





1

Identify the importance of evidence -based practice and research in occupational health

2

Describe the available resources for professional presentations

3

Discuss strategies to overcome barriers for dissemination

Institute of Medicine: Future of Nursing Leading Change, Advancing Health

Nurses should be full partners, with physicians and other health care professionals, in redesigning health care

"Being a full partner involves taking responsibility for identifying problems and areas of system waste, devising and implementing improvement plans, tracking improvement over time, and making necessary adjustments to realize established goals" (p.8)

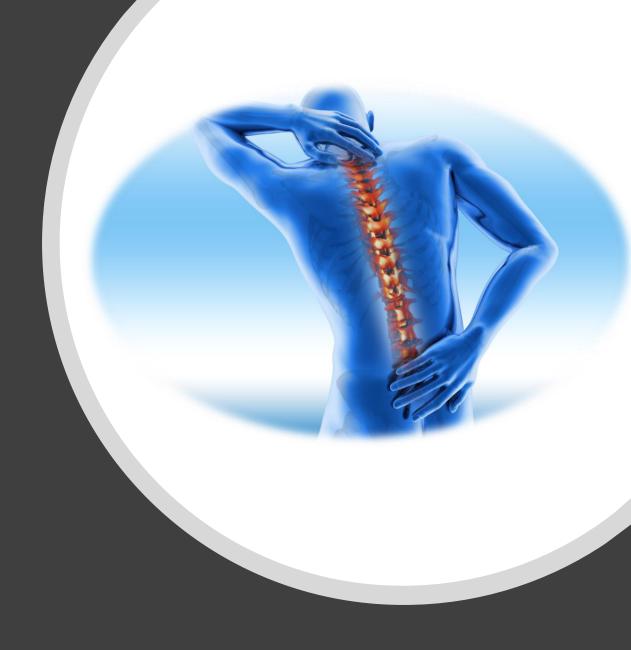


Institute of Medicine (US) Roundtable on Evidence-Based Medicine.

"By the year 2020, 90 percent of clinical decisions will be supported by accurate, timely, and up-to-date clinical information, and will reflect the best available evidence" (para 4)

Occupational Health Nursing Research

- 6 long term care facilities and 1 chronic care facility
- Implementation of a participatory ergonomics program and use of assistive devices
 - No-manual lifting program
 - Ergonomic specialists guiding program
 - Staff selection of assistive equipment
- Results
 - Patient handling injuries ↓ 59.8%
 - Lost work days ↓ 86.7%
 - Workman's compensation costs ↓90.6%



To CMV or not to CMV...that is the question



Types of Projects

Quality Improvement

Evidence Based Practice

Research



www.menti.com 591283

Where do you get project ideas from?

menti results 1







Team (right people)

Identify roles/ responsibilities of team members Realistic goals and timelines for projects

Mentors

Aware resources (librarian, statistician, academic partners Seek out information on institution policies/ approvals regarding project work BEFORE project begins

Project under construction...

 Collecting
 Collecting data

 Analyzing
 Analyzing data; statistical analysis

 Interrupting
 Interrupting data and making meaning of data



Dissemination



- Importance of dissemination
- Ethical responsibility
- Limits translational results / research utilization
- Limits duplication
- Improves patient care beyond scope of business unit
- Enhances YOUR professional development

Types of dissemination

- In-services, business unit/hospital unit specific
- Local, regional national posters
- Podium
- Publications of clinical articles, research articles, quality improvement, and abstracts



What is an Abstract?

Statement summarizing important points

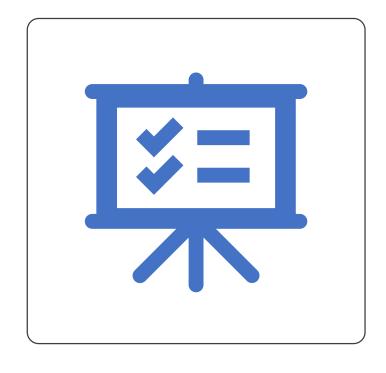
Questions an Abstract Answers

Why did you do this study or project? What did you do, and how? What did you find? What do your findings mean?

Consider

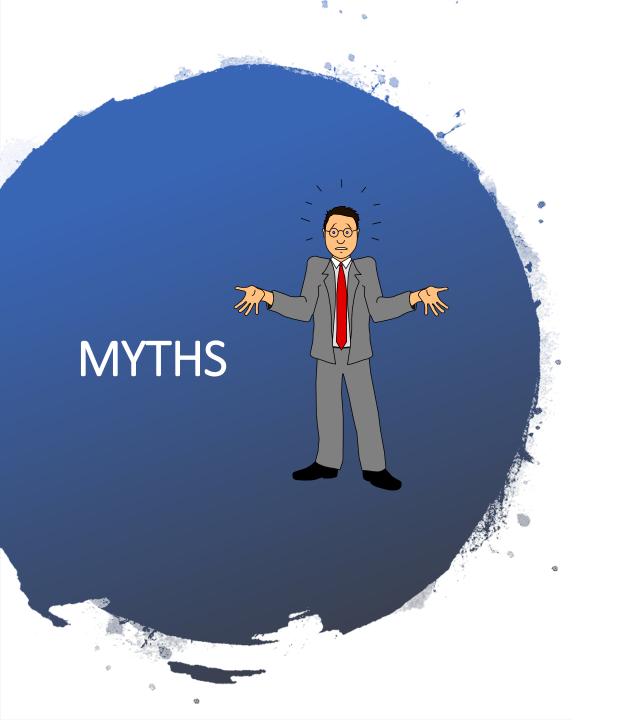
Is the work complete?

Is the work in progress?



- First step for submissions for oral or poster presentations
 - Research and funding
- Allows review panel to evaluate quality and relevance
- Abstracts with similar topics organized into conference themes
- Enables conference attendees to select the presentations/posters they want to attend

Purpose of an Abstract



#1 Beyond my skills

#2 I can't write

#3 Too complex

#4 No one will find this important



#1 BEYOND MY SKILLS

- Many articles in "top notch" journals "doable" with few resources
- Professional organizations welcome presentations by all levels of health care providers
- Characteristics

Multidisciplinary teams

Could have been led by RN

Did not require extensive resources



Myth #2 – I can't write

What others have found successful

- Use a template
- Don't try to make writing perfect at first
- Work with a team
- Utilize those with experience with abstract applications and with writing skills (may not be members of your team)



Myth #3 – Too Complex

The hardest part is making the decision to start

When is the TIME to write?

- Time estimates to write are 3 months- 1 yr.
- Working with the team
 - Each take part of the project
 - Develop CHECKLIST of responsibilities and timeframe
 - Critique each other's work
- Engage in daily writing sessions (what works for you)
 - 30-90 min/day, 4-5 times week

Keep It Simple

- Avoid redundancy
- Don't repeat yourself
- Use headings as indicated
- Don't add extra headings
- Use abbreviations judiciously
- Don't abbreviate something not used again
- Write out the first time used

Call for Abstracts Guidelines for an Abstract

- Conference organizers "Call for Abstracts"
 - Theme represents framework
- Information on how to present and submit
- Print guidelines and √ when completed
- Submission
 - on-line or emailed submission
- Happell(2007). Hitting the target: A team approach to writing an abstract for a conference presentation. Intl JI Mental HI Innovation, 16(8), 447-462 Russell and Ponferrada(2012). How to develop an outstanding conference research abstract. JI Am Nephrology Nurses.38(4),307-311.







- To submit a poster abstract for the 2018 AAOHN National Conference, please select the poster track below and click 'Go' to begin.
- After submitting a proposal, you can return to this page to view or update details about your proposal.
- The Call for Poster Abstracts will remain open through September 30, 2018.

Before you submit a Poster Abstract:

- Read and review the AAOHN 2019 National Conference Call for Poster Abstracts.
- Download and complete the AAOHN presenter forms. You must attach these at the end of your abstract submission:
 - · AAOHN Bio/Conflict of Interest Form Complete one for each author.

Attention Grabber...

This "snapshot" is the only thing reviewers have to judge the worthiness of your project. Therefore, it is up to you to make your project appear innovative, exciting, relevant, or whatever the criteria might be.



Title and Authors

Background

Methods

Results Conclusions

ns References (sometimes)

Learning objectives (sometimes)

Tips/ Mistakes with Abstracts

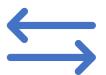
- Use active versus passive Voice
- Scientists have grappled for years over the appropriate way to talk about discoveries: should it be
- "We measured ion concentration in the blood"

Or

- "Ion concentration in the blood was measured"?
- Tendency to include way too much information
- Not enough information provided
- Submission of abstracts required between six and twelve months before project is conducted

Avoidable Words...

- Words that add nothing to the content:
 - "Nurses very often neglect to mention quite obvious hazards when they are teaching patients to walk with a cane."
 - "In order to write well, remove all extraneous and superfluous words."
 - "The implementation of these findings has been slow."



Ask Others to Review Your Draft

- Ask at least one expert who knows the topic
- Choose those who will be honest and objective
- Ask a good writer or editor
- Consider each one's input follow it or not
- Remember to always thank the reviewers

Characteristics of an Outstanding Abstract

Must be concise

No sentence should be redundant

No jargon

Cohesive and flowing smoothly between parts

Answer the "So what?"

Follows GUIDELINES

No typographical errors or grammar

Recovery Trajectory After Prolonged Mechanical Ventilation: 4-month Followup. L.A. Hoffman, RN, PhD¹, F.J. Tasota, MSN¹, C.J. Scharfenberg, BSN¹, T.G. Zullo, PhD¹ and M.P. Donahoe, MD². ¹University of Pittsburgh School of Nursing, Pittsburgh, PA and ²University of Pittsburgh Medical Center, Pittsburgh, PA.

Introduction: Limited information is available regarding the recovery trajectory of patients who experience difficulty weaning from mechanical ventilation. **Purpose:** To describe the 4-month outcomes of patients on prolonged mechanical ventilation (PMV) (\geq 7days) after discharge from a stepdown MICU (SD-MICU). **Methods:** Consenting patients/caregivers (n=80) were queried monthly by phone after SD-MICU discharge to determine survival, weaning status, and residence. Discharge sites included another hospital unit, skilled nursing facility, long-term acute care (LTAC), or home. **Results:** Patients were 51% male, 60.2 ± 15.1 years of age, and spent a total of 22.3 ± 16.0 days on MV prior to discharge including 11.9 ± 11.1 days on MV in the SD-MICU. At SD-MICU discharge, half (55%) were weaned from MV. All patients weaned at SD-MICU discharge and alive at 4-months remained off MV. 12 additional patients on MV at SD-MICU discharge were weaned and alive at 4-months. One patient with lung cancer was discharged on home MV. Of patients discharged to the LTAC on MV (n=21), 7 were weaned at 1-month. At 4-months, 3 patients were home and off MV.

Patient outcomes at 1-4 months post discharge (n-80)

| | Alive | Alive and Weaned | Home |
|-------------------|-----------|------------------|----------|
| SD-MICU Discharge | 80 (100%) | 44 (55%) | 1 (1%) |
| 1-Month | 69 (86%) | 45 (56%) | 16 (20%) |
| 2-Months | 67 (84%) | 50 (62%) | 22 (28%) |
| 3-Months | 59 (74%) | 46 (58%) | 29 (36%) |
| 4 Months | 55 (69%) | 44 (55%) | 31 (39%) |

Conclusions: Although the majority of patients survived, few were weaned after SD-MICU discharge and <50% were at home at 4-months. Most patients that weaned did so in the SD-MICU.

Funded By: NINR, NIH RO1 NR05204

Caring for Patients Who Required Prolonged Mechanical Ventilation (PMV): Caregiver Perceptions at 1-Month After ICU Discharge. L.A. Hoffman, RN, PHD¹, F.J. Tasota, MSN¹, C.J. Scharfenberg, BSN¹, T.G. Zullo, PhD¹ and M.P. Donahoe, MD².

Introduction: Patient recovery and weaning from PMV (>6 days) may continue for an extended period of time after ICU discharge. However, little is known about the impact on caregivers. Purpose: To assess the experience of caregiving for patients who required PMV in a stepdown MICU at 1-month after discharge. Methods: Patient demographics and functional ability (Health Assessment Questionnaire) ratings were obtained for 62 patients 1-month after discharge. Caregiver responses were assessed at the same time using a 37-item functional assessment questionnaire (OMFAQ). Results: 69% of the patients were off MV, but only 27% were home. Caregivers spent 6.6 + 6.0 hrs/day providing care and received help from family/friends 3.0 + 2.6 days/week. Overall, they reported few restrictions on their activities. Restrictions were reported to be greater when patients were on MV (p=0.046) or in a facility (p=0.004) compared to home. When patients were home, caregivers rated their contributions to patient well-being higher (p=0.046) and were less resentful (p=0.01) of relatives who did not help them. Only 4 of 18 potential patient problems bothered > 50% of the caregivers. Lower patient functional ability correlated with greater restriction on caregiver burden (r=0.27; p=0.041). Older patients had lower functional ability (r=0.36; p=0.005) and their caregivers reported more restrictions (r=0.26; p=0.043). Conclusions: Although requiring a substantial time commitment and restricting activities, caregiving was not perceived as a major burden. Several factors (patient on MV, not at home, less functional ability) increased perceptions of restrictions and burden.

No Table

2437 Char

348

Words

Leslie A. Hoffman, RN, PhD, Professor, University of Pittsburgh School of Nursing; Frederick J. Tasota, RN, MSN, Research Associate, University of Pittsburgh School of Nursing; Carmella J. Sharfenberg, RN, BSN, Research Associate, University of Pittsburgh School of Nursing; Thomas G. Zullo, PhD, Adjunct Professor, University of Pittsburgh School of Nursing; Michael P. Donahoe, MD, Associate Professor, University of Pittsburgh School of Medicine.

Introduction: Acute Care Nurse Practitioners (ACNP) are increasingly being hired in intensive care units (ICUs) as principal providers of care for critically ill patients. In this role, ACNPs manage a caseload of patients in collaboration with the attending physician. One potential advantage of ACNP practice is the ability to spend a greater proportion of time in patient care activities, compared to physicians-in-training.

Purpose: We sought to determine if there were differences in time spent in various patient care activities by an ACNP and physicians-in-training in a sub-acute medical ICU.

Methods: This study was conducted using a two-group causal comparative design. After obtaining permission from the ACNP and physicians-in-training, we documented the time each spent: 1) coordinating patient care (consulting with other members of the healthcare delivery team and interacting with patients and families); 2) in routine daily patient management (information gathering and documentation); and 3) non-unit activities. Activities performed by both providers were recorded every 10-minutes during 2-hour blocks of time totaling a 40-hour week using a researcher-developed tool. Data were collected for both care providers (ACNP, physicians-in-training) during time periods matched for day of the week and time of day and when only one provider was in the unit. A total of 240 time points (6 observations/hour x 40 hours) were collected for both providers. Data were analyzed using a test for differences between proportions and the normal (z) as its theoretical probability distribution.

Findings:

| Activity | Percentage of time spent in activity | | |
|----------------------------------|--------------------------------------|------------|---------|
| | ACNP | Physicians | z value |
| Coordination of Care | 46% | 16% | 7.20* |
| Routine Daily Patient Management | 42% | 45% | 0.83 |
| Non-unit Activities | 12% | 39% | 6.71* |

p < 0.00001

Conclusions: The ACNP spent an equivalent amount of time managing routine daily patient activities, more time coordinating care, and less time in non-unit activities.

Implications for nursing practice: As a result of more time spent coordinating care and interacting with patients/families, the ACNP may be able to positively impact patient utcomes during the recovery phase of critical illness. Further study is indicated to determine if ACNP practice alters patient outcomes.

Research funding: National Institute for Nursing Research, NIH, RO1 NR05204.

Cutting Words

WORK SAMPLING OF MEDICAL CARE PROVIDERS IN A STEPDOWN MEDICAL INTENSIVE CARE UNIT

LA Hoffman, F J Tasota, C Sharfenberg, T Zullo, M Donahoe. University of Pittsburgh Schools of Nursing and Medicine, Pittsburgh, PA.

Introduction: Acute Care Nurse Practitioners (ACNP) are increasingly being hired in ICUs to provide direct patient care. One potential advantage of ACNP practice is the ability to spend a greater proportion of time in patient care activities, compared to physicians-in-training. We therefore sought to determine if there were differences in time spent in various patient care activities by an ACNP and physicians-in-training in a stepdown medical ICU.

Methods: With provider permission, we documented the time spent in 3 types of activities using a researcher-developed tool. Activities performed by both providers were recorded every 10-minutes during 2-hour blocks of time totaling a 40-hour week. The time periods were randomly distributed over a 40-hour week and occurred when only one provider (ACNP, physician) was in the unit. A total of 240 time points were collected for both providers.

| Time spent in activity, % | ACNP | Physicians | z value |
|----------------------------------|------|------------|---------|
| Routine Daily Patient Management | 42% | 45% | 0.83 |
| Coordination of Care | 46% | 16% | 7.20* |
| Non-unit Activities | 12% | 39% | 6.71* |

^{*}p < 0.00001

Conclusions: The ACNP spent more time in coordination of care, an equivalent amount of time in routine daily patient management activities, and less time in non-unit activities. Further study is indicated to determine if these differences alter patient outcomes.

National Institute for Nursing Research, NIH, RO1 NR05204

1363 Char

213 Words Use of Signal Detection Methods (SDM) to Predict Likelihood of Mechanically Ventilated (MV) Patients Being Home 4-Months After Discharge From a Stepdown (SD)-MICU. Y. Kim, PhD¹, L.A. Hoffman, RN, PhD¹, F.J. Tasota, MSN¹, C.J. Scharfenberg, BSN¹ and M.P. Donahoe, MD². ¹University of Pittsburgh School of Nursing, Pittsburgh, PA and ²University of Pittsburgh Medical Center, Pittsburgh, PA.

Introduction: Identifying patients likely to require long-term care can provide valuable information to clinicians/patients/families at ICU discharge. SDM, a multivariate/nonparametric statistical method, may be more helpful than logistic regression. Advantages of SDM are greater power to detect interactions between predictors and ability to identify patients homogeneous in both outcome and risk predictors, whereas regression identifies those homogeneous in outcome, but heterogeneous in risk predictors. **Purpose:** To identify characteristics of patients on prolonged MV (> 7 days) that predict transfer to home by 4-months, using SDM, with information available at ICU discharge. Methods: Predictor variables for analysis included: age, gender, APACHE III at ICU admission and discharge, Health Assessment Questionnaire (HAQ) scores prior to ICU admission and at discharge, Charlson Comorbidy Score, MV days, and discharge weaning status. Results: 80 patients, home (n=30). Five subgroups were identified based on risk predictors (age, comorbidity, discharge HAQ, and discharge weaning status) with significant chi-squared values at p <0.1. 100% of patients with comorbidity score < 2 and weaned at discharge were home. 66.7% of those with comorbidity score <2, with HAQ scores >2.8 and < 45 years old were home. In contrast, patients with comorbidity scores >2 with HAQ scores >2.8 and >45 years old were the least successful outcome group, 17.4% at home 4 months after discharge. Conclusions: Low comorbidity, weaning success and better functional ability (HAQ) at discharge were predictive of successful movement to home. SDM may be useful to identify outcomes of ICU patients with similar risk factors.

Funded By: NINR, NIH RO1NR05204

Headings

PROLONGED MECHANICAL VENTILATION: OUTCOMES AT 1-MONTH

<u>LA Hoffman, FJ Tasota, CJ Scharfenberg, TG Zullo, MP Donahoe</u>, School of Nursing and Division of Pulmonary, Allergy & Critical Care Medicine, University of Pittsburgh, PA.

Purpose: To determine differences in 1-month health status in patients discharged from a Step-down MICU (SD-ICU) on mechanical ventilation (MV) for < 14 days vs. \geq 14 days. **Sample:** 51 patients on prolonged MV (\geq 6 days) prior to SD-ICU discharge were divided into those who required MV < 14 days (n=18) or \geq 14 MV days (n=33). Subjects were aged 65 \pm 14 vs. 60 \pm 17 years and ventilated for 9.3 \pm 2.5 vs. 27.2 \pm 9.9 days, respectively. **Methods:** Demographics, pre-admission and 1-month measures of HRQoL (SF-36) and functional ability (Health Assessment Questionnaire [HAQ]) were obtained. HAQ scores were also obtained at ICU discharge. **Results:** At 1-month, 43 (84%) of the 51 patients were alive, 57% were off MV, 20% were at home, and 40% had been readmitted at least once to an acute care hospital. HAQ scores showed improved functional ability from discharge to 1-month (P=0.041), but functional ability remained worse than pre-admission (P=0.003) for both groups. There were no between group differences in overall HRQoL or functional ability.

| | <14 Days | ≥14 Days | P value |
|-----------------------------------|----------|----------|---------|
| Alive at 1-month | 83% | 85% | 0.887 |
| Weaned at SD-ICU discharge | 72% | 36% | 0.014 |
| Weaned at 1-month | 72% | 48% | 0.102 |
| Residing at home | 17% | 21% | 0.925 |
| Readmitted to acute care hospital | 38% | 41% | 0.799 |

Conclusions: In this SD-ICU population, mortality was low and > 50% of patients who required prolonged MV (≥ 6 days) were weaned. However, only a minority of the patients were at home and almost half were readmitted to an acute care hospital within 1-month of discharge. Although functional ability improved from discharge to 1-month, neither group had improved to pre-admission levels at 1-month.

National Institute for Nursing Research, NIH RO1NR05204

Advantages and Disadvantages of an Acute Care Nurse Practitioner (ACNP) and Physicians in Training (PIT): Perceptions of ICU Clinicians. C.J. Scharfenberg, BSN¹, L.A. Hoffman, RN, PhD¹, F.J. Tasota, MSN¹, M.B. Happ, RN, PhD¹, and M.P. Donahoe, MD². ¹University of Pittsburgh School of Nursing, Pittsburgh, PA and ²University of Pittsburgh Medical Center, Pittsburgh, PA.

Purpose: To describe perceived advantages/disadvantages of an ACNP and PIT in a step-down MICU. Sample: 17 Nurses (RNs), 5 respiratory therapists (RTs) and 5 attending physicians (MDs) (70% overall response rate). **Methods:** All unit staff (RN, RT, MD) were asked to complete a 2 item survey by listing advantages/disadvantages of ACNP and PIT-managed care. Responses were transcribed and analyzed using qualitative content analysis. Results: Responses were grouped into 4 main categories: Competence/Knowledge, Communication, Accessibility, and Credibility. Advantages of PIT in the area of competence were related to advanced knowledge, specialization, expanded scope of practice, and procedural experience; ACNP advantages included holistic approach, responsiveness, care coordination, continuity, and clinical skills. The ACNP had overwhelmingly positive responses under communication and accessibility while PIT received more negative responses for accessibility due to their off unit duties. Credibility responses pertained to perceived family needs to speak with a physician. The most frequently mentioned ACNP disadvantage was a state imposed practice limitation (ACNP orders had to be co-signed). RN respondents cited the ACNP's nursing background as a positive attribute. RTs were concerned with PIT inaccessibility. MDs focused on comparative positive/negative aspects of competence/knowledge of the ACNP and PIT. Attitudinal characteristics included ACNP devotion/enthusiasm and PIT boredom/disinterest. Conclusions: Responses reflected unique advantages of both care providers and basic role distinctions. Perceptions of the advantages/disadvantages of the ACNP and PIT varied by discipline.

Funded By: NINR, NIH RO1NR05204

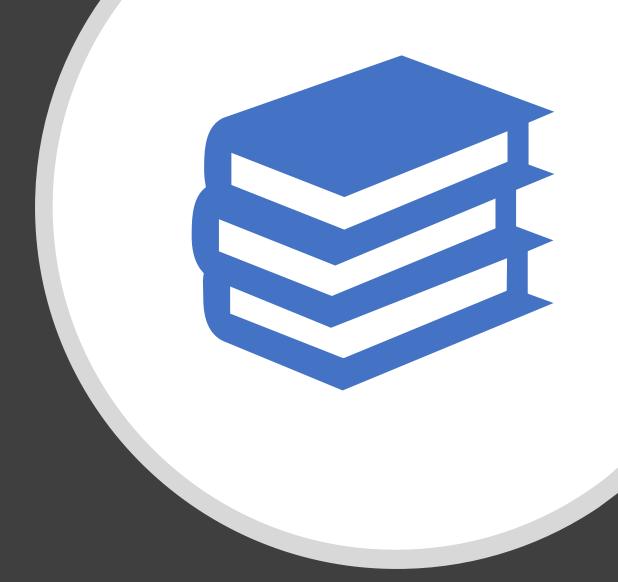


Myth # 4 - No one will find this important

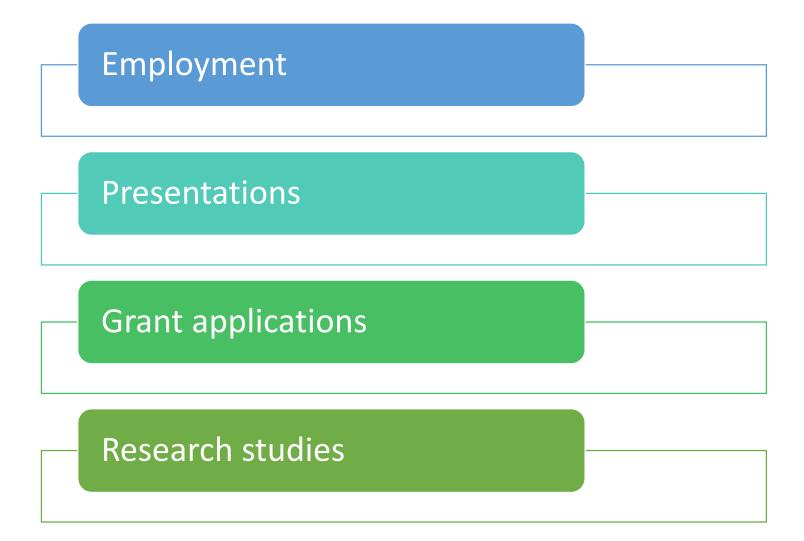
Celebrate it was accepted!

Curriculum Vitae Latin: "Course of Life"

"a short account of one's career and qualifications prepared typically by an applicant for a position" (Merriam-Webster, 2018)



Uses of a CV



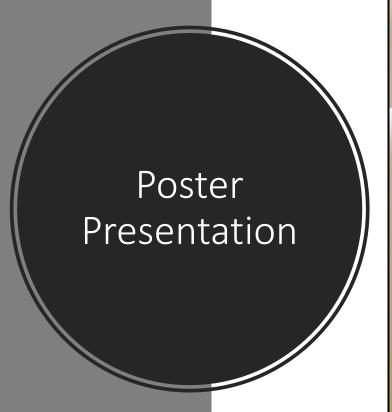
Components of a CV



Examples

Donna M. Weyant (Flook), MSN, RN, CPN
Street Adress
City, State, Zip
(home phone)
(Cell Phone)

| Education | |
|-------------------------|---|
| 2006 – 2008 | Waynesburg University Canonsburg, Pennsylvania Master of Science in Nursing – Education Focus |
| 2003 – 2005 | California University of Pennsylvania California, Pennsylvania Bachelor of Science in Nursing |
| 1981 – 1984 | Conemaugh Valley Memorial Hospital School of Nursing, Johnstown, Pennsylvania Diploma in Nursing |
| Professional Experience | |
| Dec 2016 – Present | Children's Hospital of Pittsburgh of UPMC, Pittsburgh, PA. Manager, Nursing Ed, EBP, and Research |
| June 2016 – Present | Waynesburg University, Waynesburg, PA Adjunct Faculty – RN to BSN Program Health Policy, Quality, & Patient Safety NUR428 |
| Sept 2015 - Oct 2015 | Waynesburg University, Waynesburg, PA. Adjunct Faculty – RN to BSN Program Applied Statistics MAT215 |
| Oct 2014 – Present | Waynesburg University, Waynesburg, PA. Adjunct Faculty – RN to BSN Program Evidence Based Practice NUR411 and NUR412 |
| Mar 2013 – Dec 2016 | Children's Hospital of Pittsburgh of UPMC, Pittsburgh, PA. Advanced Clinical Education Specialist, EBP & Research |
| Jun 2010 – Mar 2013 | Children's Hospital of Pittsburgh of UPMC, Pittsburgh PA. Advanced Practice Nurse Evidence-Based Practice and Nursing Research |



Hospitals Collaborating with Community Resources for Improved Infant Sleep Practices





Donna Weyant, MSN, RN, CPN & Durae Vincze, MSN, RN

Introduction

4,500 Infants dies annually in the United States of no apparent causes

The American Academy of Pediatrics (AAP) developed recommendations for sate infant sleep, but there was a lack of education for inpatient nurses and role modeling for families on these practices

This lack of education and modeling was the foundation for the development of a Safe Sleep Committee within a large pediatric urban hospital using the Health Promotion Model by Pender (1982)

Background

The latest recommendations from the AAP issued in 2011 including expanded focus on the safe sleep environment in an effort to reduce SIDS. Specific recommendations for healthcare provider education and role modeling of safe sleep practices. (AAP, 2011)

Although 85% of NICU nurses can identify strategies to reduce risk of SIDS, there is still inconsistencies for implementing those strategies (Grazel, Phalen, Palamano, 2010)

Allegheny County, Pennsylvania which Children's Hospital of Pittsburgh of UPMC is located has reported 68 infant deaths from 2005 to 2009 related to SIDS or unknown causes. (Allegheny Department of Health)

Implementation

Development of a Safe Sleep Committee and collaborative partnership with SIDS of Western Pennsylvania/ Cribs for Kids® was established. Community partners were active members on the monthly committee.

Strategies / Accomplishments of Collaborative:

- . Development of a hospital policy on infant sleep environment
- · Staff education
- · Auditing of safe sleep practices for inpatients less than 1 year of age
- Participation in a Safe Sleep Fair and the yearly Family Education

 Fair
- Speaking engagements internally and externally on a national level on safe sleep
- · Education at local women shelters
- · Fundraising activities
- Implementation of the Cribs for Kids® program for inpatients which includes:
 - · Inpatient screening in electronic medical record
 - · Social service consult for + screen
 - . Distribution of Pack-N-Play®
 - Education to families
 - · Follow up phone calls to families

Safe Sleep Jair

Results

SAFE SLEEP PRACTICE COMPLIANCE

- Back to sleep 90.4%
- No other items in crib 50%

PARTNERSHIP:

 Successful partnership established with community resources





EDUCATION:

 937 staff members educated on safe sleep practices

FUNDRAISING EFFORTS:

- CHP created team and has participated in the last 5 years for Breath of Life Stroll.
- Raised \$____ towards Cribs for Kids® program

CRIBS for KIDS® PROGRAM:

- . 50 Pack-N-Plays distributed to families
- Follow up phone calls for Cribs for Kids
 Program
- 100% of families felt the program was helpful
- 71% of families used the always and 29% responded most of the time

Contact Information

Donna Flook-Weyant, MSN, RN, CPN

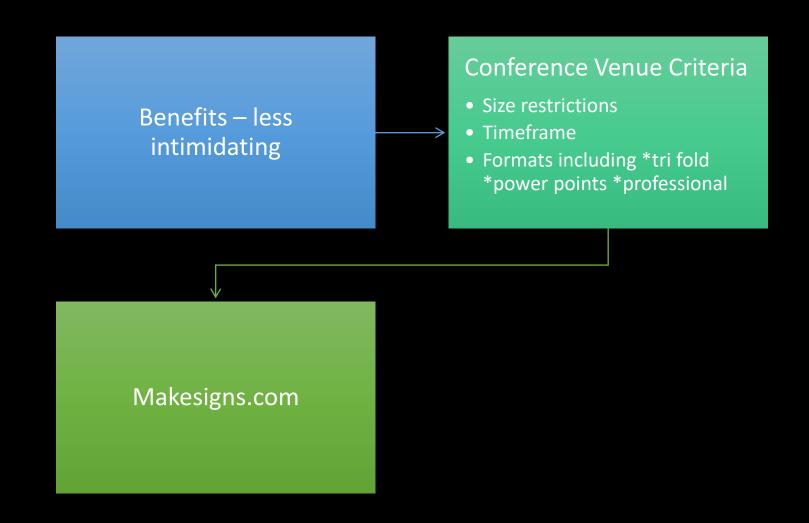
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Poster Development



Format

Common Headings Font Size Colors Images, tables, and graphs Logos

Examples of Posters





Have You Seen Our Mojo: Creating a Great Place to Work

Katherine Gaughan BSN, RN, CPN Children's Hospital of Pittsburgh of UPMC

Purpose

To create an environment within a tertiary pediatric hospital that cultivates nursing satisfaction by promoting teamwork, fellowship, respect, acknowledgement, and fun.

Significance

- Organizations that have high employee satisfaction have shown improved patient
- The project unit showed mean scores on the NDNQI Nursing Survey were well below the national mean.
- Innovative approaches to promote nursing satisfaction were created.

Literature

- . Less than quality work environment can lead to lower patient satisfaction scores (Larson, J., 2012)
- Create a nurturing environment through use of reward and recognition to have staff feel valued (Rodak, S., 2012)
- . Enhancing staff happiness should be a normal part of all workplaces (Kelley, D.,
- * Positive work environments can increase levels of job satisfaction and staff retention through visibly, accessibility, recognition, and support (Duffield, C., Roche, M., Blay, N., & Stasa, H., 2010)

Implementation

Using two of the Strategic Plans Guiding Principles related to incorporating fun and reward and recognition, several innovative strategies were devised and implemented on an acute care pediatric unit.

* Cheer Virus

* Coffee Bar

Snack Chat

♦ Phoebe the T-Rex

❖ Sunday Family ❖ What a Crock Dinner

Wednesday

❖ Whale Done

* Tutus on Tuesday

* Tunes on Tuesday

♦ Novice Nurse

5.0.5.

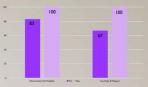


Put a little fun into your workplace!

Outcomes



September 2016 to September 2017



Conclusion

Improving the workplace environment for nurses through initiatives that improve a sense of well-being, promote recognition of others, and foster teamwork can create a great place to work and ultimately impact patient outcomes.

Contact Information

Katherine Gaughan BSN RN CPN 412-692-5033

References available upon request



Title should accurately and succinctly describe study (Limit 10 words)



List author(s)/ key personnel (First name, Last name, Credentials)

Example: Mary Smith MSN RN PNP

Introduction or Problem

Methodology

Results

Conclusion

Literature

References





Title should accurately and succinctly describe study (Limit 10 words)



List author(s)/ key personnel (First name, Last name, Credentials)

Example: Mary Smith MSN RN PNP

| Introduction or Problem | Methodology | Results | |
|--|--|------------|--|
| | Ksafkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkk | Conclusion | |
| | kkkkkkkkkkkkkkkkkkkkkk | Conclusion | |
| Literature | Audi Fo | References | |
| kkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkk | | | |



Alpha -1 Antitrypsin Deficiency

Alpha - 1 antitrypsin, a protein produced primarily by hepatocytes, protects the body from proteases, in particular the powerfully destructive protease neutrophil elastase. Neutrophil elastase is released from WBC's during times of infection and without normal functioning alpha -1-antitrypsin the neutrophil elastase can cause significant pulmonary damage.

Individuals with alpha - 1 antitrypsin deficiency have a genetic mutation in the gene that produces alpha - 1 antitrypsin.

- Normal serum alpha 1 antitrypsin production is decreased or the alpha - 1 antitrypsin mis-folds
- > forming long chains of non-functional alpha-1-antitrypsin

The abnormally folded long chains of non-functional alpha -1 antitrypsin can have devastating effects on the liver.

- Non-functional alpha -1 antitrypsin accumulates in the liver's endothelium reticulum
- causing hepatocyte cell death
- leading to liver dysfunction
- progressing to jaundice, cirrhosis, ascites, portal hypertension progressing to end stage liver disease Medical treatment is limited for the individual with alpha 1 antitrypsin deficiency and is focused on management of

the liver dysfunction. Liver transplant is a definitive cure as the new liver will be able to produce normal levels of functional alpha - 1 antitrypsin.



Crigler - Najiar

Crigler-Najjar is an inherited disorder of hepatic bilirubin metabolism. The hepatic enzyme, Uridine Diphosphate Glucuronosyltransferase (UDGT), is responsible for bilirubin conjugation.

Individuals with Crigler - Najjar have total absence of normally functioning UDGT enzyme resulting in impaired bilirubin conjugation.

- Significant increase of unconjugated bilirubin
- accumulating in basal ganglia and cerebellum
- causing neuronal cell death
- progressing to neurological dysfunction, coma,

Treatment for Crigler-Najjar involves the individual spending several hours, (8-14 hours), a day under specialized LED blue light therapy.

Issues with the LED blue light therapy include:

- Skin maturation and prolonged LED blue light use increases skin thickness
- > longer time under the lights to achieve normal bili levels
- LED beds are custom made with a custom price tag
- Quality of life can be negatively impacted

Liver transplantation provides the individual with Crigler-Najiar the UDGT enzyme, thus eliminating the need for the LED blue lights, eliminating the risk of kernicterus and improving the quality of life for the individual and their family.

Maple Syrup Urine Disease

Maple Syrup Urine Disease is an inborn error of amino acid metabolism. Branch chain α-ketoacid dehydrogenase (BCKAD) is an enzyme that breaks down amino acids. Individuals with MSUD have impaired activity or lack of branch chain alpha keto acid dehydrogenase. This causes branch chain amino acids (BCAA) and alpha keto acids to accumulate in tissue and plasma producing neurotoxic effects .also known as acute metabolic crisis.

- Body is in a state of catabolism.
- Can occur with any common illness, fasting, physical and psychological stress.
- Initial presentation with lethargy, irritability, sluggish, poor feeding,
- Progressing to severe neurological decompensation
- coma, brain herniation, and death

Individuals with MSUD

- Need to be close to centers that can appropriately manage a crisis
- * Require a protein restricted diet
- * Require specific MSUD formula, sick day formula, specific TPN
- Require frequent blood sampling
- Usually experience ADHD, anxiety, depression.

With liver transplantation, the individual with MSUD can have a normal diet and the fear of metabolic crisis is a past memory. Additionally, the individual's native liver can be transplanted into another individual (domino transplant) or

Urea Cycle Disorders

The urea cycle is the one and only bio-chemical processing agent that transforms excess nitrogen into urea. The urea is then able to be eliminated from the body.

Urea Cycle Disorders:

- Life threatening disorders of protein metabolism.
- Excess/ waste nitrogen not converted to urea
- Nitrogen accumulates in body
 - ammonia levels increase
 - hyperammonemic metabolic crisis
 - Irritability, poor feeding ,hypotonia, seizures, abnormal neuro changes, coma, and potentially death

Urea Cycle Disorders include::

- Ornithine transcarbamylase = OTC
- Carbamyl-phosphate-synthetase-1 = CPS1
- Argininosuccinate synthetase = Citrullinemia
- Argininosuccinate lyase deficiency = ASL
- Children with an UCD require:

Protein restricted diet

- Specific formula
- Nitrogen scavenging medications

With liver transplant, the enzyme deficiency is replaced,, diet is normalized and the risk of devastating neurological damage from hyperammonemia is nonexistent. The quality of life for the child and family is greatly improved.





The rationale for performing a liver transplant on an individual with a metabolic disorder is to replace the missing enzyme so that the liver transplant can be considered curative but also to significantly improve the quality of life for the individual and family.

ALPHA -1-AT, CN, MSUD, AND UCD ---OMG WHAT DO ALL OF THESE LETTERS MEAN AND WHY DO THEY NEED A LIVER TRANSPLANT?

Crigler - Najjar

Crigler-Najjar is a disorder of bilirubin metabolism. The enzyme, Uridine Diphosphate Glucuronosyltransferase (UDGT), is responsible for bilirubin conjugation.

Individuals with Crigler – Najjar lack the UDGT enzyme resulting in impaired bilirubin conjugation.

- Significant increase of unconjugated bilirubin
 - > resulting in hyperbilirubinemia.
 - progress to kernicterus
 - > neurological dysfunction, coma, death.



Treatment for Crigler-Najjar involves the child spending several hours a day under LED blue light therapy

- Compliance
- Skin becomes thicker it takes longer achieve satisfactory results.
- LED beds are custom made with a custom price tag
- Quality of life can be negatively impacted

Liver transplantation provides the individual with UDGT thereby eliminating the risk of kernicterus and improving the quality of life for the individual.



Alpha 1 Antitrypsin Deficiency

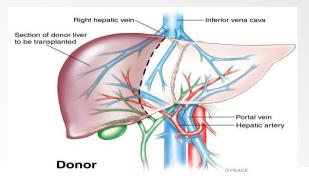
Alpha 1 antitrypsin is a protein produced in the liver. Alpha 1 antitrypsin protects body from neutrophil elastase, a powerful destructive enzyme released from WBC's to help fight infection, and it is released during times of inflammation.

Individuals with Alpha 1 antitrypsin deficiency have a genetic mutation in the gene that produces A1AT.

- Normal Alpha 1 Antitrypsin production is decreased
- Alpha 1 antitrypsin mis -folds
- forming long chains of non-functional alpha 1 antitrypsin
 - Devastating effects on the liver and or lungs
 Accumulate in the liver's endothelium
 - Accumulate in the liver's endothelium reticulum
 - causing cell death
 - liver dysfunction
 - > jaundice, cirrhosis, ascites, HCC
 - progressing to end stage liver disease



Liver transplant is a definitive cure as the new liver will be able to produce normal levels of functional alpha 1 antitrypsin.



Maple Syrup Urine Disease

Maple Syrup Urine Disease is an inborn error of amino acid metabolism. Branch chain keto acid dehydrogenase (BCKAD) is an enzyme that breaks down amino acids. Individuals with MSUD have impaired activity or lack of branch chain alpha keto acid dehydrogenase. This causes branch chain amino acids (BCAA) and alpha keto acids to accumulate in tissue and plasma

- Producing neurotoxic effects
- Metabolic crisis
 - body is in a state of catabolism
 - can occur with any common illness, fasting, physical and psychological stress.
 - can start with lethargy, irritability, sluggish, poor feeding.
 - progressing to neurological decline that can end in coma, brain herniation, and death
- Individuals with MSUD
- Require a protein restricted diet,
- Specific MSUD formula + sick day formula
- Geographic concerns
- Adolescent & adult concerns include ADHD, anxiety, and depression
 - can negatively affect work, social life, quality of life, and employment.



With liver transplantation, the individual with MSUD can have a normal diet and the fear of metabolic crisis is a past memory. In addition, the individual's native liver can be transplanted into another individual (domino transplant) or the liver can be used for hepatocyte transplant.



Urea Cycle Disorders

The urea cycle is the one and only bio-chemical processing agent that transforms excess nitrogen into urea so that it can be excreted out of the body.

Urea Cycle Disorders

- Life threatening disorders of protein metabolism.
- Excess/ waste nitrogen not converted to urea
- Nitrogen accumulates in body
- > ammonia levels increase
- hyperammonemic metabolic crisis
- hypotonia, seizures, abnormal neuro changes, coma, and potentially death

Urea Cycle Disorders include:

- Ornithine transcarbamylase = OTC
- Carbonyl phospate synthase = CPS1
- Argininosuccinate synthetase = Citrullinemia
- Argininosuccinate lyase deficiency = ASL

Children with an UCD require:

- Protein restricted diet
- Specific formula
- Nitrogen scavengers

Parents live in fear of a hyperammonemia crisis and the potentially fatal outcome



With liver transplant, the enzyme deficiency is replaced, diet is normalized and the risk of potential devastating neurological damage from hyperammonemia is non-existent



The rationale for performing a liver transplant on an individual with a metabolic disorder is to not only replace the missing enzyme so that the liver transplant can be considered curative but also to significantly improve the quality of life for the individual and family.

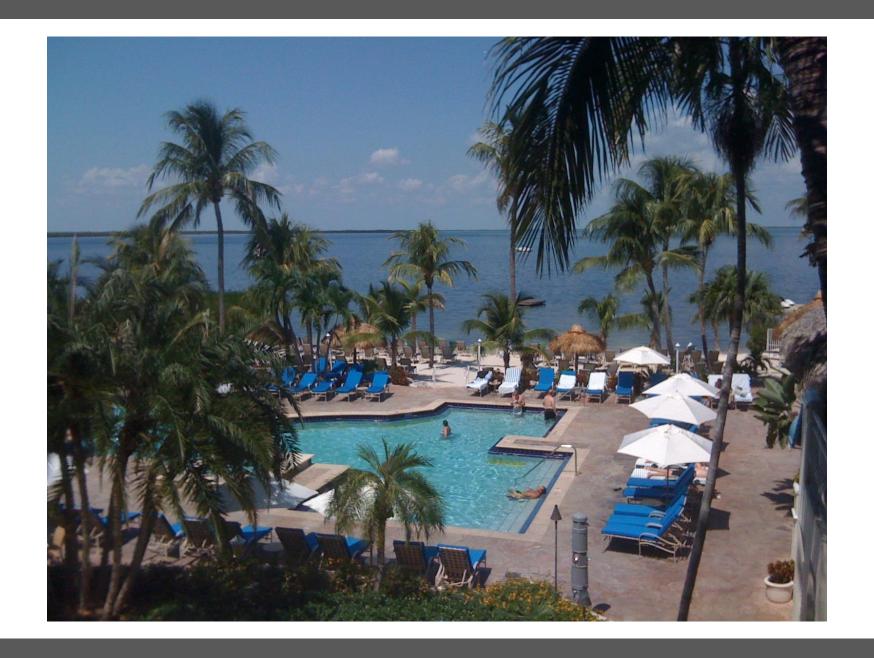


- Identify learning objectives
- Target audience and allotted time
- Develop outline of content to be covered – if using ppt rule of thumb allow 1 minute for each slide/ 6 lines/slide
- Practice

Teaching Strategies

- Type of teaching strategies
 - Lecture
 - Discussions
 - Interactive activities
- Audio visual equipment

- Audience Participation
 - Menti-meters
 - Turning point
- Videos
- Storytelling



Professionalism with presentations

- Attire
- Poster
- Attention
- Speech
- Knowledge
- Contact information



www.menti.com 591283

You have published an article





Publications: Being inspired to write... Write about what you know

- Is there a new skill that you can share with others?
- What enthuses you about your nursing practice?
- Is there an interesting experience/patient that could be a case study?
- Were you part of a research or quality project?



Publication Considerations

- Find a journal that aligns with your project – library system
- Check Author Guidelines
- Query letter
- Submission Guidelines
- Electronic submissions clock ticking wait till draft manuscript



- OHN Resources
- → Online Store
- Workplace Health & Safety Journal
- Awards & Recognition
- ▶ Chapter Awards
- ▶ Fellows
- Occupational Health Nurses Week
- ► Salary Survey
- ▶ Member Discounts
- ▶ Monthly Newsletter

WORKPLACE HEALTH & SAFETY JOURNAL

Workplace Health & Safety: Promoting Environments Conducive to Well-Being and Productivity is the official publication of the American Association of Occupational Health Nursing, Inc. (AAOHN). It is a scientific peer-reviewed Journal. Its purpose is to support and promote the practice of occupational and environmental health nurses by providing leading edge research findings and evidence-based clinical practices. It publishes articles that span the range of issues facing occupational and environmental health professionals, including emergency and all-hazard preparedness, health promotion, safety, productivity, environmental health, case management, workers' compensation, business and leadership, compliance and information management.

Workplace Health & Safety staff invite you to **submit original manuscripts** related to occupational and environmental health and safety issues and other areas impacting workers and/or work and community environments.

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- · An emphasis on practice roles
- · Health Updates, that focus on emerging topics within the profession
- · Content dedicated to business and leadership skills

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MANUSCRIPT PREPARATION

Manuscripts should be between 3,700 and 4,200 words, not to exceed 20 typed pages. Manuscripts should be written in the third person. They must conform to the following guidelines:

- Typing. Double space throughout the manuscript, including acknowledgments, abstract, text, references, figure legends, and tables. All pages should be numbered.
- Title Page/Author Information. All uploaded manuscript files should be devoid of author identifiers (e.g., name, institution), including title page, to facilitate blind peer review.
- Abstract. All articles require an unstructured abstract of 50 to 150 words.
- Style. Manuscripts must conform to the guidelines for manuscript preparation of the *Publication Manual of the American Psychological Association*, 6th ed. (2010).
- References. References must conform to APA style. The authors are responsible for the accuracy of references.
- Tables. Tables should be placed at the end of the manuscript, one to a page.
- Figures. Digital images should be high resolution (at least 300 dpi) and saved in JPEG or TIFF format. Image files should be uploaded separately from manuscript text file; images embedded in Word files and PowerPoint® slides are not acceptable. Figure legends should not be included in the graphic files.
- Author Biographies. All article types, except Current Topics and Letters to the Editor, should include a short biography for each author. The biographies should be 1-2 sentences and include credentials (PhD, MA, CDE, etc.). Do not use titles (Dr., Ms., Mr., etc.).
- Permissions. Authors must inform SAGE if tables, photos, or illustrations have been previously published, whether by the author or another entity. Authors are responsible for obtaining permission from copyright holders for reproducing any illustrations, tables, figures or lengthy quotations previously published elsewhere. For further information including guidance on fair dealing for criticism and review, please visit our Frequently Asked Questions on the SAGE Journal Author Gateway.
- Content from U.S. government websites (e.g., NIH, CDC, USDHHS) is in the public domain and generally can be used without permission.

Process ConsiderationsPre Submission

Query Letter:

Concise statement about the purpose of the manuscript, potential audience, relevance to the journal, biography of you and proposed timeframe.

• Authorship:

Consider the order of authors, contribution to the work and contribution to the writing

• Team:

May want to consider partnering with peers and writing with a previously published peer

Plan time to write

Process Considerations- Submission

- Review...Rewrite...Review...Rewrite
- Obtain objective reviews before submission.
- Submit and Wait
 - Accepted with minor revisions
 - Accepted with major revisions
 - Declined
- Responding to Reviewer Comments
 - Timely
 - Specific







Use of citations

Permission for replicating tables/graphs/figures

Patient /institution privacy



What are resources to help you succeed

Grant Funding: Current State

PRO

- Numbers of nurses taking steps to advance the profession through research.
- Numbers of nurses making substantial contributions to patient outcomes through research.

CON

- Competition for funding
- Funds available

NIH average funded proposals are decreasing.



 Same ones as listed for abstract writing.....

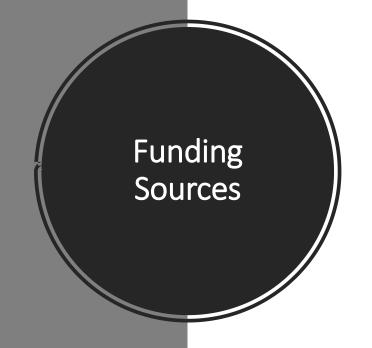
Plus

\$\$\$ No money available

Money may be available



- How to we get the money?
- Local better
- Professional organization, non profits
- Criteria usual components –
 Problem/ background/
 significance/ methods/ design/
 data collection/ outcomes/
 budget
- Any restrictions with grant money
- Working with grants department / legal – contract.



| Government | NIH AHRQ | http://grants.nih.gov.grants.tips.htm |
|-------------------------------|---|---------------------------------------|
| Foundations/ Organizations | American Cancer American Heart Association Robert Woods Johnson Foundation | |
| Professional Organizations | AACN Medical Surgical Nursing Society of Critical Care Medicine American Nurses Association Sigma Theta Tau | |
| Industry | Pharmaceutical | Certain product |
| Local | Beckwith Sigma Theta Tau Foundations Greater Pittsburgh Nursing Research | |

AACN grants (aacn.org)

Small grants

12 \$ 500

6 \$ 1000

1 \$ 1500

All academic for degree

Large grants

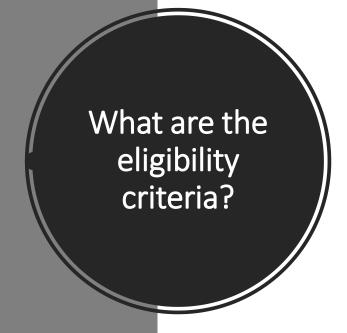
1\$ 6,000

2 \$ 10,000

1 \$ 15,000

3 \$ 10,000 q. 3 yrs

 3/5 for academic degree



Membership in organization

Use for Academic degree may be allowed

Mentorship specified

Do the funding agencies priority areas match your specific program or research project? (extra points)

Some agencies request proposals on certain topics.

Grant money

Check local, employer rules related to funding

Office and Grants and Contracts

How will money be distributed?

How will money be divided?

Biosketch – is not a CV

Qualifications, etc @ top

Personal Statement:

 Briefly describe why your experience and qualifications make you particularly well-suited for your role (e.g., PD/PI, mentor, participating faculty) in the project that is the subject of the application.

Positions and Honors:

 List in chronological order previous positions, concluding with the present position. List any honors. Include membership on any Federal Government public advisory committee.

Projects

 List ongoing and completed projects for past 3 years Begin with projects most relevant to the project/research proposed.

Publications

- Do not include manuscripts submitted or in preparation.
- Choose based importance / relevance to proposed research.

Don't pad to make impressive.

Example Grant Application



LADIES HOSPITAL AID SOCIETY (LHAS) CHARITABLE ALLOCATIONS PROGRAM 2012-2013

DEADLINE: FRIDAY, MAY 11, 2012

The LHAS Allocations/Distribution Committee will meet to review and recommend grant proposals to the LHAS Board of Directors in June 2012. To qualify for these financial resources, applicants must meet specific criteria related to the LHAS mission: To provide support to the sick and the poor living in our diverse neighborhoods.

Grants are not made to individuals, to underwrite salaries, fellowships or support capital campaigns. Projects are reviewed and <u>awarded on an annual basis</u>. An applicant may re-apply each year with a maximum of funding for three (3) consecutive years.

Awards may range from \$1,000 to \$15,000. Notification of awards will occur in June and will be recognized at our annual Gala in August.

Applicants are requested to submit one (1) original and thirteen (13) copies.

CRITERIA FOR AWARDS

- Demonstrated need for funding
- Number of beneficiaries
- Project's contribution to the community in compliance with the LHAS purpose
- · Recognition of LHAS in all in publicity and materials related to this grant
- Innovation and creativity
- Sustainability
- Final evaluation and expenditure reports will be required semi-annually for every grant awarded

APPLICATION PROCEDURE

- 1. Complete and submit the LHAS CHARITABLE ALLOCATION APPLICATION.
- II. Organization Narrative
 - History
 - Mission and goals
 - Current programs and activities
 - Accomplishments

III. Outline

- Describe program or project
- Identify needs/problems to be addressed and number of people served
- Define program or project as new or continuing program or project
- Identify other organizations, partners or underwriters participating in program or project and their roles
- Provide timetable for implementation
- Program or Project Budget (refer to Addendum 1)
- Identify long-term funding resources

Resources

Mentors

Taking advantage of fellowships/residencies

Partnerships

Student support –
guiding student
work and partnering
with them

Web sites available (OWL at purdue/ tutorials on makesigns.com)

Seek out workshops for professional development (webinars)

