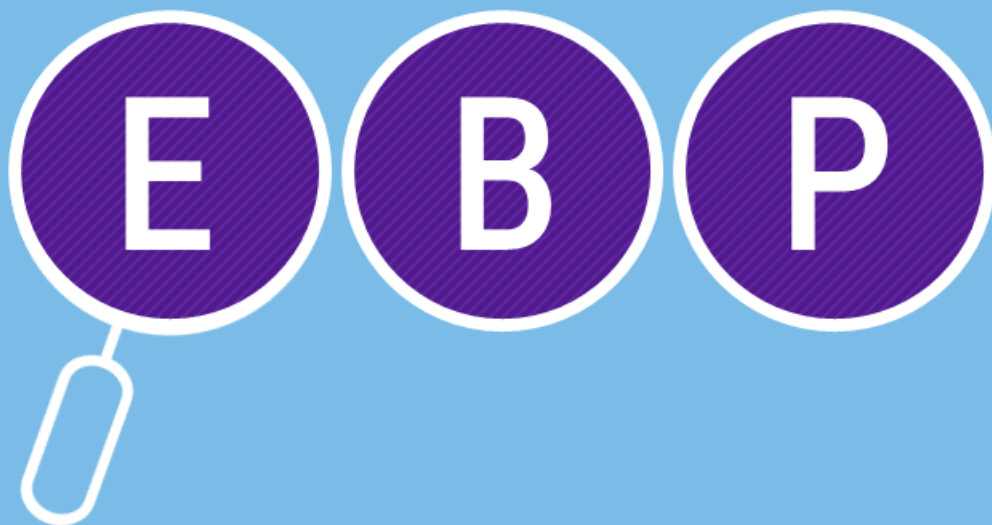


18th Annual

2024

Evidence-Based Practice Poster Day



ABSTRACT
BOOK

HUNTER **CU
NY**

Hunter-Bellevue School of Nursing
Hunter College School of Health Professions

18th Annual Evidence-Based Practice Poster Day & Spring Forum

Wednesday, April 10, 2024, 4:00-7:00 PM

Hunter College Brookdale Health Sciences Campus
EBPposterday.commons.gc.cuny.edu | Socials: [#EBPposterday](https://twitter.com/EBPposterday)

PROGRAM

4:00-5:15 PM Auditorium **Keynote**



www.donnagaffney.com

Donna A. Gaffney, DNSc, PMHCNS-BC, FAAN

Dr. Donna Gaffney is a psychiatric mental health clinical nurse specialist, a psychotherapist, educator, and author. She has long addressed stress and trauma in the lives of adults and children, communities, and professional nurses— providing clinical and educational interventions in the aftermath of personal trauma and crisis as well as national disasters such as the Challenger explosion, 9/11, the Sandy Hook school shooting, Hurricane Katrina, and the Coronavirus pandemic. Donna consistently focuses on enhancing the mental health and well-being of all nurses, particularly those in potentially traumatic environments.

In September 2023, Donna published her evidence-based book, *Courageous Well-Being for Nurses: Strategies for Renewal*. It provides nurses with vital concepts and strategies for safeguarding their mental health and improving overall well-being. She is also the author of *The Seasons of Grief*, *Helping Children Grow Through Loss*, one of the first books written for families of bereaved children, and *Adolescent Sexuality: A Guide for Clinicians*. Presently, she is designing a curriculum that explores the intersection of meaningful work, mattering and well-being among healthcare professionals.

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

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.

Thank you to Dean Ann Marie Mauro for her leadership and steadfast commitment to excellence in research, scholarship, and service.

We 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 and poster reviewers, event volunteers, and to Dr. Donna Gaffney for their participation and support.

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POSTER PRESENTATION AWARDS

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Clinical & Community Partners

POSTER #3

Factors associated with falls and falls with injury among hospitalized cancer patients.

Amil Tan, PhD, MHC, RN, MEDSURG-BC⁽¹⁾; Roseline Martelly, DNP, RN⁽²⁾; Maria Scaramuzzino, MSN, RN⁽²⁾; Seema Lall, PhD, RN⁽²⁾; Ajashura Pathak, MS⁽¹⁾; Alejandro Scacalossi⁽¹⁾; Kelly Yu⁽¹⁾; Samura Sultana⁽¹⁾; Sumaiya Zaman⁽¹⁾; Omar Abdelrahman, EdD, RN⁽²⁾; Annie George, PhD, RN⁽²⁾; & Elizabeth Capezuti, PhD, RN, FAAN⁽¹⁾

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Doctor of Nursing Practice: Final Capstone Project

POSTER #20

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

Anna Belli, MS, RN, ANP-BC, HN-BC; Rusty Greene, DNP, RN, AGNP-BC^(F)



Doctoral Nursing (Pre-Capstone/Dissertation)

POSTER #28

Reducing hemodialysis vascular access complications utilizing a nurse-driven protocol: A literature review.

YoungSun Jung, MSN, APRN, AGPCNP-BC; Aliza Ben-Zacharia, PhD, DNP, ANP-BC, FAAN^(F)



Graduate Nursing

POSTER #34

Multidisciplinary approach and control of A1C among diabetic patients: A literature review.

Kevin Chu, MFA, MSN, RN, CRNI, AMB-BC



Undergraduate & Post-Baccalaureate Nursing

POSTER #10

The PEP-FALLS bundle: Reducing the incidence of falls on medical-surgical floors.

Amanda Marie Candelaria, BSN, RN

Post-Baccalaureate Nurse Residency Program (PBNR), VA NY Harbor Healthcare System



Doctor of Physical Therapy

POSTER #44

The effect of sub-maximal resistance training on gait, balance, and strength in people with multiple sclerosis.

Alexia Manesis; Kali Dugger; Victor Wong; Herb Karpatkin, PT, DHSc, NCS, MSCS^(F); Steven Kofsky, PT, DPT, OCS, CFMT, CMP^(F)



Speech-Language Pathology and Audiology (2 awards)

POSTER #58

Speech-language pathologists' therapeutic approaches with gestalt language learners.

Noam Waisbrod; Amy Vogel-Eyny, PhD, CCC-SLP^(F); Michelle MacRoy-Higgins, PhD, CCC-SLP, TSHH^(F)

POSTER #65

Morpho-syntactic abilities in bilingual Tagalog-English speakers with Parkinson's disease.

Ma Sofia Ambida; JungMoon Hyun, PhD^(F)

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ABSTRACTS

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

POSTER #1 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

Development and Implementation of a Prehabilitation Education Program for Oncology RNs in a Urology Setting

Nora Love-Retinger, DNP, RN, CNS, CURN, OCN
Department of Evidence Based Practice, MSKCC

Background: Bladder cancer is the 6th most common cancer diagnosis. Surgical removal of the bladder, known as a cystectomy, is the gold standard of treatment. This major abdominal surgery is associated with substantial morbidity. Preoperative teaching aims at the postoperative period. The weeks leading up to surgery is an underutilized time to optimize a patient's physical capacity. No education regarding prehabilitation was available in any of the pre-op teaching to the cystectomy patients at MSK. The urology RNs were unaware of prehabilitation elements nor the value it provides for their patients.

Purpose: To educate and prepare the urology RNs to support cystectomy patients in prehabilitation.

Methods: A lecture on the education material of a prehabilitation program was presented to the urology RNs. A 10-point, multiple choice questionnaire was designed by the author and reviewed by content experts. A pre-test knowledge assessment was obtained. A post-test was administered post lecture. Data analysis using a Wilcoxon Signed-Rank test was performed.

Results: Of the 29 urology RNs, 21 completed the program representing a 72% completion rate. The Wilcoxon Signed-Rank test indicated a statistically significant difference ($p < 0.0001$) in knowledge scores from before and after implementation. The Median score increased from 5 out of 10 (50%) to 9 out of 10 (90%), an increase of 40%. The score for the bottom 25% performers improved from 4 to 9, while the top 25% score improved from 6 to 10. All 21 participants increased scores from pre to post implementation.

Conclusions: New prehabilitation material is now part of the patient education booklet for pre-surgical cystectomy patients. This pre-operative prehabilitation program can be incorporated into other surgical practices. Engaging the patient in their care upfront should translate to a more motivated patient to be active throughout the continuum of their care.

Acknowledgements: Guido Dalbagni, MD; Elizabeth Arenas MS, RN, CNS, ACCNS-AG, CCRN; Claire Carmody MSN, FNP-BC, OCN; Christina Stella MS, RDN, CDCES, CSO, CDN; and Villanova Nursing faculty

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POSTER #2 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

Does an educational program on the Framingham Global Risk Assessment Tool increase provider knowledge and utilization in a retail health setting?

Gail Valentin, DNP, FNP-BC; Joan Ginty, DNP, RN^(F)
Department of Nursing, Molloy College

Background: Cardiovascular disease is the most common cause of death in men and women worldwide, therefore CVD prevention is vital for disease management and is important for clinicians to pay close attention to risk factors. Risk assessment tools offer a simple and efficient approach to determine risk levels, which will help govern strategies for disease prevention and management. The Framingham Global Risk Assessment (FGRA) tool is the gold standard for assessing CVD risks. In retail health settings,

incidental CVD findings are not uncommon. Hence, the use of the FGRA tool can have a positive impact on disease management and prevention.

Purpose: The objective of this DNP project was to increase the providers' utilization of the Framingham Global Risk Assessment tool in their clinical practice, with the purpose of implementing an educational program to increase provider knowledge about the benefits of the tool.

Methods: The proposed intervention constituted of a web-based educational tutorial, conducted by a renowned clinical cardiologist, concerning the Framingham Global risk assessment tool and how it relates to CVD management and prevention. The purpose, validity, and reliability of the FGRA estimator were thoroughly defined. The proper method and manner of how to use the calculator in clinical practice was also discussed. Gaps in knowledge were identified through pre – and post – test surveys. The post-test questionnaires were used to measure the providers' thoughts about the feasibility of the FGRA tool and rates of application in practice.

Results: The result findings demonstrated that the web based educational tutorial on the Framingham risk assessment tool increased provider knowledge and tool utilization in their clinical practice. The quantitative data illustrated a significant rise in the providers' understanding and workability of the FGRA tool post educational intervention as evidenced by the open-ended responses.

Conclusions: The implications of this study suggest the importance of educational programs and interventions in clinical practice and the need for evidence-based guidelines to direct care. Risk assessments are designed to provide a foundation for patient education and decision-making about lifestyle changes and medication therapy.

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POSTER #3 (RESEARCH)



Poster Presentation Award, Clinical & Community Partners

Factors associated with falls and falls with injury among hospitalized cancer patients

Amil Tan, PhD, MHC, RN, MEDSURG-BC⁽¹⁾; Roseline Martelly, DNP, RN⁽²⁾; Maria Scaramuzzino, MSN, RN⁽²⁾; Seema Lall, PhD, RN⁽²⁾; Ajashura Pathak, MS⁽¹⁾; Alejandro Scacalossi⁽¹⁾; Kelly Yu⁽¹⁾; Samura Sultana⁽¹⁾; Sumaiya Zaman⁽¹⁾; Omar Abdelrahman, EdD, RN⁽²⁾; Annie George, PhD, RN⁽²⁾; Elizabeth Capezuti, PhD, RN, FAAN⁽¹⁾

⁽¹⁾Hunter-Bellevue School of Nursing, Hunter College, CUNY; ⁽²⁾NYC Health + Hospitals/Bellevue

Background: Healthcare settings continue to face a burden of falls among hospitalized patients. At Bellevue Hospital, adult cancer patients had the greatest incidence of falls. There is currently a dearth of knowledge despite some exploratory studies having been done on fall risk factors among hospitalized cancer patients.

Purpose: To comprehensively examine the salient risk factors associated with fall incidents and falls with injury among hospitalized oncology patients.

Methods: A retrospective case-control analysis of medical records was conducted from the electronic health record system (EPIC) from January 2022 to December 2022. Analyses were performed using logistic regression models.

Results: There were 40 cases and 148 controls in all. Bivariate analysis revealed that the following factors were associated with falls among oncology patients: being male (OR = 5.2, 95% CI: 2.24 –14.95), preferring English as a language (OR = 2.0, 95% CI: 1.07 –4.29), having a solid tumor diagnosis (OR = 7.0, 95% CI: 1.80 –6.99) and metastatic cancer (OR = 6.5, 95% CI: 3.14 –16.07), not receiving chemotherapy (OR = 3.3, 95% CI: 1.67 –5.88), using psychotropic medications (OR = 3.2, 95% CI: 1.53 –7.85), and taking any isolation precautions (OR = 4.4, 95% CI: 1.73 –15.22). A multivariate analysis revealed a linear rise in the chance of falling with high-risk Morse fall ratings (P <.001). Among cancer patients admitted to the

hospital, the beneficial effects of knowing how to speak English, having any isolation precautions, and receiving chemotherapy were noted ($P < .001$).

Conclusions: This study demonstrates the protection hospitalized cancer patients receive from chemotherapy, speaking English fluently, and using isolation precautions. Modifiable and non-modifiable factors must be considered when designing, implementing, and monitoring fall prevention protocols.

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POSTER #4 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

Medication Security

Shawn Michael Hardy, MS, RN, CCRN, CEN

Alumnus, Hunter-Bellevue School of Nursing, Hunter College, CUNY; NewYork-Presbyterian/Lower Manhattan Hospital

Background: Medication safety is a primary Joint Commission National Patient Safety Goal. Unsecured medications are a common challenge for emergency departments across the United States. Unsecured medications were found in the emergency department at Lower Manhattan Hospital during regulatory rounds in 2021, thus heightening the risk of unauthorized access, tampering, theft, and diversion of medication. The literature indicates that as an emergency department census rises, medication security and other quality metrics, such as hand washing, can sometimes take a back seat to greater priorities. Common barriers to medication security in the emergency department include the expectation that medications are returned to the Omnicell (a device that doctors, physician assistants and nurse practitioners are unable to access despite the fact that they administer medications during procedures), the use of multidose vials instead of single dose vials (which can be immediately discarded), rapid patient flow, and lastly, the time burden nurses face when physically walking to an Omnicell, accessing the interface, scanning and returning medications (time taken from patient care).

Purpose: The aim of this project was to assess the barriers to medication security in an emergency department and attempt to remedy the situation.

Methods: The project had two main interventions: 1) Educating staff members (one on one and during shift change morning huddles) about the importance of medication security and clarifying common misunderstandings. 2) Installing secure medication return bins throughout the emergency department in consultation with the pharmacy department to decrease the physical barriers to staff when returning medications. The medications deposited in the bins were retrieved by pharmacy techs during hourly rounding and returned to the central hospital pharmacy for processing.

Results: Outcomes were measured during monthly regulatory readiness tracers. The frequency of unsecured medications found was recorded each month. The rate of unsecured medication found during regulatory rounds in the emergency department was reduced by 100% for five consecutive months following the implementation of the medication return bins.

Conclusions: The intervention had a positive impact on the medication security culture in the emergency department. As new employees join the emergency room staff, education and reinforcement will be offered to continue the current trend.

Acknowledgements: Elissa Crum, MSN, RN, CEN, NY-SAFE, Patient Care Director - Emergency Department, New York-Presbyterian Lower Manhattan Hospital

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POSTER #5 (LITERATURE REVIEW)

Shared decision-making in underserved populations with multiple sclerosis: A systematic reviewAliza Ben-Zacharia⁽¹⁾; Jennifer Smrtka⁽²⁾; Tamar Kalina⁽²⁾; Megan Vignos⁽²⁾; Stacyann Smith⁽²⁾⁽¹⁾Hunter-Bellevue School of Nursing, Hunter College, CUNY; ⁽²⁾Weill Cornell Medicine Multiple Sclerosis Center

Issue: The concept of shared decision-making (SDM) is valuable to ensure patients receive individualized care. SDM occurs when healthcare providers engage patients in making personal healthcare decisions that could contribute to better long-term outcomes. With the ever-increasing landscape of treatment options available, SDM can be challenging but valuable for patients. Patients from underserved populations are potentially less likely to engage in SDM, impacting their long-term care. This systematic literature review aimed to explore SDM in these patient populations.

Description: Relevant articles were retrieved from PubMed using key search terms, without any restriction on publication date. All searches and data retrieval were conducted between May 25, 2022, and August 17, 2022, and abstracts were reviewed by two independent reviewers. A thematic analysis was used to present the data.

Results: All search terms yielded 418 articles; 89 were included (33 involving patients with multiple sclerosis [MS]). Reported mean percentage of patients with MS (including from underserved populations) who preferred SDM was 52% (range: 37.5–71.5; n = 4). Differences in racial/ethnic assimilation of information communicated by clinicians were reported, impacted by the lower literacy level and certain cultural health beliefs in groups of underserved populations. Primary care clinicians play a key role in providing information to patients in underserved populations.

Conclusions and Recommendations: There is a clear benefit for SDM for patients with MS, and without it, patients report dissatisfaction, decisional regret, and lack of confidence in the medical system. However, there are several challenges, including the need for further examination of social determinants of health, for underserved patient populations which still need to be addressed.

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POSTER #6 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

Implementation of Oral Program to Prevent Non-Ventilator Associated Hospital-Acquired Pneumonia (NV-HAP)Adebisi Adeyeye, DHA, RN, CIC, FAPIC⁽¹⁾; Audrey Graham-O'Gilvie, DNP, RN, ACNS-BC, CCRN-K⁽¹⁾; Aimee Fredeline, RN⁽¹⁾; Ebenezer Ametam, MS, RN, CNL⁽¹⁾; Petrina Harrison, MSN, RN, CNS⁽¹⁾; Ellen Flanagan, DNP, RN, PMHNP-BC⁽¹⁾; Cynthia Caroselli, PhD, RN⁽¹⁾; Aliza Ben-Zacharia, PhD, DNP, ANP-BC, FAAN^{(2)(F)}⁽¹⁾VA NY Harbor Healthcare System; ⁽²⁾Hunter-Bellevue School of Nursing, Hunter College, CUNY

Background: Hospital-acquired pneumonia (HAP) is the second leading cause of infections in Hospitals. Admittedly, non-ventilator hospital pneumonia (NV-HAP) incidence is more prevalent than ventilator acquired pneumonia (VAP) resulting in comparable mortality and morbidity. However, prevention guidelines have focused more on VAP. There is a paucity of evidence on its prevention. Some evidence exists on oral care initiatives, which has led to 40%-60% reduction in NV-HAP. NV-HAP can be prevented by oral care and other interventions.

Purpose: The project was to establish an oral care bundle to prevent NV-HAP in admitted patients at VA NY Harbor Health care System (VANYHHS), resulting in a 25% reduction and an estimated cost avoidance up to \$3 million annually.

Methods: Guided by Lewin’s unfreezing-change-refreeze model of change management, the project used the Plan-Do-Study-Act (PDSA) methodology. Baseline data was based on 6 months retrospective chart review of admitted patients from September 2020 to February 2021. The project implementation involved adoption of the enhanced VAP prevention bundle and activities such as resources’ planning, staff education, documentation template implementation and monitoring.

Results: One year after adopting and implementing the enhanced NV-VAP prevention bundle, the documentation compliance improved from an average of 40% to average of 85% in all medical-surgical units. Over the last 3 years, VANYHHS has maintained 0 NV-HAP infections across all facilities. The project ensured a team effort to enforce compliance to oral care interventions and maintain 0 NV-HAP.

Conclusions: Effective planning and communication across multiple healthcare teams was essential for the oral care bundle implementation at VANYHHS in the care of admitted patients. The project led to practice change, minimized non-ventilator hospital pneumonia (NV-HAP) incidence, and improved patient outcomes.

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POSTER #7 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

Improving Registered Nurse To Nursing Assistant Handoff

Michael Collevy, MSN, RN
VA NY Harbor Healthcare System

Background: Registered Nurse to Nursing Assistant communication varies from each microsystem. 51.4% of RN’s reported receiving a formal delegation course from their employer while only 41% of NA’s reported receiving the same course. Effective delegation and communication is critical to producing positive patient outcomes. By effectively communicating tasks – the hospital team will decrease adverse events such as falls, pressure injuries, healthcare-associated infections (HAI’s), and sepsis related deaths. Some of the most common missed care items reported by RN’s included ambulation as ordered (88%), turning the patient every two hours (88%), and mouth care (84%). If these items are not completed as ordered or per Nursing Standards, the outcomes for patients can be quite severe.

Purpose: The purpose of this project is to improve RN to NA communication and handoff.

Methods: Handoff RN-NA Pre/Post survey will be done including registered nurses and nursing assistants. The intervention comprised a RN-NA handoff log. The outcomes of this project include: falls, HAI’s, pressure injuries, and septic related events that do or do not develop after implementation of the new RN-NA handoff form.

Results: Communication amongst the RN-NA team increased engagement and willingness to help out and identify patients that require care. This method of communication increased employee satisfaction and led to a better work environment. Leadership valuing the nursing process can combat the negative effects of employee disengagement.

Conclusions: Recognizing and identifying gaps in care can reduce negative outcomes that occur by simply communicating more effectively during RN-NA handoff. Laminating a RN-NA handoff form sheet and circling each item with a dry erase marker before velcroing it to the door would be an effective way to ensure not only the NA is aware of what is going on, but everyone who enters the patient room is aware.

POSTER #8 (CLINICAL, PROGRAMMATIC, OR POLICY INTERVENTION)

Hypersensitivity Reaction Kits

Bermude Lotin, DNP, RN
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Issue: Medications to treat a hypersensitivity reaction during late treatments were not immediately available due to the chemotherapy pharmacy's hours of operation. Hypersensitivity reactions may lead to mild or severe complications. The purpose of this project was to create hypersensitivity kits and avoid a delay in treating hypersensitivity reactions.

Description: The key words hypersensitivity reactions, oncologic emergencies, and oncology nurses were entered in CINAHL database which produced over 15 academic journals for review. Other nursing professional organizations, such as Oncology Nursing Society resources, were also used. The hypersensitivity kits were developed by nurses managing oncologic emergencies in the chemotherapy and infusion suite based on evidenced-based practice in collaboration with pharmacy. The hypersensitivity kits comprised medications, such as Dexamethasone IV push, Diphenhydramine IV push, Epinephrine Pen, Famotidine bag and Methylprednisolone IV push. The process was presented and approved by the CPR committee and implemented.

Results: Patients experiencing hypersensitivity reactions were able to be treated immediately using the hypersensitivity kits' medications available in the chemotherapy/infusion suite. Nursing best practice consists of having immediate access to essential medications to treat hypersensitivity reactions.

Next Steps: Hypersensitivity reactions can occur at any stage during infusions. This approach resulted in the creation of readily available hypersensitivity kits with chemotherapy/immunotherapy hypersensitivity medications for immediate emergent use within the infusion suite. The next step would be the development of a standardized practice protocol.

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POSTER #9 (LITERATURE REVIEW)

Let The Beeping CEASE!

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Issue: Alarm safety is one of the Joint Commission's National Patient Safety Goals, which identifies ineffective alarm management as a perpetrator of patient sentinel events. Alarm fatigue is defined as the desensitization of healthcare workers to clinical alarms and remains an critical issue on telemetry and intensive care units The CEASE Clinical Alarm Bundle, created by Lewis and Oster, aims at reducing alarm fatigue. It consolidates the alarm management recommendations of the AACN into a useful acronym: Communication, Electrodes, Appropriateness, Setup and Education.

Description: The literature review aimed to gauge the effectiveness of the CEASE bundle in reducing alarm fatigue in critical care nurses. Search engines included PubMed, CINAHL and Sage Journals. Studies within the last 5 years were included. Keywords included "Alarm fatigue", "CEASE", "Patient Safety", "Communication" "Nursing", "Electrodes", "Alarm parameters", "Education". Due to its recent creation, there is one study analyzing implementation: a quasi-experimental study, and a quality improvement project. However, its effectiveness has been acknowledged by the AACN, who endorsed its use in reducing alarm fatigue in SICU nurses. Other studies mentioning the elements of the CEASE bundle were included.

Results: The CEASE bundle was implemented in a few facilities. Its implementation in a 36-bed ICU reported fewer alarms and a decrease in nurse perception of nuisance alarms. A quality improvement project implemented the CEASE bundle in a SICU of a teaching hospital in Florida, which found the bundle effective in improving SICU nurses' management of clinical alarms and decreasing the severity of alarm fatigue. Most of the studies expressed support for the individual components of the CEASE bundle, including daily electrode changes, customizing alarm parameters, providing continuing education and collaborating with the interdisciplinary team to ensure appropriateness.

Conclusions and Recommendations: The implementation of the CEASE bundle is an acceptable way to minimize alarm fatigue among acute care nurses. The CEASE bundle shows promise, and its implementation should be analyzed further in acute care facility units.

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POSTER #10 (LITERATURE REVIEW)



Poster Presentation Award, Undergraduate & Post-Baccalaureate Nursing

The PEP-FALLS Bundle: Reducing the Incidence of Falls on Medical-Surgical Floors

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Issue: An increased incidence of falls occurred in Medical-Surgical units despite implementation of standard of care (SOC) nursing-led interventions as per facility policy. There is a lack of patient-nursing accountability, collaboration, and sufficient fall prevention education and risk assessment. Falls lead to multiple physical injuries, as well as, create delays in discharge and cause emotional distress. Yet, the lack of collaboration and satisfactory fall prevention education results in increased patient harm due to a steady rise in fall incidences.

Description: Creating a concise patient-education fall bundle along with nursing-led interventions can potentially decrease the incidence of falls. A PEP-FALLS bundle could also allow for increased collaboration between nurses and patients. An in-depth literature review was done using CINAHL, PUBMED, and TRIP. The inclusion criteria required studies that included discussion of fall prevention through education and active interventions where the primary outcome looked at reduced incidence of falls. The exclusion criteria included articles regarding fall prevention that did not discuss education as an intervention.

Results: The five studies support the intervention of patient education to reduce the incidence of falls in hospitals and outpatient community centers. Patient education was shown to reduce the incidence of falls. However, three out of the five articles supported a multifactorial bundle that included patient education and nursing interventions. Collaboration between nurses and patients through the implementation of the PEP-FALL bundle allows patients to feel included in their care and independent to actively engage in a fall prevention program and support nursing partnerships to maintain a safe environment.

Conclusions and Recommendations: A multifactorial fall prevention intervention program is essential and requires collaboration between the nurses and patients as both parties share responsibility in reducing the incidence of falls. A PEP-FALL bundle may minimize the risk of patients' fall and enhance patient-nurse accountability, which can maintain patient safety in Medical-Surgical units.

Acknowledgements: I would like to thank Dr. Aliza Ben-Zacharia, Denise Taylor, and Audrey Graham-O'Gilvie for their constant support and guidance.

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POSTER #11 (LITERATURE REVIEW)

Fecal management system (FMS) for immobile, critical ill, and incontinent patients with diarrhea or liquid stool to prevent any skin breakdown which may lead to developing future pressure ulcers

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Issue: The prevention of fecal matter entering wounds and protecting the perineum from bacterial enzymes has been a significant concern for nurses and doctors. For patients at risk of wound contamination from fecal contamination, clinicians have used various methods, including nonstandard devices such as large French urinary catheters, rigid rectal or excrement collection bags, sponge catheter techniques, Nasopharyngeal airways, pharmacological and nutritional interventions, incontinence pads, and protective creams.

Description: The literature review sought to identify studies evaluating the effectiveness of FMS in reducing skin breakdown. A search that was based on PubMed, Cochrane Library. Among the search terms used are FMS, diarrhea, ulcer prevention, and fecal management. All studies using for current project, describing patients who preredquired the management of acute FI during their stay in hospital.

Results: The implementation of intrarectal catheters in the inpatient unit led to enhanced safety of FMS, prevention of skin breakdown, infection control measured, compliance of FMS, while reducing length of stay in the hospital and decreasing cost.

Conclusions and Recommendations: Intrarectal catheters purposely designed can be used to isolate feces, protect the perineal skin from moisture and bacterial agents, and direct phlegm away from wounds without risking contamination. Besides lowering the risk of infection and patient dignity, there are also lower overall costs than traditional control methods. Staff and patients FMS education and policy development are the cornerstones of minimizing skin breakdown.

POSTER #12 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

The Assessment and Severity of Irritant Contact Dermatitis due to Incontinence Instrument

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Background: MASD, also known as Incontinence Associated Dermatitis for incontinent patients (IAD), is one of the leading causes of secondary infections and pressure injuries, increase in treatment costs for hospital admissions, in-hospital mortality rates and prolonged length of hospital stay. Currently there is no standard/policy for tracking management of MASD/IAD. Review of the literature provides an assessment tool for tracking improvements and/or worsening of the skin condition.

Purpose: The aim of this project is to improve the management of MASD/IAD in all incontinent patients by use of an evidence-based tool and compare its effectiveness with current nursing practice to observe for the condition during skin assessment and treat with a skin barrier paste.

Methods: A literature review was conducted entering keywords such as "IAD", "MASD", "best practice", "assessment tool", and "incontinence" in the Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Cochrane Library databases. Search was limited to studies within the last 6 years, tools evaluated for their reliability and validity, and those whose copyright shareholders provided permission for implementation. Pre and post surveys were obtained to track effectiveness of the chosen tool on all incontinent patients encountered in a medical-surgical unit over the course of two weeks.

Results: The tool is in its first week of implementation. Results are pending and are dependent on incontinent patients encountered and followed over the course of two weeks.

Conclusions: For best results, the assessment tool should be used in conjunction with nursing best practice to cleanse the affected area with a pH balancing cleanser after every incontinence instead of cleansing wipes as it properly rids the skin of pH imbalances caused by bodily fluids; followed by patting the skin dry and applying a skin barrier paste cream with moisturizer. Results of assessment tool are pending on final week of implementation.

Acknowledgements: Bridget Rouse MSN, RN, CWON; Marjory Louis, DNP, MSN-NP, CLC, EBP-C; and Audrey Graham-O'Gilvie, DNP, ACNS-BC, CCRN-K, RN.

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POSTER #13 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

Bedside Handoff

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Background: Nursing bedside report is a process where nursing staff communicate essential patient information at the patient's bedside during change of shift. Research studies have demonstrated the positive impact of bedside report on patient centered care. JCAHO set a culture of safety goal, which can be accomplished through nursing bedside report, as well patient engagement in their own plan of care.

Purpose: The aim of this initiative is to integrate nursing bedside report to facilitate the exchange of essential patient information between nursing staff in order promote patient safety, increase patient satisfaction, and enhance collaboration among the nursing team. In addition, this study focused on the economic savings for the facility.

Methods: Nurses were encouraged to implement nursing bedside report during each change of shift. Pre and post implementation surveys were used to identify compliance and overall feedback from the nurses. Patient questionnaires during the hospital stay were an integral part of the literature review studies from a patient's perspective. Post-discharge patient satisfaction questionnaires also highlighted patient satisfaction and engagement in their own care.

Results: Based on the literature review, nursing compliance with bedside report increased over a 6-month post implementation which in turn, decreased the number of falls, increased patient satisfaction, increased patient safety during transition of care. Additionally, patients expressed more involvement in their care and ability to understand their condition and plan of care.

Conclusions: Post implementation studies indicate a positive correlation between nursing bedside report and overall increase in patient satisfaction, quality of care, and economic savings. By enforcing nursing bedside report, the facility ensures high quality patient centered care while also optimizing operation and functional performance.

POSTER #14 (LITERATURE REVIEW)

Examining Unbefriended Persons and Guardianship Utilizing a Socioecological Framework to Improve Advocacy and Policy: A Literature Review

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Issue: Adults without decisional capacity, having no surrogate or proxy, are known as unbefriended persons. Unbefriended persons are often referred for public guardianship or what is referred to as guardianship of last resort placement. Guardianship is meant to serve as a means of protection for this vulnerable population; however, a guardian's decision-making authority is conversely a threat to the unbefriended's autonomy. The aim of this literature review is to examine the prevalence of unbefriended persons at risk for guardianship while exploring the gaps, trends, and inconsistencies related to healthcare providers and/or institutional knowledge of unbefriended persons.

Description: A literature search was performed using electronic databases CINAHL, PubMed, Medline, and PsychInfo. Publication parameters were set between 2010 and 2024. Additionally, relevant articles with a special medicolegal focus were hand-selected without publication date restrictions.

Results: Search terms resulted in 258 articles for title and abstract screening. A full-text review was undertaken for 17 articles. Utilizing the socio-ecological model, findings were synthesized at the intrapersonal, interpersonal, organizational, environmental, and policy levels. On an intrapersonal level, neurocognitive disorders (56.4%) and psychotic disorders (17.9%) were the primary reasons for incapacitation. Social isolation increased vulnerability for incapacitation at the interpersonal level. Organizational factors included inadequate healthcare knowledge. Lack of guardian access was a notable environmental factor. At the policy level, health facilities lack effective policies to promote ethical and timely decision-making for unbefriended patients.

Conclusions and Recommendations: At each socio-ecological level, there are vastly different experiences for the unbefriended compared to decisional-incapacitated persons with identified surrogates. These differences should be the impetus for future education and serve as a springboard for advocacy initiatives. A multidisciplinary approach consisting of clinicians, healthcare ethics committees, and the guardianship system is compulsory to address the evolving needs of the unbefriended. Nurses are duly positioned to advocate for the unbefriended across the healthcare continuum.

Acknowledgements: Dr. Aliza Ben-Zacharia for guidance on this literature review.

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POSTER #15 (LITERATURE REVIEW)

Registered Nurses' Perspectives, Knowledge, and Behaviors on Climate Change and Climate-Related Health Threats: A Literature Review

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Issue: Climate change, rising global temperatures, and extreme weather are the cause of increased morbidity and mortality worldwide. According to the World Meteorological Organization (2023) an estimated 2 million deaths resulted from extreme weather between 1970 and 2021. Furthermore, between 2030 and 2050, the World Health Organization (2023) predicts 250,000 additional yearly deaths will occur from undernutrition, malaria, diarrhea, and heat stress. As the largest group of health professionals, nurses are essential to address climate-related health threats. The aim of this literature review is to examine nurse's perspectives, knowledge, and behaviors related to climate change and climate change-associated health risks.

Description: Relevant articles published between January 2019 and January 2024 were retrieved from Medline Complete, CINAHL, and Academic Search Premier. References were reviewed for additional relevant articles, with no restriction on publication date.

Results: Search terms resulted in 106 articles for title and abstract screening. A full text review was undertaken for 18 articles. A total of 9 peer reviewed articles and 1 PhD dissertation are included in this review. Findings were synthesized resulting in four distinct themes: variable knowledge about climate change, role confusion, disconnect between professional and personal lives, and barriers to implementation.

Conclusions and Recommendations: Nursing has a professional responsibility to address climate change and climate related health threats. Although there are clear recommendations from professional organizations, the literature review revealed several themes demonstrating a lack of implementation into practice. Climate change is a rapidly progressing threat to global health. Nursing needs to act swiftly to research interventions, implement best practices, and provide education and care for individuals and communities at risk.

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POSTER #16 (CLINICAL, PROGRAMMATIC, OR POLICY INTERVENTION)

Implementation of a Gender and Sexuality Health Justice Concentration for Nurse Practitioner and Nurse-Midwifery Students

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Issue: Lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities face discrimination and inequities in healthcare settings, which is linked to poor health outcomes and lack of access to care. In recognition of health disparities among the LGBTQ population, health authorities have called for increased knowledge and research. Although many barriers to care have been identified, LGBTQ health is not required in nursing school curriculum. Lack of curriculum inclusion has been known to produce negative health outcomes. Nurses often report feeling uncomfortable or underprepared to provide LGBTQ care. Inclusion of LGBTQ health equity in clinical care and curriculum is urgently needed.

Description: The Gender and Sexuality Health Justice (GSHJ) concentration was designed in 2019 at Yale School of Nursing to educate Nurse-Midwifery and all specialties of Nurse Practitioner students about the health disparities of LGBTQ patients through a racial and economic justice lens. The concentration includes two didactic courses, one clinical course, and two transgender standardized patient simulation labs. A network of clinical sites and international experts in the field of LGBTQ health equity was developed.

Results: Integration of the GSHJ concentration has transformed students' skills, knowledge, and comfort in caring for LGBTQ patients. Graduates have become mentors, established LGBTQ clinics, and developed health equity nursing education programs.

Next Steps: The future plans are to expand into a certificate program for Nurse Practitioners, synthesize the learnings from the integration of this concentration towards creating LGBTQ inclusive nursing-based practice, and identify and implement operational and policy enhancements to improve healthcare for LGBTQ patients.

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POSTER #17 (LITERATURE REVIEW)

Decision fatigue in healthcare workers: A literature review

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Issue: Healthcare workers operate in a complex environment making numerous decisions daily, however the impact of decision fatigue within this population has not been extensively researched. Decision

fatigue, a state of low-quality decision-making resulting from a large volume of decisions over a given period of time, is an emerging field of study within decision-making in healthcare workers. The antecedents and outcomes of decision fatigue have been hypothesized but few have been studied to improve healthcare workers' decision-making abilities and patient outcomes.

Description: This literature review aimed to explore decision fatigue amongst healthcare workers. PubMed, CINAHL, PsychInfo, EMBASE, and Web of Science were searched February-March 2024. Search terms included decision fatigue, nurs*, and health*. The search was limited to articles written in English with full text available. Conference abstracts were excluded as well as articles on decision fatigue outside of healthcare workers.

Results: Search terms generated 172 articles. After removal of duplicates, 52 articles underwent title and abstract screening. Full text review of 32 articles was conducted. Nine research articles (5 descriptive studies, 3 cohort studies, 1 mixed-methods study) are included within this review. Multiple variables were chosen as stand in measure of decision fatigue across healthcare settings for physicians and nurses such as ordering practices, dispositions, and vaccination rates. Studies found as shifts progress in length, decision fatigue becomes more prevalent. In some instances, decision fatigue was found to be reset by taking a break.

Conclusions and Recommendations: Decision fatigue was found to be prevalent in healthcare workers and further research is warranted to understand it's causes and outcomes. Tools to measure decision fatigue can help to further understand critical time points for intervention testing.

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POSTER #18 (RESEARCH)

Social Media Listening and Content Analysis: To Understand the Lived Experience of Nurses during the COVID-19 Pandemic

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Background: COVID-19 has dramatically changed the human-to-human interactions from in-person to the nonhuman domain of virtual space. In hospitals, nursing human-to-human interactions were often limited to seeing one's eyes behind the face shields, and respirator masks, and hearing a muffled voice, or sounds of the ventilators. In New York State 452 nurses died during the pandemic. In January 2021, every 28 seconds one person died of COVID-19 in the United States. In the USA, the number of COVID-19 deaths surpassed 1.000.000 people.

Methods: A predefined search of social media posts was done with filters: Hashtags, Twitter handles, and keywords related to #NURSING "AND" #COVID-19 and #PATIENT "AND" #CARE and #PATIENT "AND" #PERSON. Talkwalker, a cloud-based social media data aggregator was used to search, in addition to social-media listening and manual data search. Qualitative Gadamerian content analysis was done to examine nurses' textual and pictographic ways of self-expression.

Results: A total of 15,300 posts were identified between October 28, 2021, and November 28, 2022. This included (n = 5,700) posts related to Nursing "AND" Covid-19 and (n = 9,600) posts to Patient "AND" Care during the COVID-19. The themes identified in the study pointed to nurses: Health Concerns (79.4%), Burnout (78.6%), Care related issues (78.2%), Work Stress (65.4%), Concern for patients' Safety (56.7%), (6) Crisis in healthcare (34.6%) and Life and family (27.5%). Data drill-down showed that the reference to the word "Person" was (94.2%) and "Patient" (91.8%).

Conclusions: Social media listening, and Gadamerian content analysis provided an insight into the nurses' experience of knowing the patient as a person in the context of the COVID-19 Pandemic. Social media listening

and content analysis can provide an innovative study design as opposed to the traditional literature review. Real-time social media data analysis can be used as a predictive tool for new and emerging health issues.

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POSTER #19 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

Integration of Palliative Care in the Emergency Department

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Background: Seriously and critically ill patients across the country receive care in emergency departments (EDs), which are under equipped to provide needed palliative care (PC) services. The World Health Organization (WHO) identifies PC as an approach that improves the Quality of Life (QOL) of patients with life-threatening illnesses. Research shows that early PC consultation in the ED improves patient outcomes while reducing Length-of-Stay (LOS) and costs.

Purpose: This project aimed to improve patients' QOL by providing patient-centered-care and an evidence-based-practice change. It examined the effect of standardized interdisciplinary processes using trigger criteria to identify older adults with PC needs in the ED. The goal was to increase PC referral rate in the ED.

Methods: This DNP scholarly project utilized an evidence-based quality improvement (QI) approach to implement a standardized process to identify patients with unmet PC needs in the ED. A trigger criteria list was developed and an educational online seminar was provided to ED staff. The Plan-Do-Study-Act (PDSA) cycle was employed to measure change in practice. A pre-post design was used to evaluate the change rate of PC consults and ED staff awareness.

Results: Data showed that PC consultation in the ED increased by 37% after project implementation. In addition, there was a significant change in pre-post staff surveys that showed the staff increased awareness and compliance with the project algorithm and trigger criteria.

Conclusions: Implementing an evidence-based and a standardized interdisciplinary process using a trigger criteria list may help identify older adults with PC needs in the ED. It may help improve a patient's QOL, increased staff satisfaction, reduced LOS and costs.

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POSTER #20 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)



Poster Presentation Award, DNP Final Capstone Project

Reducing Opioid Prescribing in an Outpatient Setting: Implementation of an NP-driven SAFE Opioid Bundle

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Background: In the United States, increased scrutiny over opioid prescribing has left many with chronic pain particularly vulnerable in the midst of the ongoing opioid epidemic. Although national agencies have prioritized guideline-driven chronic pain, provider adherence to guidelines is less than 50%. Clinical practice guidelines, including urine drug screening (UDS) and opioid treatment agreements (OTAs), have been introduced to mitigate the risks associated with chronic opioid therapy.

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

Methods: This DNP scholarly project utilized an evidence-based quality improvement approach to implement best practice interventions to improve opioid prescribing among healthcare providers working in chronic pain. An NP-driven intervention was employed to increase the use of UDS and OTA. Structured education sessions were delivered to improve provider knowledge of opioid guidelines. The Plan-Do-Study-Act cycle tested the change made after implementing the SAFE opioid bundle. The scholarly project used a pre-post comparison design to evaluate the change in opioid guideline adherence and provider knowledge.

Results: Results of this scholarly project include improved adherence to the opioid guidelines as evidenced by a 14% increase in UDS and 16% increase in OTA. Provider knowledge of opioid guidelines increased from 75% pre-education to 80% post-education. 12% of patients experienced an increase in opioid dosage, 2% experienced a decrease, and 86% had no change.

Conclusions: Implementing an evidence-based SAFE opioid bundle can play a significant role in improving adherence to opioid guidelines. Aligning provider behavior to meet guideline recommendations can streamline and ameliorate opioid prescribing practices.

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POSTER #21 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

Preventing Falls in the Emergency Department: A Nurse-led Fall Prevention Bundle

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Background: Falls that occur in healthcare institutions have been a persistent matter. The Emergency department is crowded, fast-paced and unpredictable which places patients at increased risk for falls. Annually, about 2.8 million ED visits are related to falls, with an estimated cost of 30 billion dollars to the healthcare system. A review of the literature was conducted to identify effective strategies to reduce falls in the ED. Studies support nurse-led multicomponent interventions that have successfully reduced falls in EDs. This project was implemented at an NYC ED that experienced an increase in falls from 2022-2023.

Purpose: To introduce a Nurse-Led EBP fall prevention bundle that is specific to the fast-paced emergency department environment that involves team engagement. The goal was to reduce falls with and without injuries in the ED and ultimately provide a fall-free safe environment.

Methods: The project used a pre/post comparison design to implement a Evidenced-based fall prevention bundle that is tailored to the fast-paced ED environment. Educational sessions were provided to ED staff. The fall prevention bundle consisted of a yellow armband, 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. The Plan-Do-Study-Act (PDSA) model was applied while planning and executing the project to test improvement measures and manage changes over 12 weeks of implementation.

Results: Results demonstrated a decrease in falls from pre implementation 3-month average 10.6 falls to 7.6 falls post implementation. Staff knowledge and compliance of fall interventions improved post-intervention.

Conclusions: 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.

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POSTER #22 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

Reducing Hospitalizations of Nursing Home Residents Through An Innovative Interdisciplinary CHIP Approach

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Background: Nursing home residents who need hospitalization are at increased risk for disability, functional decline, morbidity, and mortality. These individuals also experience physical discomfort, psychological distress, functional impairment, and are often charged with additional medical expenses. Nursing homes often lack healthcare providers during off-hours, leading to unnecessary hospitalization.

Purpose: Based on an extensive literature review, a project was implemented to reduce hospitalization rates in nursing homes through improved interdisciplinary hospital admission program and improving communication skills and clinical care decision-making skills of nursing home staff.

Methods: This evidence-based quality improvement collaborative was conducted as part of the DNP scholarly project to implement a Care Home Improvement Program (CHIP). As part of the CHIP, interdisciplinary medical records were reviewed, diagnostic checklists were completed. As a result of the implementation of clinical decision algorithms and education sessions, the nursing staff's assessment skills significantly improved in this study. To determine if nursing home transitional care practices have improved from the baseline, a pre-post comparison design was used by collecting and analyzing hospital admission rates, nurse knowledge, and competency in clinical care decisions made by nursing home staff.

Results: Results show an improvement in interdisciplinary collaboration and clinical care decisions made by nurses, as reflected by a decrease of 67% in the hospitalization rate of nursing home residents.

Conclusions: Adopting an interdisciplinary hospital admission program may reduce unnecessary hospitalizations as well as associated risks in nursing home residents.

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POSTER #23 (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: Annually, over 1.5 million Americans visit emergency departments due to cancer treatment complications. These include severe pain, fever, respiratory distress, fatigue, dehydration, altered mental status, and radiation dermatitis. In 2022, the Centers for Medicare and Medicaid Services (CMS) began to monitor hospitalizations and ED visits (EDV) for patients undergoing outpatient chemotherapy and radiation treatment, aiming to reduce these incidents. Despite CMS recommendations for symptom management, there is a lack of uniform, evidence-based guidelines across cancer centers to decrease EDV among cancer patients receiving multimodal cancer therapy effectively. This highlights the need for comprehensive strategies to manage treatment-related complications.

Purpose: A quality improvement project was conducted to determine if a High/ED admission risk therapy (HEART) team protocol could reduce EDV rates among patients receiving multimodal cancer therapy.

Methods: Radiation Oncology medical staff at the selected agency in New York City were exposed to education regarding the HEART team protocol. An assessment tool and HEART team protocol algorithm were developed to assist team members in participating in the project. This project hoped to assess the significance of an evidence-based multidisciplinary collaboration, using a patient-centered care approach combined with a nursing assessment algorithm and checklist to reduce unnecessary EDV and enhance nurse-driven symptom management protocols.

Results: The HEART team protocol successfully improved early detection and recognition of risk factors that result in EDV. A Paired-Samples t-test assessed the changes in knowledge and confidence levels in managing patients with cancer-related problems and treatment-related complications of multimodal cancer therapy before and after HEART Team training. The findings indicate that training significantly improved the health professionals' perceived levels of knowledge and confidence in managing multimodal cancer-treatment-related complications, as confirmed by a Shapiro-Wilk test ($p > .05$). In addition, adopting the HEART team protocol correlated with a 14% reduction in EDV for patients receiving multimodal cancer therapy.

Conclusions: This project illustrates the significance of an evidence-based multidisciplinary collaboration, using a patient-centered care approach combined with the nursing assessment algorithm and checklist to reduce unnecessary EDV and enhance nurse-driven symptom management protocols.

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POSTER #24 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

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

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Background: Each year in the U.S., pressure injuries (PI) affect over 2.5 million people, leading to decreased quality of life, extended hospital stays, and higher healthcare costs. PI is more prevalent in intensive-care patients, with vasopressor use and mechanical ventilation as prognostic indicators. Studies have demonstrated that repositioning devices offer at-risk patients sufficient positional support and guarantee a skin-safe surface.

Purpose: This scholarly project used evidence to fill in knowledge and action gaps and explored the effectiveness of education and training in implementing a practice change in the ICU, thereby increasing the utilization of repositioning devices.

Methods: This pre- and post-quality improvement design followed the PDSA framework. The Prevalon Turn and Position System 2.0 Knowledge Test assessed ICU staff's knowledge of hospital-acquired pressure injuries (HAPI) prevention strategies and the current hospital policy about PI prevention. The team conducted competency tests and bedside observations to ensure the correct usage of these devices and measured the compliance rate of EMR through periodic reviews. Pre- and post-implementation data was collected to track the incidence rate of PI for 8 to 12 weeks.

Results: Statistically significant improvement in knowledge and skill level increased staff confidence and enhanced compliance in using and documenting repositioning devices. However, the rate of PIs in the ICU remained the same. Adding repositioning devices as part of PI prevention policy is the anticipated long-term result of this scholarly project.

Conclusions: Based on the project results, increased knowledge and skill level in using repositioners led to a change in nursing practice. The essential techniques like involving nursing in decision-making, continuing education, frequent bedside support, constructive feedback from multidisciplinary staff, and regular auditing encouraged staff to implement evidence-based practice at the bedside.

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POSTER #25 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

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

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Background: Peripheral intravenous catheter (PIVC) infiltration is a global challenge in hospital settings. Research on the standards of care to prevent PIVC infiltrations remains limited. Further research is needed to narrow practice gaps leading to complications that challenge the nursing staff and patients. Most hospital admissions require some form of intravenous (IV) therapy. Therefore, plans to improve PIVC-related complications must be in place.

Purpose: This scholarly project examined the effectiveness of an evidence-based, nurse-driven clinimetric tool for achieving improved outcomes in nursing assessment, monitoring, and maintenance of PIVCs on a medical-surgical telemetry unit located at a teaching hospital in New York City. It addressed the importance of enhanced decision-making, knowledge, and autonomy.

Methods: The I-DECIDED clinimetric tool, developed by Gillian Ray-Barruel, was introduced to nursing staff accompanied by in-services on best practices for reducing PIVC infiltration rates. Pre- and post-aggregate data was collected through the project site's quality database to determine if there was a change.

Results: In a pre-data analysis, the unit had an infiltration rate of 68.6% (35 operational beds). In comparison, post-project implementation results yielded a unit infiltration rate of 26.5% (49 operational beds). Rates decreased by 42.1% post-project implementation, considering a 40% increase in bed occupancy. In projecting a steady increase in infiltration rates post-project implementation because of diminishing momentum, PI not being present on unit, and lack of continuity in unit huddles, results could still yield a reduction of 15.6% in infiltrations six months post-project implementation. This indicates the importance of a focused approach to PIVCs.

Conclusions: Data collected through the project site's quality database provided encouraging results for using a clinimetric tool to reduce PIVC infiltration rates, leading nurses to best practices.

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POSTER #26 (LITERATURE REVIEW)

Improving STI Detection and Prevention in Primary Care

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Issue: Syphilis, *Neisseria gonorrhoeae* (GC), and *Chlamydia trachomatis* (CT) are three treatable bacterial sexually transmitted infections (STI) that cause health and economic burden worldwide. Despite long standing CDC guidelines a lot of STI's are missed at clinics, some due to low rates of extragenital screening of gonorrhea and chlamydia at the oral and anal sites. The aim of this literature review is to explore the evidence to support the intervention of electronic STI screening, self-swabbing GC/CT, and doxy-PEP, in order to detect, manage, and prevent STIs in the primary care setting.

Description: PubMed and CINAHL were searched using these key terms (sexually transmitted infection or sexually transmitted disease or STI or STD) AND (chlamydia or gonorrhea or syphilis) AND (screening) AND (electronic or confidential); (self-swab OR self-collection OR self-sample). This yielded 55 results from PubMed, of which 2 met criteria, and 126 results from CINAHL, of which 3 were appropriate. These studies

were mined for references and similar results from the database for a total of 10 studies. Three of the studies were systematic reviews, one was a randomized control trial, and six were observational studies.

Results: The literature revealed that providing patients with an opportunity to confidentially report their sexual health behavior via an electronic data collection method ahead of their appointments with medical providers is an efficient and effective way to find out who needs to be screened for STIs. Patients and providers preferred this type of method due to privacy, efficiency and time saving for clinicians. Self-swabbing for rectal and oral GC/CT is as effective a method as clinician-collected samples, which was also preferred by patients and providers. In addition, Doxy-PEP has been shown to be an effective method of reducing the number of bacterial STIs among men who have sex with men (MSM), transgender women and those on PrEP, however current literature does not support the use of Doxy-PEP in cisgender women.

Conclusions and Recommendations: Electronic STI screening and self-swabbing is highly supported by the evidence. Doxy-PEP is effective among cisgender men, transgender women, and those on PrEP for HIV prevention, but lack evidence related to cisgender women. STI screening and Doxy-PEP management are highly recommended to increase early STI diagnosis and proper management.

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POSTER #27 (LITERATURE REVIEW)

A Wound Protocol to Prevent Sternal Wound Complications in Adults After Cardiac Surgery

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Issue: Sternal wound infection (SWI) and dehiscence pose significant challenges in cardiothoracic surgery, with incidence rates ranging from 0.3% to 3.4%. Prevention is crucial to mitigate these issues, particularly in high-risk patients.

Description: A systematic and limited literature review was conducted to identify risk factors for sternal complications and evaluate the prophylactic use of Negative Pressure Wound Management Systems (NPWMS) compared to traditional wound dressing. Search engines including MEDLINE, CINAHL, PubMed, and the Cochrane Library were utilized. Inclusion criteria focused on studies from 2019 to 2023, with a total of 14 studies meeting the criteria: 3 systematic review and meta-analyses, 1 systematic review, 1 literature review, 6 retrospective observational studies, 1 RCT and 2 meta-analyses.

Results: Studies revealed several risk factors contributing to SWI, including diabetes, obesity, chronic steroid use, and prolonged surgical times. Prophylactic NPWT showed promise in reducing SWI incidence. However, limitations such as small sample sizes and suboptimal study quality were noted.

Conclusions and Recommendations: SWI prevention strategies, such as prophylactic NPWT, show potential in reducing complications post-adult cardiac surgery. Identifying high-risk patients preoperatively and implementing NPWT in the operating room on closed incisions are recommended. Future research should focus on larger, more rigorous studies specific to the target population. Implementation on the cardio-thoracic unit at proposed site, guided by a risk assessment tool, a protocol and educational initiatives, could significantly improve patient outcomes.

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Reducing Vascular-Related Complications for Patients Receiving Inpatient Hemodialysis Through Nurse-Led Vascular Access Management Bundle: A Literature Review

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Issue: Vascular access (VA) is essential for providing hemodialysis (HD) to patients with end-stage renal disease (ESRD) undergoing maintenance hemodialysis. Arteriovenous fistulas (AVF) and arteriovenous grafts (AVG) are the preferred types of VA over center venous catheters among hemodialysis patients because of superior patency, longer service life, lower complications including bloodstream infection, and the lowest cost. Complications of AVF or AVG include acute thrombosis, which may lead to missed dialysis sessions, hospitalizations, the need for temporary or long-term dialysis catheters due to permanent loss of AVF or AVG. Kidney Disease Outcomes Quality Initiative guidelines recommend regular physical examination of the VA by a knowledgeable and an experienced health practitioner to detect clinical indicators of dysfunctions. The purpose of this review is to explore the importance of VA management to minimize complications.

Description: Relevant articles were retrieved from PubMed, CINAHL Complete, and Cochrane Library using key search terms from January 1, 2015, to March 1, 2024. A broad electronic database search retrieved 48 citations, of which 19 studies met the inclusion criteria. After abstract review, 9 studies were eligible. Inclusion criteria included peer-reviewed journals, the English language, and adult patients older than 18 years. Exclusion criteria include peritoneal dialysis, home hemodialysis, and renal transplant. A manual hand search of references from systematic reviews yielded 2 more studies. These include 5 quasi-experimental studies, 1 systematic and meta-analysis review, 2 randomized control trials, 2 cohort studies, and one qualitative study.

Results: Interventions included various protocols and educational programs for vascular access care for nurses and patients, such as self-instructional modules, video-based methods, or patient engagement, application of risk prevention nursing management, personalizing nursing, and nursing-led assessment and escalation pathway. The literature supports optimization of AVF/AVG function by multiple means, such as, management and examination of the access and educational programs. Interdisciplinary approach and nursing promote a rigorous follow-up. Hemodialysis VA management efforts contribute to enhance the long-term safety and efficacy of AVF or AVG VA to better clinical outcomes.

Conclusions and Recommendations: Vascular access education and surveillance, physical examination, and early detection of abnormal signs and symptoms in hemodialysis patients are clearly beneficial for the prevention of vascular-related complications, including acute thrombosis. Recognizing the high risk of thrombosis in this population and its negative impact on patient morbidity and healthcare resources.

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POSTER #29 (LITERATURE REVIEW)

Medication adherence and Recurrence Stone Reduction in High-Risk Uric Acid Stone Formers

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Issue: Uric acid stone (UAS) is the second most common type of nephrolithiasis, with increased prevalence and remarkable healthcare costs in the United States and worldwide over the past 30 years. UAS is strongly associated with diabetic mellitus and metabolic syndrome. Despite preventative measures, the recurrent rate of UAS is significantly high in such patients. This literature review explores the evidence for the efficacy of telephone follow-up and education for improving medication adherence and reducing stone recurrence.

Description: PubMed and CINAHL were searched for articles using the following key search terms: "Renal Calculi," "uric acid stone," "Compliance," "Preventative," "Telephone," "Diabetes Mellitus," "Metabolic," "Citrate," and "Fluid" in various combinations. The search yielded 239 articles, from which 12 articles met the inclusion criteria. The studies included 3 randomized control trials, 8 systematic reviews, and 1 cohort study.

Results: Medication adherence and stone prevention are associated with multiple interactive factors, such as lifestyle, medical treatment, and health related factors. Telephone follow-up and education to improve medication adherence are common strategies for managing chronic medical diseases, such as, nephrolithiasis. Other factors, such as diet modification, alkalinizing therapy, and fluid intake contribute to uric acid renal stones recurrence reduction. The likelihood of recurrent kidney stones, particularly uric acid stones, is influenced by various factors including dietary choices, genetic predisposition, and specific health conditions like metabolic syndrome, obesity, diabetes mellitus, and hypertension. Enhancing urinary pH and volume while reducing hyperuricosuria can effectively dissolve nearly two-thirds of uric acid kidney stones, mitigating the risk of stone recurrence.

Conclusions and Recommendations: There is a clear benefit of follow-up and education on the reduction of uric acid stone recurrence. Healthcare professionals must possess a deep comprehension of the etiology, risk elements, and proficient treatment strategies for uric acid nephrolithiasis to deliver holistic and effective care to high risk individuals.

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POSTER #30 (LITERATURE REVIEW)

The Impact of Crisis Standards of Care on Nurse Burnout During COVID-19: A Literature Review

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Issue: Nurses endure significant stress due to crisis responses in healthcare. Strategies to support and alleviate burnout are essential for nurses' well-being. This literature review examines pandemic-related factors such as increased workload, lack of resources, and heightened stress that nurses experienced and its correlation to burnout.

Description: Core investigated areas included nurses, burnout, standard, and crisis care. Articles published in 2020 and beyond that focused on COVID-19's impact on nurses were incorporated from databases such as Academia, NCSBN, Wiley, BMC, ResearchGate, and Hunter Library. Peer-reviewed articles among studies conducted on non-healthcare professionals were excluded.

Results: Five research articles including one cross-sectional, two qualitative, and two quantitative studies, of nurses working inpatient across 14 countries experience higher burnout levels than those under standard care, secondary to increased workloads, inadequate resources, and changing protocols. Nurses with higher resilience experienced lower burnout levels during the second wave of COVID-19, with perceived organizational support playing a significant role. Post-COVID-19, nurses continue to experience long-lasting detrimental effects on mental health, highlighting the urgent need for intervention and support systems to address these concerns.

Conclusions and Recommendations: Healthcare organizations can promote the well-being of nursing staff to alleviate burnout. Implementing sustainable staffing models and prioritizing psychological support ultimately enhances patient care and overall resilience during challenges posed by pandemics. Implementing interventions aimed at reducing burnout among nurses during and after pandemics, such as mindfulness programs, peer support initiatives, mandatory mental health resources, counseling services and workload management protocols improves the care they provide during times of crisis. Follow-up studies are recommended to further assess how organizational support along with Nurse's resilience will prepare staff for future pandemics.

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POSTER #31 (LITERATURE REVIEW)

Ketamine and Suicidality

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Issue: Suicide prevention is a critical focus outlined in the Joint Commission National Patient Safety Goals, aiming to ensure patient well-being within healthcare settings and after discharge. Innovative approaches are imperative to meet this goal.

Description: The existing literature was searched in CINAHL and MEDLINE Complete for research studies, performed within the past five years, on how ketamine/esketamine treatment affects suicidality among adult patients. Excluded from the search criteria were systematic reviews and meta-analyses. Five articles met the inclusion criteria. Some studies examined the impact of a single intravenous or intranasal ketamine treatment, while others explored the effects of repeated treatments. Various assessment tools, including the Columbia Suicide Severity Rating Scale, the Modified Scale for Suicidal Ideation, the Mini-International Neuropsychiatric Interview, and the Scale for Suicidal Ideation, were employed to compare level of suicidality and remission rates from the intervention and placebo groups at determined points during/after treatment. Ranging from six days to nine weeks, the research comprised single-blinded and double-blind randomized controlled studies, post-hoc analyses, and proof-of-concept trials. Adult patients aged 18-64 years exhibiting active suicidal ideation were included.

Results: Conducted in emergency departments and inpatient psychiatric units across multiple countries, including Argentina, Austria, Belgium, Brazil, Canada, Czech Republic, France, Lithuania, Poland, Spain, Turkey, and the United States, the results indicated that subanesthetic doses of 0.5-0.2mg/kg of ketamine may rapidly and effectively reduce suicidality compared to standard care.

Conclusions and Recommendations: The findings support the implementation of ketamine as a more common treatment for reducing suicidality in acute settings. Future research should prioritize trials with extended follow-up periods and investigate the potential long-term abuse of ketamine. Future policy implications could involve measures akin to over-the-counter NARCAN use for overdose reversal, potentially utilizing esketamine nasal spray.

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POSTER #32 (LITERATURE REVIEW)

The Impact of Pressure Relief Mattresses on Pressure Injuries

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Issue: Pressure injuries (PI) continue to be a challenging issue in most healthcare settings, affecting the quality of life of high-risk patient populations. This literature review addresses the following question: In ICU patients, does the utilization of alternating pressure relief mattresses (APRM) compared to foam mattresses reduce the incidence of hospital-acquired PI?

Description: A systematic search was conducted using the Hunter College Library database and CINAHL. The review included studies that evaluated the use of APRM and their impact on PI in the adult ICU setting. The review excluded studies that did not utilize foam mattresses as their control variable or were published more than five years ago. Adult ICU patients with preexisting PI were also excluded. Based on the criteria, two systematic reviews, two observational prospective cohort studies, a prospective case-control study, and a retrospective cohort study were selected for further investigation. These studies were conducted on participants ages 18 to 65 living in Greece, the United States, Finland, Taiwan, Belgium, Spain, Brazil, and China.

Results: Of the six studies, three collectively found that the use of APRM decreases the incidence of PI in adult ICU patients when compared to standard foam mattresses. However, two studies found insufficient evidence to support that APRM are more effective than viscoelastic foam mattresses, and one study did not find APRM to be superior to foam mattresses.

Conclusions and Recommendations: Ultimately, the review revealed mixed evidence on the effectiveness of APRM in reducing pressure injuries in adult ICU patients, which suggests the need for more randomized controlled trials and larger cohort studies. Overall, current research still highlights APRM as a useful pressure injury prevention tool for adult ICU patients.

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POSTER #33 (LITERATURE REVIEW)

A Literature Review of Patients Enrolled in HIV Medication Adherence Programs to Prevent Disease Progression and Onward Transmission of the Virus

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Issue: Although antiretroviral therapy has been shown to successfully prevent the transmission of HIV and reduce viral load, improving medication adherence is essential for the medication to achieve its intended effect. Many individuals who take HIV medication face structural barriers. This literature review addresses the following question: In adult patients taking HIV medication, does attendance in a medication adherence-based program compared to receiving medication education only improve adherence to their medication regime after a six-month period?

Description: This evaluation of the research literature and methodical search were carried out using AIDS Behavior Journal, Clinical and Translation Science Journal, and CINAHL. Keywords used included medication adherence, antiretroviral therapy (ART), HIV infection, and preexposure pre-exposure prophylaxis (PrEP). Results and outcomes consist of four randomized controlled trials and one observational cohort study.

Results: Inclusion criteria was as follows: RCT study design within the last five years within the United States for which four articles met the criteria. Participants included adults within outpatient and community settings. Key findings of the studies suggest that medication adherence rates generally showed an improvement in adults with additional interventions, but that increase in adherence was not sustainable for long periods.

Conclusions and Recommendations: Research and interventions thus far have aimed to achieve optimal medication adherence in adults taking HIV medications through community-based therapies, CBT, and one-on-one counseling. These interventions successfully improved adherence from baseline but had little effect on the individual's viral loads. Interventions should focus on recognizing and mitigating the instances that led to lapses in adherence. Research should include a holistic approach and be tailored to meet the needs of the individual. In the clinical setting, consideration towards addressing barriers such as unmet needs and structural inequities should be stressed to improve individual's adherence to these medications and ultimately improve health outcomes.

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POSTER #34 (LITERATURE REVIEW)



Poster Presentation Award, Graduate Nursing

Multidisciplinary Approach and Control of A1C among Diabetic patients

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Issue: Hemoglobin A1C is a key blood test in Type 2 Diabetes management, assessing average blood glucose levels over 3 months. CDC recommends an A1C target <7.0% for most patients, achievable through monitoring exercise and diet. Uncontrolled T2DM elevates cardiovascular risks and mortality rates. Multidisciplinary teams, utilizing tools like Diabetes Self-Management Education and Support (DSMES), show promise in diabetes care. This review evaluates the impact of multidisciplinary interventions on lowering A1C levels in adult T2DM patients.

Description: The review aligned with the Convergent Care Theory, emphasizing collaboration among healthcare partners to enhance health outcomes. This approach parallels the DSMES, an evidence-based resource aiding healthcare providers, organizations, and patients. A literature review was performed using PubMed, CINAHL, and OVID Medline databases limited to primary studies from the past 5 years using the search terms "Multidisciplinary; Diabetes; A1C; Primary Care; Diabetes Self-Management Education and Support; Type 2 Diabetes." The search yielded 47 articles, and 16 randomized control trials (RCTs) met the criteria and were included in this review.

Results: Clinician-led studies demonstrated substantial improvements in A1C levels at the 3-month mark, with many sustaining these improvements at the 6 and 12-month junctures. Utilizing the Empowering Patients in Chronic Care (EPICC) model, a diverse team of healthcare professionals collaborated in diabetic management. Group sessions adopting a collaborative goal-setting approach led to a 0.5% A1C improvement at 3 months, contrasting with a 0.02% change in usual care (p= 0.003). Peer mentor programs yielded improved patient satisfaction, treatment adherence, and self-management outcomes.

Conclusions and Recommendations: Multidisciplinary clinician-led interventions are effective in reducing A1C levels in Type 2 Diabetes patients, enhancing self-management and quality of life. Further research is crucial to delineate the effectiveness and cost-efficiency of individual clinicians and to ensure sustainable diabetic care improvements.

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POSTER #35 (LITERATURE REVIEW)

The Impact of Honey on Chemotherapy and Radiation-induced Oral Mucositis

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Issue: Integrative nursing framework and Faye Abdellah's 21 Nursing Problems theory guided this review focusing on holistic care including cost efficient complementary therapies such as honey addressing social problems, such as poverty. These theories are based on meta-theoretical perspectives consistent with nursing values, beliefs, and theoretical perspectives. Chemotherapy and radiation-induced mucositis, the inflammation and ulceration of the oral mucosa, affects 40% of chemotherapy patients and 90% of head and neck cancer patients receiving the addition of radiotherapy. Honey has been reported as an effective supportive care for reducing mucositis.

Description: The purpose of this literature review was to determine if honey can be used as adjuvant therapy to reduce the frequency and severity of OM in adult oncology patients undergoing chemotherapy and/or radiation. A literature review was performed using PubMed, CINAHL, and OVID Medline, limited to primary studies from the past 5 years using the terms, "honey AND mucositis," "honey AND oncology," "honey AND chemotherapy," and "honey AND radiation." After an initial review of 41 articles, results included 5 studies who met the criteria; three randomized control trials (RCT), a single-blinded RCT study and a double-blinded RCT trial.

Results: Honey products demonstrated statistically significant results ($p < .05$) in lower grades of OM and delayed weight loss. Several of the studies showed that the honey intervention groups maintained a mild mucositis score of 2 or less. One randomized control trial (N=72) using a thyme honey oral rinse showed a better quality of life throughout the intervention and at 6 months follow-up.

Conclusions and Recommendations: The supporting evidence identifies honey as a possible cost-efficient improvement to patient care. When compared to conventional treatments, honey performed better at preventing OM from advancing beyond grade 2. Further study is needed to explore the correlation between honey, OM grade level and weight loss prevention.

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POSTER #36 (RESEARCH)

Human Papillomavirus (HPV) Vaccine Uptake Among Asian-American College Students in Immigrant Families

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Background: To protect against several types of cancer, routine Human papillomavirus (HPV) vaccination is recommended for children aged 11-12 years. Yet, immigrant families often face various challenges that lead to missed or delayed essential health services like vaccinations. It is crucial to prioritize catch-up HPV vaccinations for young adults inadequately vaccinated. This study aimed to identify factors related to the HPV vaccination among Asian college students from immigrant families.

Methods: A cross-sectional study surveyed 201 foreign-born Asian college students aged 18-26 in New York City's public university system. The online Qualtrics survey included three sections: 1) sociodemographic information, 2) healthcare access and utilization, including HPV vaccination, and 3) HPV-related knowledge and subjective social norms, sexual history, and concerns related HPV and sexually transmitted diseases. Descriptive statistics and multivariate logistic regressions were conducted using SPSS.

Results: Participants were, on average, 20.55 years old (SD=2.14, 18-26), with 12.58 years since immigration (SD=5.63, 1-24). About half (50.7%) of participants received the first dose of the HPV vaccine, with 42.3% completing all recommended doses. The average age for the first dose was 13.85 years (SD=3.40, 9-25), with 31.8% receiving it by age 15. Participants with supportive subjective social norms ($p<.001$), English proficiency ($p=.016$), regular physical exams ($p=.012$), and a healthcare provider visit within a year ($p=.033$) were more likely to initiate the HPV vaccine series.

Conclusions: The HPV vaccination rates in this study fall below the target level set by Healthy People 2030. This study suggests the critical need for developing culturally tailored educational programs to enhance HPV awareness and promote catch-up HPV vaccinations among Asian immigrant college students, which is essential for preventing HPV-associated cancers later in life.

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POSTER #37 (LITERATURE REVIEW)

The Effectiveness of Artificial Intelligence in Early Prediction of Sepsis among Adult Patients: A Limited Literature Review

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Issue: Sepsis is a life-threatening condition caused by the body's dysregulated inflammatory response to an infection. In a 2018 study by Paoli and colleagues, it was estimated that 970,000 cases of sepsis are admitted annually and causes over 50% of deaths in hospitals. Sepsis accounts for \$24 billion, or 13 percent of the total US hospital costs annually. Artificial intelligence (AI) or machine learning has been cited as a helpful clinical decision support (CDS) tool to diagnose sepsis. There is evidence to support that morbidity and mortality in patients with sepsis worsens with every hour that treatment is delayed.

Description: The proponents conducted a limited literature review with the aim of answering the question: "How effective is AI in early detection of sepsis among adult patients?" The search was limited to peer-reviewed journals in English published from 2018-2023. After screening for relevance, five articles were included.

Results: All the studies in this review offered evidence that AI algorithms in electronic health records detected sepsis and septic shock faster than healthcare providers, and AI tended to have better sensitivity and specificity.

Conclusions and Recommendations: It was noted that the studies utilized different AI algorithms, as well as varying definitions and diagnostic criteria of sepsis. One study mentioned that patient cohorts being dominated by Caucasians may render AI algorithms less generalizable for diverse populations. The studies cited a need to: (1) further refine AI algorithms by adding more data; and (2) explore human factors to improve utilization of AI-driven CDS tools.

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POSTER #38 (LITERATURE REVIEW)

Incentive Spirometry Revisited: Does it Reduce Postoperative Pulmonary Complications? A Limited Literature Review

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Issue: Incentive spirometry (IS) pertains to the practice of deep breathing using a device that measures the volume of inhaled air. IS has long been a mainstay of in-hospital care, especially for its purported utility in preventing postoperative pulmonary complications (PPCs), such as atelectasis, hypoxia, and pneumonia. However, several authors have questioned the utility of IS, citing the lack of high-quality studies demonstrating its efficacy in reducing PPCs compared to other respiratory care modalities, or no intervention at all.

Description: This led the proponents to conduct a limited literature review, with the aim of answering the following question: “Does incentive spirometry reduce postoperative pulmonary complications?”

Results: The journal articles reviewed were peer-reviewed studies written in English from 2017 to 2024. Article selection was based on relevance. Eight articles were included in this review.

Conclusions and Recommendations: The studies varied in terms of patient population, surgical procedures, type of PPCs observed, and delivery of IS intervention. The evidence in this review is conflicting. Studies that delivered IS as part of a care bundle tended to show evidence of efficacy of IS in reducing PPCs. Most studies reviewed were single-site randomized controlled trials with single- or no blinding, thus indicating a need for higher quality studies.

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POSTER #39 (CLINICAL, PROGRAMMATIC, OR POLICY INTERVENTION)

Core Temperatures As A Primary Tool For The Identification Of The Septic Patient

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Issue: Policies and procedures vary from institutions throughout NYC and Long Island hospitals. Thus leading to not one universal concrete rule to acquire a temperature. The need for standardization of core temperatures is essential. There are several variables that increase the risk of misdiagnosing or failure to implement immediate life saving interventions specifically in the setting of sepsis. Heightened when a health care provider inadequately ascertains a temperature via the Axillary, tympanic, sublingual route. This contributes to negative health outcomes that could hinder fluid resuscitation and sepsis algorithms that are triggered in the setting of the febrile or hypothermic patient.

Description: The recognition that flaws exist amongst common routes of temperature measurement should be discussed and disseminated to all those who collect vitals routinely. The existence of the following is pertinent to tympanic temperatures alone and presents a great deal of concern in identification of the febrile or hypothermic patient improper positioning, the size and length of the ear canal, lying on the ear beforehand, the presence of earwax, moisture in the ear. When clinical suspicion is present for sepsis a core temperature should be the golden standard for temperature accuracy and the initiation of the sepsis algorithm/bundle.

Results: The NIH has obtained data that further substantiates the obligation and urgency of all health care providers to recognize and treat promptly, furthermore stating the following that the core temperature that is of the utmost accuracy remains the rectal temperature, furthermore forehead temperatures are the least accurate. (Dolibog P, Pietrzyk B, Kierszniok K, Pawlicki K.) This weighs heavily on a patient that presents with septic-like symptoms who requires immediate intervention and is triggered on the basis of vital signs inclusive of a temperature.

Next Steps: The Core Temperature as a primary tool for the identification of the septic patient project prepares, industry reviews, and data resources as a tool to improve health outcomes. Future plans for research studies, scientific meetings and courses are described.

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POSTER #40 (RESEARCH)

Effect of High Intensity Interval Gait Training on Ambulation in Persons with Multiple Sclerosis

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Background: Most walking rehabilitation programs for persons with Multiple Sclerosis (pwMS) emphasize moderate paced continuous walking, with harder efforts being discouraged ostensibly due to concerns about fatigue. High Intensity Interval Gait Training (HIIGT) has been effective in improving gait in stroke patients but its impact on MS has not been examined. This study compared the impact of HIIGT to Moderate Intensity Continuous Gait Training (MICGT) on gait endurance and balance in pwMS. We hypothesized that the HIIGT intervention will produce greater improvements in gait endurance and balance than the MICGT intervention.

Methods: Our outcome measures were the 6-Minute Walk Test (6MWT) [total distance and distance/minute], the Functional Gait Assessment (FGA), lower extremity strength, and lower extremity range of motion. Both HIIGT and MICGT interventions lasted 20 minutes, 2-3x/week for 4-6 weeks. The HIIGT group interspersed 30 seconds of walking at their fastest pace with 60 seconds of seated recovery and the MICGT group walked for 20 minutes continuously at their comfortable pace. Heart rate and rate of perceived exertion were collected for the 6MWT during pretest and posttest as well as throughout all training sessions.

Results: 9 participants (6M, 3F) were enrolled and randomly assigned to the HIIGT group (n=4) or MICGT group (n=5). Mean age for all participants was 56.4, mean EDSS was 3.4 and mean years since diagnosis was 14. Both groups improved in 6MWT parameters, however the HIIGT group showed a bigger increase in total distance walked as well as in distance walked for minutes 2 through 6 as compared to MICGT. Additionally, participants in the HIIGT group showed greater improvements in the FGA as compared to the MICGT group.

Conclusions: HIIGT in pwMS results in improved performance in the 6MWT and the FGA compared to MICGT training. Harder efforts may be needed to induce improvements and moderate intensity training may be an insufficient dosage for gait improvement in pwMS.

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POSTER #41 (RESEARCH)

The Effects of Motor Imagery on balance performance in persons with Multiple Sclerosis

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Background: Fatigue and thermosensitivity are symptoms commonly encountered by persons with multiple sclerosis (pwMS) leading to limited ability to perform exercise programs which address gait and balance issues. Motor imagery techniques have been used in other clinical populations to successfully stimulate the similar region of the brain that would be activated during physical performance of a functional task. This technique may therefore allow pwMS to mentally rehearse a task with less exertion, limiting the impact of thermosensitivity and fatigue. This study compares the effectiveness of motor imagery (MI) practice to physical practice (PP) in improving balance performance in pwMS.

Methods: Eight subjects with MS were randomly assigned into either a PP or MI group. Balance was tested using the Berg Balance Scale (BBS) with 3 items identified as being the most limited. Subjects in the PP group performed physical practice of these items via a written home exercise program while subjects in the MI group

performed guided imagery practice of the items via an audio recording. Both groups practiced for 10 minutes a day for 2 weeks.

Results: There were five females and three males aged 55-88 included in the study, with diagnosis ranging from 1 to 22 years and EDSS ranging between 3-5.5. Phenotypes also varied between the participants. One participant from each group dropped out due to causes unrelated to the intervention. Our findings show that there were no significant differences between our MI & PP in pretest to posttest in the BBS, FSS, MSIS-29, and the ABC scale.

Conclusions: Balance in pwMS improved in each condition suggesting that MI can be implemented as another therapeutic technique to improve balance in pwMS but without the limitations due to fatigue. Further research is required to assess the impact of MI in other therapeutic MS treatments.

Acknowledgements: The authors gratefully acknowledge the multiple sclerosis patients who participated. We thank Dr. Karpatkin for organizing and implementing this research idea, as well as for recruiting participants.

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POSTER #42 (RESEARCH)

An Investigation of Hamstring and Gastrocnemius Flexibility Following the Application of Intermittent Pneumatic Compression

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Background: The goal of this study was to determine whether using the intermittent pneumatic compression (IPC) pump on the lower extremity (LE) would increase flexibility in the hamstring and gastrocnemius.

Methods: Twenty participants volunteered to participate in this study. Every participant was given a questionnaire to ensure safety. Once approved, baseline values on both lower extremities (LEs) were measured with a functional flexibility test (toe-reach test), which measures flexibility in both hamstrings and gastrocnemius. Active knee extension and ankle dorsiflexion were also measured on both LEs with a goniometer. Following these baseline measurements, the IPC sleeves were applied to both LE's. Based on random assignment, only one LE received the IPC pump compression. After the removal of the IPC pump, a flexibility reassessment was performed on both LEs.

Results: After analyzing the data using a within-subjects ANOVA, it was found that patients significantly improved in the functional flexibility test and goniometric measures of hamstring muscles that received the IPC pump compression relative to the LE without the compression. However, gastrocnemius flexibility decreased in the LE that received the compression, but not significantly.

Conclusions: This study demonstrates the potential of a new method to improve flexibility, that is an easily accessible and easy to operate device.

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POSTER #43 (RESEARCH)

The Reliability of the C7-Sacral Laser Line Measurement

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Background: Scoliosis is a condition characterized by an abnormal axial rotation and/or lateral curvature to the spine greater than ten degrees with x-ray measurement. However, in physical therapy clinics with no x-ray access, clinicians often rely on the C7-Sacral Laser Line (C7-SLLM) measurement, which assesses

the clinical coronal plane deviation of the trunk. The reliability of this tool has never been reported. This study's purpose was to determine the intra and inter-rater reliability of the C7-SLLM in subjects, both with and without scoliosis. We hypothesized that the intra-rater reliability would be excellent and the inter-rater reliability would be poor.

Methods: The sample included 33 subjects who could stand upright for 10 minutes. An expert and novice rater performed the C7-SLLM for each subject. Each rater placed two stickers on the spinous process of the subject's seventh cervical vertebra (C7 spinous process) and the spinous process of the 2nd sacral vertebra (S2 spinous process). A vertical laser line was projected onto their S2. The rater measured the horizontal distance that the C7 marker deviated from the laser line. The measurement was repeated three times by each rater. Intraclass correlation coefficients (ICC's) were used to analyze the intra- and inter-rater reliability.

Results: In the group with scoliosis, intra-rater reliability for both the expert and novice raters was excellent, (ICC for expert rater = .993, ICC for novice rater = .988, $ps < .001$). Similarly, in the group without scoliosis, intra-rater reliability for both the expert and novice raters was excellent (ICC for expert rater = .968, ICC for novice rater = .955, $ps < .001$). Inter-rater reliability for the group with scoliosis was excellent, (ICC = .951, $p < .001$), but inter-rater reliability for the group without scoliosis was good, (ICC = .788, $p < .001$).

Conclusions: This study demonstrated that the C7-SLLM had excellent to good intra-rater and inter-rater reliability with subjects with and without scoliosis. This study provides a foundation for future studies to explore the validity of the C7-SLLM tool for clinical application. Further research with a larger sample size, increased time between intra-rater measurements, and inclusion of an adolescent population would be valuable.

Acknowledgements: We would like to thank our advisor, Dr. Beth Terranova, our faculty advisor, Dr. Nicki Silberman, and our research professor, Dr. Jaya Rachwani for guidance throughout our project.

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POSTER #44 (RESEARCH)



Poster Presentation Award, Doctor of Physical Therapy

The Effect of Sub-maximal Resistance Training on Gait, Balance, and Strength in People with Multiple Sclerosis

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Background: Research on the effects of sub-maximal strength training (SMST) for the general population has been shown to be beneficial as it leads to physical improvements, such as muscular strength and functional mobility, while limiting fatigue or muscle soreness. However, research on SMST for persons with Multiple Sclerosis (pwMS) is limited due to common belief that exercise increases symptoms. This study examines the effect of SMST on gait, balance, and strength in pwMS. The primary hypothesis states that pwMS will show significant improvements in gait, strength, and balance following a 10-week sub-maximal LE strength training program.

Methods: Four subjects with an average age of 58.26 years old and diagnosis of MS participated in a pre-test/post-test sub-maximal LE strength training program for 10 weeks, twice a week. The program focused on supervised unilateral LE training in the following muscle groups: hip extensors, knee extensors, knee flexors, and ankle plantar flexors. Static and dynamic balance and functional mobility were measured using the Mini-BESTest (MBT), 6-Minute Walk Test (6MWT), and Stair Climbing Power

Test (SCPT). Unilateral lower extremity (LE) strength was measured using 1-repetition maximum (1RM) and hand-held dynamometry (HHD). The Fatigue Severity Scale (FSS) was administered weekly.

Results: Wilcoxon Signed Rank showed no significant difference between pre- and post-intervention of gait, balance, strength and fatigue after the 10-week SMST program.

Conclusions: The original hypothesis was rejected. There was no significant data ($Z_s \leq 1.83$, $p_s \geq .068$) found when completing a 10-week SMST program and its effects on gait, balance, and strength in pwMS.

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POSTER #45 (RESEARCH)

Effects of a Task-Specific Intervention on Walking Speed and Cadence at Time of Discharge in Patients with Stroke

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Background: The average walking speed (WS) needed to cross the street safely is 1.2 m/s. However post-stroke, most patients have an average WS of .1-.7 m/s at time of discharge. Standard physical therapy (PT) targets WS, but improvements made aren't meeting requirements for community ambulation. A task-oriented intervention may result in significant improvements of WS in patients with stroke as compared to traditional PT alone. The study's purpose was to test the effectiveness of the Traffic Light Intervention "TLI" that includes aspects of a realistic environment, on WS in patients with stroke as compared to standard PT.

Methods: A two group pretest posttest design, in which a total of 8 adults post-stroke, were either assigned to the experimental group (3) or the control group (5). The experimental or TLI group received 75 minutes of standard PT and 15 minutes of the TLI, whereas the control group received 90 minutes of standard PT. The TLI involved the use of a traffic light signaling patients to begin ambulation in which they were timed on duration to walk 10m. Outcome measures utilized were the Timed Up and Go (TUG), 10-Meter Walk Test (10MWT), and Berg Balance Scale (BBS).

Results: Significant improvements of walking duration/cadence during fast pace 10MWT, TUG, and BBS, were observed in both the experimental and control groups. The TLI did not demonstrate significantly improved gait speed or cadence when compared to standard PT.

Conclusions: This study supports use of the TLI in improving gait speed and cadence, although more research is necessary to determine its effectiveness compared to other interventions. Future research should focus on expansion of sample size and inclusion of more realistic elements.

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POSTER #46 (RESEARCH)

Parental Awareness of Motor Milestones and Physical Routine Activities in Infants

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Background: NYC receives approximately 31,000 annual referrals for the Early Intervention (EI) Program. While most infants receive a full evaluation, only 61% are found to be eligible for services and receive a

low frequency of physical therapy sessions, indicating minimal intervention is needed. The purpose of this survey study was to explore parental awareness of expected infant motor milestone ages and the daily duration of infant physical activity.

Methods: 35 parents from NYC enrolled in an online 31-question survey (available in English and Spanish) that asked the average age at which they thought basic motor milestones should occur, as per the CDC's developmental milestone checklist. Moreover, we asked for the infant's daily duration of tummy time and of placement on supportive devices.

Results: Most infants were White (83%) and non-Hispanic (72%). Most parents (83%) reported having a college degree or higher. 33% of parents were aware of the expected age for infants holding their head up when on tummy and 56% accurately reported the age infants lift their arms when on tummy. However, 91% of parents underestimated the age at which infants roll from tummy to back and 100% underestimated the age for sitting without support. Moreover, 44% of parents reported their infant spending under 30 minutes of tummy time and having their infants on devices for an hour or more daily.

Conclusions: Results indicate the majority of NYC parents underestimated the expected age for basic motor milestones. Moreover, parents are not ensuring their infants receive the recommended minimum of 30 minutes of daily tummy time. This information can be used to develop public health campaigns to decrease the number of unnecessary self-referrals for the EI Program and to educate parents on best practices to support infant motor development.

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POSTER #47 (RESEARCH)

Use of Simulated Environment for Community Integration

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Background: Functional independence post-inpatient rehabilitation may benefit from therapist-led training in a simulated community environment. This study aimed to: assess if a simulated environment's availability increased community reintegration billing during inpatient rehabilitation; and, to determine if use of the environment enhanced patients' post-discharge function.

Methods: This observational study analyzed therapists' utilization of the simulated environment. Total billing units for community reintegration treatment at NYP-WCMC IRU from 2015-2019 were compared to those post-implementation of the simulated environment (August 2022 – August 2023). A pilot study assessed the impact of the simulated environment on patient-reported outcomes and function. Eleven participants, aged 18-90, with various diagnoses, trained within the simulated environment. Functional ability changes were assessed using the Activity Specific Balance Confidence Scale, Quality Indicators of function, 10-Meter Walk Test, and Patient Satisfaction Survey.

Results: Billing for community reintegration improved with the availability of the simulated environment. Patients using it experienced improved function, increased balance confidence, and valued the training. Gait speed and select Quality Indicators also improved for most patients.

Conclusions: Access to a simulated environment increased therapists' billing for community reintegration. Patients using the simulated environment during their inpatient rehabilitation showed increased confidence in carrying out specific community activities.

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POSTER #48 (RESEARCH)

Comparison Between a Tactile Board Book and Flat Board Book Reading on Infants' Joint Attention

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Background: Joint Attention (JA) is a triadic skill, where an individual shifts their gaze between a person and an object. One of the ways that typically-developing infants learn language is through responding to bids for JA with their caregivers. Shared Book Reading (SBR) has been found to promote instances of JA within mother-infant dyads and that engaging infants through multiple senses is crucial for their understanding of the environment. This study examined whether using a tactile book during SBR has an influence on the number of mother-initiated JA bids, and infant attention duration compared to a flat board book.

Methods: Two infants, Infant A, a 11.5-month-old, and Infant B, a 10-month-old, and their mothers engaged in a SBR of one book under two conditions: flat and textured (e.g., fur of a panda). The number of mother-initiated JA bids was measured and the infant's behavior was coded as either JA, attending to book only, or attending to external stimuli.

Results: For mother A, the number of JA bids was higher during the tactile condition. Majority of infant A's behaviors in each condition consisted of attending to the book only. In both the flat and tactile conditions, mother B exhibited similar JA bids, resulting in similar JA behaviors for infant B. Both infants showed higher attention to the book only during the tactile condition.

Conclusions: Tactile board books may be beneficial to include when reading with young children to increase attention towards the book. Future research could examine if training mothers to initiate bids for JA influence infant engagement. In addition, it would be worthwhile to include more participants in a future study.

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POSTER #49 (RESEARCH)

What are Late Talkers Trying to Tell Us? Exploring Gestures and Intentions

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Background: Late talkers (LT) are children who show delays in expressive vocabulary learning and word combinations (i.e., syntax). Instead of verbal gestures, some LTs use non-verbal gestures to convey intention. LTs, like typically developing (TD) children, proceed from gestures + word combinations before producing two-word utterances. Semantic content of early expressive attempts for TD children is well documented while such is not the case for LTs. This study explores the semantic content intended by gestures offered by LTs to determine whether they approach word combinations like their typically developing peers.

Methods: Spontaneous language samples were audio and video recorded from 12 24-month old late talkers and 12 TD age-matched peers as they played with a range of toys including, puzzles, books, Mr. Potato Head along with pretend food, cups, and bowls. All intentional gestures (verbal and non-verbal) was coded for semantic content categories.

Results: Results indicate LTs code similar, but fewer semantic content categories than their TD peers. LTs most common semantic category expressed by both verbal productions and gestures was existence.

Conclusions: Even though LTs use gestures to compensate for limited verbal communication, they express fewer semantic content categories than their TD peers. Treatment for children who are LT may include expanding semantic relations using both gestures and verbal productions.

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POSTER #50 (RESEARCH)

Assessment Practices for Culturally and Linguistically Diverse (CLD) School-Aged Alternative and Augmentative Communication (AAC) Users

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Background: Children in need of alternative and augmentative communication (AAC) come from multilingual backgrounds. Speech Language Pathologists (SLPs) are increasingly working with multilingual children who use AAC systems. However, there are challenges for SLPs to successfully incorporate the child's languages during an AAC evaluation, especially if they are not able to communicate using the child/family language. The purpose of this study is to identify the best and/or current practices surrounding AAC assessment that meets and addresses the needs of school-aged children who speak a language other than English, in order to provide a framework for SLPs who work with this population.

Methods: An anonymous survey via Qualtrics consisting of 18 questions was completed by SLPs who provide AAC evaluations on multilingual school-aged children. The survey gathered information about how SLPs choose which language to begin assessing and resources/tools SLPs use when evaluating and communicating with multilingual children and their caregivers.

Results: Preliminary results suggest SLPs use parental/caregiver input during intake to help evaluate and choose an AAC system for the multilingual child. SLPs that do not speak the same language(s) as the child/caregivers, reported use of over-the-phone interpreter services to communicate and gather information needed for assessment.

Conclusions: A family centered approach by conducting an in-depth parental/caregiver interview to gather information about the child's home language(s) is important when assessing school-aged children for AAC systems. SLPs can work with parents to create a communication inventory including all the child's home language words and phrases to ensure they take into consideration the child's languages during an assessment.

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POSTER #51 (LITERATURE REVIEW)

Effective Cognitive and Affective Treatments Applied by Speech Language Pathologists for Adults Who Stutter: A Scoping Review

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Issue: Adults who stutter (AWS) not only experience verbal communication challenges but also social and emotional challenges. While counseling is a crucial part of treatment for AWS and within the scope of practice for speech language pathologists (SLPs), there is limited research about treatments improving cognitive and affective experiences. Furthermore, there is even less research about effective counseling treatments delivered by SLPs for AWS. The purpose of this study is to conduct a scoping review of existing literature to investigate counseling treatments SLPs are currently using for AWS, resulting in and analysis of positive changes in cognitive and affective experiences.

Description: A scoping review was performed based on the PRISMA-ScR (Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews) was conducted using four electronic databases.

Examples of search terms included 'cognitive', 'affective', 'treatment', 'adults', 'stuttering' (or 'fluency'), and 'speech therapy'. Data pertaining to treatment condition characteristics (e.g. name, design, duration, goals), cognitive and/or affective outcome measurements, and results of outcome measures were extracted.

Results: Only five articles reported SLP-administered cognitive, affective, or cognitive-affective treatment outcomes. Results indicated that AWS experienced psychosocial improvements from cognitive behavioral therapy (CBT), acceptance and commitment therapy (ACT), stuttering modification therapy, and mindfulness meditation exercise.

Conclusions and Recommendations: Findings suggest that a comprehensive treatment plan for AWS should include counseling treatments. All treatments were administered by SLPs, but studies were limited, highlighting the necessity of counseling to support self-acceptance and quality of life in AWS.

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POSTER #52 (RESEARCH)

What's Up with Uptalking?

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Background: There has been attention paid to the use of a high-rising intonation pattern (HRI) on declarative statements called uptalking. This incongruity between sentence form and prosodic assignment is now more ubiquitous. Uptalk is represented by a rising pitch contour while declarative statements are typically represented by a falling pitch contour. This behavior has been observed frequently in young women and more recently in men. While some studies claim older women uptalk less than younger women, other studies note that older women uptalk the same amount. This inconsistency leads to the question, do older women adopt uptalk over time?

Methods: The present study obtained spontaneous speech samples from interview clips of women in their 60s, 50s, 40s, and 30s. The amount of uptalking was compared to each age group.

Results: Preliminary research suggests that older women adopt uptalking.

Conclusions: Uptalk is impressionable on all women, despite age differences.

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POSTER #53 (RESEARCH)

Clinical Experiences of Speech-Language Pathologists in Selection of Cognitive-Communication Approaches for People with Dementia

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Background: Dementia is a syndrome that leads to decline in one or more cognitive domain(s), impacting activities of daily living. The primary deficit of Dementia is impaired communication caused by underlying cognitive deficits; therefore, SLPs are essential to Dementia rehabilitation and therapeutic services. Cognitive Communication (CC) literature indicates that there is a lack of knowledge and confidence among SLPs relating to CC rehabilitation for Dementia, primarily due to the lack of scientific evidence available. To improve dementia care delivery by SLPs, it is necessary to understand the current processes in therapeutic management.

Methods: Five licensed SLP's working with CC for PWD participated in a 30-minute semi-structured interview about their clinical experiences and clinical decision making. The interviews were recorded, transcribed, and analyzed for patterns related to the CC treatment selection process.

Results: Majority (3 out of 5) of participants noted the lack of updated research and training on their assessment and treatment of PWD often causing feelings of frustration. Participants reported using other research-based interventions (i.e. behavioral modification, communication principles) for PWD to compensate for limited CC research. Results indicate that SLPs rely primarily on their on-the-job experience to inform clinical decision-making. Reported rationales for decision-making include accounting for the primary impairment, etiology, and severity of dementia. Majority of SLPs (3 out of 5) reported caregiver training and functional therapy as the most common approaches for treatment.

Conclusions: The results suggest the lack of research available for CC strategies is impacting the practice of SLPs working with PWD and often causes frustration. These findings may inform the development of resources such as formal training and updated research to improve CC Dementia care delivery.

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POSTER #54 (RESEARCH)

Cognitive Flexibility in Cognitively Healthy Older Adults

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Background: Cognitive flexibility broadly refers to the ability to think in a novel way and modify behaviors according to a new situation. The aging literature on cognitive flexibility has reported inconsistent findings, presumably due to differences in task modality (verbal- vs. nonverbal-responses) affecting performance. The current study aims to investigate the effect of age on cognitive flexibility, measured by the total number of responses in older and younger adults, for both verbal- and nonverbal-response tasks. Understanding the maintenance or decline of cognitive flexibility with aging will help clinicians identify individual cognitive profiles, including strengths and weaknesses, and intervention targets.

Methods: We tested four older adults (ages 65-85, mean=73) and six young adults (ages 18-35, mean=22) who were healthy monolingual speakers of English. Participants completed three verbal-response tasks (i.e., Alternative Uses, Semantic Fluency & Verb Fluency), and three nonverbal-response tasks (i.e., Divergent Thinking, Design Fluency, & Gesture Generation) for cognitive flexibility. The total number of correct responses in each task was collected for data analysis.

Results: Mann Whitney U test was conducted to test effects of age and task modality. There were no significant differences between older adults and young adults in verbal- and nonverbal-response tasks ($p = .25$ for verbal; $p = .60$ for nonverbal), even though the raw numbers indicate group and modality differences. This might be due to the small number of participants.

Conclusions: The findings indicate that cognitive flexibility is maintained in healthy aging across both verbal- and nonverbal-response tasks. Clinicians can utilize the preserved cognitive flexibility to help older adults compensate for age-related declines in certain areas during intervention.

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POSTER #55 (QUALITY INITIATIVE/EBP SCHOLARLY PROJECT)

Self-Perception in an Adult with Mild Post-Stroke Aphasia in Individual and Group Therapy Settings

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Background: People with aphasia (PWA) often experience decreased self-perception due to impairment in their speech and language abilities. Although social withdrawal is common in PWAs, group interventions offer a supportive environment for interaction, leading to increased self-perception. In non-therapeutic settings, decreased self-perception can be attributed to fear of being misunderstood and other individuals' lack of training in how to communicate with a PWA.

Purpose: The purpose of this case study was to explore self-perception of communication skills in an adult with mild post-stroke aphasia during individual and group therapy.

Methods: The study involved a 71-year-old male with mild post-stroke aphasia and his clinician at the Hunter College Center for Communication Disorders (HCCCD). Six questions were developed to gain information about the participant's communication abilities (e.g., how detailed the messages were). Responses were on a five-point likert rating scale. After individual and groups sessions, the PWA and his clinician completed their respective scales.

Results: Preliminary results suggest that the PWA and his clinician perceived his communication abilities similarly during individual sessions.

Conclusions: Similar ratings between the PWA and his clinician suggest that there are no perceptual differences in the PWA's communication skills in individual therapy sessions. Further investigation will provide insight into self-perceptions in group therapy and whether or not perceptions will differ as a result of a change in settings.

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POSTER #56 (RESEARCH)

Speech Language Pathology Graduate Student Experience Counseling People with Aphasia

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Background: People with aphasia (PWA) often face mood disorders after a stroke; however, they're often not treated or assessed for mood despite this alarming prevalence. Since PWA are at greater risk for mood disorders and it's within a speech language pathologist's (SLP's) scope to counsel patients, it's crucial that there are improvements in identification and treatment of mood disorders for PWA. Currently, SLPs, mental health providers, and clinical fellows report reduced confidence in counseling PWA; however, little is known about SLP graduate students. Given that graduate students are influenced by their coursework/clinical experiences, it's important to identify potential knowledge gaps.

Methods: Semi-structured interviews were conducted over Zoom with a combination of first year (n=4) and second year (n=6) SLP graduate students from Hunter College that have experience working with aphasia clients. The interviews lasted between 20-40 minutes and were recorded for offline analysis. Responses were analyzed and themes extracted surrounding scope of practice, counseling experience, interprofessional collaboration, and improvements in training.

Results: Preliminary data suggests that SLP graduate students have limited knowledge and experience in counseling PWA. Graduate students also reported barriers to counseling including age differences, cultural considerations, lack of understanding in protocols, taboo-ness in talking about mental health, and fears of overstepping supervisors in providing counseling.

Conclusions: The findings from these semi-structured interviews point to the necessity of supplementary training for SLP graduate students to promote increased knowledge and confidence when counseling PWA.

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POSTER #57 (RESEARCH)

The Effect of Melodic Interval Width during Melodic Intonation Therapy on Repetition Accuracy in people with Broca's aphasia and apraxia of speech

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Background: Melodic Intonation Therapy (MIT) is an evidence-based treatment method effective in improving expressive language in people with aphasia and apraxia of speech. There is a general protocol for implementation of MIT, however there are no guidelines on how to use intonation within the therapy. This may indicate that MIT is being administered differently depending on the therapist's level of musical ability and aptitude. This study investigates the use of 2 interval ranges, one small and one wide, to identify whether specificity in interval width during MIT may improve repetition results.

Methods: This study involved one 69-year-old female with Broca's aphasia and apraxia of speech. The participant received 4 weeks of therapy, meeting twice per week for 45-minute sessions. Two intervals, a major 2nd (small interval) and a Perfect 5th (wide interval) were used in treating 48 phrases during implementation of MIT. Phrases were paired alternating between the two intervals.

Results: Results were scored with strict adherence to the MIT manual and scoring protocol (Helm-Estabrooks et al., 2014). The participant produced 83% repetition accuracy in phrases using the major 2nd (smaller) interval and produced 90% repetition accuracy in phrases using the Perfect 5th (wider) interval.

Conclusions: Preliminary results suggest that implementing a wider intervallic range during MIT produces greater repetition gains than using a smaller intervallic range. This may indicate that greater specificity in MIT implementation regarding interval width may improve repetition gains in patients with Broca's aphasia and/or apraxia of speech. The feasibility of brief musical training for SLPs implementing MIT should be considered for future treatment.

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POSTER #58 (RESEARCH)



Poster Presentation Award, Speech-Language Pathology and Audiology

Speech-Language Pathologists' Therapeutic Approaches with Gestalt Language Learners

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Background: Gestalt language is a form of language development in which phrases are learned as whole units, as precursors to single-word use and self-generated language. These phrases are often exhibited as delayed echolalia. Existing research has highlighted the communicative intent of echolalia and its developmental trajectory to generative language. However, there is a lack of evidence regarding how to apply these theoretical models to treatment. The current study therefore examined how SLPs are

treating gestalt language learners. Gathering information about SLPs' approaches was intended to guide the development of a uniform, evidence-based approach to the treatment of gestalt language learners.

Methods: A survey developed on Qualtrics was used to collect data from 17 SLPs. Questions addressed topics including familiarity with relevant research, approaches to echolalia, and adherence to existing treatment guidelines for the population.

Results: Results suggest variation in the attitudes and approaches of SLPs working with gestalt language learners. Familiarity with relevant frameworks varied greatly. Among SLPs who were familiar with theoretical models, there were mixed results regarding adherence to associated guidelines.

Conclusions: While some SLPs' approaches to treating gestalt language learners appear to be closely aligned with current models, results suggest that many SLPs are unfamiliar with existing research. Future research should focus on creating a cohesive, research-backed protocol. Additionally, increased training should be provided to SLPs to prepare them to work with this population.

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POSTER #59 (RESEARCH)

Impact of Incorporating Sensory Integration in Language Intervention for Children with Autism Spectrum Disorders

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Background: Children with autism spectrum disorder (ASD) often experience difficulties with social interaction and communication, as well as sensory issues that impact their ability to effectively regulate their emotions and behaviors. Sensory integration therapy (SIT) was created to help these individuals organize sensory information better. Studies have shown that SIT improves behaviors and expressive language in children with ASD, however, research is limited on the connection between SIT and the ability to follow verbal directions, a critical skill for children. The study examined how SIT impacts a kindergarten child with ASD in following multiple-step directions.

Methods: The participant was a 5 year and 7-month-old boy in kindergarten with ASD and sensory processing delays who was able to follow one-step directions. During the experimental sessions, he followed two-step directions while wearing a weighted vest for SIT. His performance was compared to that in the sessions without wearing the weighted vest. The study spanned six weeks (3 x 30-minute sessions per week) with alternating conditions. His performance was then evaluated using specific scoring criteria.

Results: In SIT sessions, where the participant wore the weighted vest, the average percent accuracy of following directions was 82.37% (range 80.3-84.8%). In sessions without SIT, where the participant did not wear the weighted vest, the average percent accuracy of following directions was 72.52% (range 70.91-75%).

Conclusions: The improved performance in following directions when SIT and language therapy are implemented together suggests that SIT helps sensory regulation and positively impacts language performance. SLPs may consider incorporating SIT for children with sensory issues in conjunction with speech therapy to enhance their language performance.

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POSTER #60 (RESEARCH)

A Survey of SLPs' Behavioral Management Techniques with Preschool, School-Age, and Adolescent Children with Autism Spectrum Disorder

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Background: Challenging behaviors are observed in varying ages of children with Autism Spectrum Disorder (ASD): preschoolers, school-age, and adolescents. Behavioral Management (BM) helps modify problematic communication efforts and encourage positive social interactions. The BM techniques that speech-language pathologists (SLPs) use can be divided into four categories: time, sequence, reinforcement, and behavior/communication modifications. However, targeting specific ages via these techniques is not clearly evident. The purpose of this study is to survey SLPs and determine what behavior management techniques they use when working with preschool, school-age, and adolescent children with ASD.

Methods: Data via anonymous survey was collected from 30 ASHA-certified, New York state-licensed SLPs who treat preschool through adolescent children with ASD. Analysis was made of which techniques SLPs use in concordance with each age group, how often, and success rate.

Results: Preliminary results suggest that SLPs implement time and sequence techniques with all age groups. Behavior modification and reinforcement techniques were found to be most used with preschool and school-age children with ASD. Additional findings included an often and successful application of reinforcement, time, behavior/communication modifications, and sequencing BM techniques.

Conclusions: Surveyed SLPs identify and utilize a wide range of BM techniques yet have a good understanding of which techniques are appropriate per child. The results of this study may facilitate advancements in training and education on BM techniques that SLPs may be unfamiliar with or inconsistently utilize.

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POSTER #61 (RESEARCH)

Virtual-Reality Interview Training for a TAY-ASD Individual: A Case Study

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Background: Persons with Autism Spectrum Disorders (ASD) face substantial challenges in securing employment, given their communication and cognitive deficits. Pre-employment transition job interview training tools are few. Speech-language pathologists (SLPs) are positioned to teach conversational skills, reading social cues and turn-taking. This study's purpose was to review the impact of a virtual reality job interview simulation tool, SIMmersion[®] VIT-TAY, on improving job interview skills. Although research is available, there has yet to be an objective evaluation of the SIMmersion[®] VIT-TAY tool.

Methods: Via single-case study design SIMmersion[®] VIT-TAY was implemented over a five-week period, with a 23-year old male college junior (John), majoring in computer science. He is classified as 'high-functioning ASD'. Intervention was a series of job interview e-content learning modules and 15 virtual practice interviews across three difficulty levels. Quality of John's responses on pre- and post-intervention mock tasks were rated by three judges to determine whether there was any change over time.

Results: Preliminary results suggest intervention had a positive impact on John as evidenced by his increased understanding of the structure and main components of a job interview. Although judges exhibited some variability in their rating, there is an overall trend of improved interview skills, pre- to post-intervention.

Conclusions: Results of this study along with feedback from John suggest personalizing job interview skill development by allowing participants to generate unique responses may be more effective than use of SIMmersion® VIT-TAY in isolation. We look forward to additional post treatment data to support our findings.

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POSTER #62 (RESEARCH)

The Impact of Video Game Soundtracks on Attention to Task in Young Adults with Attention-Deficit Hyperactivity Disorder

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Background: Attention-Deficit Hyperactivity Disorder (ADHD) impacts an estimated 2-8% of college-aged adults. People with ADHD often experience difficulty maintaining attention to tasks, especially in the presence of external distractions such as background noise. Research has shown positive implications for listening to classical music on blocking external distractors and increasing attention to task. Video game soundtracks are formulated to elicit specific emotional responses from listeners. The aim of this study is to determine the effect of video game soundtracks as compared to classical music on attention to task in college-age students with ADHD.

Methods: The Attentional Network Task – Revised (ANT-R), a behavioral assessment of the functional integrity of attention networks, was used to assess the performance of three young adults with ADHD. The task was completed by the participants while listening to a selection of classical music, a video game score, and a control classroom ambiance. Each participant’s mean reaction time and proportion of correct answers were measured across the three auditory stimuli.

Results: Performance on the ANT-R showed variations based on auditory stimulus in terms of the proportion of correct responses to incorrect responses (including omission errors). Participants showed improved performance when listening to the classical music or video game score stimuli as compared to the classroom ambiance control stimulus, despite similar reaction times across all three conditions. Participants scored similarly under both classical music and video game score stimuli.

Conclusions: Preliminary results of the study suggest a positive effect from the use of background music in blocking external distractors and increasing participants’ attention to task and task accuracy. This suggests that auditory stimuli such as classical music or video game scores function as an optimal auditory environment, creating an inexpensive and accessible intervention for improving attention and productivity during academic tasks.

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POSTER #63 (RESEARCH)

Do You See What I’m Saying? The Role of Iconicity in American Sign Language

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Background: Bringing one’s cupped hand to one’s mouth suggests ‘drinking’ while moving two hands in a circular motion on one’s chest indicates the sign for ‘enjoy’. Research suggests that transparent signs such as ‘drink(ing)’ are easier to retain than opaque signs such as ‘enjoy’ for hearing adult learners of American Sign Language (ASL). With the continued interest in whether manual gestures serve a facilitatory role in

early word learning, information about sign retention can support this practice. The purpose of the study is to evaluate the role of iconicity for hearing preschoolers who are exposed to ASL.

Methods: ASL signs were introduced once weekly for eight sessions to eleven monolingual preschoolers and one sequential bilingual Spanish speaker. Sessions consisted of a learning phase and a testing phase. During each session, students were taught eight novel signs - four transparent ones and four opaque ones. Retention (of signs) was documented by evaluating participants' comprehension of target signs after each session.

Results: Preliminary results suggest transparency (iconicity) has a facilitatory effect in the initial stages of sign learning for preschool children. However, effects of iconicity were hindered when signs learned shared similar phonological properties (e.g., hand-shape, palm orientation, movement, location, expression).

Conclusions: The preliminary results of this study suggest that iconicity may have facilitatory effects in the initial stages of sign language learning. However, facilitatory effects of iconicity were hindered when learning signs greater in neighborhood density. Speech-pathologists may consider the effects of iconicity and neighborhood density when selecting signs to teach to preschool students. Future research should investigate the role of iconicity and neighborhood density on sign comprehension across various stages of sign language learning.

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POSTER #64 (RESEARCH)

Lexical Tone Sensitivity in Blind, Non-Tone Language Speakers

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Background: Blind individuals demonstrate superior auditory processing and verbal memory abilities, outperforming sighted people in tasks involving pitch discrimination, sound localization, phoneme identification, rapid speech processing, and recall of letter and word sequences. However, there is a lack of research on the ability of blind individuals to perceive and distinguish lexical tones, which are pitch variations used to differentiate word meanings in tone languages such as Mandarin Chinese. This study investigates whether blind, non-tone language speakers are more accurate at detecting and distinguishing lexical tones after brief exposure to words in an unfamiliar language compared to their sighted counterparts.

Methods: Six blind and six sighted monolingual English speakers participated in the study. Participants listened to 100 Mandarin disyllabic words, with each word presented three times in English carrier phrases. Following exposure to each stimulus, participants completed a sentence verification task to assess their learning of tone-word associations. Data analysis was conducted by calculating the proportion of correct responses and A-prime scores for each participant.

Results: Four out of six blind participants and only one out of six sighted participants demonstrated sensitivity to lexical tones, achieving A-prime scores above 0.5. The blind group also had a higher proportion of correct responses on a sentence verification task than the sighted group.

Conclusions: The findings suggest potential advantages for blind individuals in identifying and learning novel phonological patterns, which could offer insights into cross-modal plasticity and language processing in the absence of visual input.

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Morpho-syntactic Abilities in Bilingual Tagalog-English Speakers with Parkinson's Disease

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Background: Parkinson's Disease (PD) is commonly associated with motor dysfunction while language and cognition remain relatively intact at least in the early stage. However, studies have not closely investigated individuals with PD (IWPD)'s language, such as morpho-syntactic ability. Particularly, bilingual PD patients who speak a more morpho-syntactically complex language like Tagalog may exhibit different levels of production abilities between their first language (L1) and their second language (L2). This study investigates the morpho-syntactic production abilities in bilinguals with PD to provide better clinical guidelines.

Methods: Participants were Tagalog-English bilinguals: Two participants with mild-moderate stage of PD (60F & 65M) and five healthy controls (age 56-64). All participants were screened for cognition and language background, as well as morpho-syntactic language tests in both languages. The morpho-syntactic tests include six sub-tasks: four discourse, two structured tasks. Outcome measures include accuracies on verb inflection (tense, person, number) and sentence construction abilities (word order, perspective, and components). Accuracy percentages and error types were compared within and between groups in both languages.

Results: Compared to healthy controls, IWPDs showed lower accuracy in morpho-syntactic tasks in both Tagalog (L1) and English (L2). IWPDs produced more errors on verb inflection and sentence construction, such as missing articles and prepositions, word order inversion compared to controls. Both IWPD and control groups made more morpho-syntactic errors in Tagalog, a language with more complex morpho-syntactic structure, than in English.

Conclusions: Preliminary findings suggest that bilingual IWPDs experience challenges in correctly producing verbs and sentences in both their first and second language, even in the early stage of PD. Clinicians should pay attention to morphology and syntactic production abilities in PD when assessing functional language skills in daily life and designing intervention plans accordingly.

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The Impact of Age of Acquisition on Verbal Fluency Performance

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Background: Verbal fluency is a simple, widely accepted means of evaluating executive function. Performance on VF tasks can be affected by one's bilingual status. Whereas much of previous research has focused mainly on sequential bilinguals (individuals who acquired their second language, their L2, after age 13), this study directly compares the performance of sequential and simultaneous bilinguals (individuals who acquired both their languages at the same time, before age 3) to see if there are differences between group performance.

Methods: Both category and letter fluency tasks were completed by two groups of bilinguals (simultaneous and sequential), in both English and Romanian. Each group consisted of 15 participants and all participants completed the Language Experience and Proficiency Questionnaire (LEAP-Q) in order to determine L1 and L2 language proficiency.

Results: Preliminary results suggest that the simultaneous bilingual group produced more accurate responses on average when compared to their sequential bilingual peers in both category and letter fluency tests in both Romanian and English. Further, sequential bilinguals produced on average more responses in their L2 (English) than their L1 (Romanian) on letter fluency tasks, which is in line with results of previous literature.

Conclusions: Based on preliminary results, participants in the simultaneous bilingual group were found to have an advantage over the sequential bilingual group in all VF tasks. Executive function advantages, which peak in young adulthood, may have contributed to these findings, as the simultaneous group had a younger average age than the sequential group.

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POSTER #67 (RESEARCH)

Does Orthography Matter in Reading Acquisition For ELLs?

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Background: Processing meaning from print involves different processes, depending on the orthography of the print. Whereas readers of logographic script derive meaning directly from print, readers of alphabetic scripts take an additional step: moving first from print to sound and then to meaning. For English Language Learners (ELL), does the native language orthography matter? Specifically, does having experience with the print to meaning processes of the target language aid in reading acquisition?

Methods: Data was collected on individual New York City school district scores on the Grades 3-8 New York State ELA Test through publicly available data. Parameters gathered were the number of ELL students tested and proficiency levels (1-4) for Asian and Hispanic students and sorted by grade (3-5), and year of administration (2013-2015).

Results: Preliminary results demonstrated mixed findings. Contrary to expectations, same district comparisons of cohorts yielded results favoring both groups (i.e., Asian and Hispanic) in terms of ELL population decay and average test proficiency.

Conclusions: Preliminary results suggest that there may be no link between previous experience in orthography and reading ability through the years. There may be unaccounted for variables that skewed results such as possible school district initiatives and individual school curriculum. More granular data showing progress of individual students and matched data such as with age of arrival, country of origin, and languages spoken at home would improve the quality of results.

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