



17th Annual Evidence-Based Practice Poster Day
& Spring Forum

April 26, 2023

Abstract Book

Hunter College
Schools of Nursing and Health Professions

Hunter College Schools of Nursing and Health Professions

17th Annual Evidence-Based Practice Poster Day & Spring Forum

Wednesday, April 26, 2023, 4:00 – 7:00 PM

Hunter College Brookdale Health Sciences Campus
EBPosterday.commons.gc.cuny.edu

AGENDA

4:00-5:15 P M Auditorium **Keynote**



Introduction by Dr. Kellie Bryant

*Assistant Dean, Clinical Affairs and
Simulation Center, Columbia University*

Uché Blackstock, MD

Dr. Uché Blackstock is a physician and thought leader on bias and racism in healthcare. Dr. Blackstock founded Advancing Health Equity in 2019 with the goal of partnering with healthcare organizations to dismantle racism in healthcare and to close the gap in racial health inequities.

In 2019, Dr. Blackstock was recognized by *Forbes* magazine as one of "10 Diversity and Inclusion Trailblazers You Need to Get Familiar With". In 2020, she was one of thirty-one inaugural leaders awarded an unrestricted grant for her advocacy work from the Black Voices for Black Justice Fund.

Her new book, *Legacy*, is a journey through the critical intersection of racism and healthcare. *Legacy* is Dr. Blackstock's odyssey—from child to medical student to practicing physician—to finally seizing her own power as a health equity advocate against the backdrop of the pandemic and the Black Lives Matter movement.

5:30-7:00 PM East **Poster Session**

Rotunda

Poster Presentation Awards to be announced.

ACKNOWLEDGMENTS

Conference support provided by the National Center For Advancing Translational Sciences, National Institutes of Health, Award Number UL1TR002384. The content presented is solely the responsibility of its authors and does not necessarily represent the official views of the National Institutes of Health.

The Conference organizers gratefully acknowledge the unwavering support of Dr. Julianne Imperato-McGinley, Associate Dean for Translational Research and Educational Training, the Director and Principal Investigator of the Clinical and Translational Science Center (CTSC) at Weill-Cornell Medicine for her contributions to nursing research and her dedication to advancing nursing science.

We acknowledge Jennifer Raab, President of Hunter College for her unrelenting advocacy on behalf of nursing and the health professions.

Organizers & Reviewers

The organizers are deeply appreciative of the work by those who go above and beyond to make this annual event a success. We extend our gratitude to this year's presenters, faculty sponsors, community partners, abstract/poster reviewers, and to Drs. Uché Blackstock and Kellie Bryant for their participation and support.

- Judith Aponte, PhD, RN, CDCES, CCM, PHNA-BC, FAAN – Associate Professor, Community/Public Health Nursing Specialization Coordinator, Hunter-Bellevue School of Nursing
- Renee Artis – Finance Manager, Ignite (All of US) and COMMUNITY, Hunter College
- Erin Bach – Chief of Staff, Hunter-Bellevue School of Nursing
- Steven L. Baumann, PhD, RN, GNP-BC, PMHNP-BC – Professor, PMHNP Specialization Co-coordinator, Hunter-Bellevue School of Nursing
- Aliza Ben-Zacharia, PhD, DNP, RN, ANP-BC, FAAN – Assistant Professor, Hunter-Bellevue School of Nursing
- Elizabeth Capezuti, PhD, RN, FAAN – Interim Joan Hansen Grabe Dean and WR Hearst Foundation Chair in Gerontology, Hunter-Bellevue School of Nursing
- Elizabeth Cohn, PhD, RN, NP, FAAN – Rudin Professor of Nursing, Associate Dean for Research, and Director, Center for Nursing Research, Hunter-Bellevue School of Nursing
- Cristiana K. Collins, PT, PhD, CFMT, NCS – Associate Professor and Chair, Department of Physical Therapy, Hunter College School of Health Professions
- Michelle De Assis – Office Assistant, Hunter-Bellevue School of Nursing
- Martin Dornbaum, MS, FAAN – Director, Health Professions Education Center (HPEC)
- Judelysse Gomez, PhD – Program Director, COMMUNITY Center at Hunter College
- Joanne Hsu, LMSW – Research Operations Manager, Ignite (All of US) and COMMUNITY, Hunter College
- Elsie A. Jolade, DNP, RN, FNP-BC, ACNS, CCRN – Clinical Professor, Adult-Gerontological CNS Specialization Coordinator, Hunter-Bellevue School of Nursing
- Michelle MacRoy-Higgins, PhD, CCC-SLP – Associate Professor and Chair, Department of Speech-Language Pathology and Audiology, School of Health Professions
- Jhovelis Mañaná – Associate Program Director, COMMUNITY Center at Hunter College
- Shawn McGinniss, MEd – Instructional Designer & Institutional Research Specialist, Hunter-Bellevue School of Nursing
- Shayaa Muhammad, MPH – Biostatistician, Ignite (All of US), Hunter College
- Jeffrey Owens, MS – Senior College Laboratory Technician, Hunter-Bellevue School of Nursing
- Alexandra Plavskin, PhD, RN – Assistant Dean for Academic Operations, Hunter-Bellevue School of Nursing
- Katherine Plummer – Undergraduate Clinical Placement Specialist, Hunter-Bellevue School of Nursing
- Zinnia Rodriguez – Assistant to the Dean, Hunter-Bellevue School of Nursing
- William Ellery Samuels, PhD – Assistant Professor, Hunter-Bellevue School of Nursing
- Avena Sanassie – College Assistant & Clinical Clearance Manager, Hunter-Bellevue School of Nursing
- Carolyn Sun, PhD, RN, ANP-BC, FAAN – Assistant Professor, Hunter-Bellevue School of Nursing
- Security and Facilities of the Hunter College Brookdale Campus

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POSTER PRESENTATION AWARDS

^(F) Designates Faculty Sponsor and/or Clinical Advisor of a student-led project.



Clinical & Community Partners

POSTER #7

National Early Warning Score (NEWS) and Early Intervention and Management of Patients on Medical Surgical Unit

So Young Han, RN, BSN⁽¹⁾; Aliza Ben-Zacharia, PhD, DNP, RN, ANP-BC, FAAN^{(2)(F)}

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Doctor of Nursing Practice Final Capstone Project

POSTER #17

Practice Change from Usual Hypertension (HTN) Care to Implementing the Measure Act Partner (MAP) HTN Protocol to Improve HTN Control in Geriatric Home Care Patients

Patricia Mitchell, ANP-BC, DNP-S; Lynda Olender, PhD, RN, ANP, FNYAM, NEA-BC^(F)

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Doctor of Nursing Practice Capstone Proposal

POSTER #26

Effectiveness of Repositioning Devices in Reducing the Incidence of Pressure Injuries in an Intensive Care Unit

Roshin Mathews, AGPCNP-C, DNP-S; Lynda Olender, PhD, RN, ANP, FNYAM, NEA-BC^(F)

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Graduate Nursing Program

POSTER #42

The effect of different advanced care planning strategies on oncology patients with advanced malignancies

Irena Durkovic, BSN, RN, OCN; Jennifer Pascucci, BSN, RN; Kevin Chu, MFA, MSN, RN, CRNI, AMB-BC

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Undergraduate Nursing Program

POSTER #49

Occupational Health and Safety among Nail Salon Workers in New York and New Jersey

Elaine Au; Anqi Li; Jin Young Seo, PhD, RN, WHNP-BC^(F)

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POSTER #57

Reducing Postpartum Maternal Mortality in African American Women

Mariah Mendez; Marissa Larocca; Alice Essuman; Maryann Vazquez; Arlene Travis, DNP, ANP-BC, CHFN-K, CHC^(F)

Department of Nursing, College of Mount Saint Vincent



Doctorate of Physical Therapy Program

POSTER #68

Reliability and Validity of Datavyu as an Individualized Coding Assessment: Examples From a Case Series

Khawlah Nazzal; Kasey-Anne Browne; Kiera Donovan; Jaya Rachwani, PT, MS, PhD^(F)

Department of Physical Therapy, Hunter College, CUNY

POSTER #69

Topical Honey and Chronic Wounds: A Systematic Review

Allison Fajo, SPT; So-yeed Reed, SPT; Jaya Rachwani, PT, MS, PhD^(F); Milo Lipovac, MD, PhD^(F)

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Speech-Language Pathology and Audiology Program

POSTER #80

The Role of Biological Gender on the Types of Nouns and the Semantic Features in Toddlers who are Late Talkers

Riya Kaur, BA; Michelle MacRoy-Higgins, PhD, CCC-SLP^(F)

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ABSTRACTS

(F) Designates Faculty Sponsor and/or Clinical Advisor of a student-led project.

POSTER #1 (RESEARCH)

Comparing Comorbidities of Older Adults with Opiate Use Disorder by Race and Ethnicity

Author(s):

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Background: There is a growing number of persons with opioid use disorders (OUDs) and overdose deaths among older adult Blacks and Latinos in the United States.

Methods: This retrospective study utilized a computer algorithm employed by a network of FQHC clinics in New York State. With IRB approval, the IT department of the organization captured data about patients aged 55 and older with an OUD diagnosis between March and August of 2020. The IT department identified 664 such patients and provided anonymized demographic and medical history data of these patients for analysis. This sample includes 200 persons who self-identified as Latin, 201 as non-Latin Black, and 191 as non-Latin white.

Results: The mean age of the patients was 60.73 years; they had 2-3 times more medical co-occurring conditions than a national sample of similar age and income older adults with no OUDs. Tests of differences in comorbidities by race and ethnicity revealed five conditions with statistical differences. These were heart or circulatory disorders, pain disorders, anemia, HIV/AIDS, and immunodeficiency. Rates for all of these comorbidities were highest among Blacks except pain.

Conclusions: Low-income Black older adults with OUDs had significantly higher rates of heart disease and circulatory disease, anemia, HIV/AIDS, and immunodeficiency. A comprehensive team approach needs to be engaged to assist this high-risk population. Additional research is needed to explore the mechanisms of action and determinants of health for Black and Latinx older adults with OUDs.

Acknowledgements: PSC-CUNY Award # 63436-00 51, Comparing the Safety and Efficacy of MAT Strategies for OUD in Older Adults. \$3,500. (4/16/2020)

Keywords: Older Adult, Co-Morbidities, Opioid Use Disorders

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Interprofessional- Simulation Experience: Debriefing Practice Behaviors and Clinical Skills

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Issue: The need for social work and nurse practitioners who are able to competently work in interprofessional healthcare teams and serve emerging needs has become critical. Interprofessional collaborative practice is a process which includes mutual trust and respect, understanding roles and responsibilities, communication, and decision-making of team members. One way to achieve collaborative team-based practices is by providing interprofessional-simulation experiences that allow students to engage in a clinical encounter with members of different professions utilizing standardized patients and Objective Structured Clinical Exams or Exercises. Simulated experiences can measure skills and competencies, increase confidence in clinical practice, and provide deeper learning.

Description: The Cabrini-Hunter Fellowships for Social Work and Nursing Students engages students from the Silberman School of Social Work and Hunter Bellevue School of Nursing in Interprofessional Education. Interprofessional education (IPE) occurs when two or more professions learn with, about, and from each other to enable effective collaboration and improve health outcomes. Cabrini-Hunter Fellows engage in a series of IPE seminars and practice lab opportunities to include a simulated clinical encounter in partnership with the New York Simulation Center (NYSIM).

Lessons Learned: Interprofessional- simulation provides learners with a safe, risk-free learning environment, opportunities for reflective observations, and use or development practice skills or practice behaviors. Cabrini-Hunter Fellows report an increased confidence in their clinical reasoning skills, problem-solving, and communication skills. Cabrini-Hunter Fellows demonstrated interest in participating in other simulated encounters that mirror 'real-life' encounters, high-risk situations, and team-based interventions.

Next Steps: The integration of interprofessional-simulations training represents an innovative model for teaching and learning and answers the call for collaborative learning experiences in health care professionals. The Cabrini-Hunter Fellowships for Social Work and Nursing Students plans to expand interprofessional-simulation training to prepare health care professionals to work collaboratively and competently in healthcare teams.

Acknowledgements: We are grateful to the Mother Cabrini Health Foundation for their generous support.

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POSTER #3 (LITERATURE REVIEW)

An overview of Cardiac Catheterization and The Role of the Radiologic Technologist in The Cardiac Catheterization Laboratory

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Issue: Although licensed radiologic technologists are able to transition and hold credentials in numerous radiographic modalities such as computed tomography (CT), magnetic resonance imaging (MRI), mammography, and cardiac interventional radiography (CI), the number of radiologic technologist holding a CI credential is very low compared to those holding credentials in CT, MRI, and mammography.

Description: Since there exists a significant difference in the number of radiologic technologists with CI credentials compared to the rest of the diagnostic modalities, this literature review aimed at providing an overview of cardiac catheterization and the role of the radiologic technologist in the cardiac catheterization laboratory. Peer review and printed literature data were searched and reviewed using the CUNY library online database. Similarly, the ARRT online database was searched to acquire and compare the data on the number of registered radiologic technologists holding the ARRT credentials in CT, MRI, mammography, and CI in the United States.

Results: A comprehensive literature review of cardiac catheterization, the anatomy and physiology of the heart, and the role of the radiologic technologist in the cardiac catheterization laboratory is systematically described. From a total of 347,738 registered technologists (R.T.s) who hold ARRT credentials, only 1,272 have a CI credential. On the other hand, 80,965 R.T.s hold credentials in CT, while 42,687 and 48,081 R.T.s hold credentials in MRI and mammography respectively.

Conclusions and Recommendations: Cardiac catheterization is a growing and interesting field that offers another opportunity for radiologic technologists to move to and expand their knowledge and professional experience. Future studies examining possible causes as to why such a low number of radiologic technologists hold credentials in CI radiography compared to other imaging modalities are recommended.

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Integrating IPE into a Community College Nursing Program

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Background: Integrating interprofessional education (IPE) within nursing students' curricula is essential to ensure optimal patient care planning. Oftentimes, nursing student opportunities to participate in IPE in the clinical setting are limited. A recent CUNY Health and Human Services (HHS) IPE initiative and funding from a CUNY Nursing IPE grant offered an opportunity for eight QCC second semester nursing students to participate in a virtual IPE session using an embedded simulated person.

Purpose: The first aim of this quality improvement initiative was to expose second semester nursing students to the Interprofessional Education Collaborative (IPEC) four core competencies: Interprofessional Communication; Roles and Responsibilities; Teams and Teamwork; and Values and Ethics. The second aim was to increase student awareness of team-based care.

Methods: Exposure, Integration and Immersion. During the exposure phase, students were assigned four IPE modules to complete reflective of the four IPEC competencies. During the integration phase at the middle of the semester, two of the nursing students represented the nursing discipline in a virtually simulated IPE roundtable discussion with other HHS student disciplines while the remaining six nursing students observed. The integration phase was for each student to understand their own profession. In the immersion phase, the students then participated in "Grand Rounds". In this final phase they went from patient to patient to discuss the IPE POC.

Results: During the immersive Grand Rounds experience, communication deficits were recognized the students. Student reflection papers demonstrated increased knowledge regarding patient-centered care including implicit and explicit biases in healthcare; increased awareness about the roles and responsibilities of other HHS disciplines; and increased understanding about the effect of team-based care on patient outcomes.

Conclusions/Implications: An increase in knowledge and skill-based understanding about IPE competencies was obtained : exposure, immersion, and integration. During Grand Rounds, students noted failure to provide handoff in an organized manner that "some healthcare providers referred to patients by their room number" and failed to properly identify the patient. In addition, they noted that not incorporating all members of the patient's multidisciplinary team (i.e. LMSW, RN and case manager) could impede optimal patient outcomes.

Acknowledgements: Dr. Susan Riekert

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POSTER #5 (LITERATURE REVIEW)

The Amsterdam Preoperative Anxiety and Information Scale and Preoperative Anxiety among adult patients

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Issue: Surgery patients frequently experience preoperative anxiety as an emotional and psychological reaction. Preoperative anxiety affects 60% to 80% of people in western countries. In the operating room (OR) setting, the nurse plays the role of patient advocate, promoting the best pre-, peri- and postoperative care to meet the patient's surgical expectations. This literature review assessed the association between the evidence-based anxiety screening tool, the Amsterdam preoperative anxiety and information scale (APAIS), and anxiety among adult preoperative patients.

Description: This literature review investigates the role of the screening tool, the APAIS, in helping identify preop anxiety among adult patients. The literature search was conducted using the PubMed and Cumulated Index to Nursing and Allied Health Literature (CINHAL) databases. The keywords included preop anxiety, anxiety screening, and APAIS. The limitations used included peer-reviewed journals within the last eight years and those written in English language.

Results: The literature demonstrated that using an anxiety screening tool, i.e., the APAIS tool, into practice benefitted patients and enhanced preoperative anxiety screening and identification. On a 3087 subjects' study, APAIS reveals 92.6% preop anxiety and 40.5% has high anxiety score. Anxiety about surgery and anxiety about anesthesia differ in many patients. It also discovered that anxiety was associated with emotional distress in 320 (65 %) and desire for support in 291 (59 %) patients. Increased preop anxiety levels were associated with a higher desire for support. Several studies have also shown that significant preop anxiety is associated with more intense postop pain, greater consumption of analgesics, and patient dissatisfaction.

Conclusions and Recommendations: According to studies, using an anxiety screening tool increases the identification of anxiety among patients preoperatively and therefore promotes the initiation of appropriate timely treatment. A screening tool like the APAIS promotes the nursing practice and its feasibility in supporting scheduled surgical adult patients in the emotional and psychological domain. Integrating the anxiety screening tool into the essential part of routine preop patient care is recommended for helping the patient cope with their preop anxiety.

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POSTER #6 (LITERATURE REVIEW)

Implementing a Bundle to Reduce Catheter Associated UTI

Author(s):

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Issue: Catheter-associated Urinary Tract Infections (CAUTI) remain the most common HAI within clinical practice globally, affecting more than one hundred and fifty (150) million individuals annually (Ozturk & Murt, 2020). CAUTIs account for 30% of all HAI, therefore, constitute a great burden on the healthcare system nationwide (Chuang & Tambyah, 2021). Within the United States of America, CAUTI remains the most common urinary tract infection causing approximately 13,000 deaths per year. Among acute care hospitals within the United States of America, CAUTI accounts for more than 9.5% of all infections (CDC, 2022).

Description: A comprehensive search utilizing various approved electronic search engines, such as CINHAL, Pub-med, Pro-Quest and the Chamberlain University Library which resulted in over twelve hundred research literature articles. The inclusion article literature includes the following: hospitalized medical-surgical adult patients greater than 18 years of age, patients with indwelling urinary catheters inserted during their present hospital stay. Exclusions article literature include studies within the community, adults on other units, patients younger than 18 years, patients with nephrostomy tubes, external urinary devices, and supra-pubic catheters.

Results: The implementation study was the first to shed light on the utilization of indwelling urinary catheters and their relation to the high rates of CAUTIs along with the impact of an implemented evidence-based method to decrease the rates of CAUTIs. The studies were all favorable in decreasing the rates of CAUTI through the implementation of an evidence-based bundle that includes alternatives to indwelling catheters such as external devices, CAUTI awareness education, and insertion and removal protocols showed significant effects in decreasing CAUTI rates (Van Decker et al, 2021).

Conclusions and Recommendations: Hospital-acquired infection such as CAUTI directly reflects on the hospital's quality of care and interventions. Therefore, the recommendation is to increase staff knowledge through educational training such as simulation and educational programs regarding preventative measures of device-associated infections on how to avoid unnecessary urinary catheter use. The evidence-based bundle is significant to the field of nursing aiding in increasing nursing knowledge and practice, reducing infection rates related to CAUTIs, and to enhance patient outcomes.

Keywords: Catheter-associated urinary tract infection, quality improvement, CAUTI bundle, Hospital Acquired Infections

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National Early Warning Score (NEWS) and Early Intervention and Management of Patients on Medical Surgical Unit

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Issue: Hospital patients often become acutely ill, but their health changes are not recognized early or managed in a timely manner. According to research, approximately 84% of patients who experience a cardiac arrest had documented observations of clinical deterioration or new complaints within 8 hours prior to the event. 70 % of patients experienced deterioration in either respiratory or mental status during this time. The National Early Warning Score (NEWS) is a clinical tool used to assess the severity of patients' illness and determine the appropriate level of care and changes of health status. The aim of this quality improvement is to investigate whether the National Early Warning Score (NEWS) improves the recognition of patient deterioration and early intervention and management.

Description: A literature review was conducted to identify studies that evaluated the effectiveness of the NEWS implementation and education on medical-surgical unit. The search was conducted using PubMed, CINAHL, and Cochrane Library. The search terms used included "early warning score," "NEWS," "education," "med/surg nurses," "patient deterioration," and "early intervention." The search was limited to 8 years due to available literature and primary research studies written in English language.

Results: The results of the literature review showed that educating medical-surgical nurses about the NEWS improves recognition of patient deterioration and early intervention and management. Use of the NEWS tool affects hospital length of stay and improves patients' outcomes. It has been found that implementing this tool has lead to reduction in the number of unplanned admissions to the ICU. A significant reduction was observed in the percentage of patients who had experienced cardiac arrest among code blue calls, from 52.1% to 35%. Several studies showed that NEWS educational interventions increased nurse knowledge and confidence in using the tool.

Conclusions and Recommendations: The Healthcare System should consider implementing the NEWS tool including educational interventions for medical-surgical nurses to improve patient outcomes. The implementation of this intervention should be accompanied by appropriate measures to evaluate the tool effectiveness and ensure its sustainability. The dissemination of the findings of this review to nurses in acute care settings is recommended to promote optimal patient care.

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Implementing Bedside Handoff Report

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Issue: JCAHO lists ineffective communication during patient handoff increases the risks of errors and endangers patient safety. The implementation of bedside handoff among nurses promotes consistency, communication between team members, and encourages patient participation in the plan of care. Communication failures in U.S. hospitals and medical practices were responsible for 30 percent of all malpractice claims, resulting in 1,744 deaths and \$1.7 billion in malpractice costs over five years.

Description: The rationale for this literature review was to examine the current practice of patient endorsement/handoff at the nurse's station compared to best practice of bedside handoff report. Databases used included Ebsco, PubMed, Elsevier Clinical Key for Nursing, Cumulated Index to Nursing and Allied Health Literature databases (CINAHL). Types of studies conducted: Longitudinal study over 3-month, discrete choice experiment, Likert 5-question survey over 3-6 months, direct observation, descriptive reporting for 15 item questionnaires, web-based survey.

Results: Studies have shown that a standardized handoff checklist was beneficial and improved the current handoff process. Findings concluded that both patients and nurses preferred bedside handoff. Patients also preferred to have a relative present during rounds, but nurses did not consider relatives attendance as important. Patients viewed bedside handoff as superior to nurses' station handoff. They reported that nurses listened carefully, treated them with courtesy and respect. Others reported that the implementation of bedside handoffs increased nurses' comfort, and communication between team members. Nurses' participation in bedside handoffs increased from 16.5% to 36% post implementation.

Conclusions and Recommendations: Surveys illuminate that despite institutional policies, shift report and handoff style is a matter of the nurses' preferences, whereas patients' participation in handoff reports isn't always encouraged. The need for reinforced nursing education of the current policy is required to promote nurses' participation in bedside handoff/rounds. Bedside handoff increases patient safety while visualizing and verifying the conditions of each patient.

Keywords: handoff/handover, patient, rounds, nursing, bedside

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POSTER #9 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

The role of BHAs (Behavioral Health Associates) on inpatient units to address staff's concerns for safety and to improve patients experiences

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Background: Nursing staff concerns regarding safety at work underscores this quality initiative to address staff's concerns related to being injured in the workplace by patients. The concerns expressed by front line staff in hospitals were identified by The Joint Commission, effective January 2022 when new and revised workplace violence prevention standards were applied to all Joint Commission accredited hospitals and critical access hospitals. The Chief Executive Officer and the leadership team hired BHAs (Behavioral Health Associates) on the inpatient units of the hospital.

Purpose: BHAs were hired on inpatient units in response to staff's expressions of feeling unsafe at work. Staff expressed concerns regarding verbal abuse and threats of physical harm by dissatisfied patients. The presence of BHAs provides support for patients as early symptoms of frustration are identified, with timely interventions.

Methods: Town hall and unit specific meetings were held with staff and union leaders to hear their concerns, first hand experiences, and fears of being hurt while on duty. Balancing the concerns of staff and providing quality care for patients, cost analysis was done, and the CEO authorized adding 40 FTEs (full time equivalents) to the inpatient units), specifically med-surg, with a few lines in critical care and our level I trauma emergency. A BHA Response team was implemented, and monthly meetings are held with BHAs for feedback of their everyday experiences in the new role of BHA.

Results: This initiative started in August of 2022. Facility specific orientation to introduce the new role of BHA with daily debriefing sessions during the 2 weeks of orientation. BHAs required attendance at a standardized BHA orientation from Health + Hospitals central office. Verbal and written feedback from Head Nurses and BHAs report improved patient care experiences and improved nurse satisfaction with the presence of BHAs in assigned units. Head nurses of inpatient and outpatient areas that do not have BHAs assigned are requesting BHAs and identifying how their presence will improve patient experience and staff feelings of safety in the workplace

Conclusions/Implications: The use of BHAs to identify early patient triggers, to be present with patients, to communicate with nursing staff so that patient needs are addressed in real time, and to use verbal deescalating approaches have already shown improvement in staff and patient experiences, as reported by the inpatient leadership and by the BHAs. A questionnaire is being developed to get information from the nurses regarding their lived experiences of having BHAs on their units.

Acknowledgements: 1. Jacobi Medical Center CEO, Mr. Chris Mastramono; 2. Executive Leadership Team; 3. Union Leaders; 4. Unit-based Nurse Educators; 5. Central Office Staff

Keywords: BHAs, Staff safety, Patient satisfaction

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POSTER #10 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

A monthly nursing grand rounds forum to disseminate evidence-based practice among the interprofessional team

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Background: The former state showed inconsistent and lack of structure for Nursing Grand Rounds. It is essential for nurses to engage in continuous and lifelong learning in order to practice and deliver safe high-quality care in current healthcare environment. Nursing grand rounds is a forum to engage in continued learning, translate evidence into practice and empower nurses demonstrate their practice.

Purpose: To sustain consistent monthly Nursing Grand Rounds as a means of transition to excellence

Methods: Nursing grand rounds was scheduled at the start of the year, every month on the same day of the week. A nursing service was assigned to present each month and the nurse educator for the service was assigned to empower nurses to actively participate in the presentation. A lead nurse educator was assigned coordinator of nursing grand rounds to ensure consistency and to collaborate with the service nurse educator each month. This involved creating a flyer for distribution, empowering and coaching presenters as needed. Participant evaluations were used to guide improvement efforts.

Results: In an eleven-month period of time, fourteen nursing grand rounds were held. Consistent, monthly Nursing Grand Rounds was sustained with a total of four hundred and twenty-one attendees. Topics varied, based on the nursing service and presenters varied. Nurses, guest speakers and educators presented. Feedback on the evaluations indicated new learning and topics for needed learning.

Conclusions/Implications: Nursing grand rounds can be sustained consistently through collaboration. It is a venue to endorse nursing excellence, engage in lifelong learning, empower nurses and enhance nursing professional practice.

Acknowledgements: Suzanne Pennachio, CNO; Unit based Educators; Nurse Presenters; Interprofessional Team Members; Nursing Education Administrative Staff

Keywords: enhance nursing practice, improve nursing knowledge related to evidence-base practice

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Evidence-Based Fall Prevention Collaborative: The PrevFalls Bundle

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Background: Falls are a prominent cause of injury and death in the elderly population, particularly among individuals with co-morbidities. Falls occur at a rate of 3–5 per 1000 bed nights, and it is estimated that 700,000 to 1 million hospitalized patients will fall each year. The CDC have taken steps to reduce knowledge deficits and increase efforts to prevent falls. The CDC suggests adopting the Stopping Elderly Accidents, Deaths and Injuries (STEADI) algorithm to support providers in building care plans for at-risk patients, allowing for awareness, interventions, and consultations associated with a reduction in falls and fall-related injuries.

Purpose: The DNP scholarly project aimed to introduce evidence-based fall prevention collaborative practice changes to address fall risk screening, assessment, and interventions with the goal of reducing the fall rate and fall-related injuries in an inpatient unit.

Methods: The DNP scholarly project utilized an EBP quality improvement approach to implement the PrevFalls Bundle utilizing a modified SBAR tool. The fall prevention program consisted of the STEADI Toolkit enhanced with Morse/Fall TIPS assessment. The PDSA model tested for a shift in practice change to foster provider skills, utilization, and adherence to EBP fall prevention. Educational sessions allowed for successful implementation and sustained the PrevFalls Bundle in the clinical practice. A pre-post comparison design was used to assess the impact of the change, which was marked by a reduction in patient falls, and fall-related injuries to improve patient outcomes.

Results: A decrease in the number of falls on the inpatient unit by 40% and a decrease in fall-related injuries by 75% were observed over four months. Pre-implementation falls (N=15), and post-implementation falls (N=9) depicted a statistical significance effect ($p < 0.05$). The outcome measured depicted a positive impact in improving provider skills, utilization, and adherence to the evidence-based fall prevention practice.

Conclusions/Implications: The implemented evidence-based collaborative fall prevention program was an essential step in improving clinical practice, improving patient safety, reducing falls, and preventing fall-related deaths. Providers in acute-care settings are now well-positioned to put fall-prevention strategies into practice.

Acknowledgements: Dr. Bernadette Amicucci PhD, DNS, MBA, FNP-BC, CNE, NEA-BC; Dr. Viktoriya Fridman DNP, RN, ANP-BC

Keywords: Falls, STEADI, inpatient setting, evidence-based practice, collaborative, fall assessment, risk tool, prevention

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POSTER #12 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

Utilizing Shared Decision-Making: To Promote Early Detection and Treatment via Low-Dose Chest CT for Lung Cancer Screening

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Background: Still in the United States, lung cancer is the leading cause of cancer deaths and the second most diagnosed cancer in both men and women. Lung cancer kills more people each year than from breast, colon and prostate cancers combined. Screening for lung cancer is the best way to detect the disease early. The U.S Preventive Services Task Force recommend that adults aged 50 to 80 years who have a 20-pack year smoking history and currently smoke or have quit within the past 15 years, undergo an annual screening with low-dose computed tomography (LDCT) to screen for lung cancer.

Purpose: This DNP project focused on the utilization of shared decision-making (SDM) to screen for lung cancer among current and former smokers of the World Trade Center Health (WTC) program. The project objectives were to establish SDM, increase the percentage of scheduled and completed low-dose chest CT & enhance patient knowledge.

Methods: A telephone based shared-decision making intervention was implemented at the WTC clinic. A patient decision tool aid was used to counsel and educate patients about lung cancer screening via low-dose chest CT. Measures analyzed included the percentage of patients who scheduled and completed a low-dose CT after the intervention. Patient knowledge pre and post intervention was also analyzed.

Results: The baseline percentage of patients from the past 6 months who scheduled and completed a chest CT scan was 14% respectively. Upon chart review, 25 patients met criteria for screening. 13 patients scheduled a low dose chest CT scan, 52% and 7 completed the scan which is 28%. 5 patients did not schedule or complete a scan (20%). The percentage of patients who scheduled and completed a chest CT scan after the SDM intervention was greater than the aggregate baseline of 14%. Furthermore, patients gained improved knowledge about low-dose chest CT for lung cancer screening.

Conclusions/Implications: Shared decision-making helped patients make an informed decision to undergo low-dose chest CT to screen for lung cancer. Lung cancer screening rates improved at the WTC clinic thereby increasing the chances of the early detection of lung cancer. Shared decision-making process should also be considered for healthcare decision-making at-large.

Keywords: SDM, Lung cancer, low-dose computed tomography, screening

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Using Staff Debriefing to Reduce Violence and Improve Outcomes in a Psychiatric Hospital

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Background: There are negative consequences to both patients and staff associated with the use of restraint and seclusion and it is an intervention that should only be used as a last resort. The rise in workplace violence in healthcare, particularly psychiatric settings, poses a potential challenge to initiatives aimed at reducing the use of coercive measures.

Purpose: Immediate staff debriefing led by a facilitator has been shown to improve patient outcomes by reducing restraint and seclusion rates through preventing reoccurring events. A debrief also provides the opportunity to attend to staff's physical and psychological wellbeing and can improve perception of organizational support.

Methods: This was a three-month quality improvement project, strengthening an existing process in a free-standing psychiatric hospital in New York City. The Plan-Do-Study-Act model and Kotter's 8-Step Change model were utilized to continuously reassess the quality improvement process and promote the practice change. A pre- and post-intervention survey was conducted to assess the nursing department's understanding and comfortability with debriefing, and their perception of organizational support following psychiatric emergencies. A new immediate staff debrief form was developed and the nursing leadership team was trained in the role of debrief facilitator. Restraint, seclusion and assault data was compared pre- and post-intervention.

Results: There was a significant reduction of patient to staff assault rates and a moderate reduction of restraint and seclusion rates pre- and post- intervention. There were less repeat restraint events following the intervention though repeat seclusion events did not reduce. Survey results did not show an improvement in nursing staff's understanding and perception surrounding debriefing.

Conclusions/Implications: The use of a standardized evidence-based immediate staff debrief process has the potential to improve both patient and staff outcomes. The practice change merges both theoretical and practical foundations of violence reduction and trauma informed care and contributes to a critical area of needed research for healthcare as it relates to debriefing after any critical event.

Keywords: Mental Health, Psychiatry, Quality Improvement, Evidence-Based Practice, Debrief

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POSTER #14 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

Implementation of A Peer-to-Peer (P2P) Program: A QI Initiative to Improve Stem Cell Transplant (SCT) Patients' 30-Day Readmission Rate

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Background: Peer-to-Peer (P2P) programs offer patients an opportunity to connect with experienced patients for knowledge sharing and promote acceptance of illness/situation. The post-stem cell transplant (SCT) recovery process is complex and affects patients' well-being globally, with a prevalence of symptom burden and a high readmission rate of 30%. The literature indicates that P2P programs have a comprehensive effect on patients' well-being, coping skills, management of chronic diseases, reducing clinic missed appointments, and decreasing 30-day readmission rates.

Purpose: Implement an evidence-based P2P program for SCT patients to reduce the 30-day readmission rate. The objectives: implement the P2P program in an SCT unit, decrease the SCT patients' 30-day readmissions rate in a 3–6-month timeframe, and increase the number of patients matches/referrals to the P2P program.

Methods: The QI pre- and post-approach were used to implement the P2P program. The first steps included creating a study design, identifying knowledge gaps, staff education, and developing an implementation plan. The measures to analyze data included patient referral metrics and pre-and post-readmission data metrics.

Results: The baseline 30-day readmission rate for the first quarter of 2022 was 37% based on internal data on implementing facility; nationally, the rate is currently 26%. Preliminary results show that patients (22) participating in the P2P program have decreased 30-day readmission rates by 6% in eight weeks timeframe in the last quarterly aggregated data of 2022. Increased observation of patient referrals to the P2P program by the clinical team by up to 50% from 10% prior to the implementation of the P2P program in SCT patients. The previously anticipated result was 20%, thus exceeding the goal.

Conclusions/Implications: The data aligns with current evidence that P2P programs improve 30-day readmission rates and should be incorporated as a vital component of SCT patients' multifaceted care approach to improve patient outcomes. Implications include a support system for other patients in healthcare and larger-scale interventions within SCT to lead change and practice leadership.

Acknowledgements: Dr. Olender for her guidance and knowledge

Keywords: peer-to-peer, stem cell transplants, 30-day readmission rates, peer support

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POSTER #15 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

Increasing the Use of Telehealth with Homeless Program Veterans via Smartphone Utilization: Will Decreased Unplanned Emergency Room and Urgent Care Visits Also Result?

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Background: Undomiciled and recently domiciled individuals have complex health needs and experience many barriers to healthcare. Efforts to improve access to services for this vulnerable population are required to reduce acute care visits. The Homeless Program (HP) provided an iPhone to any veteran lacking stable housing and needing a device. Despite having smartphones patient video encounters are very low compared to telephone call encounters.

Purpose: This QI project aimed to implement and evaluate a change in the distribution of smartphones using the teach-back methodology to increase the clinical usefulness of smartphones for video telehealth and decrease unplanned ER and urgent care visits. The overarching goal is to increase access to care.

Methods: The QI pre- and post-approach were used to implement the project consisting of case managers implementing the new smartphone distribution protocol along with several educational sessions. The distribution protocol included HP veterans with no prior history of a video encounter via smartphone. The pre-and post-intervention encounter data evaluated the effectiveness of the new distribution process and educational intervention in increasing video telehealth encounters and decreased unplanned ER and urgent care visits.

Results: Post-intervention 66%, were able to complete a video encounter using a smartphone successfully in an 8–12-week timeframe. No-show appointments decreased by 10%. There was no significant change in ER or unplanned urgent care visits when compared to aggregated data from 1 year before intervention. Survey results showed a 50% increase in case managers' knowledge of VVC using smartphones post-TB intervention.

Conclusions/Implications: By improving the distribution and providing knowledge of video telehealth via smartphone HP veterans involved in the project were able to function in the video telehealth arena. Using video telehealth with this population decreases barriers to accessing care and has the potential to improve health outcomes for the homeless population.

Acknowledgements: Dr. Lynda Olender, PhD., RN, ANP, FNYAM, NEA-BC

Keywords: mobile phones, smartphones, video tablets, access to care, telehealth, video telehealth, telemedicine, veterans, homeless

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Heart Failure: Preventing Readmission in the Acute Care Facility

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Background: Heart failure (HF) is a chronic, progressive disease whose prevalence rates are steadily increasing. It is a leading cause of mortality, morbidity, and disability as well as a leading cause of inpatient readmissions in the United States. The Centers for Medicare and Medicaid Services reduces payments to hospitals with excessive 30-day readmissions for HF, risking millions of dollars due to poor performance. Evidence-based, HF-discharge-guideline tools are available to enhance delivery of quality patient care but inconsistencies or complete omission remain in delivering these services.

Purpose: The DNP scholarly quality improvement project aimed to reduce HF readmission in the acute care facility by implementing an evidence-based HF checklist to support increased nurse awareness and adherence to HF-discharge counseling for hospitalized patients.

Methods: This quality improvement project utilized a comparative analysis, pre-/post-intervention, prospective study design. Study population consisted of a convenience sample of 15 registered nurses recruited on a medical surgical/telemetry unit. Gaps in knowledge were identified and nursing staff education was provided. An evidence-based discharge checklist was implemented by registered nurses on medical-surgical/telemetry units. 30-day readmission rates, nurse utilization of HF-discharge checklist, and satisfaction were examined. The Plan-Do-Study-Act (PDSA) model was utilized to check for significant changes in practice. Total time for interventions and evaluation was three months in an urban community hospital.

Results: Monthly HF-readmission rates decreased on medical-surgical/telemetry unit in the post-intervention period. The discharge checklist was used regularly by 93.7% of (N=15) registered nurses, and 80.0% expressed that the most recent HF guidelines are beneficial to nursing practice. The result of the mean difference on a pre-and post-test on the knowledge of heart failure was statistically significant at $t(14) = -4.294, p < 0.001$. The educational intervention had a significant impact in raising nurse awareness of HF discharge guideline.

Conclusions/Implications: Implementing an evidence-based HF checklist plays an important role in improving patient's health outcomes and bridges the gap in nurses' knowledge, thereby reducing the 30-day hospital readmission of HF patients. The project helps to provide a feasible, cost-effective approach for promoting practice change among health care workers.

Keywords: heart failure, checklists, patient discharge, patient readmission

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POSTER #17 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)  *Poster Presentation Award, DNP Final Capstone Project*

Practice Change from Usual Hypertension (HTN) Care to Implementing the Measure Act Partner (MAP) HTN Protocol to Improve HTN Control in Geriatric Home Care Patients

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Background: Hypertension is a primary cause of cardiovascular death in the US. The elderly have the highest national incidence of HTN at 75% and the lowest HTN control rate at 47.9%, posing a health care and financial burden. This agency's HTN control rate in 2021 was 48%. Healthy People 2030 goal is to increase HTN control to 60.8%. The evidence-based practice (EBP) of MAP includes: measuring blood pressure (BP) accurately, acting rapidly to treat BP outliers, and partnering with patients to increase HTN self-care. Studies show that MAP is more effective in improving HTN control compared to usual care.

Purpose: The purpose of this quality improvement (QI) initiative was to address the low HTN control rate at this agency in 'real time' by implementing an EBP change using the Measure (accurately) Act (rapidly) Partner (with patients) protocol over a 3-6-month period. The goal was to increase HTN control by 10%.

Methods: For this project, a QI design was used to implement the MAP protocol and compare BP control of the pre- /post-MAP periods. The pilot included 21 Medicare elderly patients with HTN. Gaps in knowledge were identified. NP education and patient in-home coaching were provided. Daily self-blood pressure monitoring (SBPM) outliers were monitored, assessed, and treated 'in real time' by providers. SBPM data metrics, including the initial and last study days of the pre-/post- MAP periods, were measured. Data analysis via SPSS was performed using percentages, frequencies, and paired difference t-tests.

Results: Results: Pre-MAP: 81% had BP controlled under 140/90 mmHg; (P=.490); post-MAP: 83% had BP controlled under 140/90 mmHg; (P= .462).

Conclusions/Implications: In this setting, data suggests the MAP protocol may not be as effective as usual care. However, the statistically non-significant difference is likely because of other variables. The recommendation is to continue implementing MAP with a larger sample size over a longer period to see if this change should apply to all within this setting.

Acknowledgements: Faculty Sponsor: Dr. Lynda Olender, Ph.D., RN, ANP, FNYAM, NEA-BC

Keywords: the elderly, nurse practitioner, hypertension management, Measure Act Partner (MAP) protocol

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POSTER #18 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

Improving HCAHPS Scores in the Cardiothoracic Stepdown Unit: Implementation of APRN-Led Evidence-Based Transitional Care Bundle

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Background: Patient satisfaction scores, such as the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, reflect the quality and safety of patient care provided in the healthcare setting. The Center for Medicare & Medicaid Services (CMS) uses the HCAHPS score to determine patient satisfaction, the quality of care provided, and hospital reimbursement. The decline in discharge-related HCAHPS in the Cardiothoracic Stepdown (CTSD) unit of a hospital in Brooklyn called for the need for practice change. Studies have shown that evidence-based transitional care practices improve patient satisfaction scores.

Purpose: The DNP scholarly quality improvement project aimed to increase the discharge information and post-discharge care HCAHPS scores in the cardiothoracic step-down unit by implementing an evidence-based Transitional Care Bundle (TCB) to improve the unit's transitional care practice.

Methods: The QI project used an evidence-based improvement approach in implementing the TCB in an inpatient CTSD unit. The PDSA model was applied to test for transitional care practice change. The TCB was implemented, which included nurses using the 1) Modified-IDEAL Discharge Planning Checklists, 2) Be Prepared to Go Home Checklist, and 3) Heart Surgery-Care at Home patient education brochure for cardiac surgery patients. A pre-post design was employed to evaluate the effectiveness of TCB in the discharge information and post-discharge care HCAHPS scores. Nurses' educational training was provided before the TCB implementation and was evaluated using a pre-post survey.

Results: The result demonstrated an increase in the discharge information HCAHPS by 13.3% within three months of implementation. However, there was no improvement in the post-discharge care HCAHPS score within three months of implementation. Nurses' knowledge of transitional care practice improved post-educational training by 15.5%.

Conclusions/Implications: Transitional care practice is a top priority for hospitals as it can positively affect the quality of patient care, reduce healthcare costs, and improve reimbursement. Implementing an evidence-based transitional care model, such as the TCB, improves patient satisfaction related to discharge information and can positively impact the quality of care among post-operative cardiothoracic surgery patients. Increasing nurses' knowledge through educational training is a foundation for such practice change.

Keywords: transitional care program, HCAHPS score, cardiothoracic patient, patient satisfaction score, IDEAL discharge planning, nurses' education

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POSTER #19 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

Putting Public Health Evidence in Action: An Innovative NP-Led Colorectal Cancer Screening Program

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Background: Colorectal Cancer (CRC) is the second leading cause of cancer mortality worldwide and has significant financial, medical, and social strains in the community. The evidence shows that screening for CRC significantly improves the morbidity and mortality of colorectal cancer compared to no screening at all. According to Healthy People 2030, only approximately 65% of adults received colorectal cancer screening. Several studies have shown an evidence-based method to improve the rates of colorectal cancer screening with the use of Fecal Immunochemical Test (FIT)-kits as they are non-invasive, cost-effective, and more readily accepted by patients.

Purpose: The purpose of the DNP scholarly project is to implement evidence-based practice recommendations in screening the general population for colorectal cancer and increase screening rates for the detection of CRC.

Methods: The DNP scholarly project employed an evidence-based quality improvement approach to implement an innovative Nurse Practitioner led FIT-based screening protocol to guide medical providers in ordering CRC screening tests. The FIT-based screening protocol included the addition of a FIT-kit order set into the agency's EHR system, as well as the implementation of a CRC algorithm along with educational sessions. The Nurse Practitioner assessed the pre and post-screening rates of CRC using chart audits.

Results: The results reflected an increase in colorectal cancer screening to about 25 percent, and medical providers' knowledge of CRC screening using FIT-kits improved post-implementation.

Conclusions/Implications: Implementing a Fecal Immunochemical Test protocol plays an important role in promoting CRC screening and improving the screening rates in primary care adult patients. Executing the DNP scholarly project boosts access to CRC screening in underserved populations, uses informational technology, and clinical prevention to improve community health and disease prevention.

Keywords: Adult and Older Adult; Evidence-Based Practice; Health Promotion Behaviors and Disease Prevention

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POSTER #20 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

Reducing 30-day Hospitalization Among High-Risk Hospice Patients in the Community: A Nurse-Driven Transitional Care Bundle

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Background: Hospice focuses on delivering high-quality, person-centric, holistic care that is comfort-based utilizing an interdisciplinary approach for individuals who are terminally ill. It is designed to provide comfort and support to patients and families with the goal to die at home and avoid emergency room visits and unplanned hospitalizations. However, approximately 20% of hospice patients are (re)hospitalized within 30 days of admission. A review of literature identified sociodemographic and socioeconomic risk factors for hospitalization in this population.

Purpose: The DNP scholarly quality improvement project aimed to reduce 30-day hospitalizations in admitted, high-risk patients at a community-based hospice organization by implementing an evidence-based transitional care bundle to bring about practice change.

Methods: A quality improvement project with an observational, one group, pre/post comparison design utilizing the Plan-Do-Study-Act (PDSA) model while planning and executing the project to test improvement measures and manage changes over a 3-month period. A nurse-driven transitional care bundle was implemented in individuals who were admitted to hospice and were at high-risk for hospitalization. A single structured educational session was provided to the nursing staff. The transitional care bundle consisted of increased nursing visits and follow-up for the first couple of weeks on service.

Results: The result demonstrated a decrease in the monthly means for 30-day hospitalization rates and staff knowledge was improved post-intervention.

Conclusions/Implications: Hospitalizations are incongruent with hospice goals of care and frequently contribute to unwarranted suffering and a poorer quality of life for patients who wish to die at home supported by their loved ones. Findings of this DNP scholarly project initiative will shape recommendations for practice in the home hospice setting.

Keywords: 30-day hospitalizations, hospice, high-risk, transition of care, home hospice

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POSTER #21 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

Improving the Physical Health of the Mental Health Population: Implementing an Evidence-Based Metabolic Syndrome (MS) Prevention Bundle in the Adult Psychiatric Population

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Background: Cardiovascular disease continues to be the leading cause of mortality in the mental health population. Metabolic syndrome (MS) is a cluster of cardiovascular risk factors found in patients treated with atypical antipsychotics (AA). Despite clear clinical guidelines, many patients remain unscreened. In addition, inconsistent monitoring practice is reported in the literature due to hidden barriers that may prevent the target population from receiving comprehensive cardio-metabolic care. The evidence points to care fragmentation and a limited understanding of MS as two main obstacles leading to poor health outcomes. Therefore, care coordination is necessary to address this vulnerable population's physical needs.

Purpose: The Doctor of Nursing Practice (DNP) scholarly project aimed to implement an Evidence-Based Metabolic Syndrome Prevention Bundle (EBMS) to change the MS practice in the mental health services of a community center. The goal was to increase the MS referral rate in the psychiatric population treated with AA medications.

Methods: The DNP scholarly project utilized an EB Quality Improvement approach to implement the EBMS prevention bundle. The Plan-Do-Study-Act model was applied to test the changes in the MS prevention practice. A pre-post comparison design was employed to measure the changes in the MS referral rate. A pre-and post-test survey was utilized to identify gaps in MS knowledge. An audit tool was used to measure compliance with the EBMS prevention bundle.

Results: Providers' MS knowledge and compliance with the EBMS prevention bundle improved as a result of the NP-Led EBMS educational sessions. The EBMS prevention bundle was successfully incorporated into patient care leading to an increase in the MS referral rate from 2.3 % to 9.7%.

Conclusions/Implications: The EBMS prevention bundle allowed a robust collaboration that improved mental health services' MS screening and referral process. The EB QI project revealed that MS monitoring is a necessary service for early MS identification in this population.

Keywords: Keywords: metabolic syndrome screening, atypical antipsychotics, metabolic syndrome referrals

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POSTER #22 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

The MAP Protocol: A Nurse Practitioner-Led Innovative Approach to Treating Uncontrolled Hypertension in the Primary Care Setting

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Background: Hypertension is the leading cause of heart disease and stroke, which kill more New Yorkers than any other disease. Uncontrolled hypertension has been identified in this practice setting as a quality indicator for which improvement is needed. Nationally, an estimated 46% of the adult population with hypertension has been identified as uncontrolled (most recent blood pressure reading greater than or equal to 140/90). Reducing the proportion of adults with high blood pressure and improving cardiovascular health in adults remain current objectives. Hypertension and its sequelae can be seen nationwide, and in this practice setting it remains a top priority.

Purpose: Improve rates of uncontrolled hypertension in the primary care setting by implementing the Measure Accurately, Act Rapidly, Partner with Patients (MAP) protocol. The overarching goal of this capstone project is to improve the health of patients and allow them to live happier, healthier lives.

Methods: This was a pre-post QI design among 39 randomly selected adult patients with a diagnosis of hypertension in the primary care setting. Providers implemented the MAP protocol over a 4-month timeframe. Follow-up visits were completed either remotely or in-person. Study data were obtained from electronic health records at baseline and 4 months. Post intervention blood pressures were recorded. A pre-post questionnaire was administered to the providers who implemented the MAP protocol to ensure understanding pre-and-post implementation. SPSS was used to calculate a paired-sample t-test, mean, and p value.

Results: In 39 hypertensive adults (mean, 45.7 years; 90% men), 59% met the blood pressure goal post MAP implementation (<140/90)(Systolic BP M=132.1; Diastolic BP M=86.08) (P<0.001). Provider knowledge of MAP protocol assessed by a pre-post questionnaire was increased to 100% (previously 33.3%, P>.05).

Conclusions/Implications: The findings lend support to the utilization of the MAP protocol for improving blood pressure control in a sample of poorly controlled hypertensive patients. These findings may have implications for the utilization of the MAP protocol in similar settings within the practice at the local, region, and national level.

Keywords: hypertension, primary care, uncontrolled blood pressure, measure accurately, act rapidly, partner with patients

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Integration of Palliative Care in the Emergency Department: A Team Approach

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Background: A problem facing several Emergency Department (ED) in hospitals across the country is the frequent admissions among elderly and seriously ill patients from Nursing Homes (NH) with unmet Palliative Care (PC) needs. Research has shown that early identification and early PC consultation in the ED have aided in improving patient outcomes while reducing the length of stay (LOS) and mortality rate.

Purpose: The purpose of this Quality Improvement (QI) project is to implement evidence-based practice change and develop a standardized and interdisciplinary process that identifies older adults who chronically and seriously ill from NH with unmet PC needs in the ED.

Methods: The DNP scholarly project employed the Evidence-Based QI approach to implementing a practice change for the early identification of elderly and chronically ill patients with unmet PC needs. The Plan-Do-Study-Act (PDSA) model was applied to implement the project by testing the climate for change. A pre-post-design was employed to evaluate the increased rate of PC consults and nurse's knowledge of the importance of early identification of elderly patients with unmet PC needs post-12 weeks of implementation.

Results: An increase in PC consults, increase in nurses' knowledge and documentation of the early identification in the electronic medical record.

Conclusions/Implications: This DNP scholarly project will provide the ED staff with the tools and knowledge to screen patients with unmet PC needs. Early screening and early PC consultation can provide patients with plans of care that are matched to their needs and wishes. Improve the patients' quality of life by providing evidence-based practice and patient-centered care. Improve patients'/family's experience, improve the ED staff's comfort level, and reduce ED and hospital LOS.

Acknowledgements: My family; Dr. Lynda Olender; Dr. Robert Crupi MD; Latrice Pelissier, DNP, MSN, FNP; Latoya Duckett, MSN, ANP; Dr. Mathew Castillo MD; Dr. Sharma Manish MD; Suzanne Pugh

Keywords: Elderly chronically ill, Emergency Department, length of stay, nursing homes, palliative care

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POSTER #24 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

Reducing opioid prescribing in an outpatient setting: Implementation of an NP-driven SAFE opioid bundle

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Background: The chronic pain population remains vulnerable to the potential harms associated with the ongoing opioid epidemic. In response to this public health crisis, there has been increased scrutiny over opioid prescribing. National agencies have established that guideline-driven chronic pain management is a priority, but provider adherence to guidelines is less than 50%. Clinical practice guidelines advise the use of tools to mitigate the risks associated with chronic opioid therapy, such as urine drug screening (UDS), the prescription drug monitoring program (PDMP), and opioid treatment agreements (OTAs).

Purpose: The DNP scholarly quality improvement project aims to introduce an evidence-based SAFE opioid bundle to improve adherence to opioid guidelines with the goal to decrease overall dosage of opioid prescriptions by 10% among chronic pain patients.

Methods: The DNP scholarly project will utilize an evidence-based quality improvement approach to implement best practice interventions to improve opioid prescribing. An NP-driven intervention will be employed to increase the utilization of the risk mitigation tools, UDS, PDMP, and OTA. Structured education sessions will be delivered to improve provider knowledge of opioid guidelines. The Plan-Do-Study-Act cycle will be the model applied to test the change being made upon implementing the SAFE opioid bundle. The scholarly project will employ a pre post comparison design to evaluate the change in opioid guideline adherence and provider knowledge.

Results: Anticipated results of the scholarly project will be improved adherence to the opioid guidelines and improved provider knowledge of the opioid guidelines, as evidenced by a 10% decrease in opioid prescriptions.

Conclusions/Implications: Implementing an evidence-based SAFE opioid bundle can play a significant role in improving adherence to opioid guidelines. Improving opioid prescribing practices by aligning provider behavior to meet guideline recommendations could minimize misuse, availability, and dosage of prescription opioids.

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POSTER #25 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

Reducing Hospitalizations of Nursing Home Residents through Innovative Interdisciplinary CHIP Program

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Background: Hospitalizations from nursing homes to the hospital are a major concern in nursing home residents, which are associated with disability, functional decline, morbidity, and mortality. Moreover, hospitalization often results in physical discomfort, psychological distress, functional impairment, and additional medical expenses for these vulnerable individuals. Nursing homes often lack healthcare providers during off-hours, leading to unnecessary hospitalizations. The literature suggests adopting innovative interdisciplinary hospital readmission program to mitigate avoidable hospitalizations among nursing home residents.

Purpose: The DNP scholarly project aims to reduce hospitalization rates in nursing home by integrating evidence-based interdisciplinary hospital readmission program by improving interdisciplinary communication and clinical care decision.

Methods: The DNP scholarly project will engage in an evidence-based quality improvement collaborative to implement a Care Home Improvement Program (CHIP). The CHIP will include an interdisciplinary medical record review, a diagnostic checklist, and coordinated family meetings. Nurses' assessment skills will be improved through the implementation of clinical care decision algorithms and education sessions that will enhance nurse recognition of acute changes in residents' conditions in a timely manner. The pre-post comparison design will be used to measure a change in the interdisciplinary nursing home transitional care practices by capturing hospital admission rates, nurse knowledge and behavior in clinical care decisions.

Results: The anticipated results are to improve interdisciplinary collaboration and nurse clinical care decisions, as evident by decreased hospitalization rate in nursing home residents.

Conclusions/Implications: Adopting interdisciplinary readmission program anticipated to reduce unnecessary hospitalizations in nursing home residents as well as risks, including cognitive decline, nosocomial infections, and falls.

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POSTER #26 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)



Poster Presentation Award, DNP Capstone Proposal

Effectiveness of Repositioning Devices in Reducing the Incidence of Pressure Injuries in an Intensive Care Unit

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Background: Preventing pressure injuries in acute care hospitals is challenging. More than 2.5 million people in the US experience pressure injuries (PI) annually, resulting in increased patient pain and suffering, increased infection risks, and an extended length of stay. Studies have shown that repositioning devices will provide adequate positional support for at-risk patients and ensure a safe surface to avoid harm from shear stress and friction.

Purpose: Due to the observed low compliance with repositioning devices, this scholarly project aims to implement a practice change in the ICU by increasing the use of repositioning devices. This educational project aims to identify the perceived barriers and gaps in the use of repositioning devices, address practice change and investigate education's effectiveness in impacting staff knowledge. This project also aligns with the Healthy People 2030 goal to improve the health and well-being of the people.

Methods: PDSA framework will be formulated and utilized. The Pieper Pressure Ulcer Knowledge test assesses the ICU staff's knowledge level and the Likert scale to measure compliance. Incorporate the documentation of repositioning device use on EMR. Educational sessions and team meetings will reinforce the need for policy adherence. Pre- and post-implementation data are collected to track the incidence rate of PI for three to six months.

Results [Anticipated Results]: Increased knowledge and training will hypothetically increase staff confidence, enhance compliance and reduce the incidence of PIs. The use of repositioning devices as a part of PI prevention policy and EMR documentation of the use of devices will be the anticipated long-term results of this scholarly project.

Conclusions/Implications: Implementing evidence-based practice interventions will decrease the pressure injury rate in the intensive care unit. The early prevention and detection of pressure injuries will lead to staff empowerment, reduced length of stay, and improved patient outcomes.

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POSTER #27 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

Reducing IV Infiltrates on an Adult Medical Surgical Telemetry Unit: Implementation of a Nurse-Driven Peripheral IV Catheter (PIVC) Care Bundle

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Background: Patient hospitalizations require PIVC insertion for the administration of medications, fluids, and blood products, however, continue to have significant complication rates. For example, PIVC complications include infiltration and catheter dislodgement. The literature recommends adopting nurse-driven PIVC care bundles to support nurse assessment and decision-making. A nurse-driven bundle protocol will be developed to assist in managing PIVCs in adult medical-surgical-telemetry patients to improve care gaps. It is recognized within healthcare challenges associated with bundle compliance including adherence to bundle protocol guidelines. Patient safety is at the forefront of all we do in nursing, therefore, continued efforts toward standardizing best practices are needed to ensure improvement.

Purpose: This scholarly project aims to introduce an evidence-based practice change in the insertion, assessment, and management of PIVCs in an adult medical-surgical-telemetry unit; while improving nursing knowledge toward best practices. A 6% reduction in PIVC infiltration rates from current baseline data is expected at the conclusion of bundle implementation.

Methods: This DNP project will use an evidence-based approach in implementing a practice change focused on improving PIVC infiltration rates. The I-DECIDED clinimetric tool, standardization of IV securement, improved documentation, nursing education in service, PIVC Champions, and bedside coaching will support a nurse-driven PIVC care bundle. The Plan-Do-Check-Act (PDCA) cycle will be applied due to its adaptability within the clinical environment. Hospital infiltration data will be compared pre and post-project implementation. In addition, nurses will be provided with both pre and post-surveys to measure for knowledge improvement.

Results: [Anticipated Outcomes] A decrease in PIVC infiltrations in the adult medical-surgical-telemetry unit will be the overall project objective. Increased nurse knowledge, skills, and improved documentation will be achieved as a result of bundle implementation.

Conclusions/Implications: Various constructs exist limiting documentation, assessment, and tracking of PIVC incidences. The intended practice change will focus on the nursing staff's quick action in following proper procedures and protocols as a preventive measure in improving both RN staff and patient outcomes.

Keywords: PIVCs, infiltrates, IV complications, Nursing IV care bundles

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POSTER #28 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

Implementation of an evidence-based high-risk patient management HEART (High ED/Admission Risk Therapy) team protocol for adult oncology patients receiving multimodal cancer therapy

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Background: A significant rise in Emergency Department (ED) visits and admission of cancer patients is a major factor behind the rising cost of cancer care and cancer-related morbidities and mortalities. The CMS developed admission and ED visits for patients receiving outpatient chemotherapy measures, marking a milestone in quantifying and reducing the number of ED visits and enhancing the quality of life of cancer patients and survivors. Adopting the multidisciplinary team approach can enhance the overall capacity of competent healthcare practitioners to identify, detect and respond to the risk factors behind the rising treatment-related unplanned ED visits in adult oncology patients.

Purpose: The DNP scholarly quality improvement project aims to incorporate an evidence-based high-risk patient management HEART (High ED/Admission Risk Therapy) team protocol into the clinical practice to reduce unplanned admissions and ED visits by 20% from adult patients receiving multimodal cancer therapy.

Methods: The Evidence-Based DNP scholarly project will improve nurse recognition and early detection of cancer treatment-related high-risk factors and provide treatment and symptom management, thereby reducing the risk of oncologic treatment-related complications, enhancing cancer care coordination, and improving their quality of life. The Plan-Do-Study-Act model will guide the project to implement the HEART team bundle to improve nurse recognition and early detection of risk factors of unplanned ED visits in adult oncology patients receiving multimodal cancer therapy. A pre-post design will be used to evaluate the adoption of the HEART team protocol in 3 months.

Results: The expected outcome will be that adopting the HEART team protocol at the selected agency will associate in a 20% reduction in preventable hospitalizations and ED visits for adult patients receiving multimodal cancer therapy. The HEART team protocol will successfully impact the positive relationship between improvements in early detection and recognition of risk factors and primary reasons for ED visits and the nurse's knowledge of high-risk patient assessment and symptom management.

Conclusions/Implications: The DNP project will emphasize the centrality of multidisciplinary collaboration and an evidence-based patient-centered care approach to reduce the growing incidences of unwarranted cancer treatment-related ED utilization.

Keywords: Cancer, nurse recognition, early detection, ED visits, evidence-based practice, high-risk assessment checklist, management protocol

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POSTER #29 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

Prioritizing Safety: Preventing Falls in The Emergency Department

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Background: A fall occurs when a person is lowered from a higher to a lower level without control. A fall can be accidental, anticipated, or physiological. Falls are one of the most common adverse events that are reported in healthcare institutions and are a significant 2022 significant increase in falls within the department.

Purpose: The purpose of this DNP quality improvement project is to introduce a Nurse-Led EBP fall prevention bundle that is specific to the fast-paced emergency department environment that involves team engagement.

Methods: The design of this DNP scholarly project is a quality improvement project. The fall prevention bundle includes : yellow arm band , yellow non-skid socks, yellow mobile stop sign, yellow gown fall prevention education pamphlet all put together in a bag as a package. Safe ambulation, purposeful hourly rounding. Fall cart on unit with all items readily available. The outcome measure of this project is to measure if there is a reduction in falls on the unit post implementation.

Results: It is anticipated that there will be a reduction of falls with or without injuries in the ED. Increase nurse compliance with fall prevention strategies. Increase staff knowledge of fall prevention. All members of the ED team will prioritize fall prevention.

Conclusions/Implications: Fall prevention has three steps: preventative screening, multifactorial fall prevention intervention, and embedding it into the department's culture. The emergency department is an unpredictable constantly moving environment. The fast-paced environment calls for a need for effective standardized fall prevention strategies throughout healthcare. This EBP project will serve as the catalyst for standardizing fall prevention in the ED and hopefully invoke thought in healthcare providers and empower change.

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Skin Deep: Is the Experience of Discrimination a Risk Factor for Suicidality in Black Youth?

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Issue: Suicide is one of the leading causes of death among young people ages 10-19 within the United States (CDC, 2020). In recent years, incidences of suicide and suicidality have steadily been rising among the Black community at alarming rates, especially among Black Youth. Black people within the US face many challenges; one factor that affects this population regardless of their age, religion, education, gender, economic status, and or sexual orientation is racism and discrimination. A review of the literature was conducted to examine whether the experience of discrimination constitutes a unique risk factor in this phenomenon.

Description: A review of the literature was conducted using boolean operators. Databases searched included PubMed, CINAHL, and Cochrane Library. Inclusion Criteria included: Studies between years 2016-2022; Utilization of a screening instrument or questionnaire to assess for participant's experience of discrimination; Utilization of a screening instrument or questionnaire to assess for participant's experience of suicidality. Studies wherein outcome measurements did not examine relationships among race, experiences of discrimination, and suicidality were excluded. 5 studies were ultimately included in this review.

Results: Statistically significant relationships between exposure to racism/discriminatory practices and the experience of suicidality or death ideation in Black youth were found in all five studies included in this review. There appears to be strong evidence supporting a relationship between discrimination and risk for suicidality in this population.

Conclusions and Recommendations: Queries about the experience of discrimination should be included in suicide risk assessments administered to Black youth. More research into specific resources and effective crisis interventions are needed to improve the quality of life and mental health status of Black Youth. Interventions that support Black youth in responding to instances of discrimination in empowered ways may be a worthwhile idea to develop/explore as a potentially effective strategy for ameliorating risk.

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Pediatric Mental Health and Social Media: A literature review

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Issue: Social media is a convoluted display of product marketing, comparisons, unattainable beauty standards, and bullying, but continues to dominate the lives of children. Correlating with the rise in media usage are increasing rates of mental health struggles of adolescents. There is current research on this topic, however, there are minimal systematic reviews that analyze multiple mental health outcomes at once, and even fewer studies researching specifically the adolescent population. In this literature review, we aimed to answer the following research question: does the use of social media increase depressive symptoms such as anxiety, depression, and loneliness, in the adolescent population?

Description: Our research observes various outcomes of social media use. Through a literature search of three different databases, we included numerous studies, with a multitude of different mental health outcomes and measurements of social media use. We analyzed relationships between social media use and depressive symptoms in adolescents in the U.S. Our research question was: does social media increase depressive symptoms in pediatric & adolescent patients compared to patients who spend more time off screen? We hypothesized social media use would correlate with increased depressive symptoms in adolescents compared to their counterparts who spend less much time online.

Results: Most studies showed a positive association between depressive symptoms and the use of social media. Participants who spend more time on social media reported higher body dissatisfaction and increased depressive symptoms. Additionally, a correlation was found between repeated addictive use of social media and social comparison to depressive symptoms. Scrolling through social media was not associated with depressive symptoms but rather social media communication led to depressive symptoms. School connectedness was a protective factor and the more a student used social media, the less school connectedness they felt.

Conclusions and Recommendations: Interestingly, increased use of social media did not increase rates of depression. But rather, people who tend to be more depressed used social media more often. Future research should focus on other protective factors for social media use. Our research will hopefully offer parents and practitioners solid evidence to include in their decision making when it comes to their patients and or adolescent's social media use.

Keywords: social media, depression, anxiety, adolescent psychology, adolescent depression, adolescent anxiety

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Social Identities and Campus Belonging as Predictors of Flourishing Among College Students

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Background: College students' flourishing (a measure of psychological well-being) has declined over the last decade. Predictors of higher flourishing and lower flourishing for undergraduate students are unclear. The existing evidence does not demonstrate the relationship of flourishing with students who hold multiple minoritized identities; an intersectional hypothesis was tested.

Methods: The study is a secondary analysis of undergraduate participants aged 18-25 of the fall 2021 American College Health Association-National College Health Assessment (n = 20,914). The first model examined age, food insecurity, first-generation college student status, military experience/veteran status, race/ethnicity, gender identity, immigration status, and sexual orientation. Historical privilege was used to dichotomize the last four social identities. The second model used an intersectional lens to analyze the two-way additive interactions of dichotomized identities of race/ethnicity, gender identity, immigration status, and sexual orientation. The third model included campus belonging.

Results: Campus belonging was the strongest predictor ($B = .41, p < .001$) of higher flourishing in this study. Significant predictors of higher flourishing also included identifying as heterosexual ($B = .13, p < .001$), White, non-Hispanic ($B = .06, p < .05$), identifying as White, non-Hispanic and heterosexual ($B = .06, p < .001$), and age ($B = .05, p < .001$). Significant predictors ($p < .001$) of lower flourishing were experiencing food insecurity ($B = -.10$), identifying as cisgender male and heterosexual ($B = -.08$), and being a first-generation college student ($B = -.05$).

Conclusions: College executives should support student flourishing with policies and practices that enhance campus belonging. Additional support for flourishing is most urgently needed for sexual minority students, particularly sexual minority students of color. Universal dining hall access and shared meals are avenues to improve campus belonging and flourishing.

Acknowledgements: This research was supported by a grant from Sigma's Alpha Phi Chapter. Support was provided by my dissertation committee: Dr. Cohn (chair) and Doctors Capezuti, Samuels, and Shane.

Keywords: College students, undergraduates, flourishing, psychological well-being, social identities, intersectionality, campus belonging

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POSTER #36 (RESEARCH)

Gender Role Conflict, Campus Climate, and Satisfaction Among Male Undergraduate Nursing Students

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Background: Gender role conflict (GRC) has been identified in the literature as a contributing factor to male undergraduate students' dissatisfaction with the nursing program. Utilizing Bandura's social cognitive theory as guiding framework, this study examined the relationships between GRC, campus climate (CC), satisfaction with the nursing program (SS), and demographic factors among male undergraduate nursing students. Understanding the associations between these variables may inform success initiatives for these at-risk students.

Methods: A cross-sectional survey was developed from valid and reliable instruments. The Gender Role Conflict Scale – Short Form measured GRC; the adapted Inventory of Male Friendliness in Nursing Programs measured CC, and the Nursing Student Satisfaction Survey measured SS. With assistance from the National Student Nurses Association, the survey was administered to 100 male undergraduate nursing students across the US.

Results: Participants reported low levels of gender role conflict (\bar{X} =3.53, range=1-6), moderate levels of satisfaction (\bar{X} =4.73, range=1-6), and low favorable perceptions of campus climate (\bar{X} =3.05, range=1-5). Campus climate and nursing program type were significant predictors of student satisfaction. Male African American students tended to have lower student satisfaction and worse views of campus climate than their counterparts in other ethnic/ racial groups.

Conclusions: This study offers valuable insights on how to increase the proportion of men in the profession, amid widespread nursing shortage in this post-pandemic era.

Acknowledgements: Special thanks to Dr. Juan Battle, Dr. Marlon Saria, and Dr. Anita Nirenberg, whose invaluable inputs shaped this dissertation.

Keywords: gender role conflict, student satisfaction, campus climate, men in nursing, male nursing students, United States

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POSTER #37 (LITERATURE REVIEW)

A limited literature review on the effects of ICU diaries on psychological morbidity in critical illness survivors.

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Issue: As more patients are surviving critical illness it is important to research interventions to address psychological recovery. The literature review addresses the following question: In patients who have been hospitalized in the intensive care setting and survived critical illness, does the maintenance of a diary by relatives and nurses compared to no maintenance of a diary aid in psychological recovery after discharge from the Intensive Care Unit?

Description: The systematic search and limited review of the research literature was conducted using CINAHL, PUBMED and Medline. Keywords used included Intensive Care Unit diary, post-traumatic stress disorder, post intensive care syndrome, intensive care unit survival and psychological recovery.

Results: Five studies were found, including four randomized controls and one focus group study. Studies included adults in intensive care settings in the United States, France, Canada, Sweden, and China. Key findings indicate that there may be some effect on anxiety, depression, sleep, and factual memory recall but not significant effects on post-traumatic stress disorder. The diary was not shown to have clinical significance alone, but in combination with other interventions such as psychoeducation and follow up support, may have more significant effects.

Conclusions and Recommendations: There were some positive effects on the symptoms that can lead to posttraumatic stress disorder. Diaries are low cost, non-invasive interventions and can humanize the experience for staff, patients, and families. They may also increase awareness of the need for psychological support in an ever-growing population of critical care survivors. Further research is needed on the impact of critical care survival on mental health and should include adequately powered studies with additional interventions.

Keywords: Intensive Care Unit diary, post intensive care syndrome, intensive care unit survival, psychological recovery

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Increasing Healthcare Proxy Awareness Among Patients in Community Outpatient Infusion Center

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Background: Health care proxy (HCP) completion is an important aspect of advance care planning. In the ambulatory setting, HCP completion can be particularly important as it allows patients to ensure that their wishes regarding treatment are respected if they are unable to communicate. Studies suggest that completing a HCP in the ambulatory setting is associated with a number of demographic and health-related factors, including age, chronic conditions, income, education, and discussion of end-of-life care (Rubin et al., 1994, Wright et al., 2008, Inoue et al., 2016). These findings may help providers target interventions to increase completion rates.

Purpose: Review of current processes identified a need for improvement. In our ambulatory setting the average percentage of patients' who have ACP in the EMR was 52% in 2021. Tracing the HCP forms was challenging. By increasing the number of HCP, we would advance the standard and quality of care.

Methods: Lewin's Change Theory (1951) and SWOT analysis used to increase completion of HCP forms. The Iowa Model of Evidence-Based Practice to Promote Quality Care (2017) is being used to identify clinical problems. Data mining within our EMR was used to audit completion of HCP documentation on daily basis from 2020-2022. The revised workflow includes an alert built into our EMR, communication of patients needing a HCP included in our daily huddle, and front line staff members obtaining HCP and recording the information in the EMR. Monthly, the workflow was reviewed and the team was updated with the progression.

Results: We created a column within our EMR ambulatory schedule and used it as a best practice alert for clinical providers to identify missing HCP documentation. Adequate reinforcement during daily huddles and active listening of expressed concerns helped to elevate and promote organizational standards of care among administrative and clinical personnel. The number of completed HCP documentation was 44% in 2020, 52% in 2021 compared to 76% in 2022. In addition to the numeric improvement, the successful teamwork also benefited to empowering staff, understanding other roles, and building a trustworthy relationship.

Conclusions/Implications: HCP is essential for all outpatient practices and not only for oncology practice and infusion center. Culturally adopted education on HCP is a key for patients with different cultural backgrounds. Institutions with ambulatory practices should have standard operation procedures to track missing HCP documentation. A collaboration with healthcare team including front line staff is an innovative approach to ensuring health care decisions honored when a patient is unable to speak for themselves.

Acknowledgements: MSM Hematology Oncology Infusion team; Chevi Weinreb; and Toby Bressler

Keywords: Health care proxy (HCP) Advance care directives ACD

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POSTER #39 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

Analyzing Patient Demographics and Current Nursing Practice to Determine Factors in Venous Thromboembolism Chemoprophylaxis Noncompliance

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Background: The issue surrounding patient compliance with DVT chemoprophylaxis has been explored by the QI department at NYP-Weill Cornell. An initiative focused on patient compliance with DVT chemoprophylaxis has begun, in which nurse managers are emailed "alerts" whenever a patient in their unit refuses a heparin or enoxaparin dose. With the assistance of several NYP personnel, I have been able to formulate a quality-improvement initiative that aims to decrease patient refusal. My study will focus on gathering information regarding noncompliant patient demographics and nursing practice, finding common themes amongst this data, and suggesting interventions based on these themes to increase compliance.

Purpose: The purpose of this study is to reduce rates of DVT chemoprophylaxis noncompliance through identifying common themes amongst patient demographics and nursing practice. Once these themes are identified, corresponding interventions will be suggested in an attempt to improve compliance. This will be performed on 5W - a medicine stepdown unit

Methods: 1) Retrospective Chart Review (7/22 - 10/22) - Data collected: Sex; Age; Race/ethnicity; English/non-English speaking; Cognitive impairment; Ambulatory, assist, or complete care; Daily labs or other instances of daily needle sticks; History of VTE; Refused multiple doses; Medication type (heparin vs lovenox) and frequency. 2) Semi-Structured Interviews - Questions regarding nurses' approaches to delivering the VTE prophylaxis dose, and how they respond to patient refusal were asked. Additionally, their perspective on the necessity of administering these doses were discussed. Nurses were questioned on what they thought was needed to improve compliance rates, and if they were familiar with "Healthwise" in EPIC.

Results: 1) Retrospective Chart Review - Pearson's chi-squared test was applied with Yates' continuity correction to analyze the data and find whether there were any statistically significant patterns in those who had refused VTE chemoprophylaxis. Findings: After performing the exploratory data analysis for the retrospective chart review, it was found that there were no variables that were significantly associated with patient refusal, mostly due to the smaller sample size. 2) Semi-Structured Interviews - Overarching concepts: the need for nursing education regarding VTE chemoprophylaxis and education resources, the need for interdisciplinary effort to educate the patient, and the underutilization of different patient education methods.

Conclusions/Implications: A larger sample size may expose correlations between patient demographics and noncompliance. Further interventions should be shifted to nursing beliefs, interdisciplinary action, and educational resources to increase patient compliance. Interventions could include a combined effort between nurses, physicians, and pharmacists to expose the patient to education at the bedside. For 5-West nurses, educating them on "Healthwise" in EPIC and utilizing it for patient information may help engagement and increase the pool of resources.

Acknowledgements: Terri A. Straub, RN, MBA; Margaret Raymond, MSN, RN, NE

Keywords: patient compliance, VTE chemoprophylaxis, heparin, enoxaparin, patient demographics, nursing perspective

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POSTER #40 (RESEARCH)

The Value of Nursing: An Analysis of Individual Nursing Hours and Nursing Outcomes in an Inpatient Oncology Unit

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Background: The purpose of the study is to evaluate the current methods of measuring health care outcomes and nursing value. Nursing value is often quantified based on Nursing Sensitive Quality Indicators (NSQIs), one of the catalysts for change in the health care setting.

Methods: This mixed-methods study included a literature review and analysis of NSQIs and nursing work hours on an inpatient unit at a comprehensive cancer center. Data was collected on staffing hours (including nursing and ancillary staff) and NSQI categories. An analysis was performed to explore any potential relationship between care hours per patient per day (HPPD) and NSQIs.

Results: Data analysis included a review of each NSQI and HPPD. A breakdown included types of hours work including planned and unplanned time off, overtime, level of experience and staff in training. There was a correlation in unplanned time worked and overtime hours worked to the number of falls on the unit. No correlation was found between HAPI, CAUTI or CLABSI and all HPPD variables.

Conclusions: In this pilot study there is evidence of a relationship between the number of falls on the unit and the type of HPPD, specifically unplanned time off and overtime. These results may be an indication of the impact staff wellness has on safe patient outcomes. Further investigation could provide essential context when addressing falls initiatives. These results do not support a relationship between HPPD and other NSQI performance metrics.

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POSTER #41 (LITERATURE REVIEW)

Honey as adjuvant therapy to reduce the side effects of chemotherapy and radiation-induced oral mucositis in head and neck oncology patients: A Literature Review

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Issue: Chemotherapy and radiation-induced mucositis, the inflammation and ulceration of the oral mucosa, and its associated side effects are common complications among oncology patients. The debilitating effect of oral mucositis (OM) leads to several complications which include pain, poor food and fluid intake, and potential infections. Honey has been reported as an effective supportive care for reducing mucositis, often cited for its acidic pH to help prevent bacterial growth. The goal of this literature review is to determine if honey can be used as adjuvant therapy to reduce the frequency of OM in head and neck oncology patients undergoing chemotherapy and/or radiation.

Description: A literature review was performed using PubMed, CINAHL, and OVID Medline databases limited to studies from the past 5 years that have used honey as adjunctive and prophylactic treatment in reducing OM during chemotherapy and radiation (N = 8), using the search terms, "honey," "mucositis," and "head and neck." Results included two randomized control trials, one meta-analysis, one pilot double-blind clinical trial, as well as several systematic reviews.

Results: Key findings demonstrate statistically significant results ($p < .05$) with honey products in lower grades of OM and delayed weight loss. One randomized control trial (N=72) using a thyme honey oral rinse showed a better quality of life measured by the Visual Analogue Scale (VAS) during radiotherapy, and at 6 months follow-up. Additionally, several articles reported similar positive findings by using a combination of the Radiation Therapy Oncology Group (RTOG criteria) for measuring radiation-induced OM, Oral Mucositis Assessment Scale (OMAS), and the National Cancer Institute's (NCI) The Common Toxicity Criteria (CTC).

Conclusions and Recommendations: Honey has received positive feedback for its antimicrobial, anti-inflammatory, and antioxidant properties. A mouthwash is usually provided, containing a combination of ingredients to address fungal and bacterial growth, inflammation, and pain. The delaying of patient weight loss can be observed as a clinically significant secondary endpoint. The supporting evidence ranging from systematic reviews to randomized control trials identifies honey as a possible cost-efficient improvement to patient care.

Keywords: honey, mucositis, head and neck

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The effect of different advanced care planning strategies on oncology patients with advanced malignancies

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Issue: Oncology patients with timely advanced care planning (ACP) have been shown to experience better quality of life and end-of-life services. Yet, emotional distress causes patients to avoid ACP. There have been attempts to develop various strategies with positive impact on patients' distress level during ACP and increased engagement. This review looks at different strategies and the impact they have on patients' distress levels and ACP participation.

Description: A literature review search was performed via PubMed and CINAHL using the following key words: "advance care planning", "oncology", "advanced cancer", and "end-of-life". The results of the search included studies that implemented various strategies while conducting ACP, and their effect on patients' emotional well-being. Results included four qualitative studies, one qualitative content analysis and quantitative changes study, one quantitative study and one systematic review.

Results: Findings demonstrate that ACP has a negative impact on patients' emotional well-being. Strategies implemented were mindfulness intervention, early palliative care, Person-Centered Oncology Care Choices, video intervention, and Engagement of Patients with Advanced Cancer. They varied in ways they impacted emotional well-being but impacted positively on patient engagement and quality end-of-life care. Tools to measure outcomes included coding, descriptive statistics, and distress screening scores. Information including palliative care consults and documented advance directives were extracted from patients' charts. Notable results include 90% patient satisfaction with mindfulness intervention, 100% satisfaction with lay health worker-led ACP, and 60% satisfaction with video intervention.

Conclusions and Recommendations: End-of-life care is an important part of oncology care, and ensuring a timely and personalized approach is crucial. Different strategies have been proven to ensure minimized distress levels during ACP implementation. Health care providers should be familiarized with these strategies. Further research directly comparing or combining these strategies would be beneficial.

Keywords: advance care planning, oncology, advanced cancer, end-of-life

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POSTER #43 (LITERATURE REVIEW)

A literature review of the effects of psychedelic-assisted therapy for patients with substance use disorder

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Issue: Conventional treatments for substance use disorder, such as Narcotics Anonymous (“NA”), Alcoholics Anonymous (“AA”), medications and psychotherapy are widespread and receive ample funding. However, recent research studies may support the use of psychedelic-assisted therapy. Therefore, this literature review will address the following question: In patients with substance use disorder, does psychedelic-assisted therapy compared with traditional treatments such as self-help groups like AA and NA, medications, and psychotherapy lead to sustained improvements in consumption patterns?

Description: This review of research literature accessed databases, such as CINAHL and Medline, through the Hunter Online Library. The results consisted of scholarly research articles published within the last ten years. It includes four randomized clinical trials, a qualitative analysis, and an online survey. The inclusion criteria utilized keywords such as Substance Use Disorder, Psychedelic-Assisted Therapy, Drug Therapy, and hallucinogens.

Results: Key findings from the literature search indicate psychedelic assisted therapies reduce the consumption patterns of individuals with a substance use disorder. However, the psychedelic assisted therapy was used in conjunction with traditional treatments. All the studies included were performed on adults in communities mainly in the United States and Canada. In addition, the results reported limited adverse events from the administration of psychedelics.

Conclusions and Recommendations: The evidence gathered from a variety of results including surveys, observational studies and clinical trials suggest that psychedelics such as 3,4-methylenedioxymethamphetamine, LSD, psilocybin and ketamine have the potential to improve consumption patterns of substance use disorders. To better understand the therapeutic capability of psychedelics further randomized placebo-controlled trials need to be conducted. However, there are challenges to using them as treatment, such as the stigma of psychedelics and the concerns about addictive potential.

Keywords: psychedelic-assisted therapy, psilocybin-assisted therapy, substance use disorder, alcohol use disorder

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Acupuncture Therapy in Orthopedic Pain Management: A Literature Review

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Issue: Orthopedic surgery on the musculoskeletal system naturally causes high levels of pain. Standard protocol for postoperative treatment frequently includes narcotics such as opioids. These drugs reduce pain but may cause secondary issues such as addiction. The U.S. has been battling an opioid crisis. Nearly 92,000 people died from overdoses in 2020, the majority of which were caused by opioids or synthetic opioids, a 31% increase from the previous year. Thus, non-opioid alternatives are paramount. Studies have proven that adjunct alternatives such as acupuncture improve pain management.

Description: The aim of the literature review was to evaluate if adjunctive acupuncture therapy can help pain management postoperatively and decrease opioid use. Types of studies reviewed were meta-analysis, systematic reviews and quasi experimental. Search engines used were PubMed, and CINAHL, with keywords “orthopedic surgeries”, “acupuncture”, “pain management”, “multimodalities”, “opioid”, and “post-operative”. Search engines were limited to peer review articles available in English published within the past 10 years. Six studies are included in this review.

Results: Studies have shown that postoperative pain in total knee arthroplasty following acupuncture, mean pain scores were low at rest and moderate with movement, while 65% maintained a low-dose opioid regimen. Others have shown that wrist-ankle acupuncture in postoperative pain resulted in the intervention group having lower pain scores than the control group. Compared to the control group, the intervention group used less pain killers with increased patient satisfaction. In another study for a program that treated total joint replacement, results showed that those with short-term pain had a 45% reduction in pain using acupuncture and medical therapy.

Conclusions and Recommendations: Research has shown that acupuncture can be a beneficial adjunct therapy in postoperative patients and is safe to be recommended to avert the use of opioids. Education of both clinical staff and patients is needed to show the widespread availability of complementary forms of pain management.

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POSTER #46 (LITERATURE REVIEW)

The Effects of Psychedelics on Suicidality as Compared to Treatment as Usual in the Adult Population

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Issue: Suicide is the 12th leading cause of death in the United States and there are over one million attempts made each year. Medication, cognitive behavioral therapy, dialectical behavioral therapy, and electroconvulsive therapy have been shown to be effective treatment options, but can take weeks to see a response. Psychedelics offer a possible treatment modality for suicidality which offers both quick-acting and long-lasting reductions in suicidal ideation (SI) while also providing a satisfactory safety profile.

Description: A review of the current literature on the effects of psychedelics on suicidality was conducted using PubMed. Key words included psychedelics, suicidality, suicidal ideation, and psilocybin. Exclusion criteria included studies involving pediatric populations, studies older than five years, and those that did not specifically address suicidality. Five studies were selected and include a meta-analysis, systematic review, double-blind randomized control study, survey-weighted logistic regression analysis, and a review of the existing data on the mechanisms of psilocybin.

Results: The studies showed that psychedelics were effective in reducing SI, though the effects can be dependent upon race and ethnicity. Of particular note was the rapid onset of decreased suicidality which is of vital importance given the amount of time that current treatments can take before seeing a reduction in SI. It was noted that administration in a safe and controlled environment is important in preventing potential harm to the patient. The populations studied included both those inpatient and in the community, as well as, both national and international residents.

Conclusions and Recommendations: The use of psychedelics shows promise as a therapeutic tool for those who are experiencing SI. Additional research was encouraged by all studies reviewed as the use of psychedelics clinically is still in its infancy. This includes additional research with larger sample sizes, more studies with those who are acutely suicidal, and further studies with a more ethnically diverse population.

Keywords: Psychedelics, suicidality, suicidal ideation, psilocybin

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The Effects of Meditation on Nursing Burnout or Stress: A Limited Literature Review

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Issue: Nursing burnout is experienced when nurses in the workplace face trauma, suffering, and high workloads. Those contributing factors could include high demands, lack of support, heavy workload, limited resources, and inadequate staffing. With work-related stress, nurses forget to take care of their physical and mental health. Finding an intervention that helps nurses reduce stress is essential. Meditation has been researched to control stress and promote emotional health. This literature review addressed the following questions: for clinical nurses, how does meditation, compared to no interventions, affect nursing burnout and stress?

Description: This systematic search and limited research literature review were conducted using CINAHL, Medline, and PubMed. Keywords used included meditation, mindfulness, mindfulness-based interventions, nursing burnout, and stress. The inclusion criteria were peer-reviewed, and research studies are within the last five years. The exclusion criteria were literature review, physicians or other healthcare professionals, and studies that did not address the effect on stress and burnout.

Results: The literature included three randomized controlled trials and two mixed-method studies. Participants are nurses working in different specialties in hospital-based and community-based facilities. Studies are conducted in other countries, including China, Malaysia, the United States, and Canada. Key findings from studies indicate that mindfulness meditation effectively reduces distress, anxiety, and depression in managing nurse burnout.

Conclusions and Recommendations: Meditation or mindfulness-based intervention has potential benefits in reducing nursing burnout and stress. Maintaining and enhancing the well-being of nurses is essential to a higher quality of care delivered and higher staff satisfaction. Future research can focus on spreading awareness of mindfulness training and incorporating meditation into nursing orientation or educational programs for the staff.

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Occupational Health and Safety among Nail Salon Workers in New York and New Jersey

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Background: Nail salon workforce characteristics and work conditions in New York (NY) and New Jersey (NJ) are a concern related to the occupational health and safety of nail salon workers (NSWs). NSWs experience constant exposure to hazardous chemicals which can cause health issues with long term exposure. The purpose of this study was to investigate health risk and concerns among NSWs.

Methods: A cross-sectional study was performed using a public dataset of registered nail salons and manicurists from NY and NJ. The selected counties in NY (n=7) and NJ (n=8) underwent comprehensive screening to determine eligibility for this study (n= 4,932). A survey was developed for NSWs in English, Chinese, and Korean to ask their demographics, work history, work conditions, and occupational and health concerns. Printed flyers with a survey link and a QR code were mailed to salons in NY and NJ, and online flyers were sent by email in registered manicurists in NJ. Descriptive statistics was used for data analysis.

Results: Of forty participants, 85% were Asians with a mean age of 48 years old. Majority were female (80%), married (72.5%), and attained at least high school diploma (97.5%). Many reported they work in salons with mechanical ventilation systems (65%) and utilized some types of personal protective equipment during their services (82.5%). About one third participants expressed their health concern while working in nail salons (35%), and 65% reported having at least one health symptom, including musculoskeletal issues (50%), stress (47.5%), coughing (37.5%), allergies (35%), and skin problems (27.5%).

Conclusions: NSWs have reported occupational health issues that can be attributed to the nail products that they use and their working environment. It is important to provide education among NSWs to reduce their risks and implement state regulations to ensure their occupational safety for this workforce.

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Skin Preparation and Accuracy of Capillary Blood Glucose Readings: A Limited Literature Review

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Issue: In 2019, the American Diabetes Association estimated 37.3 million Americans have diabetes mellitus. Skin preparation prior to self-monitoring of blood glucose (SBMG or “fingersticks”) has been identified as a factor that may affect the accuracy of capillary blood glucose (CBG) readings.

Description: This led the proponents to conduct a limited literature review, with the aim of answering the following questions: (1) which skin preparation modality (handwashing or alcohol wipe) ensures accuracy of CBG readings? and (2) which capillary blood sample (first or second drop) ensures accuracy of CBG readings? Article selection was based on relevance and limited to peer-reviewed studies from 2011 to 2022. Eight articles were included in this review.

Results: Most of the articles reviewed were in concordance that: (1) handwashing with soap and water followed by thorough drying of the hands is the preferred skin preparation prior to SBMG, and (2) the first drop of blood is recommended to be applied on the CBG test strip. While most studies deemed that use of alcohol wipes is a suitable skin preparation whenever handwashing is not practical, one study reported that the former may falsely lower CBG readings.

Conclusions and Recommendations: More studies are needed in this area given that the evidence available is thin and low-level.

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POSTER #52 (RESEARCH)

Increasing Daytime Activity to Reduce Insomnia Associated Hypertension in the Older Adult Community

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Background: The purpose of this study was to examine the effects of increasing daytime activity on reducing the risk of insomnia-associated hypertension in the older adult community. Insomnia-associated hypertension is dangerous and increases one's risk of many fatal diseases, including but not limited to heart disease, myocardial infarctions, and strokes.

Methods: All older adults at the Senior Center were educated on the risks of insomnia-associated hypertension, the benefits of taking ten-minute walks at least three times a week, the benefits of socializing at the Senior Center, the benefits of participating in activities, and the importance of sleeping at night. The readings of the blood pressure of the older adults participating in the study, number of hours of sleep each older adult received every night, number of times each older adult attended the center the week prior, and whether or not they took ten-minute walks three times a week were recorded.

Results: After six weeks, all of the older adults who participated in the study increased their daytime activity, increased the number of hours of sleep they got every night, and maintained a blood pressure reading below the pre-hypertensive range. The older adults decreased their average blood pressure from 127/86 to 119/79. The systolic and diastolic numbers narrowed in range. The older adults increased the overall average number of hours of sleep from 6.8 to 6.85. All older adults increased the number of times they attended the center and reported taking ten-minute walks.

Conclusions: Increasing daytime activity, participating in activities offered at the Senior Center, and taking ten-minute walks three times a week reduces the risk of insomnia-associated hypertension in the older adult community.

Acknowledgements: This research was supported by the Dorchester Senior Citizens Center, CUNY School of Professional Studies.

Keywords: insomnia-associate hypertension, blood pressure, senior citizens center, older adult

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POSTER #53 (LITERATURE REVIEW)

Unsafe Nurse Staffing and Burnout in Health Care

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Issue: The United States is facing a major state of crisis related to the short staffing levels. Nurses play a critically important role in ensuring patient's safety while providing care directly to patients. Nurses' vigilance at the bedside is essential to their ability to ensure patients places a nurse's ability to deliver safe care at risk. Across all hospitals in the state of New York, nurses care for an average 6.9 patients each. The nursing shortage has led to an increase in nursing staff burnout which can lead to compromised patient outcomes and increased health care cost.

Description: Literature review of peer-reviewed nursing articles and journals published between the years of 2017- 2022; a mixture of qualitative and quantitative designs was used in conjunction with descriptive and exploratory data. Databases from CINAHL, EBSCOHost and Google Scholar.

Results: Inadequate staffing, lack of adequate supplies and/or equipment and pressure to carry out duties out of the scope of practice were the most significant sources of stress reported by nurses, which lead to adverse health conditions.

Conclusions and Recommendations: We concluded that a legislation that supports adequate staffing ratio is a key part of a multi tiered solution. A rational patient-to-nurse ratio would induce nurses' to not quit their jobs, thereby helping with nurse turnover and burnout. Alleviating and producing safe staffing will reduce mortality rates, length of patient stays and preventable events, leading to better patient quality care and decreased nursing burnout.

Keywords: Nurse burn-out, nurse-patient-ratio, short-staffing outcomes, inadequate staffing, nursing workload and negative patient outcomes

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POSTER #54 (RESEARCH)

Nail Salon Characteristic Variations in New Jersey and New York

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Background: As of 2023, there is an estimated 1,394,483 nail salons in the US, and the number is continuously increasing. The daily exposure to volatile organic compounds and environmental risk factors placed nail technicians at risk for developing health-related problems. This is especially concerning in New York and New Jersey as they are home to many nail salons. As part of a 2015 International Mechanical Code, the NYS department requires “all businesses offering nail services to provide ventilation”; this is not currently a requirement in NJ. This cross-sectional study aims to investigate characteristic differences between nail salons in NY and NJ.

Methods: In June 2022, nail salon data in NY and NJ were collected from publicly accessible datasets and sorted by counties. Businesses not associated with nails and manicures were excluded in the first screening, while duplicates were excluded in the second screening. The final sample size was 4932. Qualtrics surveys regarding nail salon characteristics, such as business hours and ventilation systems, were created in English, Korean, and Chinese. Recruitment flyers in all three languages with the link and QR code to access the survey were emailed to nail salon owners in NJ and mailed to nail salons in NY and NJ.

Results: Descriptive statistics, t-tests, and X2 tests were used for data analysis. Sixty-eight nail salon owners participated in the survey. NJ shows characteristics of larger nail salon space as compared to NY: having more pedicure tables ($p=0.013$), manicure tables ($p=0.003$), and employees ($p=0.010$). However, NJ salons have significantly fewer ventilation systems installed ($p=0.038$) compared to NY.

Conclusions: Given the significant differences in the adoption of ventilation systems in NJ and NY, new regulations mandating ventilation systems are recommended in NJ to improve the working conditions of nail technicians.

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POSTER #55 (LITERATURE REVIEW)

Barriers to Use of Basal-Bolus Insulin Therapy for Inpatient, Noncritical, Adult T2DM Patients: A Limited Literature Review

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Issue: In 2019, the American Diabetes Association estimated 37.3 million Americans have diabetes mellitus. As much as 95% of diabetes cases are type 2 diabetes (T2DM). Inpatient care of T2DM patients typically involve use of insulin for better glycemic control. Among insulin modalities, there is evidence to support that basal-bolus insulin therapy is superior to sliding-scale insulin in preventing hyperglycemia. Nonetheless, use of sliding-scale insulin therapy persists in spite of studies and treatment guidelines that discourage its use.

Description: This led the proponents to conduct a limited literature review, with the aim of answering the following question: “What are the barriers to use of the basal-bolus insulin for inpatient, noncritical, adult type 2 diabetes patients?” Eight articles were included in this review.

Results: Some of the barriers identified in the literature include: (1) fear of hypoglycemic episodes, (2) underutilization of treatment guidelines and order sets, (3) concurrent use of oral hypoglycemic agents, (4) provider preference, and (5) lack of endocrinology consultation.

Conclusions and Recommendations: Findings indicate a need for more education and multidisciplinary approaches to ensure use of basal-bolus insulin therapy.

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POSTER #56 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

Preventing CAUTI with a Daily Checklist: An EBP proposal

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Background: Catheter-associated urinary tract infections (CAUTI) are associated with increased mortality, morbidity, hospital cost, and length of stay. CAUTI is the most frequently occurring hospital-acquired infection(HAI) yet considered preventable. CAUTI accounts for 32.2% of all HAIs and can lead to impaired renal function, and septicemia. CAUTI is linked to 75,000 deaths yearly and the cost ranges from \$1,000-\$13,000/patient. Medicare doesn't reimburse hospital-acquired CAUTI.

Purpose: This is a BSN student Evidence-Based Practice improvement proposal to decrease the incidence of CAUTI in hospitalized patients.

Methods: The PICO question guiding our project was; "In hospitalized adults with indwelling urinary catheters will daily use of a checklist assessing the appropriateness of continuation and care of a catheter reduce CAUTI compared to no intervention? CINAHL, Google Scholar, and PubMed were searched for articles in English, published from 2015-2022 using search terms "CAUTI", "indwelling urinary catheters", "hospital-acquired infections", and "prevent". We retained 8 research articles discussing interventions related to CAUTI prevention, a systematic review on preventing CAUTI, and a clinical practice guideline (CPG) regarding CAUTI prevention published by the CDC.

Results: The leading cause of CAUTI is inappropriate initial use or inappropriate continuation of catheter use. Catheters are inappropriately used for convenience. Patients at higher risk for developing CAUTI are immunosuppressed, women, elderly and, pediatrics. The risk of developing CAUTI increases by 3-10%/day and reaches 100% by day 30. Checklists to encourage prompt removal have proven to be effective in decreasing CAUTI by 53% according to a review of studies done by the CDC. Clinical Practice Guidelines from the CDC recommend only appropriate utilization of catheters and prompt removal of catheters that are no longer needed.

Conclusions/Implications: Based on the evidence we propose utilization of a daily checklist for appropriateness of ongoing need for catheters. Checklist includes an assessment of patients' risk of infection and ongoing need for the catheter. Nurses will be educated on using the checklist. Nurses will document checklist use daily. Compliance will be assessed through an audit of documentation. Effectiveness will be evaluated by comparing CAUTI rates from one year prior to intervention to rates one year after.

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Reducing Postpartum Maternal Mortality in African American Women

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Background: African-American women have the highest rates of post-partum mortality among all racial and ethnic groups. They are three times more likely to die after giving birth compared to white women (40.8/100,00 vs. 12.7/100,000 births). Post-partum hemorrhage (PPH and pulmonary embolism (PE) are the leading causes of post-partum death for African American women. Post-partum maternal death leaves infants without mothers and deprives families of needed caretakers for the child. African American women are more likely to be uninsured and not obtain adequate pre-natal care.

Purpose: This is an undergraduate nursing student evidence based practice proposal to reduce rates of post-partum mortality among African American new mothers by improving nurses knowledge of risk factors postpartum mortality in this group, and by educating new mothers on warning signs of pulmonary embolism and hemorrhage.

Methods: The PICO question was: “In African American women who just gave birth, does verbal and written education on managing risk factors and on signs and symptoms of PE and PPH reduce rates of 30-day mortality compared to African American women who do not receive the intervention”. CINAHL and PubMed were searched using keywords ‘African-American women’, “post-partum death”, “maternal death”, “racial disparities” and “causes, for articles in English, published 2015-2022. We included articles specifically about PE And PPH, and excluded articles not about African-American women, or not about interventions. We selected 8 articles, including a systematic review and clinical practice guideline.

Results: Literature indicates that 70% of deaths were caused by cardiovascular conditions. African-American women are more likely to be uninsured and lack prenatal care, increasing risk for complications. Pre-existing conditions i.e. hypertension and cardiomyopathies are risk for death factors. African American women age 20-44 have double the prevalence of hypertension than other racial/ethnic groups. Literature indicates a gap in knowledge among providers of risk factors in African American women. A report from the US Surgeon General recommends educating non-obstetric providers to assess for risk factors for maternal mortality and obtain thorough history, as well as patient education on risk factors.

Conclusions/Implications: We propose to educate nurses on post-partum inpatient units on risk factors and disparities in maternal mortality, using teach-back to evaluate their understanding. Nurses will educate all African-American new mothers on risk factors and warning signs of pulmonary embolism and hemorrhage. We will compare the 30-day mortality rates of patients discharged from the unit for one year prior to one year after the intervention.

Keywords: African American, maternal mortality, intervention, ethnic disparities, education

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Pediatric needle-related procedural pain in the ER: Non-pharmacological pain management

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Issue: Pain in the pediatric population is often under or mismanaged. In the emergency room, the pediatric population undergoes many painful and uncomfortable needle related procedures. These procedures oftentimes is a cause of pain, fear, trauma and anxiety which can lead to long-term negative consequences. Management of this pain can be improved through the implementation of non pharmacological interventions into standard practice.

Description: We wanted to look at the current evidence for nurse led non pharmacological pain management in the pediatric emergency room. A literature search was conducted to examine non pharmacological interventions used for pain management of needle based procedures performed on children in the emergency room. We performed single screening of articles followed by duplicate screening of full texts where the authors evaluated outcomes from the use of non-pharmacologic interventions for procedural pain in children 0–17 years in an emergency room hospital setting.

Results: A total of 10 studies met the inclusion criteria. Studies show non pharmacological methods if used properly are effective in reducing needle procedure related pain in the pediatric population.

Conclusions and Recommendations: Non pharmacological interventions are cheap, easily accessible, and safe to use on every child. In turn, this allows prompt resolution of the pain, anxiety and fear that the pediatric population face when undergoing a needle related procedure. Effective evidence based practice non-pharmacological interventions have been identified. Appropriate pain management is associated with patient satisfaction. Nurses should implement more of these interventions to improve standard of care and increase pediatric patient satisfaction.

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POSTER #59 (RESEARCH)

Utility of Brain Natriuretic Peptide (BNP) as a predictor of subclinical heart disease (SHD) in patients with asymptomatic hypertension (HTN): A proof of concept study

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Background: Approximately half of patients who visit the emergency department (ED) in the United States have asymptomatic hypertension (HTN). Subclinical heart disease (SHD) is nearly ubiquitous in this population, a common precursor for congestive heart failure (CHF). This ongoing, prospective, observational proof of concept study is to determine the diagnostic accuracy of brain natriuretic peptide (BNP) for predicting echocardiographic evidence of SHD in ED with asymptomatic HTN. This may improve vigilance with follow up and blood pressure (BP) control.

Methods: A series of sample calculations determined a convenience sample of N=76 is necessary. Adults (≥ 18 y/old) with asymptomatic (i.e., no chest pain) HTN (BP $\geq 160/100$ mmHg and 2nd $\geq 140/90$ mmHg) are being recruited from one ED in New York City. Patients with a history of CHF, renal insufficiency/failure, or stroke, are excluded. BNP levels are categorized into high/low values (BNP ≥ 20 pg/ml for men, BNP ≥ 23.3 pg/ml for women). EKG evidence of left ventricular hypertrophy (LVH) by Cornell Voltage Criterion and evidence of SHD (LVH, diastolic-, and systolic dysfunction) are collected.

Results: To date, n=36 patients were recruited. Few over half were female (n=20; 52%). Mean age was 46.44 (SD 14.25) and mean initial BP was 176 (SD 15.44)/97 (SD 14.38) mmHg. A majority self-identified as Black/Hispanic (n=32; 89%). n=33-of-36 patients had all three tests and 97% (n=32) had evidence of SHD, a majority having LVH (n=24; 72.7%) and/or diastolic dysfunction (n=27; 81.8%). BNP was abnormal in 52% (n=16) of patients with evidence of SHD. Few (n=3, 8.3%) had LVH evidence on EKG. Bivariate analyses were not performed due to small sample size.

Conclusions: Because of the busy nature of emergency care, it is imperative we explore novel ways to detect SHD efficiently, that may ultimately improve BP control.

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Reducing Sepsis Readmissions: An EBP proposal

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Background: Sepsis is a serious consequence of infection, causing 250,000 deaths and impacting 1.7 million adults in the United States annually. Sepsis reinfection is the leading cause of hospital readmission. Roughly 26% of survivors of sepsis were readmitted within 30 days, most requiring ICU care. The impact on patients include worsening infection, hospital acquired pneumonia and infections, pressure injuries, multi-system organ failure, and death. Long term consequences include loss of work, longer hospital stays, and diminished functional abilities.

Purpose: This is a nursing student evidence-based practice improvement project. The goal of our project is to reduce sepsis readmission rates. Our proposed interventions include the implementation of patient education using pamphlets provided at discharge and follow-up phone calls.

Methods: Our PICO question was: "in adult patients hospitalized for sepsis with high risk comorbidities, does the implementation of education with pamphlets reviewing signs and symptoms of infection and three follow up phone calls within 30 days reduce the rates of 30-day readmissions compared to patients who do not get the intervention?" We searched PubMed, ProQuest, and CINAHL for peer reviewed articles published between 2015-2022 using the keywords sepsis, rehospitalization, education, and comorbidities. We selected 12 individual research articles, one systematic review and one clinical practice guideline as evidence for our project. The intervention will take place in inpatient setting.

Results: Literature indicates that the primary reason for readmission is reinfection. Risk factors include comorbidities, such as heart failure and diabetes, and patient lack of knowledge of the signs and symptoms of reinfection. Research shows that patients who receive education using pamphlets describing signs and symptoms of reinfection have improved knowledge of risk factors for readmission. Follow-up phone calls to monitor progress in combination with education has been associated with a 9% reduction in readmissions. Guidelines from the European Society of Intensive Care Medicine and the Society of Critical Care Medicine recommend written and verbal education on sepsis at discharge.

Conclusions/Implications: We propose to implement patient education prior to discharge about signs and symptoms of reinfection using a pamphlet, and institute 3 follow-up calls at 72-hours, 14-days and 28-days to monitor patient status. We will compare readmission rates for the 2 month period prior to the intervention, to 3 months after. We will monitor nurse compliance with the intervention through documenting in the EMR that education was provided, and note dates of follow-up calls.

Keywords: sepsis; readmission; patient education; prevention

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Health Care Barriers for Immigrants in the United States

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Issue: The United States' healthcare system faces various challenges. Among those challenges constantly encountered by the increasingly growing U.S. immigrant population is access to healthcare. The U.S. healthcare system is the most expensive in the world, experiences the highest number of chronic diseases in the world, and has the highest cost of uncompensated emergency care for the uninsured. Hispanic immigrants account for the population with one of the highest numbers of chronic diseases due to decreased access to preventive care and disease management, as well as accounting for the highest uninsured rates among the general U.S. population.

Description: The objective of this literature review was to synthesize the evidence of identified health coverage barriers for United States (U.S.) immigrants. A literature search of peer-reviewed nursing journals published between 2017 and 2022 was carried out. Databases searched included CINAHL, PubMed, EBSCOHost, Google Scholar, and MEDLINE.

Results: A total of 7 studies was included. This literature search revealed several healthcare barriers for immigrants, these include (1) language/Inadequate communication, (2) low socioeconomic status, (3) lack of documentation and resources, (4) unfamiliarity with the US healthcare system, (5) lack of affordable care, (6) inadequate language competency and cultural sensitivity of healthcare providers, (7) discrimination, and (8) mistrust. Furthermore, several evidence-based interventions were discovered, along with recommendations for the betterment of health literacy, healthcare access, and, insurance coverage for immigrant populations.

Conclusions and Recommendations: A growing body of evidence suggests that the United States' healthcare system faces several challenges in terms of health care disparities among immigrants. Immigrants are at great risk for chronic illnesses, therefore implementing strategies can help reduce government costs and improve health outcomes for immigrants. Apart from this, to alleviate these disparities a joint effort is needed to address language barriers, educate patients about their options, and reduce costs for adequate healthcare coverage.

Keywords: Immigrants, foreign-born, healthcare, healthcare barriers, uninsured, nursing interventions, nursing care

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POSTER #62 (LITERATURE REVIEW)

The Necessity of Early Intervention of CPR and Defibrillation for the Return of Spontaneous Circulation

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Issue: It is estimated that only 7 out of 100 people will survive a cardiac arrest outside of the hospital setting. The importance of early cardiopulmonary resuscitation (CPR) initiation is well-supported. Studies demonstrated that initiation of CPR within three minutes increases the return of spontaneous circulation (ROSC) and survival rates, while a delay exceeding five minutes results in adverse outcomes. In January 2023, NFL player Damar Hamlin went into cardiac arrest mid-game and survived due to early initiation of CPR and defibrillation. A literature review examined the effectiveness of early CPR and using an AED for higher survival rates.

Description: This systematic search and limited literature review was conducted using CINAHL, ProQuest, and Medline databases to examine scholarly articles published between 2018-2023. Keywords used included CPR, defibrillation, early intervention, return of spontaneous circulation (ROSC), survival rate, and neurological impact. Results included systematic reviews and quantitative and qualitative studies.

Results: Key findings indicate that early initiation of CPR and defibrillation to ROSC significantly improves the survival rate for the patient and lowers the risks of permanent neurological impact in out-of-hospital cardiac arrests (OHCA). Early CPR is associated with slower deterioration of good neurological outcomes and survival discharge.

Conclusions and Recommendations: In the United States, failure to perform CPR results in over 356,000 OHCA annually, with an estimated 90% fatality rate. Cardiac arrest continues to be a public health emergency, demonstrating a need for increased awareness of early CPR benefits. Performing CPR and using an AED within three to five minutes of cardiac arrest will increase the chance of a patient's survival by 100%.

Keywords: CPR, cardiopulmonary resuscitation, defibrillation, return of spontaneous circulation, ROSC, AED, defibrillator, cardiac arrest, OHCA

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GG Codes as Predictors of Discharge Destination after Rehabilitation for Patients with Stroke

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Background: The role of Section GG of the Inpatient Rehabilitation Facility-Patient Assessment Instrument for predicting discharge destination (home vs Skilled Nursing Facility (SNF)) has not been documented. Analyzing the predictability of GG scores and other factors will help clinicians accurately predict discharge destinations for patients after inpatient rehabilitation.

Methods: In this retrospective study, participants were patients with stroke admitted for inpatient rehabilitation from January 2020 to June 2021, ages 21 - 101 years (n= 1051). Descriptive statistics and logistic regression analyzed data including sex, age, GG scores, and prior living situation. ANOVA and post hoc t-tests were performed to further analyze descriptive data variability across discharge destinations. Receiver operator characteristic curves were generated to determine cut-off GG scores that may predict discharges to home versus SNF, home with outpatient service (home with OPD) versus SNF, home with homecare versus SNF and home with OPD versus home with homecare.

Results: Logistic regressions demonstrated significance with admission GG scores and caregiver present across all four comparisons along with sex but only for home with or without services vs SNF. Caregiver present was consistently the strongest predictor ($p < .001$) and admission GG scores could be considered a significant secondary factor in determining the discharge destination. ROC cut-off score of 33.5 determined home with or without services versus SNF and home with homecare versus SNF as a discharge destination.

Conclusions: Clinicians may use a multifactorial algorithm when determining discharge destination, including presence of caregiver in the home and admission GG cut-off scores to determine discharge destination. Admission GG scores higher than 33.5 can guide home with/without homecare rather than SNF, especially if the patient lives with a caregiver. However, home with OPD vs home with homecare would require more clinical judgement to determine the best discharge plan because this ROC is less robust

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POSTER #64 (RESEARCH)

Do GG Codes Effectively Determine Functional Recovery in Patients with Stroke?

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Background: Centers for Medicare and Medicaid Services' (CMS) GG Codes recently became the primary functional measure to be used across rehabilitation settings. However, the longitudinal statistical value has yet to be assessed. Purpose: To evaluate the appropriateness and responsiveness of GG codes in measuring the trajectory of functional recovery in patients with stroke from admission to 30-day follow-up post discharge.

Methods: This was a retrospective study with a repeated measures design. Admission and discharge data was collected for patients with stroke (n=1084) discharged between December 2019 to June 2021 from Burke Rehabilitation Hospital. Follow-up scores (n=270 self-care, n=211 motor) were self-reported and collected. Standardized Response Mean (SRM) was calculated to determine the responsiveness of the tool. Score means, standard deviations, and floor/ceiling effects were used to determine the appropriateness of the tool.

Results: Self-care and motor scores improved significantly from admission to discharge ($p < .001$), and discharge to follow-up ($p < .001$). A large SRM was seen from admission to discharge for self-care (2.11) and mobility scores (2.54). A small SRM was seen from discharge to follow-up for self-care (0.46) and moderate for motor scores (0.62). Floor effects were minor at admission for self-care (9.95%) and mobility (7.18%). Ceiling effects were minor at discharge for self-care (11.28%) and mobility (6.9%) and significant at follow-up for both self-care (45.19%) and mobility (32.34%).

Conclusions: Section GG is responsive to change and appropriately measures patient ability during Inpatient Rehabilitation.

Keywords: GG Codes, Section GG, FIM, Responsiveness, Stroke Rehabilitation, Admission, Discharge, Follow Up

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POSTER #65 (RESEARCH)

Ankle Brachial Index: Posterior Tibial Artery or Dorsal Pedis Artery? Does it Really Matter?

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Background: The objective of this study was to investigate the difference between the systolic blood pressure (SBP) of the dorsalis pedis artery and posterior tibial artery and the subsequent ankle-brachial index (ABI) in a cohort of healthy young adults.

Methods: Systolic blood pressure measurements of the brachial, dorsalis pedis and posterior tibial arteries were measured with a blood pressure cuff and doppler probe. ABI was calculated using the SBP of the brachial artery and both lower extremity arteries. SBP and ABI measurements for the dorsalis pedis artery and posterior tibial artery of all participants were calculated separately. An ANCOVA was used to determine differences in SBP and ABI measures between arteries, while controlling for subject's body mass index (BMI).

Results: There was no significant difference between the two artery means for SBP and ABI, regardless of the participant's BMI.

Conclusions: SBP measurements of both the dorsalis pedis and posterior tibial arteries are acceptable for calculating ABI when screening patients for cardiovascular pathologies. The BMI in healthy adults does not affect neither SBP nor ABI.

Acknowledgements: Thank you to Dr. Tom Holland

Keywords: Ankle-brachial Index, posterior tibial artery, dorsalis pedis artery, screening

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Responsiveness of the Seated Postural & Reaching Control (SP&R-co) Test

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Background: The Seated Postural & Reaching Control (SP&R-co) Test is a valid and reliable test to objectively assess postural control deficits and limitations in reaching activities in children with moderate to severe cerebral palsy (CP). The purpose of this measurement-evaluation study was to determine whether the SP&R-co test is responsive to improvements following Hand and Arm Bimanual Intensive Therapy (Including Lower Extremity) or HABIT-ILE.

Methods: This study is a secondary analysis of data collected in a HABIT-ILE intervention trial. Videos of 11 children undergoing SP&R-co testing at baseline and post-intervention were scored by expert raters. To ensure unbiased scoring, scores among expert and novice, blinded raters were tested for reliability. Responsiveness was measured using paired-t-tests and Cohen's effect size.

Results: Average improvements between baseline and post-intervention scores were found to be statistically significant for active (Mean change = -4, $p=0.006$), proactive bimanual (Mean change = -12, $p=0.001$), proactive unimanual (Mean change = -24, $p<0.001$), and reactive domains (Mean change = -16.21, $p=0.021$). Improvements were observed in almost all children and the difference between baseline and post-intervention scores were similar across all children, regardless of their gross motor function measure scores.

Conclusions: Results demonstrate that the SP&R-co is responsive to improvements following intervention in active, proactive, and reactive postural dimensions and is therefore a sensitive tool for therapists to objectively assess progress in dynamic control in children with CP.

Keywords: Cerebral Palsy; Pediatric; Postural control; Reaching; Seated; Responsiveness

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Fatigability Measurement in Clinical Practice: A Scoping Review

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Issue: The terms “fatigue” and “fatigability” are defined inconsistently in rehabilitation. Fatigue is subjective perception of tiredness, while fatigability is an objective performance decline over time in response to an activity. Evaluating fatigability is of particular interest to clinicians; however, little consensus exists on how it should be clinically evaluated.

Description: This scoping review aims to identify different fatigability measurement tools used across populations, including healthy individuals, and persons with neurologic or non-neurologic disabilities. A clear picture of what tools are being used and under what circumstances are needed so that fatigability can be accurately measured and lead to appropriate intervention. A search was performed across four databases: PubMed, Web of Science, CINAHL, and PeDro. Relevant articles were exported, screened, and reviewed independently by two reviewers. Data were charted under the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines.

Results: One-hundred eighteen articles were included. Overall, the 6-minute walk test (6MWT) was the most utilized fatigability measurement across the neurologic population (42.9% studies), followed by maximal voluntary contraction (MVC) studies (34.7% studies). In healthy population, fatigability was measured by various methods: MVC with electromyogram studies (32.7% studies), MVC (24.1% studies), and walk tests (17.2% studies). Insufficient studies were found on persons with non-neurologic disabilities to reach a conclusion.

Conclusions and Recommendations: There is no consensus on clinical fatigability measurement. The 6MWT is commonly used. Task specific measurement and measurements specific to the diagnosis may be the most useful to clinicians.

Keywords: fatigability; muscle fatigue; neuromuscular fatigue; neurodegenerative conditions

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Reliability and Validity of Datavyu as an Individualized Coding Assessment: Examples From a Case Series

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Background: Clinical assessments are essential for prescribing treatment, selecting an intervention, quantifying the efficacy of an intervention, and encouraging buy-in from patients and their families. However, standardized assessments limit variability and minimize contextual factors that have profound effects on a patient's functional capacity. This leaves clinicians with a dilemma of choosing between assessment guidelines or prioritizing the individuality of their patients, which impacts score validity. The purpose of this report was to test the validity and reliability of the use of Datavyu as an individualized assessment tool to detect change in the performance of functional tasks following physical therapy intervention.

Methods: Datavyu is a coding software that offers a free and fully customizable way to organize video data transforming it into analyzable and objective observations. Two coders coded the behaviors of 5 children with cerebral palsy (ages 3 to 5 years old) while they performed a functional task pre- and post-intervention.

Results: The results support Datavyu as a valid and reliable tool to detect changes in intervention, reporting excellent inter-rater reliability for continuous and categorical codes and substantial improvements in coded behaviors from pre- to post-intervention.

Conclusions: The use of Datavyu as a coding tool allows clinicians to record behavioral changes that were previously overlooked in standardized assessment. Video coding creates a shift towards more individualized assessments while maintaining the complexity and context of patient performance.

Keywords: Datavyu, Standardized Assessments, Individualized Assessments, Video Coding, Physical Therapy, Cerebral Palsy

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Topical Honey and Chronic Wounds: A Systematic Review

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Issue: Chronic wounds are a persistent problem in the diabetic and geriatric communities, contributing to pain, increased healthcare costs, and decreased quality of life. Standard wound treatments have shown to contribute to antibacterial resistance.

Description: Honey is a natural antibacterial substance that is being explored as a possible alternative topical treatment for chronic wounds. We conducted a systematic review on the effectiveness of topical honey vs standard wound treatment on chronic wound healing time and percentage. Methods: Four databases were used – PubMed, CINAHL Complete, Cochrane, and PeDRO. Systematic reviews, meta-analyses, RCTs, and quasi-RCTs were included. Articles since 2015, involving humans with chronic wounds, treated with medical grade honey with the purpose of clinical management, were reviewed.

Results: 451 articles were found, and 13 were included for data extraction. Outcomes analyzed included: Healing time, proportion of subjects with fully healed wounds, wound size reduction, change in infection status, pain, length of hospital stay, occurrence of adverse events, and cost. All studies included were of moderate to high quality. Results broadly supported honey as a more effective treatment arm, compared to standard.

Conclusions and Recommendations: Honey has been found to be helpful for treating chronic wounds in 6 out of 8 components discussed in this study. However, there is a persistent need for studies with larger sample size and standardization of study design. A standardized definition for complete wound healing would also support higher quality analysis. There is great potential for future studies to contribute significantly to sound clinical recommendations in the future.

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The Effect of Kinesiotape™ on Recovery in Patients Following Bilateral Total Knee Arthroplasty

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Background: The purpose of this study was to evaluate the effectiveness of lower leg KT in reducing postoperative edema and pain and improving functional outcomes of patients during post-operative period following bilateral TKA. It was hypothesized that the extremity taped at admission to rehabilitation would demonstrate improved recovery as compared to the untaped extremity.

Methods: Forty patients underwent bilateral TKA and were admitted to an inpatient rehabilitation facility within five days of surgery. Participating patients received standard rehabilitative care in addition to having one randomly selected lower extremity taped by a certified Kinesiotape practitioner. Outcome measures included comparisons between taped and non-taped knee and lower leg girth measurements, knee range-of-motion (ROM) measurements taken on days 0, 1, 2, and every other day until Day 8 post-admission, as well as the Knee Injury and Osteoarthritis Outcome Score (KOOS) measured on day 1 and at discharge.

Results: The lower extremity with tape application had faster and greater girth measurement reduction at the foot and ankle, increased ROM measurements in the early stages of recovery, and decreased subjective pain in the early stages of recovery, as well as a smoother trajectory of recovery and significant changes in the early stages of recover as compared to the untaped limb.

Conclusions: Kinesiotape appears to have a positive effect on lower extremity edema, ROM, and pain – particularly in the early stages of recovery following bilateral knee arthroplasty, making it a resource for clinicians to assist patients in their rehabilitation.

Acknowledgements: Dr. Herbold, Dr. Dal Ceredo, Dr. Babyar, and all the Physical Therapists at Burke Rehabilitation Hospital that made this study possible.

Keywords: Kinesiotape, elastic tape, total knee replacement, total knee arthroplasty, bilateral, edema, pain, rehabilitation

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POSTER #71 (RESEARCH)

The Efficacy of Behavioral Skills Training on Acquisition of Vocational Skills for a Young Adult with ASD and ID: A Case Study

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Background: Adults with ASD and ID experience challenges in gaining and maintaining employment. Vocational skills training, such as behavioral skills training (BST), proposes to help students acquire job-related skills. There is limited research on the effectiveness of implementing BST in the work environment, and no literature examines the effectiveness of BST as a vocational training program with young adults with ASD and ID. This study examines the efficacy of BST for a young adult with ASD and ID acquiring a vocational skill in an office setting.

Methods: Using an experimental case-study, BST was conducted at the Hunter College Center for Communication Disorders for 8, 20-minute sessions. The participant is a 26-year-old, female, with an ASD and ID diagnosis. The targeted vocational task was answering the phone. The skill was divided into 7-steps, each with associated verbal-cues. The steps were sequential, beginning with step-1, through the four-components of BST: instruction, modeling, rehearsal, feedback. Data was collected on independent performance preceding the intervention, following the intervention, and 12-days after the intervention. Data was also collected on the amount of prompting required to complete each step throughout the intervention.

Results: Preliminary results suggest the participant will acquire all 7-steps of the vocational task. The most challenging was step 4, saying "Hunter College please hold," as evidenced by the number of trials before meeting threshold and the additional cueing needed after threshold was met. Steps 2-3 were independently performed prior to the intervention and therefore, required the least amount of support.

Conclusions: The initial findings are promising, and suggest that BST is efficacious in helping a young adult with comorbid ASD and ID acquire a vocational task when implemented in a real-world work environment. These findings can inform clinicians on best practices to foster acquisition of functionally-relevant vocational skills.

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POSTER #72 (RESEARCH)

What Stuttering Treatments are SLPs Using for School-Aged Children with Co-Existing Developmental Disabilities?

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Background: Currently, there is no evidence surrounding the use or effectiveness of modifications made to stuttering modification and fluency shaping techniques to meet the needs of CWS with a developmental disability. This study investigated speech-language pathologists' (SLPs) current stuttering techniques being used to treat school-aged children with co-existing developmental disabilities (i.e., ADHD, ASD, intellectual disabilities, and learning disabilities) and their modifications to treatment.

Methods: Qualtrics survey was used to collect data from 13 SLPs who have treated school-aged children for stuttering with co-existing developmental disabilities. Analysis was made of specific fluency shaping and stuttering modification techniques used, and, modifications made to them.

Results: Based on participants' report, the effectiveness of one or more fluency shaping techniques to treat four populations was studied. Easy onset was found to offer the most out of fluency shaping techniques. Additionally, pull out and cancelation techniques offered the most reported value in terms of stuttering modifications. SLPs that treated stuttering in ADHD and intellectual disabilities reported the use of modification.

Conclusions: Specifically, easy onset, pull out, and cancelation techniques were found to be the most reported fluency shaping and stuttering modification techniques as reported by SLPs who have treated CWS who have coexisting disabilities. Additionally, the vast majority of SLPs reported using one or more modification to effectively apply the techniques to this population.

Acknowledgements: Thank to you to all of the SLPs who took their time to complete my survey.

Keywords: Children who stutter (CWS)

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POSTER #73 (LITERATURE REVIEW)

The Relationship Between Functional- and Acoustic- Outcomes in Gender Affirming Voice Therapy: A Scoping Review

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Issue: As a new branch of speech language pathologists' practice, gender affirming voice therapy (GAVT) aims to alter the pitch, prosody, and speaking style of transgender individuals' voices. Studies on GAVT often report acoustical and functional changes to measure its effects, however, it is unknown how these measures are related. The purpose of this scoping review was to investigate how changes in acoustical voice characteristics are associated with transgender individuals' satisfaction and confidence following GAVT. The results of this study aim to set appropriate intervention goals that consider both voice modification and individuals' quality of life related to their voice.

Description: A scoping review was performed based on the PRISMA-ScR (Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews) using five electronic databases. Examples of search terms included 'transgender', 'transfeminine', 'gender affirming', and 'voice therapy.' Articles that addressed 'transmasculine', 'glottoplasty' and 'testosterone' were excluded. The articles reporting both functional and acoustic outcomes comparing pre- and post-treatment measures were selected.

Results: Only six articles reported both acoustical and functional outcomes. The most utilized functional outcome measure was the Trans Women Voice Questionnaire (TWVQ, 4/6 studies). The most utilized acoustic outcome measures were fundamental frequency (f0, 6/6 studies) changes in spontaneous speech and reading. Results from 5/6 studies show positive relationship: improved scores on the TWVQ and increase in fundamental frequency in reading and spontaneous speech.

Conclusions and Recommendations: These findings indicate that only paucity of studies have reported both outcomes, and transfeminine individuals experience improved quality of life as well as voice changes following GAVT. Nonetheless, the strength of this evidence is limited by the insufficient research, highlighting the necessity of including both functional and acoustical measures to better support transgender individuals in confidently using a voice that aligns with their gender identity.

Keywords: Gender affirming voice therapy, transgender, acoustics, functional outcome

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POSTER #74 (RESEARCH)

Effectiveness of a Mindfulness Curriculum in Combination with Gender-affirming Voice Training

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Background: Considering that many transgender individuals experience disproportionate levels of discrimination and have higher mental health risks compared to others, we hypothesized that mindfulness in conjunction with voice training would have a positive impact on the client's desired voice, voice-related quality of life, and mindfulness abilities. The goal of this study is to examine the effectiveness of a mindfulness curriculum in combination with speech therapy on voice training outcomes for individuals part of the transgender community.

Methods: This study involved one 28-year-old transgender woman who participated in the gender-affirming voice training (GVT) group at the Hunter College Center for Communication Disorders. The participant received the training once a week, one hour long for 8 sessions. The first 10 to 15 minutes of each session focused on mindfulness practice before starting voice training which lasted for 45 to 50 minutes. The training effect was reviewed by considering three different outcome measures (acoustic data, a self-evaluation questionnaire assessing voice-related quality of life, and a mindfulness survey) in both pre- and post-treatment sessions.

Results: The differences between pre- and post-treatment showed positive changes in acoustic measures, voice-related quality of life, and mindfulness abilities.

Conclusions: The results from this study and feedback from the participant suggests that mindfulness embedded in speech-language therapy can impact voice-related satisfaction. This benefit will further enhance confidence in communication and reduce the risk of vocal misuse or abuse.

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POSTER #75 (LITERATURE REVIEW)

Impact of gesture-based intervention in subpopulations of children with expressive language delay: A scoping review

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Issue: Approximately 10-20% of two-year-olds experience expressive language delay (ELD), meaning they say fewer words than expected for their age. ELD can be observed in children with autism spectrum disorder (ASD), Down Syndrome (DS), and those identified as a late-talker (LT) or having specific language impairment (SLI) also known as developmental language disorder (DLD). Symbolic gesture training is a therapy strategy speech-language pathologists (SLPs) use with children with ELD to associate specific gestures with verbal productions to increase expressive communication. Symbolic gesture training can be implemented while using other therapy strategies, such as co-speech gesturing and enhanced milieu training (EMT).

Description: A scoping review of the existing literature was conducted using 10 electronic databases. Search terms included 'gesture,' and, 'children,' 'intervention,' and 'SLI' among others. In total, 6 articles were chosen to determine which population sees the most expressive language changes after having symbolic gesture training and whether those changes were verbal or nonverbal.

Results: All populations investigated experienced increased expressive communication skills after symbolic gesture training. Children in the LT/SLI/DLD group experienced similar expressive language increases (spoken words) to ASD children. Children with DS demonstrated greater production abilities of signed words than spoken words. Overall, the DS population experienced smaller expressive language increases compared to LT/SLI/DLD and ASD.

Conclusions and Recommendations: Symbolic gesture training is an appropriate treatment method for all subpopulations of children with ELD. Expected outcomes for LT/SLI/DLD and ASD children are likely verbal language improvements while DS children are more likely to see greater improvements in nonverbal means of expression. Future research should investigate the impact receptive language skills and motor development on symbolic gesture training outcomes.

Keywords: Symbolic gesture training, expressive language delay (ELD)

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POSTER #76 (RESEARCH)

Mental State Word Production in Children with Autism Spectrum Disorder and Language Matched Typically Developing Children

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Background: Children with autism spectrum disorder (ASD), produce fewer mental state words (MSW) denoting cognition, emotion, desire, perception, and psychological state during structured tasks (i.e., picture description, narrative tasks) compared to age matched typically developing (TD) children aged 7-12 years. However, children with ASD's MSW production in natural conversation compared to language matched TD children is unknown. The current study compared these two groups based on 1) the ratio of total words to MSW produced, 2) the most and least frequently produced type of MSW.

Methods: Transcripts of natural conversation between mother-child pairs during free play (Bang & Nadig, 2015) from ASD Bank (MacWhinney, 2019) were employed. Participants included 11 children with ASD (age 3;07 – 6;06) and 11 language matched TD children (age 1;08-4;04). The total words produced, and type and frequency of MSW were analyzed for group comparison.

Results: The ratios of MSW to total words produced were similar between groups (ASD - 3.04% vs. TD- 3.14%) even though the ASD group produced slightly fewer MSW (80 words) compared to language matched TD group (105 words). Additionally, children with ASD used perception words (e.g., see, hear) most and had no productions of psychological words (e.g., hurt, hungry), while TD children used desire words (e.g., want) most often. The variability in number of words produced was much greater in the ASD group compared to the TD group.

Conclusions: In the early stages of vocabulary development, children with ASD produce MSW at a similar rate to language-matched TD children. This indicates previous study's findings that ASD children's lower production rate of MSW is more likely attributed to conversation setting (natural conversation vs. structured task) or related task demands, rather than issues related to their emotional or mental state development.

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POSTER #77 (RESEARCH)

Preliminary Research for Bilingual AAC Programming: A Comparative Study of the Most Frequently Used Words in English and in Chinese

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Background: Augmentative and Alternative Communication (AAC) allows individuals to supplement/substitute their speech in the presence of speech and/or language impairments. The LAMP motor-programming based application is available in multiple languages monolingually, with a bilingual Spanish/English option through their UNIDAD system, however, a bilingual option in other languages is not yet available. Per U.S. census data, Chinese is the third most spoken language in the U.S. The aim of this study is to develop a LAMP AAC prototype for bilingual English/Chinese use.

Methods: To find the similarities between the most frequently used words in Chinese and the same in English, frequency data was collected through online corpora of English and Chinese. The Chinese and English word frequency data was compared to the bilingual English/Spanish LAMP communication board for formatting purposes.

Results: Findings revealed there are 154 words that appear in both language lists, out of the top 500 most frequently used words in English and Chinese. These words are pronouns, family member names, social phrases, and mainly verbs. Along with core words and additional relevant vocabulary, these words were used to create a prototype board.

Conclusions: By using the most frequently used words in both languages, the author developed a bilingual English/Chinese communication board prototype for the LAMP AAC software. This allows English/Chinese bilinguals with complex communication needs to utilize motor-planning to communicate in their environment without sacrificing a language. This study has future implications on the development of other motor-planning based bilingual options, as it may serve as a model for making word selections in other languages.

Keywords: AAC; Bilingual; Word Frequency; English; Chinese

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POSTER #78 (RESEARCH)

A Comparison of Two Word Recognition Strategies for a Typically Developing Student

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Background: In the United States, children begin formal reading instruction in kindergarten. One skill taught during the early stages of reading is word recognition. Word recognition is the ability to see a word and pronounce it automatically. The overall goal of reading is for a person to be able to comprehend the words that they are reading, which is often overlooked when measuring word recognition. The purpose of the study was to evaluate which method is better for a kindergartener to recognize new words; picture-embedded cues or plain text alone

Methods: The participant was an English-speaking 6-year-old kindergarten female with normal vision, hearing, speech and language development, and no reported learning difficulties. Five words in plain text and five words with picture-embedded cues were presented over the course of two sessions. Each word was presented three times total with an accompanying phrase (e.g., “our colorful gum-balls”). Word recognition was measured at the end of each session through reading target words in isolation and in sentences. Comprehension of target words was measured by asking the participant to produce a sentence with the target word in it.

Results: Preliminary results suggest no difference between plain text and picture-embedded stimuli. The participant read all target words in isolation, read all target words in each sentence given, and used all target words to create her own sentences. Therefore, the participant demonstrated comprehension of target words.

Conclusions: These findings stand to inform clinical practice, as picture-embedded and plain text words can be used interchangeably in word recognition training with typically-developing kindergarten children. Future research should examine the effect of the two cue types of comprehension in clinical populations, such as children with autism.

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POSTER #79 (RESEARCH)

The Effect of Behavioral Intervention on Restricted and Repetitive Behaviors in Adults with High Functioning Autism Spectrum Disorder

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Background: Individuals with high functioning Autism Spectrum Disorder (HFASD) present with repetitive behaviors such as ritualized patterns of verbal or nonverbal behavior and emotional inflexibility. The purpose of this study is to determine the effect of behavioral intervention on repetitive and restricted behaviors in adults with HFASD to facilitate the transition into adulthood and employment.

Methods: A five week intervention was conducted to target restricted behaviors in one adult male with HFASD. The participant was 21 years old at the time of the study. Sessions took place via Zoom four times a week for approximately 20 minutes each session. Repetitive behaviors were targeted during each session. The researcher altered the variables of the participant's shower routine. The length of each shower was measured along with the participant's behavior regarding the change in routine. Behavioral flexibility was measured for each variable as compliant or non-compliant. Breathing techniques were introduced in each session to address participant anxiety.

Results: The participant demonstrated an improvement in flexible behavior by the end of the five week intervention. The length of each shower decreased from week one to week five, and the participant demonstrated compliant behavior by the end of the intervention.

Conclusions: This study demonstrates the effectiveness of a behavioral intervention method to improve flexibility and reduce restricted, repetitive behaviors in adults with HFASD.

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The Role of Biological Gender on the Types of Nouns and the Semantic Features in Toddlers who are Late Talkers

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Background: The types of nouns frequently used in typically-developing (TD) boys' versus girls' vocabularies have been found to be different. This suggests that boys/girls are using different strategies to build their vocabularies. This study examined the types of nouns and their semantic features in boys and girls identified as late-talkers (LT) vocabularies. LT are identified as 24-month-old children who have fewer than 50 words in their expressive repertoire. Examining this question in children who are LT may help determine if they are acquiring language like their gender-matched peers (at a slower rate), or if they are acquiring language differently overall.

Methods: This cross-sectional study analyzed vocabulary data from the MacArthur-Bates Communicative Development Inventories (CDI) in 20 TD children, 20 LT children, and 20 vocabulary-matched (VM) children. In all groups, half of the participants were boys (10) and half were girls (10). The noun categories from the CDI (e.g., animals, toys, food, people, outdoor) and their attributes (i.e., shape, color, texture) were analyzed to identify the most frequently used noun categories and the semantic features in each group.

Results: CDI categories present in boys' and girls' nouns are expected to differ in TD participants (e.g., animals more prevalent in girls and outdoor more prevalent in boys). Semantic features of nouns are also expected to differ between genders in TD participants. Differences between CDI categories and semantic features are expected between LT and TD/VM peers. Results are predicted to indicate LT favoring different CDI categories and semantic features compared to their gender-matched TD/VM peers.

Conclusions: Results are expected to help us understand if vocabulary delay in LT suggests a disordered system or slow acquisition of language (delay).

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POSTER #81 (RESEARCH)

Relationship Between Semantic Verbal Fluency and Self-Rated Proficiency in Korean-English Bilinguals

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Background: Bilingual's language proficiency is commonly measured by a subjective, self-rating on different language domains (i.e., speaking, listening, writing, and reading) but most studies combined the four ratings without considering differences among them. Proficiency is also measured by semantic verbal fluency (sVF) tasks as an objective measure. However, not many studies have examined whether subjective speaking proficiency and listening proficiency may differently predict sVF performance in two languages. This study examined the relationship between sVF and proficiencies in speaking and listening among Korean-English bilinguals.

Methods: Healthy young Korean-English bilinguals (n=28, age 24-35) currently living in the United States participated. Among the participants, 16 people learned English after age 8. Participants rated their proficiencies of listening comprehension and speaking on a Likert scale (1-7) and performed sVF tasks (three semantic categories) in Korean and English. Using Pearson correlation analyses, we separately analyzed how sVF is correlated with speaking proficiency and with listening proficiency in English and Korean.

Results: In English condition, both speaking proficiency ($r = .543$, $p = .003$) and listening proficiency ($r = .554$, $p = .002$) significantly correlated with the average number of items produced in sVF. In Korean condition, neither speaking proficiency ($r = .202$, $p = .303$) nor listening proficiency ($r = .288$, $p = .138$) were significantly correlated with sVF performance.

Conclusions: The participants' subjective ratings on their speaking and listening were closely tied with their objective language performance only in English, the language they formally use. However, this relationship was not found in Korean which is mostly used informally. It highlights the importance of considering an immersion context of language and objective assessment tools that can evaluate how bilinguals utilize each of their language in different environment.

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POSTER #82 (RESEARCH)

The Role of Speech-Language Pathologists in Training Elementary School Teachers in Implementing AAC: A Survey Study

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Background: Many children with disabilities present with complex communication needs (CCN) and cannot communicate in an effective way using their own speech. They may use augmentative and alternative communication (AAC), which are external methods of communicating that involve devices, techniques, and strategies. For students to learn to use devices effectively in the classroom, it is essential that teachers are properly trained on how to implement AAC daily with their students. There is limited research on the ways that SLPs are currently training teachers. Therefore, the current study investigated the ways that trainings for teachers are currently being delivered by SLPs.

Methods: Using an anonymous survey via Qualtrics, data was collected from 13 ASHA certified, state licensed SLPs who currently (or within the past 5 years) work in an elementary school with children who use AAC. The survey addressed topics including information about the students/setting the SLP is working with, how trainings are currently being delivered, and the SLPs' perspectives on current trainings.

Results: 12 of the 13 SLPs reported providing training in some capacity to teachers. Results indicated that 8 SLPs used in person training while 4 SLPs used hybrid methods. 3 SLPs used informal trainings, while 9 used both formal and informal. All SLPs reported that training can be made more effective in some way, many reporting that increasing the amount of training would improve effectiveness.

Conclusions: Results from this survey indicate the need for additional training by the SLP to help facilitate AAC use for students in the classroom. Further studies are needed to determine more specific ways that AAC training by SLPs can be altered to most benefit students and teachers.

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POSTER #83 (RESEARCH)

Fast Mapping of Lexical Tone in Non-tone Language Speakers

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Background: Fast mapping refers to the quick assigning of a novel word to its referent. Word recognition of words in tone languages such as Mandarin means attending to three phonemes: vowels, consonants and lexical tones. Without linguistic experiences with tone, the ability to distinguish among lexical tones is limited. People who are blind demonstrate superior auditory perception skills compared to sighted individuals. Previous literature has focused on blind people's ability to perceive pitch in speech and non-speech stimuli. However, no study to date has investigated their ability to use lexical tone to access meanings of Mandarin words.

Methods: Two groups of monlingual, healthy adults were engaged in word learning task. One group is congenitally blind, the other group served as age-matched sighted controls. All participants were exposed to high-frequency bi-syllabic Mandarin nouns using English carrier sentences. Following three listening opportunities, participants were evaluated on their learning of the new word.

Results: Compared to sighted participants, blind participants were more sensitive to lexical tone variation in the unfamiliar language.

Conclusions: Compared to sighted participants, healthy non-tone language blind speakers demonstrated a greater sensitivity to an unfamiliar lexical feature. Despite their lack experience with lexical tone, blind speakers show auditory sensitivity to tone. Our findings add to the body of literature on behavioral impact of sensory loss. Future studies will focus on learners who bring perceptual experiences that might facilitate learning of lexical tone.

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POSTER #84 (LITERATURE REVIEW)

The Effects of Treatment Condition Differences on Voice Satisfaction in Gender-Affirming Voice Training: A Scoping Review

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Issue: While gender-affirming voice training (GVT) is a fast-growing area of speech-language pathology, there is a paucity of research evaluating the effectiveness of GVT for transgender and gender diverse (TGD) individuals. Furthermore, there is even less research evaluating how differences in treatment conditions impact treatment effectiveness. The purpose of the current study was to evaluate how treatment dosage, group versus individual treatment settings, and carry-over tasks impact voice satisfaction in GVT.

Description: A scoping review was conducted using four electronic databases. Identified articles include the following criteria: peer-reviewed, transgender women participants, voice training intervention, and voice satisfaction outcome measurements.

Results: The search resulted in 14 articles that were reviewed for data pertaining to treatment dosage, group versus individual setting, presence of carry-over tasks, and voice satisfaction outcomes. Preliminary results suggest that participants with a greater number of GVT sessions displayed increased voice satisfaction scores. Therefore, higher treatment dosage was correlated with higher voice satisfaction outcomes. Further results also suggest that participants who were part of a group or hybrid setting had higher voice satisfaction scores as compared to participants who received individual GVT. Lastly, preliminary results suggest that carry-over tasks did not have any correlation with voice satisfaction scores.

Conclusions and Recommendations: Findings suggest that differences in GVT treatment conditions in GVT may impact voice satisfaction outcomes. This can guide SLPs when designing GVT treatment programs. Further research may include randomized control studies to deliberately investigate the effect of treatment dosage, group versus individual settings, and carry-over tasks on voice satisfaction outcomes.

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POSTER #85 (RESEARCH)

The Effect of 2nd Language Acquisition on 1st Language Development in Preschoolers

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Background: Cognitive advantages associated with second language learning are well documented, hence the ever-growing number of early dual language programs. However, is the process of first language acquisition interrupted by the introduction of a second language at a very young age? The current study seeks to determine if the introduction of a second language (Mandarin) would have any impact on an already developing first language (English) for monolingual English learning preschoolers.

Methods: 14 English-speaking children, aged 2-4, attending Shuang Wen Academy Network (SWAN), a Mandarin immersion preschool, were participants in this study. The Preschool Language Scales- Fifth Edition (PLS-5) was administered to each participant in November 2022 (Time 1) and will be administered again 6 months later in May 2023 (Time 2) to gain receptive and expressive language scores in English. Age equivalent scores are used to compare receptive and expressive language abilities at each testing time.

Results: 12 out of 14 participants demonstrated age-appropriate receptive and expressive language skills at Time 1. It is expected that all children will demonstrate growth in receptive and expressive language skills in English at Time 2 as compared with Time 1.

Conclusions: The growth of receptive and expressive English skills in typically developing preschool children will suggest that the introduction of a second language (Mandarin) does not negatively impact a developing first language (English).

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POSTER #86 (RESEARCH)

Diadochokinetic Rates in Older Adults

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Background: Oral diadochokinetic (DDK) testing is commonly used to assess motor-speech performance. Some studies have shown differences in performance on this task between young adults and adults over age 65 (older adults), but it is not clear whether young-older adults (age 65-74) perform differently from old-older adults (age 75+). Additionally, no English-language studies have included a real word stimulus in the DDK testing protocol, even though it is commonly used in the clinical setting. This study aims to compare DDK performance in syllables between two age groups in the non-word and real-word conditions.

Methods: A total of 12 cognitively normal older adults participated: 8 young-older adults (average age=71.25 years, range=67-73) and 5 old-older adults (average age=78.2 years, range=77-80). For the DDK test, participants were instructed to repeat the stimuli as fast as they could. Stimuli included three single-syllable non-words (pah, tah, kah), one multi-syllable non-word (pahtahkah) and one real word (buttercup).

Results: Preliminary results reveal small differences in DDK rates between age groups in the single syllable, multi-syllable non-word, and multi-syllable real word conditions. Old-older adults produced slightly fewer syllables on average (6.43 syllables/second) than young-older adults (6.82) across all single syllables. Old-older adults also produced fewer syllables per second (6.56) than young-older adults (6.90) in the multi-syllable conditions. Production of the real word was slower by old-older adults (6.63 syllables/second) than young-older adults (7.0).

Conclusions: There is a discrepancy in speech rate among older adults which suggests older adults should not be treated as a homogeneous group. Clinicians should be mindful of age when interpreting assessment results. This study also provides useful information on real word performance in older adults that is slightly different from the non-word rate, which suggests the need for further research in this condition.

Keywords: DDK, speech rate, non-words, aging

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POSTER #87 (RESEARCH)

Modified Melodic Intonation Therapy (MMIT) Effects on Speech Outcome and Functional Communication Measures

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Background: Melodic Intonation Therapy (MIT) is the most common form of treatment for improving expressive language in individuals with nonfluent aphasia. Although studies identify objective outcomes measured by MIT, limited number of studies have reported the relationship between MIT and functional communication for a person with nonfluent aphasia. The purpose of this study is to examine the relationship between both objective speech changes and the functional outcome of MIT.

Methods: Pre-and post-treatment speech assessments administered to a 76 year old male with nonfluent aphasia and good comprehension was divided into two parts: speech assessment for objective outcome and a questionnaire for functional outcome of communication. The speech assessment included (1) a repetition task, (2) a responsive test, and (3) a naming task. The functional questionnaire consisted of 18 questions that focused on three main areas of communication: confidence level, comfort level, and ability to communicate needs and daily desires.

Results: Comparison between pre-and post-treatment assessment results showed change in performance on the speech assessment: a 25% increase in accuracy of responses in the repetition task and responsive test, and a 20% increase in accuracy of responses in the naming task. Results of responses on the functional outcome questionnaire showed a 6.67% increase in total score between pre- and post-treatment.

Conclusions: MIT can improve both objective speech changes and functional communication in daily life. Limited amount of treatment sessions can affect the level of improvement of functional communication outcome between pre- and post-treatment. Participants may benefit long-term from a greater frequency of treatment sessions.

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POSTER #88 (RESEARCH)

Divergent Thinking Ability Within Middle-Aged Adults

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Background: Divergent thinking is an important creative process that can help individuals come up with new and original ideas. This study will explore potential variations in divergent thinking ability across three age groups within the middle-aged population, namely young middle-aged, middle middle-aged, and old middle-aged. Previous studies have inadequately defined the parameters of the middle-aged category, and this research aims to provide a more comprehensive evaluation of divergent thinking ability within this demographic. To measure divergent thinking ability, the Associative Fluency Test and the Alternate or Unusual Uses for Common Objects assessment were utilized.

Methods: To measure divergent thinking ability, the Associative Fluency Test and the Alternate or Unusual Uses for Common Objects assessment were used. The Associative Fluency Test measures the ability to generate words that are related to a given concept. The Alternate or Unusual Uses for Common Objects assessment measures the ability to come up with new and unusual uses for common objects. A total of 10 participants, aged 36-55, were recruited for this study.

Results: The results of this suggest that the differences in divergent thinking ability between young middle-aged, middle middle-aged, and old middle-aged are negligible.

Conclusions: The results of this study suggest that divergent thinking ability is maintained for a certain amount of time while in the middle-aged category, and likely weakens as one ages out of this group. Further investigation in this field will provide insight into the divergent thinking abilities of this age group.

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POSTER #89 (RESEARCH)

Intervention for building vocabulary using phonological targets for late talkers

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Background: Late talkers (LT) are toddlers who have expressive language delays, who do not produce their first 50 words or combine words into two-word utterances by around 2-years-old but are otherwise developing typically. Being that LTs are predominately defined based on their lexical delays, current intervention focuses on increasing the number of vocabulary words in the child's lexicon. However, LTs also demonstrate delays in their phonological development. This case study examined the impact of implementing an intervention approach that combines both phonological and lexical strategies on phonological and vocabulary outcomes.

Methods: The participant was a toddler identified as a LT at 24-months of age. His vocabulary and phonology were measured every 3 months over a 15-month period using the MacArthur-Bates Communicative Development Inventory. Intervention targets included phonology, vocabulary, and syntax (i.e., word combinations). Data analysis included phonetic features (e.g., how many phonemes were added to his repertoire, accuracy of phonemic productions, syllable shapes, phonemic inventory, and use of phonological processes) and the number of words acquired.

Results: The participant's expressive vocabulary and phonology (e.g., the number of phonemes produced, accuracy of phoneme production, and syllable shapes used) improved over the course of the 15-month treatment. Standardized testing revealed age-appropriate skills in both vocabulary and phonology at the end of treatment.

Conclusions: Targeting both phonology and vocabulary growth in treatment for toddlers who are LTs may be more efficient in establishing a child's productive lexicon as compared with targeting vocabulary alone. Future research should assess this intervention strategy across a larger number of participants.

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POSTER #90 (RESEARCH)

Grammatical Gender Assignment in Ukrainian-English Code-Switching

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Background: Languages such as English, do not use grammatical gender, others such as Ukrainian, do. When a bilingual speaker uses English nouns in Ukrainian sentences, they either attend to phonemic features of the noun in English or use a translation (semantic) approach to assign gender. This study examined if there is a preferred strategy for gender assignment and if strategy selection is based on variables associated with language dominance.

Methods: Twenty healthy bilingual (Ukrainian/English) adults participated in an interpretation task. Language dominance was determined by participant's response to a language use survey. Each participant interpreted English sentences into Ukrainian. Using low frequency nouns in English is expected to compel participants select one of two gender assignment strategies in Ukrainian.

Results: Language dominance and age of second language acquisition did not predict the preferred gender assignment strategy. Most participants preferred to use the phonemic feature approach over the semantic approach. However, the low-proficiency English speakers used the semantic approach more compared to highly proficient speakers.

Conclusions: The findings suggest that the dominant gender assignment strategy in Ukrainian-English code-switching is to use the phonemic features of English. Participants with lower English proficiency favored the semantic approach – suggesting a reliance on the first language. These findings substantiate more than one approach to gender assignment in oral productions. In the practice of speech/language pathology, evaluation and treatment of bilingual speakers must consider how grammatical gender errors should be addressed.

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Noun Generation Ability in Neurotypical Cantonese speakers when given a Classifier Prompts

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Background: Chinese is a language where classifiers are required to express quantity in a fixed order noun phrase. There are two types of classifiers- sortal and mensural. Sortal classifiers are selected partially based on the semantic characteristics of the noun whereas mensural classifiers are used to describe the unit of measurement of a substance. Chinese speakers demonstrate metalinguistic awareness regarding the connection between classifiers and collocating noun phrases. The study examined whether healthy Cantonese speakers can complete noun phrases when given a classifier prompt, the range of nouns generated, and the differences in responses between sortal and mensural classifier prompts.

Methods: The participants were neurotypical healthy adults aged 34 to 72 who self-reported that they are proficient in Cantonese on the Language Experience and Proficiency Questionnaire (LEAP-Q). The stimuli were five sortal and five mensural classifier prompts. The participants were given verbal and printed instructions to write down noun phrases that collocate with the written classifiers.

Results: Preliminary results based on pilot participants suggest healthy Cantonese speakers are able to complete noun phrases when given a classifier prompt. Additionally, participants generated a tighter range of noun phrases when given a sortal classifier prompt and a wider range of noun phrases when given a mensural classifier prompt. Participants were also able to generate more responses when given mensural classifier prompts.

Conclusions: In a case study with one monolingual Cantonese-speaking person with aphasia (PWA), providing a classifier prompt improved word finding ability. Further research should use the range of nouns collected in this study and conduct a study with a larger sample size to examine whether sortal or mensural classifiers are more efficient cues for word retrieval in Cantonese speaking PWA.

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POSTER #92 (RESEARCH)

Advancing and enhancing the consistency of virtual reality as a tool in post-stroke aphasia: A scoping review

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Background: Virtual reality (VR) is a relatively new tool with a variety of programs used in aphasia rehabilitation with limited studies for language recovery. Additionally, it is unclear how this tool is used in comparison to a traditional aphasia therapeutic approach. The goal of this study is to give an overview of existing VR research in speech therapy for post-stroke people with aphasia and give recommendations for further research.

Methods: A scoping review of the literature was conducted using 6 electronic databases. Search terms included key words such as Aphasia, Virtual Reality, Post-stroke, and Language. Ultimately, 10 articles were selected for review to identify the characteristics of existing VR research and enhance the consistency of the research.

Results: Preliminary findings from the scoping review revealed there currently exist 5 VR tools used for aphasia rehabilitation. Results identified the participants, theoretical approach, delivery format, duration, intensity, intervention, and outcome measures. The characteristics identified in this scoping review led to various findings to improve language recovery for post stroke aphasia population.

Conclusions: Based on the definitions of virtual reality (VR) found, a consistent description was recommended for the purposes of future research in VR aphasia rehabilitation. From the characteristics identified in this scoping review, a framework for VR research was recommended for studies including people with post-stroke Aphasia.

Acknowledgements: Stanley Chen, MPhil

Keywords: Aphasia, Virtual Reality, Post-stroke, Language, Scoping Review

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POSTER #93 (RESEARCH)

Speech-to-Text Technology as a Form of Feedback in Children with Articulation Disorders

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Background: Over 80% of school-based speech-language pathologists (SLPs) regularly treat children who exhibit speech sound errors inclusive of articulation disorders. Speech-to-text (STT) technology serves as an accessible form of biofeedback as it provides real-time representations of speech that can be compared to target utterances. Limited research exists on the efficacy of STT technology (e.g., SpeechTexter) on the accuracy of target phoneme production in children with articulation disorders. This study examines whether STT is an effective in-person intervention to address speech sound production at the single-word level in a child with an articulation disorder.

Methods: The participant was a six-year-old female who presented with a frontal lisp given consistent /θ/-/s/ substitution (e.g., “thick” for “sick”). A single-subject ABA design that spanned six weeks consisting of one 30-minute treatment session per week assessed percent accuracy of /s/-initial items within and across two conditions: with SpeechTexter and without SpeechTexter. Traditional elicitation techniques were in use for all treatment sessions, regardless of SpeechTexter’s presence.

Results: It is expected that sessions implementing SpeechTexter in addition to traditional elicitation techniques will yield more instances of correct /s/-initial productions, leading to higher percent accuracies. Moreover, we hypothesize that once SpeechTexter is withdrawn, percent accuracy will return to that of the initial two sessions where SpeechTexter is absent.

Conclusions: The finding that SpeechTexter yields increased percent accuracy would suggest that STT can serve as a low-cost and readily available form of biofeedback for clinicians to employ. SLPs can utilize STT technology in conjunction with other gold-standard techniques to facilitate adequate production of target-initial words in children with articulation disorders. Further research may assess efficacy at different word positions and increased linguistic complexities.

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Assessment and Speech-Language Therapy for Post-Stroke Depression in People with Aphasia

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Issue: Despite the detrimental effects of post-stroke depression (PSD) and the high incidence rate among those with aphasia, speech-language pathologists (SLPs) working with this population are limited in their ability to provide meaningful counseling and intervention for depression due to lack of appropriate depression screening measures for PWA and a scarcity of evidence-based treatment approaches for PSD in PWA. This systematic review addresses SLPs' approach to evaluation and treatment of PSD in PWA.

Description: This study followed the PRISMA Guidelines for a Systematic Review. Ten articles were selected for inclusion in this study using search terms related to aphasia, PSD, rehabilitation, and SLPs.

Results: There are relatively few studies conducted to date that have examined PSD in PWA. The key findings from this review suggest that SLPs employ a variety of evaluation and treatment approaches for comorbid aphasia and PSD. However, many of the mood assessments used have not been sufficiently adapted for PWA. Additionally, it is not reported whether there is a relation between improvements in language and gains in mood.

Conclusions and Recommendations: LPs working with PWA are aware and interested in their patients' psychosocial wellbeing. Given that many studies on depression following stroke exclude those with aphasia, our current understanding of PSD evaluation and counseling in this population is limited. Greater interdisciplinary efforts should be made to develop mood assessments and interventions for PWA and PSD.

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The Correlation Between Lateral Pelvic Shift and Hip Strength Asymmetry in Adults with Scoliosis

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Background: Gait, balance, and trunk strength impairments have been observed in adults with scoliosis. However, current scoliosis interventions address predominantly upper extremities and trunk but lack hip and lower extremity interventions that could target the above functional impairments. Data on pelvic obliquity and incidence within this population provide insight into prospective lower extremity interventions to address these functional changes. Our study investigates a novel pelvic parameter, lateral pelvic shift in the frontal plane, and its relation to hip strength asymmetry. We predicted that adults with scoliosis would have a greater hip strength asymmetry than adults without. Moreover, we expected that adults with scoliosis who also had a lateral pelvic shift would be more likely to have greater hip strength asymmetry.

Methods: In this exploratory study, we included 6 participants with scoliosis and 19 participants without scoliosis. Researchers first performed the Adam's Forward Bend Test, took scoliometric measures, and assessed lateral pelvic shift. Manual muscle tests for hip flexion, extension, adduction, abduction, internal rotation, and external rotation were then performed. Statistical methods included Chi-square tests and t-tests.

Results: Subjects with scoliosis had a greater prevalence of lateral pelvic shift ($\chi^2 = 10.05$, $p < .002$). Subjects with lateral pelvic shift had greater hip external rotation strength asymmetry ($t(4.9) = 2.33$, $p = .034$). Subjects with a lateral pelvic shift and scoliosis demonstrated greater hip abduction strength asymmetry ($t(7.7) = -2.174$, $p = .031$).

Conclusions: Our hypothesis could not be accepted since the small sample size may affect the external validity and the significance of our results. Given findings within this body of research, clinicians may consider scoliosis populations to be more at risk for hip strength asymmetry and for developing functional deficits. Future research should examine links between specific gait and balance impairments and lateral pelvic shift within scoliosis patients.

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POSTER #96 (RESEARCH)

Is Walking Fatigue in Persons with Multiple Sclerosis Different than in Healthy Adults?

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Background: Multiple sclerosis (MS) is a neurological condition with fatigue being its most common symptom. Prior research has established a pattern of subjective fatigability in persons with MS (pwMS). However, an objectively measurable degree of fatigability has yet to be quantified within this population. The purpose of this study is to determine whether persons with MS experience objective fatigability resulting in a measurable decline in performance.

Methods: 30 subjects participated including CUNY students and teachers, ages 18 to 65. Each participant completed a 6MWT. The distance walked per minute and total distance walked were recorded using a measuring wheel. Subject characteristics and demographic data were recorded at baseline via questionnaires and VAS-F was used as a subjective measure of fatigue. Data from the controls and pwMS were compared using independent t-tests with an alpha set to 0/05.

Results: MS subjects showed significantly reduced 6MWT distance and speed compared with healthy controls ($P = 0.05$). Compared to controls, pwMS, on average, were unable to achieve or exceed their initial 6MWT speeds, despite accelerating at the end. VAS-F scores were significantly higher in MS subjects compared with controls ($P = 0.05$). Subjective fatigue scores were strongly correlated with a decline in walking speed and distance in pwMS ($P < .001$).

Conclusions: MS subjects demonstrated objective motor fatigability evidenced by their reduced distance and speed during the 6MWT compared to healthy controls. This pronounced linear decline in walking performance is correlated to subjective fatigue measures in pwMS. The 6MWT is a reliable indicator of objective fatigue in pwMS.

Keywords: Multiple Sclerosis, Fatigue, Fatigability, 6MWT

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