Fostering Adaptation, Recovery and Resilience: The Importance of Integrated, Community-Based Approaches for Post-Revolution Egypt

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The Egyptian revolution of January 2011 sent shock waves throughout the region, plunging the country into instability. In the turmoil that followed, Catholic Relief Services designed an integrated intervention to help families weather the transition period with dignity focusing on rebuilding financial, personal, social, human, and physical assets. The objective of this program was also to alleviate the psychological burden caused by severe economic deterioration due to the revolution. The intervention was a comprehensive, community-based approach that supported recovery, serving as a model for other post-disaster communities. Specific interventions targeted the need for psychosocial support through group therapy and family coaching. The intervention provided support to 15,000 individuals in 20 hardest-hit areas of Cairo and Alexandria. This presentation discusses the outcomes within the Roy Adaptation Model framework, with specific application to the stabilizer and innovator mechanisms of adaptation.

The Roy Adaptation Model of nursing provides a framework for group adaptation, although very little has been described in the literature (Dixon, 1999; Roy, 2009; Roy, 2011; Zeigler, Smith, & Fawcett, 2004). In focus group discussions beneficiaries noted the importance of psychosocial support on reducing fear and coping with uncertainty within their community giving evidence for stabilizer processes supporting adaptation. Communities also participated in identifying group needs and generating priorities, facilitating adaptation through innovator processes.

Populations affected by instability have diverse needs and practitioners must not underestimate the need for psychosocial interventions. Feelings of helplessness from traditional wage earners and tensions from new earners emerging (such as women or youth) strain family and community relationships. Group therapy and coaching help families deal with all assets of their lives while building community to support future growth. By addressing needs from an integrated, adaptive model, practitioners can provide for a more effective recovery, encourage group stabilization, community innovation, and improve resilience for the future.
Engaging Frontline Staff to Create Interdisciplinary Solutions: A Formative Step toward Shared Governance

Ellen Buckner, Professor, University of South Alabama; Valorie Dearmon, Assistant Professor, University of South Alabama; Linda Roussel, Professor, University of Alabama Birmingham; Lisa Mestas, Assistant Administrator, University of South Alabama College of Medicine

Understanding the complexities of hospital work environments is a crucial first step to transforming the delivery of nursing care (IOM, 2004). Frontline workers’ wisdom and their commitment to solutions are essential for improvement (IOM, 2010). Improvement Science is an emerging science that shares common aspects with other areas of research such as implementation science, translational science, and knowledge translation. The focus of Improvement Science is on translating what is learned from research into actual practice to improve care and outcomes (ISRN, 2011). The study has global implications for addressing common problems in nursing practice.

The study utilized institutional acquired knowledge gained from participation in a national study “Small Troubles, Adaptive Responses (STAR-2): Frontline Nurse Engagement in Quality Improvement (Stevens & Ferrer, 2011).” Subsequent processes identified solutions to address common interruptions of nurses’ work, tested these innovations, and determined effects on quality of care.

University of South Alabama Medical Center (USAMC) and University of South Alabama College of Nursing (USACON) participated in the first cohort STAR-2. Frontline nurses identified operational failures, team vitality and measures of culture of safety. The data collected by USAMC reflected significant potential for improvement interventions from multiple disciplines (technology, pharmacy, nursing, medicine, etc.). Following the national study, focus groups identified frontline staff experiences with the process. A Frontline Innovations group was formed to identify priorities for action, and create interdisciplinary teams to find solutions and relate to policy.

Early results indicate renewed staff enthusiasm and empowerment secondary to having their voice heard by the Chief Nurse Officer (CNO). Meaningful change occurred as problems were solved and new relationships formed. Opportunities for transforming the culture to one of participatory engagement are evident. Participation enabled our team to become active contributors to the priority research studies of the ISRN and initiate a structure for sustained shared governance.

Meal Planning Practices with Individuals in Health Disparity Zip Codes

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Purpose: The purpose of this study was to identify perceptions of the benefits of family meals and specific behaviors related to preplanning meal practices of African American adults living in health disparity zip codes. Diet-related diseases such as obesity, hypertension, diabetes, and elevated cholesterol are more common in African Americans residing in low wealth areas. The overall goal was to understand views regarding family meals and preplanning behaviors so that providers can find ways to assist and offer resources to help with healthy eating.

Methods: This study was a descriptive study of a convenience sample that involved surveying 211 African-American residents residing in health disparity zip codes. The participants were recruited from faith-based and community service programs. Participation was voluntary and responses were anonymous.
**Results:** The results indicated that 42% of the participants shared 2 or fewer meals with their families within the past week; however, the participants recognized the importance of preplanning meals. While majority of participants (75.24%) agree or strongly agree that preplanning a menu is an important strategy when planning family meals, 68.92% of participants indicated that busy schedules prevented them from preparing frequent family meals. Study participants with limited meal preplanning practices were less likely to participate in family meals. Preparing a grocery list before shopping is one indicator of preplanning, and 57.3% of participants only shop with a grocery list some of the time to never using a list. Those participants who did shop with a grocery list shared a significantly greater number of family meals per week.

**Discussion/Conclusion:** Eating healthy requires preplanning strategies. Simple and easy plans to assist busy families with meal planning are needed. Encouraging families to shop with grocery lists that include items needed for many meals can help with meal planning. Time-saving and cost-saving techniques for preparing food ahead of time may assist busy families increase the number of healthy family meals per week. To effectively develop programs to promote healthy eating, the barriers of preplanning and healthy meal preparation need to be explored first and factors that facilitate healthy dietary behavior need to be identified.

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**The Values and Value of Mentoring in Honors**

Susan Hayden, Assistant Professor, University of South Alabama College of Nursing; Valorie A. Dearmon, Assistant Professor, University of South Alabama College of Nursing; JoAnna Fairley, Assistant Professor, University of South Alabama College of Nursing; Todd Harlan, Associate Professor, University of South Alabama College of Nursing

The single most important element in successful honors education is faculty mentoring. Serving as a faculty mentor for honor students is commonly a new role for faculty members. Consequently, faculty development is essential for mentors to learn how to effectively model the scholar role. Mentors nurture the novice student in developing his/her ideas, methods, collaborations, and writing. In this presentation, mentoring and mentorships are discussed. Some of the topics include the recruitment, orientation, and preparation of mentors. Guidelines are introduced for shared responsibilities of students and mentors. The role of the honors faculty committee is described in troubleshooting, as needed, to ensure that effective mentor relationships are formed and sustained. Information on establishing relationships within the academic institution and collaborating with clinical agencies are discussed.

The experience of one nursing honors program is presented as follows: Student engagement with faculty mentors demonstrated a sense of connectedness and the bond strengthened throughout the mentee and mentorship relationship. While guidelines and expectations were established in the honors program, the true test was the interactions, exchanges, and teachable moments that occurred through the mentor and mentee relationship. Students described a sense of growing autonomy as components of their thesis evolved. Mentors encouraged students to select a project of their interest, then provided assistance to navigate their system. In addition to the meetings in person, via telephone, and email there was sustainability in inter-professional nursing education among both mentors and mentees. The relationships that are established between the mentor and mentee can support the development of professional roles in nursing at the highest levels of affective development (Krathwohl, Bloom, & Masia, 1964). Finally, the benefits to scholarship include opportunities for dissemination and publication by students and faculty mentors.
Honors BSN Students to Nursing Scholars: a Fast Track Approach To the Nurse Faculty Shortage

Chrystal Leigh Lewis, Capstone College of Nursing, University of Alabama, Tuscaloosa, AL; Christine A. Feeley, Nell Hodgson Woodruff School of Nursing, Emory University, Atlanta, GA; Larry Slater New York University College of Nursing, New York, NY; Bettina H. Riley, Assistant Professor, University of South Alabama College of Nursing, Mobile, AL

An underlying problem fueling the current national nursing shortage is a crippling paucity of nursing faculty. AACN (2012) estimates the current faculty vacancy rate at 7.6%, which is compounded by the advanced average age (52 - 61 years based on rank) of doctorally-prepared nursing faculty that are nearing retirement. Thus the largest unanswered questions consistently echoed throughout nursing education are how to increase the number of nursing faculty and how to do so in an expedient manner. The IOM Report on the Future of Nursing (2011) recommended doubling the number of doctorally-prepared nurses by 2020, which may be only the first step to alleviating the shortage of not only faculty, but also practicing bachelors and masters-prepared nurses.

This panel discussion provides a case study presentation on how completing an undergraduate honors program in nursing facilitated quick entry into and/or successful completion of nursing doctoral programs for four students. The honors curriculum provided these graduates with experience in fully developing a research study from proposal to implementation, including the dissemination of the findings at regional and national conferences, laying a solid foundation for doctoral-level studies. Within 5 years of completing the honors program, all four graduates were either nursing faculty members or post-doctoral scholars, demonstrating how the honors program experience has eased the transition to nursing scholar and educator. Facilitated transitions provided by undergraduate nursing honors programs may be integral in alleviating the nursing faculty shortage and helping to meet the IOM goal of doubling the number of doctorally prepared nurses by 2020.

The Impact of TBL on Undergraduate Nursing

Pam Johnson, Assistant Professor, University of South Alabama College of Nursing; Alice Younce, Assistant Professor, University of South Alabama College of Nursing

This presentation chronicled the implementation of Team-Based Learning in an undergraduate class within a nursing program at a large urban university located in the southern region of the United States. Data from a pre/post critical thinking and collaboration assessment, student and faculty satisfaction feedback, and learning outcome target mastery were discussed along with conclusions and recommendations for policy and practice. TBL is an integral part of the Quality Enhancement Program that was implemented as part of the University of South Alabama’s preparation for the Southern Association of Colleges and Schools (SACS) visit. TBL began in Fall 2012. The College of Nursing committed to utilizing TBL in the nursing foundations course. TBL has been used for the course for four consecutive semesters with increased utilization to the present point where 100% of the class is taught using TBL principles. The course is being taught by a team of faculty. The faculty learned many lessons as IRATS/TRATS and case studies were designed. Trouble areas were identified as we transitioned to the “guide on the side.” The challenges, frustrations and lessons learned during the process of class preparation to class time will be explored and explained. Most students and faculty have reported increased satisfaction with TBL classes. Student participation in class and student retention has improved. A dedicated TBL classroom equipped with tables to facilitate team interactions has enhanced the process.
African American Women’s Perceptions of Coronary Artery Disease after a Myocardial Infarction: A Phenomenological Inquiry

Loretta Jones, Instructor, University of South Alabama College of Nursing

Purpose: The purpose of this phenomenological study was to explore the lived experience of African American women (AA), 50 years and older, who experienced a myocardial infarction. This study is consistent with the goal to decrease health disparities of AA women post MI and the Healthy people 2020 goal to improve cardiovascular health through prevention, detection and treatment of risk. Research Method/Design: Phenomenology is the method of inquiry that will be used in this study. This method examined the essence of human experiences and is typically used to answer questions that are essential to increasing our understanding of subjective explanations of health and illness. With this approach, seven African American women 50 years of age or older described lived experiences occurring post myocardial infarction in audiotape semi-structured interviews. Data was analyzed with Colaizzi’s seven step analysis method. Findings: The overwhelming majority of the study participants’ displayed insufficient knowledge of CAD risk factors. More than half of the study participants believed that their heart attack was caused by stress. All the study participants initiated lifestyle change after their heart attack. Participants exercised but did not know the recommended amount, additionally only one participant had lost weight.

Improving Rapid Response Team Effectiveness Through Translation of the Evidence

Carl, Patronas, Nurse Manager Neuroscience Division Mobile Infirmary, Mobile, Alabama; Valorie Dearmon, Assistant Professor, University of South Alabama; Tochie Lofton, Nurse Manager, Cardiac Intervention Unit, Infirmary Health Systems; Myra Smith, Staff Nurse, Cardiac Care Unit, Mobile Infirmary, Mobile, Alabama

Purpose: To improve rapid response team (RRT) utilization and decrease cardiopulmonary arrests (CPA) by translating evidence into practice using a strategic reeducation program, unit champions, and simulation training. Background: RRTs respond to calls for assistance of non-critical care (floor) nurses concerned about a patient’s changing condition. The RRT program’s effectiveness is influenced by timely recognition of clinical deterioration, knowledge of the RRT, communication, and teamwork. Methods: Fifty floor nurses, trained to serve as unit champions, and 17 RRT members participated in a quality improvement study to improve an existing RRT program using simulation and event debriefings to increase staff knowledge and strengthen working relations among team members. Unit champion participants educated 270 floor nurses. Outcomes/Goals: Project goals were to increase RRT calls increased and decrease CPA events as compared to baseline data following project implementation. Conclusion: The provision of a strategic reeducation program using unit champions to reinforce education at the unit level translates into improved utilization of RRTs and reduced out of ICU CPAs.

Scripting with Hand Hygiene for Patient Satisfaction

Meredith F. Monkell, ZG Student Ambassador, University of South Alabama College of Nursing

Hand hygiene is one of the most effective interventions to decrease Healthcare-Associated Infections (HAIs). The purpose of this study was to use scripting to increase the hand hygiene compliance rate and patient satisfaction. Scripting is defined as the verbalization of hand hygiene to the participant. The nurses gave participants daily satisfaction questionnaires and nurses received posttests after the trials to assess their view on the effectiveness of scripting in increasing hand hygiene compliance. None of the participants stated that hand hygiene needed to be improved, and 94% chose that it did not need to be improved. 68% of nurses became more aware of their hand hygiene with scripting. Hospital conducted surveys over the phone for patients in the Pediatric Intensive Care Unit showed an increase in consumer satisfaction from the start of the control trials to the end of the experimental trials. Social desirability was a dominant theme in which participants answered
survey questions in the expected direction in a competency related area. Scripting did increase nurse awareness of hand hygiene though it did not improve patient involvement in the hand hygiene process. Patient satisfaction with hand hygiene also improved during the months that the study was conducted.

**Pressure Ulcer Prevention: A Quality Improvement Project**

Henrietta W. Brown, Associate Professor, University of South Alabama College of Nursing

Pressure ulcers are a significant health problem for hospitalized patients in the United States. Lyder (2003) states that approximately 2.5 million patients are treated for pressure ulcers annually and 60,000 patients die as a result of complications associated from pressured ulcers. The estimated cost of treating a single grade 3 or 4 pressure ulcer is $70,000 and 1.3 billion per year in the United States (Lyder, 2003). The purpose of this project was to improve clinical practice and decrease the incidence rate of pressure ulcers among patients admitted to an acute care academic Medical Center in south Alabama. A needs assessment included a pretest for nurses and nursing assistants on methods of preventing pressure ulcer; a chart review on all patients who were reported as high risk and/or diagnosed with a pressure ulcer; and observation of current practice on units with high incidence rates of pressure ulcers. Based on the results, staff was educated, evidence based protocols were developed, and weekly skin assessments were implemented. Results within 3 months indicated a decrease in the incidence rate of pressure ulcers from 8.9% to 3%. At present the incidence rate remains less than 3% which is less than the national incidence rate.

**Health Coaching with Peer Support to Improve Diabetes Self-Management Education**

Chondra Butler, Assistant Professor, University of South Alabama College of Nursing

Type 2 diabetes mellitus (T2DM) affects nearly 25 million Americans, with the highest mortality rate being among African-Americans. T2DM is best controlled through improved patient self-care which is achieved through self-management education and peer support. The purpose of this project is to demonstrate how a professionally guided health coaching program, in conjunction with peer support groups, can improve type 2 diabetes self-management of African-American patients at a state-funded hospital. This is accomplished through health coaching sessions related to stress management, exercise, medication compliance, and nutrition in conjunction with telephone coaching sessions. Patients are being selected from the medical-surgical floor during hospital admission over a period of eight weeks. Patients will complete a Foundations Class and attend a series of four interdisciplinary Health Coaching Sessions in which a different topic is discussed at each. A specific activity will be done in each class with correlating homework assignments and peer discussion. The patients will receive telephone coaching in between classes. Progress is measured by weekly weight checks during the classes and weekly self-monitored blood glucose averages. This project was begun in May, so data collection and analysis have not been completed yet. This will be completed throughout the summer.

**The Impact of Team-Based Learning on Undergraduate Nursing**

Pam Johnson, Assistant Professor, University of South Alabama College of Nursing; Kandy Smith, Professor, University of South Alabama College of Nursing; Aaron Gilligan, Assistant Professor, University of South Alabama College of Nursing; Alice Younce, Assistant Professor, University of South Alabama College of Nursing

In numerous studies relative to collaboration and critical thinking, an instructional strategy called Team-Based Learning (TBL) has proven to be an effective approach to teaching and learning. Team-Based Learning utilizes a specific sequence of individual work, group work and immediate feedback to create a motivational framework in which students hold each other accountable for coming to class prepared and contributing to discussion (Michaelsen, Knight & Fink, 2004). Although TBL is a relatively new instructional strategy, it has
proven effective in undergraduate nursing classes to improve engagement (Clark, Nguyen, Bray, & Levine, 2008). Because of the application nature of health professions, TBL has proven effective in improving problem solving. Furthermore, Mennega and Smyer (2010) found Team-Based Learning improved critical thinking, professionalism, communication and teamwork. Team-Based Learning also facilitates the implementation of inter-professional strategies as an instructional framework for team-teaching (Belkowitz, Eggenberger & Zito, 2013). This presentation will chronicle the implementation of Team-Based Learning in an undergraduate class within a nursing program at a large urban university located in the southern region of the United States. Data from a pre/post critical thinking and collaboration assessment, student and faculty satisfaction feedback, and learning outcome target mastery shall be discussed along with conclusions and recommendations for policy and practice. Team Based Learning is a foundational instructional strategy in the University of South Alabama's Quality Enhancement Program (QEP). The goal of the QEP is for students to achieve higher mastery levels of course content and application through the development of critical thinking and collaboration. As a nursing instructor, I have completed the QEP Professional Development Series (5 sessions) and have incorporated strategies into the Foundations of Professional Nursing course which is taught using TBL strategies. Through involvement in TBL at the University of South Alabama, I have earned a certificate as a Professional Development Fellow and a Certificate of Team-Based Learning Pedagogy. I have also developed and submitted several learning activities to the TBL resource bank at the University of South Alabama.

Does One Size Really Fit All?
Comparing Obesity Treatment Guidelines

Alethea Hill, Assistant Professor, University of South Alabama College of Nursing

In 2013, a paradigm shift occurred in the medical community sparked by the American Medical Association’s recognition of obesity as a disease requiring dimensions of pharmacological and non-pharmacological intervention to mitigate more serious consequences to health. The nation has been tracking the overweight (defined by BMI>25) and obese (defined by BMI>30) trends for almost twenty five years. Obesity has become a startling worldwide dilemma for today’s society. The prevalence of obesity and its associated co-morbidities are on the rise across all ages. In 2012, national-level data reported over one-third of adults were obese with observed differences based on age and gender identifying older women with higher prevalence rates, and men with a significant increase over time5. Obesity is often the subclinical antecedent to many chronic conditions. As the nation continues to get permeated, there is astounding evidence of the expansive health burden obesity represents. Therefore, it is of critical importance that advanced practice nurses are made aware of the current evidence supporting the new recommendations so that they may incorporate overweight/obesity management into daily practice to minimize risk of overt diabetes and prevention of cardiovascular disease.

Backing into Team Based Learning

Alice B. Younce, Assistant Professor, University of South Alabama College of Nursing

**Background:** TBL is an integral part of the Quality Enhancement Program that was implemented as part of our preparation for the Southern Association of Colleges and Schools (SACS) visit. TBL began in Fall 2012. Faculty attended workshops and were provided with copies of Michaelsen’s Team Based Learning: A Transformative Use of Small Groups in College Teaching. Faculty began the process of class preparation, not starting with a lesson plan but using backward design which was, in fact, a backwards approach to typical class preparation. **Description:** The College of Nursing committed to utilizing TBL in the nursing foundations course. TBL has been used for the course for four consecutive semesters with increased utilization to the present point where 100% of the class is taught using TBL principles. The course is being taught by a team of faculty. The faculty learned many lessons as IRATS/TRATS and case studies were designed. Trouble areas were identified as we transitioned to the “guide on the side.” The challenges, frustrations and lessons learned during the process of class preparation to class time will be explored and explained. **Results:** Most students and faculty have reported increased satisfaction with TBL classes. Student participation in class and student retention has improved. A dedicated TBL classroom equipped with tables to facilitate team interactions has
enhanced the process. **Conclusion:** Implementing TBL in foundations has been a process where faculty have been challenged to explore new concepts and engage students in a challenging and stimulating environment where active learning occurs. I have taught Foundations of Professional Nursing for four semesters using Team Based Learning. At the end of reviewing the poster, the reviewer will be able to: (1) Identify advantages of Team Based Learning (TBL) as expressed by previous students, (2) State one problem in implementing TBL and one solution to the problem.

**Academia and Practice Partners: Building Leadership Capacity of Frontline Nurses**

Valorie Dearmon, Professor, University of South Alabama College of Nursing; Mestas, Lisa, University of South Alabama Medical Center; Ellen Buckner, Professor, University of South Alabama College of Nursing

Improving healthcare quality is a world-wide imperative for nurses. Academic and practice partnerships are advocated to maximize the potential of each register nurse. Institutional participation in a large multi-site study, designed to identify operational failures encountered by nurses providing direct patient care prompted academic and practice partners to strategize the best approach to resolving identified failures. Evidence indicates engagement of frontline staff is crucial to creating reliable systems for safe, quality care; yet, frontline nurses are often ill-prepared to share leadership and accountability required to transform faulty healthcare systems. This presentation describes how one Chief Nurse Officer and faculty partners joined forces to mentor frontline nurses in decision-making, and the use of the research process, best evidence, and quality improvement methods while working to find solutions to operational failures. Mentoring advanced leadership capacity of frontline staff as evidenced by increased confidence, empowerment, improved collaboration, and an appreciation for lifelong learning. Optimism among frontline nurses for improvement emerged, but more importantly, a fresh sense of ownership by frontline staff materialized with belief in their skill to confront practice issues.

**Clostridium Difficile Update**

Lynn Chilton, Professor, University of South Alabama College of Nursing

Sixty two years after the first report of *Staphylococcus* enterocolitis, America is in the midst of a resurgence of *Clostridium difficile* infection (CDI) and its accompanying morbidity and mortality. In these past 60 years, knowledge of this pathogen has evolved considerably. Evidence shows that the rate of C. Difficile is increasing in primary care and long term care settings and in primary care clinics. The virulence factors of C. Difficile have been identified as well as risk factors for contracting this infectious disease. Additionally, there is no optimal diagnostic test to detect C. Difficile, although various diagnostic tests have benefits and disadvantages in identifying this pathogen. Practice Guidelines on C. Difficile have been published from the Infectious Diseases Society of America (IDSA) and the Society for Healthcare Epidemiology of America (SHEA). Management practices were identified in the guidelines and recently a new pharmaceutical agent was approved by the Federal Drug Administration (FDA) for treatment of this infectious disease. Ongoing studies continue to search for new treatment modalities for C. Difficile. Additionally, health care providers in all settings need to utilize preventative practices including infection control measure such as isolation, hand washing, barrier precautions, environmental disinfection and the judicious prescribing of antibiotics. Future areas of research for identifying the C. Difficile pathogen, treatment of this infectious disease, and prevention are being investigated.

**Celebrating Culture: Enacting Dr. Leininger's Vision**

Jennie Gunn, Professor, University of South Alabama

Dr. Madeleine Leininger is the founder of the International Transcultural Nursing Society and Transcultural Nursing. She first described cultural care and stressed that care could best be provided through cultural
understanding. Dr. Leininger created a method of research, ethnonursing, and a theory of nursing. She was nominated for the Noble Peace Prize because of her work in culture beginning in the 1950s before cultural care was even recognized. She was ahead of her time. In all arenas, including research, education, practice, service, and healthcare policy, culture is important. The care given to patients is incomplete and often ineffective unless their life ways are understood. Because of our changing cultural environment, the health care provider has to be understanding of cultural implications in care. This is a presentation of Dr. Leininger's work, her method, and theory. The Sunrise Model will be discussed as well as other enablers she created.