 pediatrics patients who received either IN fentanyl or IV morphine for acute moderate to severe pain (associated with closed long bone fracture or intraoperative bilateral myringotomy tubes) in perioperative or emergency room settings. Quality was high for both RCTs and moderate for the observational study. Outcomes were measured as change in pain level (RCTs) and reduced time to analgesic administration (cohort). There were no differences in pain scores (visual or FLACC scores) between those who received IN fentanyl versus IV morphine. The mean time to administration was significantly shorter for those who received IN fentanyl versus IV morphine (32 versus 59 minutes, p=0.001).

**Conclusion:** Findings of this systematic review suggest that IN Fentanyl reduces pain as effectively as IV morphine in pediatric patients. Administration of intranasal fentanyl results in a decreased time to administration of analgesia, and is a safe and efficacious alternative for pediatric patients who present with acute pain.

* NYU Langone Medical Center
† Columbia University
"Structural Empowerment and Job Satisfaction of Nurse Practitioners" - Arlene Travis

Background: The aging population and expanded access to health insurance under the ACA have increased demand for healthcare providers. (1) The American Association of Medical Colleges projects a shortage of ~130,000 physicians by 2025. (2) NPs deliver high quality, safe care with patient outcomes and satisfaction equal to those of MDs. (3) Inpatient NPs are increasingly in demand, due to limits imposed on hospital work hours of house staff. (4) NP turnover rate is ~about 8.5-11%; higher than MDs (6.8%) and costly to practices: in dollars and lost productivity. (5) Positive RN work environments are associated with better patient outcomes, higher RN job satisfaction (JS) and lower turnover (6.) Autonomy, control over practice (COP) and RN-MD relationships contribute to higher NP job satisfaction and lower turnover. (7) Autonomy and COP are key elements of Structural Empowerment. Structural Empowerment (SE) (access to work conditions that enable employees to complete work in a meaningful way) (8) has been linked to higher RN job satisfaction and less turnover.

Purpose: To measure levels of Structural Empowerment and Job Satisfaction in Nurse Practitioners, and explore relationships between these.

Theoretical Framework: Laschinger et al.: Expanded Workplace Empowerment Model (2001). (8) A descriptive survey study of 113 NPs attending a conference was conducted. Structural Empowerment was measured with: Conditions of Work Effectiveness-II Scale (CWEQ-II): a 19 item Likert-type survey with 6 subscales; scores of: 6-13=low; 14-22= moderate; 23-30 = high SE. Job Satisfaction (JS) was measured with 1) Job Satisfaction Subscale (JSS) of the Michigan Organizational Assessment Questionnaire (MOAQ) and 2) Job Satisfaction Questions from the 2012 National Sample Survey of NPs: 5 Likert-type questions (1-4) on overall job satisfaction and elements of job satisfaction.

Results: NPs had moderate levels of SE (m= (19.21). Highest subscale scores were for opportunity (3.82); lowest for support (2.91). The sample of NPs had lower Job Satisfaction (MOAQ) than the population norm (m=3.77 vs. 3.87) (11.) and lower JS than NPs responding to the 2012 survey (m=2.88 vs. 3.16.) Organizational input scores were the lowest survey subscale score and were lower than nurses on the 2012 National Survey. (m=2.3 vs. 2.7). Informal power was > than Formal: (t (112) -9.205; p<.01). Inpatient NPs had higher SE (F (2) = 4.401; p<.05) and higher Informal Power than NPs in other settings (F (2) = 6.738; p<.01.) There was no difference in SE and JS between cardiology and other NPs. SE was positively correlated to JS on both measures (MOAQ: r=.536; p<.01; Survey: r=.558; p<.01.) Formal Power predicted JS (Survey.) (F (3) 20.021; p<.01.) Organizational Input (Survey) predicted Total Structural Empowerment (F (5) 11.016; p<.01), Formal Power (F (5) =10.65; p<.01) and Job Satisfaction on MOAQ (F (5) = 39.13; p<.01)

Conclusions: NPs had moderate SE but lower JS than the general population and lower JS than NPs from the 2012 National NP Survey. Perceived Informal Power was higher than Formal Power; however Formal Power and Input into Organizational Policy were strong predictors of Job Satisfaction. More research into the effect of work environment, Formal Power and Organizational Input on Job Satisfaction is needed, as these factors may be related to job retention and turnover.

* Mount Sinai Hospital
"Getting safely through the Shift: A Qualitative Exploration of the Administrative Supervisor Role"
– Susan Weaver*

**Background**
The current model of off-shift management in acute care hospitals in the United States (U.S.) is having an administrative supervisor, who is the nurse leader present on the evening or night shift (off-shift). Despite the existence of the administrative or house supervisor in hospitals for more than 100 years, research on this role is lacking.

**Purpose**
The purpose of this qualitative study was to identify and describe the managerial practices of administrative supervisors and how these practices contribute to nurse and patient safety.

**Methodology**
This focused ethnography study was conducted in two parts. The first part consisted of focus groups with off-shift staff nurses, held at seven hospitals in the mid-Atlantic region of the U.S., to obtain the staff nurses’ perspective of the supervisors’ role in nurse and patient safety. The second part consisted of in-depth telephone interviews with 30 administrative supervisors, recruited nationally from 20 different states, to explore the supervisors’ perspective of their managerial practices used to enhance safety. The focus group and interview transcripts were thematically analyzed using an iterative, comparative method to identify codes and themes.

**Results**
The overall theme was the administrative supervisor as shift leader who does whatever is necessary to get the patients, staff and hospital safely through the shift. Regardless of the size, type or location of the hospital, the findings revealed the supervisors achieve nurse and patient safety when performing their role responsibilities of staffing, patient flow, crisis management, and hospital representative. The supervisors described their role within a different hospital world on the off-shift and that building trust with staff was critical to promoting safety. Utilizing a relationship-oriented leadership style, the supervisors “make it work” by doing rounds, educating, and providing support for the staff to achieve the outcomes of nurse and patient safety. Additionally, a juxtaposed subtheme was uncovered: the administrative supervisors viewed themselves as shift leaders yet felt disconnected from the nursing leadership team.

**Conclusions/Implications for Practice**
The administrative supervisors see themselves, and are seen by the staff nurses, as shift leaders who function as the off-shift safety officer. Hospital nursing leadership teams who wish to foster favorable nurse practice environments and reduce adverse events need to have an understanding of the off-shift differences and the role of the administrative supervisor in nurse and patient safety. These results can lead discussions on enhancing safety on the off-shift with additional support and role-specific education for administrative supervisors.

* Hackensack Meridian Health
“Would you ever leave your home without brushing your teeth? No!” – Valerie Weber*

Why would we ever expect that our patients, who are dependent on our care, would not want their teeth brushed as well?

**Background:** Mouth cleaning is performed to prevent diseases such as dental caries, gingivitis, and periodontitis. Bacteria, present since birth, form complex biofilms that attach to the oral surfaces. These florae-controlled with saliva, brushing, and the immune system- may contribute to systemic diseases, including aspiration pneumonia (Ashford, 2012).

Research has shown that poor oral health and periodontitis increase the risk of systemic diseases such as aspiration pneumonia in the elderly. Bacteria from dental plaque may be aspirated into the respiratory track, influencing the initiation and progression of pneumonia. (Morino T et al, 2014).

Facilities and hospitals are providing evidence that these rates can decrease significantly with simple daily cleaning. Such programs can decrease morbidity, mortality, aspiration pneumonia rates, and febrile days, length of stay and health care costs.

Following a hospital-wide survey of Nursing Practice regarding oral care at MMC, it was evident that there was not a unified approach to best practice and that oral care was not being done as regularly or as accurately as possible.

In an effort to improve patient care and quality of life, decrease morbidity and mortality associated with aspiration pneumonia, the Oral Hygiene Policy was revised at MMC, for the dependent patient who is at risk for aspiration.

**Method:** Fifty-two nurses (N=52), on seven adult units throughout the hospital were provided with a pre-test of 20 questions regarding their knowledge and practice of oral hygiene. Education was then provided regarding evidence-based practice via a power point and discussion session. A post-test was taken after the education session was completed.

**Results:** Pre-test scores averaged 90.67, which was higher than anticipated. Post-test scores averaged 98.3. Areas of improvement were related to:½ learning that swabbing the oral cavity is not as effective as brushing; colonization of gram negative organisms in the oral cavity occur within 48 hours, and suctioning is used to remove dental plaque and oral secretions. Educational opportunities exist in the areas of: the components necessary to provide good oral care; how often an oral assessment should be performed, and that even patients who are NPO are at high risk of aspiration from bacteria-laden oral secretions.

**Future Investigation:** Our goal is to provide better oral care to all of our patients, especially those who are dependent. Educational sessions continue on the Learning Management System. Given the high pre-test scores (90.67), there seems to be a gap between knowledge and practice. After all RN’s have completed their education, random audits are planned to determine the impact on practice.

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* Morristown Medical Center
A Multiple Case Study: Patient Decision Making Regarding a Left Ventricular Assist Device (LVAD) – Judy Dillworth†

Background: More than 960,000 new cases of heart failure (HF) are diagnosed annually in the United States. As people live longer, a greater number of patients with HF will have to make decisions regarding treatment and the use of life-extending technology such as LVADs. An LVAD is a means of mechanical circulatory support which has emerged as an increasingly used treatment option for patients who are no longer responsive to maximal drug therapies and are either waiting for a transplant or are ineligible for one. Little is known about how patients with HF make decisions regarding this technology.

Purpose: To explore the decision-making process of patients with HF regarding the acceptance or declination of an LVAD from multiple perspectives.

Methodology: A conceptual model was developed, using variables from other models of decision-making to design this case study, create an interview guide and collect relevant data. A multiple case study approach was employed using a heterogeneous sample of patients who accepted an LVAD as a bridge to transplant, bridge to decision, destination therapy or declined. “Seven cases” were documented, each consisting of a patient and at least three participants (physician, nurse, caregiver, other) who were identified by the patient as having a role in their decision. A total of 31 interviews were conducted. Data collection involved multiple sources of information (semi-structured interviews, observations, medical record, educational materials, artifacts). Data were analyzed using atlas ti software, data clusters and patterns of co-occurring codes examined using thematic analysis. Data were triangulated and themes were explored within and across cases.

Results: The predominant theme, consistent with other studies, was the salience of survival. Patients wanted to live longer and with a better quality of life. However, contrary to findings from prior studies, decisions were not automatic, but involved a thoughtful and complex process. Patients considered their severity of illness, self-care management, acceptability of the different attributes of the LVAD, future expectations and anticipated adaptations needed to “live normally”.

Conclusions/Implications for Practice: The conceptual model developed illustrates the complexity of the decision-making process. It involves a rigorous cost-benefit analysis of the anticipated needs and consequences of the LVAD, of which acceptability of the device was salient and may inform future research. Nurses have a critical role in facilitating communication with patients and families, providing education, ensuring patient’s understanding of the information and empowering patients to broaden their self-care management skills to include management of the LVAD.
“mHealth Self-Care Interventions: Managing Symptoms Following Breast Cancer Treatment” – Mei Fu*

Background: Many women suffer from daily distressing symptoms related to lymphedema following breast cancer treatment. Lymphedema, an abnormal accumulation of lymph fluid in the ipsilateral body area or upper limb, remains an ongoing major health problem affecting more than 40% of 3.1 million breast cancer survivors in the United States. Patient-centered care related to lymphedema symptom management is often inadequately addressed in clinical research and practice. mHealth plays a significant role in improving self-care, patient-clinician communication, and access to health information. The-Optimal-Lymph-Flow health IT system (TOLF) is a patient-centered, web-and-mobile-based educational and behavioral mHealth interventions focusing on safe, innovative, and pragmatic electronic assessment and self-care strategies for lymphedema symptom management. The purpose of this presentation is to describe the development and test of TOLF system.

Methods: The development of TOLF was guided by the Model of Self-Care for Lymphedema Symptom Management and designed based on principles fostering accessibility, convenience, and efficiency of mHealth system to enhance training and motivating assessment of and self-care for lymphedema symptoms. Test of TOLF was accomplished by conducting a psychometric study to evaluate reliability, validity, and efficiency of the electronic version of Breast Cancer and Lymphedema Symptom Experience Index (BCLE-SEI), a usability testing and a pilot feasibility testing of mHealth self-care interventions.

Results: Findings from the psychometric study with 355 breast cancer survivors demonstrated high internal consistency of the electronic version of the instrument: a Cronbach’s alpha coefficient of 0.959 for the total scale, 0.919 for symptom occurrence, and 0.946 for symptom distress. Findings of usability testing showed that breast cancer survivors were very satisfied with the mHealth self-care interventions: 90% rated the system having no usability problems; 10% noted minor cosmetic problems: spelling errors or text font size. The majority of participants 96.6% strongly agreed that the system was easy to use and effective in helping to learn about lymphedema, symptoms and self-care strategies. Feasibility testing demonstrated that a 12-week one group intervention using TOLF had significantly positive effects on less pain (P=0.031), less soreness (p=0.021), less aching (p=0.024), less tenderness (P=0.039), fewer numbers of lymphedema symptoms (p=0.003), and improved symptom distress (p=0.000) at 12 weeks after intervention.

Conclusions: TOLF system using the electronic version of the instrument is able to assess patients’ lymphedema symptoms with high reliability and validity. TOLF system is also able to deliver self-care interventions to enhance self-care strategies for lymphedema symptom management.

* NYU Rory Meyers College of Nursing
"The Lived Experience of Relationship Transition in Significant Others Caring for a Partner with Younger Onset Dementia" – Diane Peyser*

Background: Approximately 5% of dementia sufferers are individuals younger than age 65. The majority of studies have focused on individuals with late-onset dementia. The limited studies conducted on caregivers of younger onset dementia individuals identify that their needs are different. Significant others such as spouses frequently fulfill the role of caregiver for a partner with younger onset dementia. Little is known about the lived experience of significant others caring for a partner with younger onset dementia in the context of relationship transition. This study illustrates the lived experience of relationship transition in significant others caring for a partner with younger onset dementia.

Purpose: The purpose of this study was to highlight the issues of concern for significant others caring for a partner with younger onset dementia and discover the meanings significant others ascribe to the transition in their relationships.

Method: A qualitative study using a phenomenological method was conducted to enhance what is known about the lived experience of relationship transition in significant others caring for a partner with younger onset dementia. Institutional Review Board approval was granted by Molloy College. A phenomenological inquiry approach utilizing Parse’s method of dialogical engagement was the interview style (Parse, 1998). Face-to-face semi-structured interviews were conducted with nine women at a site of their choice from May 2016 to August 2016. Demographic data about the caregiver and their partner was collected. Interviews were digitally recorded and transcribed. NVivo 11 software was used to organize the data and support coding the data for the development of themes.

Participants
All of the research participants were women married to their current spouse ranging from 8 to 51 years, all caring for their spouses at home. Five of the participants were working, three were retired and one was on a leave of absence due to her caregiving responsibilities. The participants ranged in age from 49 to 73 years old with a mean age of 59 (n=8 as one participant left it blank). Educational levels varied as follows: 3 with master’s degrees, 1 with a bachelor’s degree and five with high school diplomas. Race/ethnicity selected was 8 white and 1 black. Three of the participants stated they had serious financial concerns, one reported occasional financial worries and four selected secure and worry free.

Results: The themes that emerged were: (1) The Way it was Before Dementia, (2) A Maze of Uncertainty, (3) A Kaleidoscope of Feelings, (4) Shattered Dreams, (5) A Solitary Journey, (6) The Struggle to Survive, and (7) Managing Day-to-Day. Selected excerpts from the interview transcripts were used to illustrate the meaning of the themes as the subjects described their lived experience as a significant other caring for a partner with younger onset dementia.

Summary and Recommendations: This study resulted in a greater understanding of the lived experience of relationship transition in significant others caring for a partner with younger onset dementia. Their stories were compelling as they explained what it is like to walk in their shoes on a daily basis. The voices of the participants described their challenges, fears, hopes and satisfaction that others would hear their stories. The richness of the data gleaned from this study provides inspiration to further explore this topic with subjects of both genders, and diversity in ethnicity, religion, and socio-economic status. An additional recommendation is to conduct a study with both members of the dyad to broaden the understanding of relationship transition in couples dealing with younger onset dementia.

* Montefiore Medical Center
"How Do Parent Caregivers Make the Decision About Residential Group Home Placement for Their Adult Child with Intellectual/Developmental Disabilities: A Grounded Theory Study" – Laura Sardinia-Prager*

**Background:** The parent caregivers of a child with an Intellectual/Developmental Disability (ID/DD) face lifelong challenges that may at some point involve the decision about residential group home placement of the adult child.

**Objective:** The purpose of this qualitative inquiry was to investigate the phenomenon of how the parent caregivers made the decision for residential group home placement for their adult child with ID/DD. Additionally, to generate a substantive theory that describes and explains how the parent caregivers of the adult child with ID/DD made the decision for residential group home placement. Lastly, investigation of the phenomenon attempted to identify the presence of shared decision-making among.

**Method:** Using Grounded Theory methodology the phenomenon was investigated about how the parent caregivers made the decision about residential group home placement for their adult child with ID/DD.

**Results:** The basic social problem was identified as parent caregiver readiness to make a decision. Parents Cannot Be Caregivers Forever was identified as the core concept/central problem of caregiver readiness. Four parent caregivers theoretical constructs were associated with the identified reality that Parents Cannot Be Caregivers Forever: Normalcy, Burden, Mortality, and Support System.

**Conclusion:** Residential group home placement decisions for the adult child with ID/DD is based on the parent caregiver’s readiness to identify that parents cannot be caregivers forever presented by the ID/DD diagnosis as the child ages.

* Long Island University: Post
“Preserving Today for Tomorrow: Documenting the History of Nursing at NYULMC” – Su-Shan Chin†

**Background:** Historical research is essential to all disciplines because the past informs the future. For instance, educational and public policies of the past helped to shape today’s field of clinical nursing. Historic resources such as policies, records, and images allow for comparing past nursing practices with those of the present. The NYU medical archive collects and preserves documents, photographs, and publications that record the activities of the NYU medical center and NYU School of Medicine. However, there is a gap in the collection of the Department of Nursing materials and of clinical nursing history at NYULMC.

**Purpose/Objective:** Although nursing history is documented in institutional photos and internal publications, the archives have few materials told from nurses’ point of view. In order to support historical research in nursing, we propose to determine what materials would best document clinical nursing practices and activities here at NYU from a nursing perspective. We also propose to determine the best methodologies to collect and preserve these materials on an ongoing basis.

**Methodology:** We will first determine the individuals critical to gaining the nursing perspective. We will examine the existing archives to determine a period in time from which to anchor the collection, and how to organize the collection going forward. Potential sources of information include the Nursing Magnet program, nursing curriculum program, and the nursing residency program. The collections will be stored and preserved by the NYU medical archive, and made accessible online via the NYU medical archives website and onsite in the medical archive.

**Result:** The desired outcome is a collection documenting the history of clinical nurses and nursing to include photographs, correspondence, minutes, and presentations, oral histories, photos, and reports related to major nursing accomplishments at NYULMC.

**Conclusion / Implications for Practice:** Expanding the collections of clinical nursing history at NYU will ensure that nursing from the nurses’ perspective is captured and preserved. These materials will support scholarship in nursing history, progression of clinical nursing, public health, professional caregivers, and professional nursing education.

* In alphabetical order by presenter’s last name
† NYU Health Sciences Library
Purpose:
The purpose of this study was to develop and examine the content and face validity of the Cotter Preceptor Selection Instrument (CPSI) and the Proficiency Profile Self-Appraisal instrument (PPSA) by Hilligweg before further testing of construct validity and the piloting of the CPSI.

Background:
Preparing new graduates to become competent practitioners is a responsibility of a preceptor. The preceptor process begins with the selection of the right nurse for the role of preceptor. There are few tools for preceptor selection and evaluation. There is no psychometrically validated tool available for selection of preceptors for today’s healthcare environment.

Method:
The study examined the content and face validity of the CPSI and the PPSA before further testing of construct validity and the piloting of the CPSI. A retrospective approach was used to evaluate the CPSI for criterion validity with two other evaluation tools: the preceptor /preceptor candidate’s annual performance appraisal and the new nurse’s evaluation of the preceptor.

Results:
The CPSI and the PPSA tool were evaluated for face and content validity. A group of four nurse experts examined and rated each item of both the PPSA and the CPSI as non-relevant (1 or 2 rating) or relevant (3 or 4 rating). The PPSA tool had 90 items. The CPSI had 14 items. The proportion of items on the PPSA tool on the scale that received a relevant rating of 3 or 4 by each expert was 99 and the estimated average of CVI was 3.636. The proportion of items on the SFH tool on the scale that received a relevant rating of 3 or 4 by each expert was 100 and the CVI was 3.79. The CPSI had a Fleiss kappa is .644 which is substantial agreement.

The CPSI was evaluated for criterion validity with two other evaluation tools. Descriptive statistics on each item were reported. A correlation matrix was computed. The CPSI and Nurse Manager’s evaluation were statistically significant with a p value 0.05. There was a strong correlation between the nurse manager’s annual evaluation of the preceptor and the CPSI. The Cronbach alpha of the CPSI was .853. This is very strong since the number of items on the tool was 14.

Conclusion:
The CPSI was found to have strong construct validity both in translational validity and criterion validity, making it a valid scale for preceptor selection. The tool offers a standardized rating system for preceptor selection.

* St. Francis Hospital
“Night Nursing: a Portrait of a Subculture” – Debra Grice-Swenson*

**Purpose:** The purpose of this study was to develop a description of night nursing as a subculture within the larger culture of nursing in a hospital setting.

**Background:** Healthcare, hospital environments, and the nursing workforce have been a focus of the Institute of Medicine’s reports that address patient safety and workforce issues such as staffing, organizational culture, and workforce characteristics. Subcultures can influence the larger culture; therefore knowledge regarding their unique characteristics and attributes becomes critically important.

**Methods:** A qualitative design using ethnographic methodology was chosen for this research. Data were collected during 100 hours of participant observations on five differing nursing units in two hospitals, using semi-structured transcribed interviews with eight nurse informants on these same units, and through an analysis of relevant hospital documents. A synthesis of the collected data identified a subculture of night nursing with shared cultural attributes such as unique roles, rituals, hierarchies, and insider/outsider perspectives.

**Results:** The final description included four themes that were extrapolated from the synthesized data: (1) night nursing is characterized by camaraderie and teamwork; (2) the environment of a night nurse is conducive to the development of critical thinking; (3) night nurses engage in a constant reflection about sleep; and (4) night nurses share a feeling of being undervalued.

**Conclusions & Implications:** The findings from this study have implications for administrators who must be aware of and understand the needs of night nurses, especially related to being valued and included; for nurse educators, who need to prepare students for the uniqueness of the role of the night nurse as well as continue formal educational offerings during the night shift for nurses employed in acute care settings. Further research should validate and explore the themes and domain descriptions identified in this study.

* NYU Langone Medical Center
“Impact of Job Satisfaction and Turnover in Nurse Practitioners” – Barbara Ann Messina

Background: The need for primary healthcare providers in the US is expected to continue to exceed the supply of primary care physicians (PCP). Conversely, the supply of nurse practitioners (NP’s) is expected to continue to increase thereby meeting the need for primary health care providers in the US (HRSA, 2013, 2016). However, the national turnover rate for NP’s is twice that of physicians. NP turnover is 12.6% as compared to a 6% turnover rate for physicians (Bureau of Labor Statistics, 2016; Cejka, 2014). The purpose of this study was to examine if there is a relationship between job satisfaction and intent to leave.

Method & Results: Fifty-seven actively practicing NP’s throughout New York State (NYS); study Effect Size; 0.3 minimum n = 52, completed the Misner Nurse Practitioner Job Satisfaction Scale (Misener & Cox, 2001) and the Anticipated Turnover Scale (ATS) (Hinshaw & Atwood, 1984; Hinshaw & Atwood, 1985).

Conclusion: The study’s findings supported past research that has been conducted in private industry as well as in healthcare; there is a positive correlation between job satisfaction and an employee’s intent to voluntarily leave their place of employment (Bhatnagar & Srivastave, 2012; De Milt, Fitzpatrick & McNulty, 2009; Hertzberg, 1987; Hinshaw & Atwood, 1984; Hill, 2011; Kramer & Schmalenberg, 1991; Misner et al., 1996; Wells, 1990).

* Long Island University: Post
**SPEAKER BIOS:**

**KEYNOTE SPEAKER**

**Cindy L. Munro, RN, ANP-BC, PhD, FAAN, FAANP, FAAAS** is the Associate Dean of Research and Innovation at the USF College of Nursing in Tampa, FL. Dr. Munro began her nursing career as a diploma graduate of York Hospital School of Nursing in York, PA. She earned her Bachelor’s in Nursing Science at Millersville University of Pennsylvania, a Masters in Nursing Science at University of Delaware, and a PhD in Nursing and Microbiology and Immunology at Virginia Commonwealth University. Prior to joining USF, she held a Nursing Alumni Endowed Professorship at the Virginia Commonwealth University School of Nursing where she was a faculty member for almost 20 years and held affiliate appointments with the VCU School of Medicine in the Department of Emergency Medicine and the Department of Microbiology and Immunology. She also served as the measurement services coordinator at the Virginia Commonwealth University Center for Biobehavioral Clinical Research. Dr. Munro has published more than 100 articles.

Dr. Munro’s research activities focus consistently on the relationship between oral health and the prevention of systemic disease, and have been supported by funding of more than $9 million in direct costs as a principal or co-investigator. She recently completed a study of the impact of chlorhexidine mouthwash prior to intubation procedures on the prevention of pneumonia in mechanically ventilated patients, and is currently conducting an NINR-funded study of toothbrushing risk and benefit in mechanically ventilated adults. Dr. Munro holds one U.S. Patent for Prevention of Ventilator Associated Pneumonia (VAP), (#8042544) and one International Patent for a Vaccine to Prevent Streptococcal Endocarditis (#97932373.0-2116).

Dr. Munro is a Fellow in the American Association for the Advancement of Science, the American Association of Nurse Practitioners, and the American Academy of Nursing, serving on the Academy’s Acute and Critical Care Expert Panel. She is a member of the National Academy of Inventors and she is currently nurse co-editor-in-chief of the American Journal of Critical Care. Dr. Munro was named the 2014 Distinguished Research Lecturer by the American Association of Critical-Care Nurses and was selected to be a founding Ambassador of the Friends of the National Institute of Nursing Research. She received a Faculty Outstanding Research Achievement Award in 2015 from the University of South Florida and in July 2016 was inducted into STTI’s Nursing Research Hall of Fame.
MORNING PANEL*

Dora Castillo, MA, RN, CCRN. As a Nurse Administrator, Dora facilitate the provision of patient care services; coordinate nursing resources; support, guide and serve as clinical consultant to local nursing leadership and staff; represent the hospital to the patients, families and external agencies as required; serve as a liaison between nursing staff, hospital administration, and other departments and disciplines regarding patient care and other related matters. Dora have been a Critical Care Nurse for the past 30 years. As a clinician, Dora is the Chair and founder of the Oral Care Council at NYU Langone Medical Center for the past 12 yrs. Leading evidence based practices on Oral Care practices to improve patient outcomes. Dora has done several presentations locally and at National Conferences as podium, round table and poster presentations on oral care practices.

Erin Hartnett, DNP, APRN-BC, CPNP is the program director for NYU College of Nursing Oral Health Programs, OHNEP, and Teaching Oral Systemic Health (TOSH) Programs. Dr. Hartnett is developing an interprofessional oral health curriculum with NYU Nursing, Medical and Dental schools. She is a consultant for many colleges and universities who are developing interprofessional oral health programs. Dr. Hartnett is involved in promoting oral health in the community as a member of the New York City Department of Health Oral Health Task Force. She coordinated an oral health education program for the New York City Nurse Family Partnership staff which is now being offered nationally. She is also working closely with American Academy of Pediatrics and the American Academy of Pediatric Dentistry on a study on oral health in primary care. Dr. Hartnett is a pediatric nurse practitioner with extensive clinical experience in pediatric and adolescent primary care, and pediatric neuro-oncology. Dr. Hartnett received a BSN from Georgetown University, an MS in Nursing Education from Wagner College, an MSN/PNP from Seton Hall University and most recently, a Doctor of Nursing Practice (DNP) from NYU.

Moderator: Amy Witkoski Stimpfel, PhD, RN joined the Rory Meyers College of Nursing as an assistant professor in 2013, following a T-32 post-doctoral fellowship in the Center for Health Outcomes and Policy Research at the University of Pennsylvania. Dr. Witkoski Stimpfel's research is focused on identifying modifiable conditions in nurses’ work environment that influence nurse well-being, such as occupational injuries and burnout, and clinical outcomes, such as quality of care and patient satisfaction. Her scholarship uses theories and methodologies from health services research, occupational health and safety, sleep/chronobiology, and nursing. Dr. Witkoski Stimpfel is currently the Co-Program Director of the NIOSH-funded doctoral training program in Occupational and Environmental Health Nursing.

* In alphabetical order by presenter’s last name
Barbara Delmore, PhD, RN, CWCN, MAPWCA, IIWCC-NYU. Dr. Delmore is currently the Senior Nurse Scientist for the Center for Innovations in the Advancement of Care (CIAC). She has been a nurse at NYU Langone Medical Center for 34 years and mostly in wound care, which is her passion. Dr. Delmore earned my doctorate from New York University, graduated from Emory’s Wound, Ostomy, Continence Nursing Education Program, and am board certified in wound care.

Dr. Delmore has authored and contributed to numerous publications, podium, and poster presentations. Dr. Delmore has also served on several advisory boards, and is currently on the editorial board for the World Council of Enterostomal Therapists (WCET) journal where I serve as the Wound Editor. Dr. Delmore is also a board member of the American Professional Wound Care Organization (APWCA) and currently the co-chair for the annual conference.

Dr. Delmore has been the recipient of several grants and my research has concentrated on patients at high risk for wounds, especially pressure ulcers. My recent publications were on heel pressure ulcers and acute skin failure in the critical care population. I was the recipient of the 2011 Nursing Spectrum Excellence Awards-Finalist Category (Mentorship category), the 2013 Research Excellence Award at NYU Langone Medical Center, and the 2014 Clinical Innovation Award - New York University, College of Nursing / NYU Langone Medical Center. See all publications.

Catherine Handy Ph.D., RN, AOCN is an Oncology clinical nurse specialist at NYU Langone Medical Center. She is nationally certified as an Advanced Oncology Certified Nurse with 30 years’ experience in nursing in such areas as bone marrow transplantation, home care, AIDS care and education. Her special interests include pain management and ethical issues; frequent speaker on oncology and AIDS nursing issues. Recipient: New York State Liberty Award, 2002.

Fred LaPolla, MLIS is a member of the Health Sciences Library’s Data Services team and the liaison to the Radiology Department. His main area of work is in data visualization services and he is available for classes, workshops, and one-on-one consults on design best practices. He is also interested in publishing metrics, as well as assisting members of the NYULMC community with literature searching and citation management.

Ana Mola, PhD, RN, ANP-C, MAACVPR. Dr. Mola has been employed at New York University Langone Medical Center for several decades in the areas of cardiovascular surgery, cardiology, cardiopulmonary rehabilitation, care transitions and population health management. As Program Director of the Cardiac Rehabilitation and Prevention Center at NYU Hospital, Dr. Mola co-established a 22-inpatient cardiopulmonary unit, a cardiopulmonary outpatient program, an employee wellness program and a tobacco cessation service. Dr. Mola have published numerous peer reviewed articles and book chapters related to the cardiovascular healthcare disparities and the spectrum of cardiopulmonary preventive care. Additionally, Dr. Mola have presented nationally and internationally in respect to the local, national and global implications of cardiovascular disease.

In 2012, Dr. Mola accepted the newly established role of Director of Care Transitions and Population Health Management. This clinical care transitions administrative position entailed design, development, implementation and evaluation of complex care populations (e.g. heart failure, medically complex, cardiovascular and orthopedic surgical patients) across different care settings to reduce readmissions, increase the quality of care and enhance the patient experience. Her research interests are tobacco cessation management, heart failure care transitions, alternate delivery models of cardiac rehabilitation in the community, and cardiovascular healthcare disparities of South Asian children. Her doctorate dissertation was the Development and Validation of the Bangladeshi Pediatric Silhouette Scale (BPSS). The BPSS has provided a cultural congruent adiposity risk tool in the Bangladeshi community. Dr. Mola has served on

* In alphabetical order by presenter’s last name
national committees as a Board of Director of the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR), and a member of Center of Medicare and Medicaid Services Million Hearts-Cardiac Rehabilitation Collaborative. In 2016, she was awarded a status of Master within AACVPR.

**Rebecca Wright, PhD, RN, BSc (Hons)** has worked in health care since 2004, was a nurse at St. Christopher's Hospice in London and a research assistant at King's College London on local, national, and international projects, including the award-winning "Woundcare for Epidermolysis Bullosa (WEB)." Her research is based on the clinical challenges she has witnessed among patients, families, and emergency staff. Dr. Wright earned her doctoral degree in nursing research and her bachelor's degree from the Florence Nightingale Faculty of Nursing and Midwifery at King's College London and completed a postdoctoral fellowship at the New York University School of Medicine, Department of Emergency Medicine. Her doctoral research demonstrated the potential for including older people with palliative care needs in service design research using the methodology Experience-based Co-design (EBCD). Dr. Wright's work continues on improving the delivery and experiences of palliative and end-of-life care, with a focus on older people, family caregivers, emergency care, and dementia. Her areas of scholarly expertise and interest include palliative and end-of-life care, wound care, dementia, geriatrics, family caregivers, health care experiences and service design.
AFTERNOON CONCURRENT SESSION 1: CLINICAL NURSING RESEARCH*

Judy Dillworth, PhD, MA, RN, FCCM, CCRNK, NEA-BC is a nurse leader with a strong clinical background and experience in critical care for over 30 years. She has been the Director of Nursing for Critical Care Services at NYU Langone Medical Center and Mount Sinai Hospital and is currently the Magnet Program Director of St. Francis Hospital. She is a Fellow of the American College of Critical Care Medicine. She has been an active member and held office and board membership for several professional organizations, including Sigma Theta Tau, the National honor society of nursing. Judy has been recognized as the recipient of several awards including the Intensive and Critical Care Nursing award from the Society of Critical Care Medicine, the Fred Schmidt Scholarship Award from the NYU College of Nursing, the Margaret McClure Scholarship Award from the NY State Nurses’ Association and the NYONE Leadership Award.

Dr. Dillworth has authored and co-authored several publications, including book chapters on critical care and palliative care nursing. She has given numerous podium and poster presentations at both national and local professional conferences and meetings. She was an adjunct faculty member at the NYU College of Nursing. Dr. Dillworth earned her doctorate from New York University Rory Meyers College of Nursing. Her research focused on patients with Heart Failure and the decision-making process, specifically with regards to Left Ventricular Assist Devices (LVADs).

Mei Fu, PhD, RN, FAAN is an internationally and nationally well-known nurse scientist and outstanding researcher and educator. She is a Tenured Associate Professor of Nursing at NYU Rory Meyers College of Nursing, New York University. Dr. Fu is also a Fellow of American Academy of Nursing, the highest professional honor recognizing outstanding contributions, achievements, and leadership in the nursing field; a Fellow of Geriatrics at the Hartford Institute of Geriatrics, the highest honor for Dr. Fu’s expert knowledge contributed to the field of geriatrics; and a Fellow of New York Academy of Medicine, recognition of the highest levels of achievement and leadership in the fields of urban health, science, social work, nursing, education, law, medicine and research. Dr. Fu’s scientific focus has been on cancer-related symptoms and management of chronic illnesses. Her research incorporates qualitative and quantitative methods, genomic and biomarker approaches, cutting edge measurement technology, innovative behavioral interventions and mHealth. The significance of her research has been recognized with highly competitive funding from National Institute of Health (NIH), the Oncology Nursing Society (ONS), the Hartford Institute of Geriatric Nursing, the Avon Foundation, the Vital Fund, Judges and Lawyers for Breast Cancer Alert, Pfizer Independent Learning and Change grant. She has over 100 high quality publications in peer-reviewed journals, book chapters, and professional publications. She has over 200 invited or peer-reviewed keynote and podium presentations at international, national, regional, and local conferences. Her creative research has been recognized with prestigious research awards from Oncology Nursing Society and International Lymphology Association, in addition she was awarded the best article award by Oncology Nursing Society, outstanding journal article by Journal of Nursing Diagnosis, and Eminent Scientist of the Year 2003 by International Research Promotion Council. Dr. Fu is the recipient of 2015 Chinese American Nurses Association Outstanding Professional Achievement Award to honor her accomplishments in nursing profession, education, and research. This award is given to a Chinese American Nurse who has demonstrated outstanding contribution and leadership in nursing profession, education, and research.

Diane Peyser, PhD, RN, NEA-BC received her basic RN education at the Mount Vernon School of Nursing. She received a BSN and a Master’s degree in Gerontologic Health at SUNY at Stony Brook. She received a PhD in Nursing from Molloy College in May 2017. Dr. Peyser is ANCC certified in Nurse Executive-Advanced, Gerontological and Medical- Surgical Nursing and Professional Development.

Dr. Peyser has held a wide range of nursing leadership positions with a primary focus in medical – surgical nursing, administration, education and care of the elderly. She served as Magnet® Project Director at Huntington Hospital on LI leading the hospital to achieve Magnet® designation three times; in 2004, 2008

* In alphabetical order by presenter’s last name
and 2013. She is currently serving as the Nursing Project Director for Magnet® and NICHE Coordinator at Montefiore. She has presented podium presentations at several national conferences on a wide range of subjects including care of the elderly, nursing leadership and nursing education strategies.

She became interested in the topic of dementia through her work in teaching geriatric topics to clinical nurses in the hospital setting. Her work in the clinical setting and an interest in patient/family centered care inspired her interest in the role of caregivers. During a review of the literature she noted an absence of studies on younger onset dementia. This gap inspired the focus of her dissertation study.

Laura Sardinia-Prager, PhD, MSN, RN, CDDN, CDCP is a full time faculty member at Long Island University: Post in the School of Health Professions and Nursing. Dr. Prager teaches in both the RN Completion Program and the Pre-licensure Program. Dr. Prager’s research interest is rooted in her desire to care, advocate and educate others about intellectually disabled/developmentally disabled (ID/DD) populations. Her dissertation focus explored how parent caregivers made decisions about residential group home placements for their adult children with ID/DD. The findings from her research represent an original contribution to nursing science and literature. As her exploration of the topic grew, Dr. Prager found a gap in the literature that is now is the impetus for future research. She is interested in exploring how nurses experience/feel about caring for patients with ID/DD. Her literature reviews have demonstrated that healthcare workers have preconceived notions of the ID/DD population as being difficult to care and work with. Her goal is to eventually prepare nursing students to care for this particular population effectively; to explore if student nurses have the opportunity for experiences and exposure to the population with ID/DD in their education and clinical experiences, if this results in a change in their attitude and preconceptions when caring for this special population. Promoting nursing schools and schools of medicine to include in their curriculum both didactic and clinical experiences with the ID/DD population could significantly impact the overall quality of healthcare provided to this vulnerable group.

Before coming to academe Dr. Prager had 33 years of clinical/administrative experience in nursing. Many years of her nursing career have been devoted to caring and advocating for the intellectual and developmental disabled population and she is currently the President of the NYS ID/DD Nurses Association, a Certified Developmental Disabilities Nurse, and a Certified Dementia Care Professional.

Moderator: Barbara Delmore, PhD, RN, CWCN, MAPWCA, IHWCC-NYU (See ROUNDTABLES)
Su-Shan Chin, MLIS, MA is the head archivist at NYU Langone Medical Center and manages the archives and special collections which document the history of NYU medical center and NYU School of Medicine. Her research interests include preservation of digital and analog materials. She is a professional archivist with over twenty years of experience in the field of archival management. For the past five years, I have held the position of Archivist and Head of NYU medical archive and special collections at NYU Langone. As the medical archivist, I work with faculty and departments to collect records that document the activities and history of NYU Langone. Once in the archive, records are preserved over the long-term and made available for research.

Elizabeth Cotter, PhD, RN- BC. As a nurse for 31 years, Dr. Cotter has worked at St. Francis Hospital in Roslyn, New York. Has experience in both medical/surgical and critical care nursing. Has worked as a Clinical Nurse Educator and is currently a part time Nurse Educator. Her responsibilities include the coordination of education for newly hired nurses. She is responsible for the development of nurses in the preceptor role. Responsible for mentoring nurses to conduct research proposals. Dr. Cotter coordinates and clinical placements of all undergraduate and graduate nursing schools affiliations. Co-Chair of the St. Francis Hospital Inter Professional Research Committee. She is a board member and President for the Nassau-Suffolk Council for Nursing Education and Practice. She is also a member of the Advisory Board at Long Island University CW Post.

Dr. Cotter is also an Associate Professor at Molloy College in the Barbara Hagan School of Nursing in Rockville Centre. She presently teaches Medical/Surgical Adult Health II in the nursing undergraduate program and research in the doctor of nursing practice program. Dr. Cotter is a Member of Association of Nursing Professional Development, Member Sigma Theta Tau, National Honor Society of Nursing And Board Certified in Nursing Staff Development. A graduate from Molloy College Undergraduate and Graduate Program and she received her PhD from Cappella University. Her Dissertation focused on critical thinking and preceptor development. Dr. Cotter has presented both Podium and poster presentations at many national and regional conferences on topics of leadership, preceptor development, transitioning the novice nurse into practice, the research process and nurses as lifelong learners. She has published in scholarly journals on topics of preceptor development, educating nursing students for practice in the 21st century and developing a DEU. Dr. Cotter has revised and updated St. Francis Hospital’s Preceptor program and has developed and tested a new preceptor selection instrument.

Debra Grice-Swenson, PhD, RN, NEA is currently a Nurse Administrator at NYU Langone Medical Center and an Assistant Professor in the College of Nursing and Public Health at Adelphi University. She earned a Bachelor of Science Nursing degree from Molloy College, a Master of Arts degree in Nursing Administration from NYU, and a PhD in Nursing from Adelphi University. Her research interests include the transition of new graduate nurses into the nursing practice environment, the impact of subcultures on organizational climate, and the use of ethnography as a methodology in nursing research.

Barbara Ann Messina, PhD, RN, ANP is a Clinical Associate Professor at LIU Post in the Department of Nursing. Dr. Messina has been a long standing member of the North-Shore Long Island Jewish System Nursing Research Council. In addition, Dr. Messina serves as an on-site evaluator for the Commission on Collegiate Nursing Education (CCNE). She is also a member of the CCNE nominating committee. Dr. Messina is also a charter member of the American Nurses Association of New York.

Dr. Messina received her Bachelor of Science from Long Island University Post, her Master of Science in Nursing with a specialty as an adult health nurse practitioner specialty from the Stony Brook University, and her Doctor of Philosophy from Adelphi University.

* In alphabetical order by presenter’s last name
Dr. Messina’s scholarly interests include both teaching and practice. Dr. Messina has developed and instituted innovative clinical practice programs. These innovative clinical practicum experiences include; maximizing faculty productivity in the clinical setting during the senior clinical practicum for undergraduate nursing students as well as a clinical program designed to introduce nurses to the peri-operative environment. Both of these new and innovative programs have been instituted and have been presented internationally, nationally regionally and locally. In addition they have been published in the National League for Nursing’s journal, Nursing Education Perspectives and Journal of the Association of periOperative Registered Nurses. Dr. Messina as also developed unique interdisciplinary course programs that have been presented nationally, regionally and locally.

Her area of research and focus is developing creative clinical placements and tracking rates of retention upon graduation. It appeared there was a high rate of turn of nurse practitioners. She conducted a literature search to investigate what the national turnover was for nurse practitioners and the findings were astounding.

**Moderator:** Maja Djukic, PhD, RN is an Assistant Professor at Rory Meyers College of Nursing at New York University. She studies workforce determinants of health care quality and teaches quality improvement and evidence-based practice to doctoral students. Her research, published in over 25 data-based, peer-reviewed publications, is funded by the Robert Wood Johnson Foundation, Josiah Macy Jr. Foundation, American Organizational of Nursing Executives, and National Council of State Boards of Nursing Center for Regulatory Excellence. She serves on the editorial board of Health Care Management Review and holds a leadership role at the Academy Health Interdisciplinary Research Group on Nursing Issues.
PRESENTERS REPRESENT FOLLOWING INSTITUTIONS

- Baruch College Zicklin School of Business
- Blythedale Children's Hospital
- Columbia University
- The Graduate Center
- Hackensack Meridian Health
- Johns Hopkins University School of Nursing
- John T. Mather Memorial Hospital
- Long Island University: Brooklyn
- Long Island University: Post
- Montefiore Medical Center
- Molloy College Barbara Hagan School of Nursing
- Montefiore Medical Center
- Morgan Stanley Children's Hospital at New York Presbyterian
- Mount Sinai Hospital
- Morristown Medical Center
- Nassau Community College
- New York Eye & Ear Infirmary of Mount Sinai
- New York University Health Sciences Library
- New York University Hospital for Joint Diseases
- New York University Langone Medical Center
- New York University Langone Medical Center Perlmutter Cancer Center
- New York University Lutheran Medical Center
- New York University Rory Meyers College of Nursing
- Pediatric Urology Associates
- St. Francis Hospital
- University of Central Florida - College of Nursing
- Visiting Nurse Service of New York
Nurses Improving Care for Healthsystem Elders (NICHE), is an international program designed to help hospitals and healthcare organizations improve acute and long-term geriatric care. The NICHE program, an extension of the NYU Rory Meyers College of Nursing, educates nurses with the knowledge and skills to provide exceptional patient care to older adults.

For more information about NICHE, visit nicheprogram.org.
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*Sincere apologies to anyone we’ve inadvertently omitted
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