

Kappa Theta Research Day

April 21, 2017

Abstracts

## **Speakers' Abstracts**

**Occupational Skin Disease Prevention:  
An Educational Intervention for Hairdresser Cosmetology Students**

**Kara Haughtigan**

Abstract

Cosmetologists frequently develop occupational skin disease related to workplace exposures. The purpose of this study was to evaluate an educational intervention on occupational skin disease knowledge and use of preventive practices in cosmetology students. A quasi-experimental design was utilized and the variables of knowledge, behaviors, intentions, expectancies, and expectations were evaluated. A 20 minute verbal presentation and a printed two page educational handout were provided for participants. There were statistically significant increases in knowledge, frequency of application of gloves, and frequency of moisturizer application, but no increase for frequency of hand washing. Additionally, the behavioral strategies subscale, the intention subscale, and expectancies showed statistically significant increases. The results of this study suggest use of an educational intervention can increase knowledge of occupational skin disease and use of preventive strategies for cosmetology students.

*Keywords:* occupational skin disease, prevention, education, cosmetology

# **Primary Care Advanced Practice Registered Nurses' Knowledge of Posttraumatic Stress Disorder and Screening**

**Kim Link**

Abstract

**Background:** Posttraumatic stress disorder (PTSD) is a debilitating condition that may occur after an individual has been exposed to, or has witnessed a traumatic event. Due to shortages of psychiatric providers, individuals with PTSD may seek treatment within the primary care setting; however, the disorder may not be diagnosed by primary care providers (PCPs). PCPs might not have adequate knowledge of PTSD and PTSD screening.

**Methods:** A descriptive cross-sectional study design was utilized to examine primary care advanced practice registered nurses' (APRNs') PTSD screening knowledge and screening practices, along with APRNs' subjective norms, attitudes, and self-efficacy regarding PTSD and PTSD screening. An electronic anonymous educational needs assessment survey was administered to primary care APRNs in a mid-southern state.

**Results:** Sixty-nine APRNs met inclusion criteria, with the majority being family nurse practitioners. Deficiencies in general knowledge of PTSD and PTSD screening were identified. The majority of APRNs had low confidence in their ability to screen for PTSD. The majority of APRNs agreed that screening for PTSD was within their scope of practice and believed that they were responsible for identifying patients who should be screened for PTSD, although only 55% of APRNs stated that PTSD screening was a component of their practice. Only 39.1% of APRNs felt that PTSD screening was important in practice and APRNs identified numerous barriers to screening for PTSD.

**Discussion:** Primary care APRNs may need additional education on the symptoms of PTSD and the various types of trauma exposure that can lead to PTSD. Primary care APRNs may need more education on PTSD screening tools that can be used in primary care. Confidence in screening for PTSD may potentially be improved with increased knowledge. Additional research is needed to understand the discrepancies between APRNs' reported subjective norms and PTSD screening practices. Additional research is also needed to better understand primary care APRNs' attitudes and perceived barriers to screening for PTSD.

**Conclusions:** This study indicates deficiencies in primary care APRNs' knowledge of PTSD and PTSD screening practices. Additional education and training are needed to improve upon this knowledge. Additional research is needed to better understand how self-efficacy, attitudes, and subjective norms may be related to primary care APRNs' PTSD knowledge and screening practices.

# **A Skin Cancer Educational Program: Knowledge, Behavior, and Attitudes of High School Freshmen**

**Emiley Button**

## **Abstract**

**BACKGROUND:** Sun damage received in childhood and adolescence can cause skin cancer and melanoma later in life. The purpose of this project was to determine if skin cancer and melanoma education with ultraviolet photography would influence high school freshmen attitudes about sun protective behaviors.

**METHODS:** During the fall of 2016, a quantitative project used a quasi-experimental, non-equivalent group design to examine the impact of a skin cancer and melanoma educational program with and without ultraviolet photography could have on high school freshmen's knowledge, attitudes, and behaviors of skin cancer/melanoma and sun protection.

**RESULTS:** The skin cancer and melanoma educational presentation did increase high school freshmen's knowledge; however, their practice of sun protective attitudes and behaviors was unchanged. Incorporating ultraviolet (UV) photography into the education was not any more effective than education alone.

**CONCLUSIONS:** Implementation of skin cancer and melanoma education may lead to a decrease in incidence, which will also decrease the deaths related to melanoma, as well as the costs associated with treatment of skin cancer and melanoma.

*Key words:* skin cancer, melanoma, education, sun protection, knowledge, attitudes, behaviors,

UV photography, derma scan

## **Ensuring Patient Safety: A Lesson in Observation**

**Kim Pharris**

### **Abstract**

Nurses have a responsibility to provide competent care and minimize the risk of harm. Members of the healthcare profession must value their roles in preventing errors. Many errors are preventable and the nurse plays a critical role in maintaining a hazard-free patient care environment. Patient outcomes can be significantly impacted by errors in healthcare. The care provider should constantly evaluate the patient's condition, as well as, the patient care setting. A nurse's mindset must always be on the prevention of errors and the priority should be safety. The Quality and Safety Education for Nurses (QSEN) project was developed out of a need to educate current and future nurses and defines six competencies that encompass all aspects of nursing practice. Simulations can reinforce these competencies in both the academic and clinical setting. The nurse must utilize observational skills to be constantly aware of the potential errors that could negatively impact a patient's safety. Nurse educators have a responsibility to train students to provide competent, safe care. These safety skills must be refined as the student proceeds through the nursing program and students must learn to value the individual role in the prevention of errors. Nurses are required to engage in critical thinking and clinical judgment and these skills can be sharpened through the use of patient safety simulations such as The Room of Errors.

*Keywords:* QSEN, patient safety, Room of Errors, nursing safety, pediatric nursing

## **Poster Presenters' Abstracts**

# **Reducing Anxiety and Depression amongst Cancer Patients**

**Megan M. Bickett**

## **Abstract**

Anxiety and depression often occurs at an increased rate in ill populations, especially in patients who have been diagnosed with cancer. Over the years, research has shown that there is a growing need for psychosocial care and that it also plays a very important part to the overall care of patients who have been diagnosed with cancer. While the main goal is to extend the life of patients who have been diagnosed with cancer, it is also important to consider how well these patients are living. Anxiety and depression in adults who have been diagnosed with cancer are well documented. It is vital that these patients have access to psychosocial care in order to improve their quality of life. Since there is such a negative correlation of anxiety and depression and the impact that it has on cancer patient's health, health care professionals need to be educated on stress management techniques in order to teach them to their patients. They also need to know: what are the most effective evidenced based strategies to reduce anxiety and depression in patients who have been diagnosed with cancer? Electronic online searches included the following databases: PubMed, CINAHL and EBSCOhost. A common intervention that was discussed, researched and found to be helpful was the use of cognitive behavioral therapy. The literature showed that there was a need for more widespread randomized control trials (RCT) in order to determine the usefulness of these strategies in reducing anxiety and depression.



## **Duration of Breastfeeding and Health Benefits**

**Ginger Clarke**

### **Abstract**

An expectant mother receives many mixed messages regarding the health benefits of breastfeeding, including how long to breastfeed, for the newborn to receive maximum benefit. Many mothers mistakenly believe they have to feed their infant only breast milk for at least one year for any benefits to occur. The current recommendations by the World Health Organization and the American Academy of Pediatrics regarding the duration of breastfeeding may be overwhelming for mothers who plan to go back to work soon after delivery or have other obligations. The clinical question this poster presentation asks is: in infants under one year of age, does breastfeeding for less than one year benefit immunization, leading to fewer visits to the doctor's office? A review of literature was conducted utilizing databases from Medline, PubMed, Cumulative Index to Nursing and Allied Health Literature and the EBSCOhost. Peer reviewed journals were reviewed from 2010 to present. Evidenced-based findings were that infants who are breastfed for any length of time receive added immunity and health benefits. Infants are less likely to develop certain illnesses from receiving the mother's immunity and immunoglobulin in breastmilk. These benefits can include decreased visits to the doctor for otitis media, allergies, respiratory tract infections just to name a few. Obviously, the longer the mother breastfeeds, overall health increases for both moms and babies. Giving mothers the tools and education to decide how long to breastfeed may increase the number of mothers who choose breastfeeding over bottle, if only for a short duration.

*Keywords:* breastfeeding, duration, infant health benefits

## **Effective Delirium Assessment Scales in ICU Patients**

**Mollie E. Lawson**

### **Abstract**

**Background/significance:** Delirium is a common brain dysfunction exhibited by an acute and fluctuating change in consciousness and cognition affecting up to 80% of elderly, intensive care unit (ICU) patients. Delirium can cause an increase in morbidity and mortality, increased time on a mechanical ventilator, and increased hospital length of stay. This is commonly underdiagnosed placing the assessment of delirium for early diagnosis at the forefront of treatment. The most commonly used assessment scales for critically-ill patients include the Confusion Assessment Method for the ICU (CAM-ICU) and the Intensive Care Delirium Screening Checklist (ICDSC).

**Clinical question:** In ICU patients, is the CAM-ICU compared to the ICDSC more effective in assessing delirium?

**Search method:** A literature search was conducted using PubMed, CINAHL, and EBSCOhost to review literature pertaining to the CAM-ICU and ICDSC assessment scales within the last 7 years with the exception of original scale validation studies.

**Evidence-based findings:** The CAM-ICU is an interactive scale completed in one to two minutes by directly interacting with the patient. The ICDSC is an indirect measurement using a checklist in seven to eight minutes evaluating behaviors of the previous 24-hour period. The sensitivity of the CAM-ICU and ICDSC scales are 95-100% and 99% respectively. Specificity for the CAM-ICU scale is 89-93% and for the ICDSC 64%. The interrater reliability of the CAM-ICU is 0.89 and 0.94 for the ICDSC.

**Clinical practice implications:** While the ICDSC has a higher interrater reliability, the CAM-ICU scale is brief, easy to use, accurate, and has higher sensitivity and specificity. The CAM-ICU scale is overall the better option for the assessment of delirium in ICU patients.

*Keywords:* delirium, scale, CAM-ICU, ICDSC, ICU patients, critically-ill

# **Assessing Risk for Violence in Psychiatric Care**

**Jessica Mamula**

## **Abstract**

Violence in psychiatric care has been an ongoing issue for those working in mental health. It is important to determine the risk of violence from a patient treated in a psychiatric setting to help avoid injury to other patients and staff. Assessment tools and checklists have been created to quickly record the risk of violence for psychiatric patients. In adults 18 and older in a psychiatric setting, what is the most effective checklist/tool to predict violent acts toward others? The Broset Violence Checklist (BVC), Classification of Violence Risk (COVR), and Historical Clinical Risk-20 (HCR-20) are all examples of tools utilized in clinical practice to assess the risk for violence. A literature review of these tools was conducted by database and google scholar searches to determine the most effective checklist/tool to predict violent acts towards others. Through the literature review it was determined the BVC had the best predictive ability for assessing risk of violence in psychiatric patients and could be used in both acute and inpatient psychiatric care due to its quick situational behavioral assessment strategy. The BVC is a useful assessment tool with the promising potential of decreasing violent acts towards others from psychiatric patients as well as decreasing use of restraints and seclusion once implemented on acute and inpatient psychiatric units.

*Keywords:* mental health violence, violence risk assessment tool, violence in the workplace, violence toward nurses, mental health theory

# Improving Transitions of Care

Savannah Pryor

## Abstract

**Background/significance:** Transfer of patient information is essential for appropriate transition of care. The handoff process has been identified as one of the most dangerous times in the process of patient care. Ineffective handoff decreases patient safety and can result in patient harm. Ineffective handoffs are a result from not having a consistent process, an organization that doesn't promote a culture of safety, and differing anticipations between the sending and receiving nurse.

**Clinical question:** Will implementing a standardized handoff process, such as electronic handoff versus a non-standardized approach positively impact patient care transitions?

**Search Methods:** Several databases and websites were searched using keywords from 2006-present.

**Evidence-based findings:** There is not a clearly defined evidence-based process for handoffs, but the literature does suggest ways to implement a standardized process. Many studies have concluded the design to be implemented should include easy accessibility of pertinent patient information without interruptions.

**Clinical practice implications:** Developing a standardized process can improve patient safety, result in efficient care, prevent delays, reduce boarding times, and increase patient flow between units. A standardized process can reduce conflict and build better relationships between nursing units by creating a trusting environment.

*Keywords:* electronic handoff, patient handoff, patient care transitions, handoff communication, and patient transfers

# **Effects of Enhanced Pathways in Minimally Invasive Gynecologic Surgeries on Perioperative Outcomes and Patient Satisfaction**

**Melissa Ulfe**

## **Abstract**

The purpose of this paper is to review the research conducted on information related to the impact of enhanced recovery after surgery (ERAS) pathways on minimally invasive gynecological (MIG) procedures to improve patient satisfaction and outcomes. The aim for implementation of ERAS pathways is to hasten functional recovery and improve postoperative outcomes. The review of literature was performed in several databases such as, CINAHL, Cochrane Review, EBSCOhost, and PubMed. The search consisted of limitations on dates beginning the year of 2010 through the present and only included peer-reviewed articles. Published literature was reviewed on ERAS programs in colorectal surgery, general gynecological surgery, and gynecologic oncology to evaluate overall outcomes and patient satisfaction. This review was conducted to answer the following question: “In patients undergoing a minimally invasive gynecological surgery, how does utilization of an enhanced recovery pathway effect the incidence of perioperative complications and patient satisfaction?” After completing the review of literature it was found that there was a favorable impact for those patients who were treated with ERAS pathways. Implementation of ERAS pathways was associated with reduced opioid usage, decrease in the volume of intravenous fluids administered, increased patient satisfaction, reduced length of stay and readmission rates and substantial cost reductions. An unexpected finding during the literature review was that ERAS protocols have been utilized for years with optimal results for colorectal surgical procedures. The delay in dissemination and practice of these pathways from one specialty to another was enlightening and still yet discouraging. The findings show important outcomes that should be researched later for review of professional practice improvements across specialties.

*Keywords:* enhanced recovery, gynecologic ERAS, ERAS patient satisfaction, ERAS gynecological outcomes, perioperative care and enhanced recovery pathways.