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# GLOBAL VIRTUAL SUMMIT ON NURSING EDUCATION

**Theme:** Exploring new ideas and challenges  
in Nursing Education & Research

**MARCH 15-18, 2021**

(A FOUR-DAY EVENT)

## BOOK PROCEEDINGS



**NURSING DIVERSITY 2021**



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**Keynote Forum**  
**Day 1**

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## Angela Cruz

West Texas Veteran Affairs Healthcare System, U.S. A

### Safe Patient Handling and Mobility Program

The aim of this session is to provide information on the importance of having a safe patient handling and mobility program (SPHM). It is a program that helps to deliver quality care and prevents employee/patient injury. It was implemented by the Veteran Health Administration (VHA) in 2006 and is one of the safety programs that supports a culture of safety for employees and veterans. With the implementation of this program, it has led to a 40% reduction in manual patient handling injuries between 2006 and 2014. VHA prides itself in providing quality of care with the finest up to date SPHM technology for its Veterans. VHA is the leading healthcare system in the nation and was the first to put this

#### BIOGRAPHY

Angela Cruz has been practicing as a nurse since 1996. Her passion for achieving a higher education led her to receiving a Bachelor's in Science in Nursing in 2012, Master of Science in Nursing in 2014, and then ultimately, she received her Doctor of Nursing Practice in Executive Leadership in January 2018 from Purdue University Global. Dr. Cruz currently works as the Safe Patient Handling and Mobility Facility Coordinator at the West Texas VA Healthcare System U.S.A. Dr. Cruz enjoys researching and educating other nurses and has

program into place. The SPHM program is patient centered and offers comprehensive assessments. SPHM technology provides healthcare workers and patients with the added protection against injury caused by manual patient handling of the past, such as lifting, turning, repositioning, and transferring. In 2011, healthcare workers had the highest musculoskeletal injuries with 62% of these being registered nurses. According to CDC, the overexertion injury decreased by half the rate from 68 per 10,000 fulltime workers to 33 per 10,000. The introduction of SPHM technology into the healthcare system has been a significant innovative way for reducing injuries within the VHA workforce.

presented the following:

An evidence-based exercise program: Reducing falls in the elderly.

Promoting a healthy lifestyle: NEWSTART.

Suicidal risks in the military and veteran population  
Health and wholeness

COVID-19 and the Immune System

Workshop: Reducing falls in the elderly.

*guera1q@aol.com*



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## Viola Pierce

Viola Pierce, DNP, MSN, RN, CEN

### Bedside Nurse to Nurse Entrepreneur

**N**ursing is the most well-respected profession year after year. The purpose of this speech is to better understand the rationales and motivations of nurses that are desiring to pivot into their own entrepreneur journey. There will be a comprehensive review of the challenges and the advantages of becoming a nurse entrepreneur. There is psychological empowerment when a nurse advances into the ownership environment living on purpose giving back to their clients very much in the way in which they give to their patients in the hospital environment. The necessity of nurse ownership will liberate the nurse or healthcare professional in developing the self-care routines that are

#### BIOGRAPHY

Dr. Viola Pierce is the owner and the CEO of the Nurse Nurturer and VP Nursing. She has been a nurse for over 25 years working in various specialties with the bulk of her time being in the Emergency Department. She enjoys teaching nurses self-care. Her real joy

necessary to have a long healthy and wealthy life as a nurse. Nurses who are in business for themselves are able to diversifying their income streams. Nurses are taught well the logistical critical thinking in caring for the patient but not the basics of creating multiple streams of income so that money is working for them and they are not always working for money. This equips them with time to be spiritually and physically fit, financially stable able to lead with integrity to decrease error at the bedside, increase resilience and to lead a full empowered life. It equips them with the basics of entrepreneurship if the desire is to seek the desire is to seek full time employment as their own boss.

comes in teaching nurses how they can work from their computers around the world creating generational wealth and owning their own time. She believes that nurses are amazing people that should have the flexibility of creating an environment that is conducive to health and wealth for themselves, their patients, their clients and their families.



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## Shanetia S. Avinger



Cancer Treatment Centers of America (Atlanta, GA, USA)  
CEO/Founder of Avinger Clinical Consultants, LLC (Acworth, GA, USA)

### The Importance of Diverse Advance Practice Providers in Oncology

**Purpose:** Advanced practice providers (APPs) play a major role as members of the multidisciplinary oncology team. This literature review aimed to identify the importance of diversification of APPs in oncology

**Methods:** An online literature search for studies on diversity within the oncology specialty in relations to APPs. The search was limited to articles containing keywords in the title, keywords sections, and abstracts. Abstracts and titles of articles were screened and further evaluated for relevancy of the topic.

**Results:** The literature revealed that there is limited diversity within the oncology specialty. The results revealed that there is a need for more diversity in healthcare including the specialty of oncology. The

need for diversity is higher in geographical regions where there are more minorities, lower educational levels, rural, urban, and/or lower income. Ironically, those geographical regions have limited specialist available.

**Conclusion:** There is a need for diversity of APPs within the oncology specialty. Advancing scientific knowledge plays a fundamental role in the health research arena through connecting gaps between research clinics, the bench, and communities by converting the findings into practice (Grady, 2017). The literature does indicate a need for diversity of APPs in oncology and are well positioned to meet the growing demand to help reduce racial along with ethnic health disparities if their competencies are optimally utilized (Poghosyan & Carthon, 2017). Given that the data.

#### BIOGRAPHY

Dr. Shanetia Avinger, DNP brings strategic focus, knowledge, and advanced expertise gained during a successful career as a doctorate prepared medical-oncology and hematology nurse practitioner. She obtained her Doctorate of Nurse Practitioner degree in 2019 from Grand Canyon University. Dr. Avinger is an active member of several professional organizations

such as Sigma Theta Tau International Honor Society of Nursing, Advanced Practitioner Society of Hematology and Oncology, North American Neuroendocrine Tumor Society, and National Society of Leadership and Success. Dr. Avinger resides in Greater Atlanta, GA with her husband, their three children, and two Yorkie Poms.

In her spare time, she can be found reading books on various topics, completing counted cross-stitch, or spending quality time with family.



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## Gloria Escalona

CEO and Nursing Director, Nightingale Senior Care,  
LLC, San Francisco, California, USA



### A Successful Educational Intervention on Antimicrobial Stewardship to SNF Licensed Nurses

The nursing department of an urban 366-bed skilled nursing facility (SNF) in Northern California took charge of their antimicrobial stewardship program and gave monitoring responsibility to their Infection Preventionist (IP). Over a one-month period, all licensed nurses on all shifts, all new nurse hires, and all prescribing nurse practitioners (NPs) were given a 10 to 20-minute mandatory Educational Intervention by the same person on antimicrobial stewardship. The Intervention consisted of a new nursing Decision Algorithm, a one-page sheet summarizing the McGeer-Stone Criteria, and true case studies. Effectiveness of the Educational Intervention was determined by a post-in-service evaluation form, and a review of antimicrobial orders the month prior to and the month after the Educational Intervention. Comparisons were

made between units staffed primarily by LVNs and those staffed primarily by RNs as well as between units where NPs were allowed to order medications and those where NPs were not allowed to order medications. Prior to the in-service program, most nurses were not aware of what antimicrobial stewardship was or of having a role in stewardship. After the Educational Intervention, all nurse attendees appreciated their importance in stewardship, and antimicrobial orders significantly decreased in those units staffed by LVNs and where NPs had medication ordering privileges. The Educational Intervention was effective, and having the SNF nursing department in charge of the stewardship program was also effective in decreasing antimicrobial orders.

#### BIOGRAPHY

Gloria Escalona has been an RN for over 40 years and spent the past 20 years in SNFs as a Director of Staff Development and Infection Prevention Specialist. She is now in private practice as a foot and wound care nurse serving the elderly in their home or facility, teaching foot care to licensed nurses, and continues

to be a consultant to long term care facilities. Prior to the pandemic she volunteered her services to the homeless population, which is aging rapidly and with numerous health care challenges, and which she hopes to return to. A popular speaker, she continues to strongly advocate appropriate and evidence-based use of antimicrobials.





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## A Theory-based Approach Utilizing Telehealth for Pregnant Women with Opioid Use Disorder

**Elizabeth A. Goldsby**

*Ball State University, Muncie Indiana, USA*

Pregnant women with opioid use disorder (OUD) face multiple barriers to receiving substance use treatment and prenatal care which, can lead to insufficient care and place them at risk for adverse health outcomes. The purpose of this paper is to inform practice through the design of an innovative, nurse-led approach derived from Imogene King's Theory of Goal Attainment (TGA) to care for pregnant women with OUD using telehealth technologies. The practice model encompasses King's theory (1981) using telehealth by addressing perceptions in the nurse-client interaction, establishing effective communication in nurse-client interactions, building mutual goal setting and decision making, and promoting the client's goal attainment using the nurses knowledge and skills. This theory based approach using telehealth technologies can provide nurses the opportunity to increase trust in nurse-client interactions, use evidence-based communication strategies for expanded access, and deliver safe care for pregnant women with OUD. The paper concludes with a case-study to allow insight into how healthcare providers can implement this theory into the practice setting with this population.

### Biography

As an introduction, my name is Elizabeth A. Goldsby, my nickname is Beth. I have a PhD. from Indiana University in Public Health with a focus on Health Behaviors. I am currently a faculty member at Ball State University and focus my teaching and scholarship in the area of mental health. Recently, I've began to focus my work in the area of substance use during pregnancy, infant mortality within Non-Hispanic Black populations and self-leadership.



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## Developing a Program for Excellence in Clinical Instruction: A Realist Evaluation

**Amandeep Saini and Ruth Chen**

*McMaster University Faculty of Health Sciences, Hamilton, Ontario, Canada*

**Background:** Appropriate training and orientation to the teaching role is essential for success as a health professions education program clinical instructor. We developed a Program for Excellence in Clinical Instruction (PECI) at McMaster University for novice clinical nursing instructors. The Peci program's professional development pathway provides online learning modules on effective teaching practices, opportunities to share experiences with faculty colleagues, peer mentorship, and an annual teaching review.

**Purpose:** The aim of this realist evaluation (Pawson & Tilley, 1997) was to determine the contexts, mechanisms, and outcomes that support instructor success and teaching excellence within the Peci pathway.

**Methods:** We developed an initial programme theory (IPT) based on existing peer-reviewed literature on faculty and professional development. Hypothesized contexts included minimal prior teaching experience, a supportive learning environment, and the instructors' ability to participate in the program while balancing personal and professional responsibilities. Mechanisms included information exchange, positive reinforcement, and self-reflection. The anticipated outcomes of the program were the acquisition of teaching competence, increased confidence, greater work satisfaction, an enhanced feeling of community and interconnectedness, and an improved educational experience for students. Instructor interviews were conducted on the IPT, and the interviews were transcribed using artificial intelligence (AI)-supported software. Qualitative data both from individual interviews and online surveys were coded to understand potential Context-Mechanism-Outcome (CMO) configurations based on the realist evaluation methodology. A modified programme theory was created based on the CMO configurations generated.

**Results:** The realist evaluation modified programme theory supported the relationships between contexts, mechanisms, and outcomes proposed in the IPT. The modified programme theory also included instructors' interest in further professional development as a context; evaluation and feedback as a mechanism; and improved instructor retention as an outcome. It also emphasized the value of expanding the Peci program to include experienced faculty members who are looking to improve their teaching competency for continued professional development.

**Implications and Conclusion:** Determining the contexts and mechanisms that allow the Program for Excellence in Clinical Instruction to be an effective professional development framework may help guide the development and implementation of similar continuing professional programs at other teaching institutions.

### Biography

Ruth Chen is an Associate Professor and Assistant Dean, Academic Resources and Department Education Coordinator in the School of Nursing at McMaster University in Canada. Her research interests in Health Professions education include evaluation of learning technologies and instructor professional development.

*chenrp@mcmaster.ca*



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## Cross-racial Mentoring for Faculty: Keys to Success

**Catie Chung<sup>1</sup> and Tracey Johnson-Glover<sup>2</sup>**

<sup>1</sup>Touro University Nevada, USA

<sup>2</sup>Touro University Nevada, USA

Everyone wants to see a professional model that 'looks like me'. Current demographics show that nursing faculty do not represent the racial distribution of the population<sup>1</sup> - a substantial barrier to developing a nursing workforce that represents the population.

Having a mentor is one key to nursing faculty job satisfaction<sup>2</sup>. Due to the limited number of faculty representing minority backgrounds, finding a mentor of the same race may be difficult. In such cases, cross-racial mentoring can be successful<sup>3</sup>.

This presentation will detail a cross-racial nursing faculty relationship and discuss keys to success.

Our mentoring relationship followed evidence-based strategies and characteristics for positive mentoring<sup>4,5</sup>, including: a trusting relationship, a mentor who was open to sharing guidance and advice, was enthusiastic, and gave tailored support for the mentee's career goals, and a mentee who was open to learning about the academic role and desired a role model.

One key to success was developing a trusting mentoring relationship based on open inquiry. We voiced agreement: while our racial backgrounds were different, our career goal of providing high-quality inclusive nursing education to develop a more diverse nursing workforce was the same. Additionally, we committed to having nonjudgmental dialogue with an intent to strengthen our relationship and reduce communication barriers.

Our mentoring relationship grew into an examination of racial disparities as the George Floyd murder and revitalized focus on systemic racism advanced in 2020. Having the mentoring relationship serve as a safe space has been a positive and empowering experience for both of us.

### Biography

Dr Catie Chung is the Director of Graduate Nursing Programs at Touro University Nevada where she develops and oversees curriculum and leads the MSN and DNP programs. Catie has conducted research about mentoring and teaching and learning strategies in nursing education and has authored publications in journals such as Teaching and Learning in Nursing and the Journal of Nursing Education.

Ms Tracey Johnson-Glover is an Assistant Professor at Touro University Nevada where she teaches in the RN-to-BSN and MSN programs. Tracey is a DNP student in Transcultural Nursing at Duquesne University. Ms. Johnson-Glover's mission is to improve culturally congruent care. Tracey serves the community in multiple organizations, including as Vice President of the Southern Nevada Black Nurses Association.

*catie.chung@tun.touro.edu*



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## Caregiver Stress & Coping

**Nina M. Russell and Megan Wayne**

*Francis Marion University, SC, 29506, USA*

Caregiver stress is a well-known phenomenon that impacts both formal and informal caregivers in a variety of settings. Prolonged caregiver stress can lead to strained relationships and mental, emotional, or physical fatigue that can potentiate burnout, increase staff turn-over, and ultimately, result in poor patient outcomes. The ability to identify personal strategies to combat caregiver stress is invaluable to the health and well-being of the caregiver as well as the patient.

### Biography

Dr. Nina Russell began her nursing career more than 20 years ago and holds dual graduate degrees from MUSC, a Master's of Science with a focus in education and a Master's of Science, Family Nurse Practitioner. She completed her DNP in 2016 from MUSC and focused her doctoral work on improving diabetic patient care and outcome using mobile phone text-messaging interventions. She is an Assistant Professor of nursing at Francis Marion University and practices at Mercy Medicine Free Clinic in Florence, S.C..



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## Undergraduate Nursing Students' Perceptions of Poverty and Health Following a Community Health Virtual Simulation Experience

Janice Carr<sup>1</sup> and Casey Cassidy<sup>2</sup>

<sup>1</sup>Oklahoma City University/Kramer School of Nursing, USA

<sup>2</sup>Oklahoma City University/Kramer School of Nursing, USA

According to Poulton et al. (2002), low socioeconomic status has long-lasting negative effects on adult health irrespective of later socioeconomic status. For this reason, efforts to understand poverty and eliminate barriers to healthcare are necessary in education for future nursing practitioners. Thorton and Persaud (2018) supports the use of simulation for nursing students to increase awareness and understand social determinates of health related to socioeconomic status. Many nursing schools have incorporated tabletop poverty simulations to explore the concept of poverty (Yang, Woomer, Agbemenu, & Williams, 2014). With the shift to online learning, continued research into online simulation's effectiveness compared to in-person teaching strategies is needed. This preliminary phenomenological qualitative study's purpose was to explore a virtual simulation's impact on a prelicensure nursing student's perception of a lived experience with poverty. The primary research question was how has a nursing student's view of the connection between poverty and health changed from before the online poverty simulation to after the simulation. An open-ended 4-question electronic survey was used to evaluate the impact of an online virtual poverty simulation experience during the Community Health Nursing course. Students were asked to evaluate the impact of this simulation on their caring for clients who present from poor and marginalized segments of society in their future clinical practice. Thematic analysis findings will be presented to session participants with ideas on how to incorporate active learning strategies on the topic of poverty and health in an undergraduate nursing program.

### Biography

Dr. Carr is full time faculty at Kramer School of Nursing, teaching students in both the undergraduate and graduate programs. Her practice areas included Community Health Nursing, Nursing Policy, Foundations of Nursing, Nursing Simulation/Lab, and Leadership. She is passionate about meeting the needs of the community through health promotion and prevention, in addition to legislative action to advance health care policy. Dr. Carr completed a Doctorate in Nursing Practice from Chatham University in 2016. She is a Certified Nurse Educator and has been teaching in higher education since 2011. Dr. Carr is active in community service to meet the needs of underserved populations in her community.

Dr. Cassidy is the Director of the Meinders Simulation Center and a full-time faculty at Kramer School of Nursing, teaching students in both the undergraduate and graduate programs. Her practice areas include Medical-Surgical Nursing, Nursing Research, and Simulation. Her responsibilities include maintaining high standards of evidence-based simulations for the undergraduate nursing program and faculty development. Dr. Cassidy completed her PhD in Nursing from Oklahoma City University in 2018. She is a Certified Healthcare Simulation Educator (CHSE) and a Certified Medical-Surgical Registered Nurse (CMSRN). She has been teaching in higher education since 2012. Dr. Cassidy serves in regional and national simulation professional society committees to further simulation in nursing education to promote a culture of safety in healthcare.



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## A Multi-Case Nursing Simulation to Aid in Transition to Practice

**Debby Nutt, Lisa Engel and Juli Lane**

*Harding University, Carr College of Nursing, Searcy, AR, USA*

**W**e proposed a simulation experience for final semester senior nursing students in a traditional BSN degree program to assist novice nurses through the transition from student to nurse. The simulation was implemented during the students' leadership clinical course. A team of students provided care for multiple patients simultaneously with patient, family, peer, or interprofessional conflicts added.

**Methods:** Senior nursing students participated in two simulated activities utilizing four patients. Each activity had two standardized patients and two high fidelity mannequin patients. The students assign and determine nursing roles, begin with report from the previous shift, and ended with bedside report using SBAR format. Students then participated in a debriefing session, completed documentation, and updated their brief plan of care.

**Data Collection and Analysis:** Data was collected using a self-developed questionnaire. Results were entered into IBM SPSS Statistics 22.0 software (IBM, 2013) and analyzed.

**Results:** For both experiences in the semester, students felt that skills in teamwork, critical thinking, assessment, conflict resolution, communication, and delegation were enhanced. When asked about transitioning into practice, the majority agreed that the experience had helped the process. To measure student growth over the semester, we compared the mean scores of evaluation items between the two experiences. There was a significant difference in the scores for assessment skills, skills confidence, and delegation skills. Between the first and second experience, students' self-evaluation of their assessment skills, delegation skills, and confidence in their skills improved at a significant level.

Qualitative data is being reviewed for analysis.

**Discussion:** By creating a simulated inpatient multi-patient simulation, faculty found that students viewed the simulations as very helpful in multiple areas of leadership and gave them opportunity to self-identify areas to improve.

### Biography

Debby Nutt is an associate professor of Nursing at Harding University Carr College of Nursing in Searcy, Arkansas. In the spring of 2021, she will complete her 20th year of teaching nursing students from associate degree programs to master's programs. In addition, she has served as a mentor to several DNP students. She obtained her Doctorate of Nursing Practice from the University of Alabama Birmingham, her master's degree from Emory University and her Bachelor's of Science in Nursing from Harding University. Current research interests are focused on simulation and transition to nursing practice.



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## Nursing-Pharmacy Inter-professional Education promotes ethical decision-making competence

**Patricia U. Ukaigwe** and **Dongmi Kim**

*Fairleigh Dickinson University, Teaneck, USA*

**Background:** Ethical decision-making is integral to professional roles. This presentation describes the outcome of the IPE course designed to promote critical thinking and ethical decision-making competence among nursing and pharmacy students.

**Method:** Nursing and pharmacy students collaborated on case studies to resolve ethical dilemmas from the perspective of each discipline. One hundred and twelve (112) students participated in the project and assigned to small groups consisting of 5-6 pharmacy students in their second year of PharmD studies and 2-3 traditional BSN nursing students and one advanced practice nursing (MSN) student per group. Using the online blackboard platform, the faculty posted on the discussion board case studies with questions to help students identify key issues. Students discussed the issues and arrived at the best option for their assigned positions. Faculty facilitated the online discussions to keep the groups on task. Debriefing of the case studies occurred in class (face-to-face) meeting during which the faculty focused on students' reflections and interaction with each other in the online discussion forum.

**Outcome:** Using ethical frameworks and codes from nursing and pharmacy disciplines, students made specific decisions on the dilemmas based on their perceived scope of practice. Students were able to identify similarities and differences in nursing and pharmacy professional code of ethics while applying critical thinking to the dilemmas in interdisciplinary decisions in relation to the applicable laws and professional regulations.

### Biography

Patricia U. Ukaigwe, DNP, CNE, FWACN, CADF is a Clinical Assistant Professor in Henry P. Becton School of Nursing & Allied Health, Fairleigh Dickinson University (FDU) New Jersey USA and teaches nursing ethics among other courses. Dr. Ukaigwe has over 40 years nursing experience and holds certifications in nursing education and pediatric nursing. She is a Maternal-Child fellow of the West African College of Nursing as well as Carnegie African Diaspora fellow. Dongmi Kim, PharmD, BCPS, BCPP is Assistant Professor of Pharmacy Practice and Coordinator of Interprofessional Education (IPE) in the school of pharmacy and health sciences, Fairleigh Dickinson University, New Jersey USA. Dr. Kim teaches clinical ethics and team decision making among other course. She is passionate about preparing future pharmacists.



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## Formation of Professional Identity of Nursing Students

**Edna R. Magpantay-Monroe**

*Chaminade University of Honolulu, Hawaii, USA*

**T**hink, speak, feel and act like a nurse is a necessary introduction to all nursing students at the beginning of their nursing program. In addition, knowledge, skills, attitudes, and values help form nursing students' professional identity. Professional identity is a process of becoming independent and having self-awareness of one's educational journey (All Answers Ltd., 2018). This presentation will focus on examples that may help form nursing student's professional identity at any point in their nursing education journey. Use of experiential modalities in teaching and learning are valuable assets to the students' growth and development. Benefits from experiential learning includes but not limited to personal and professional engagement and empowerment, understanding one's culture that affects their learning, and self-awareness of their academic and leadership aspiration. Faculty mentoring plays a very critical role in the students' formation of professional identity. The faculty mentor will share her experiences in this presentation.

### Biography

Dr. Edna Magpantay-Monroe is a tenured full professor at Chaminade University of Honolulu. She received her Bachelor of Science in Nursing from University of Illinois at Chicago, Masters of Science in Nursing, Primary Care Adult Nurse Practitioner from University of Maryland, Baltimore and Doctorate in Education with concentration in Educational Leadership from the University of Phoenix. She has an extensive background in nursing education and administration with clinical experiences. Her research interest are emotional intelligence, coaching and evidenced based education. She has received numerous excellence awards in nursing education and administration. She is involved in many nursing organizations. She is a published author. The communities of focus for her services are in nursing, Filipino and military.



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## Students Perceptions of Bias on Patient Care in Mental Health

**Sally Cantwell**

*Affiliation: Annie Taylor Dee School of Nursing, Weber State University, USA*

**Background:** Working in healthcare is an all-encompassing career. It requires time, compassion, selflessness, lack of judgmental behaviors, and dedication of time. One of the areas healthcare workers are needing additional training in is mental health. Justification: Due to the increase of employee burnout, communication challenges, and the need for additional training, community partners have asked for an additional training course for healthcare workers to become more familiar with emotional intelligence, improving communication strategies, personal coping skills, addressing personal bias, and improving leadership qualities. Due to the increase admission of overdoses, suicides, the opioid epidemic, troubled teens, etc. additional training is needed. Through a pre/post evaluation, a behavioral assessment and participating in the coursework in the class, student bias and emotional intelligence were evaluated. The Joint Commission (2016) report on unconscious and implicit bias and the effect this has on patient care provided an outline for the survey questions. Results from student surveys were consistent with the Implicit Association Test (IAT) which found that (1) Implicit bias is pervasive, (2) People are often unaware of their implicit bias, (3) Implicit biases predict behavior, and (4) People differ in levels of implicit bias. As healthcare workers, we must address our natural bias, in order to consciously make unbiased decisions when caring for patients.

### Biography

Dr. Sally Cantwell has been a nurse for over 17 years and an educator for 14 years. Dr. Cantwell currently serves as Chair for the Annie Taylor Dee School of Nursing. Dr. Cantwell completed a MS in Nursing Education at the University of Utah and a PhD in Higher Education Leadership from Northcentral University. Dr. Cantwell has worked in multiple clinical environments, specializing in critical care and psychiatry. Dr. Cantwell enjoys teaching and has taught in both undergraduate and graduate programs. Her research is in faculty mentoring, leadership, and curriculum development. Additionally, she volunteers for the Accrediting Commission for Nursing Education and is the current President of the Nu Nu Chapter for Sigma Theta Tau International Honor Society of Nursing.



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## Educating for Therapeutic Use of Self During a Pandemic

**Patricia M. Burrell**

*Hawaii Pacific University, College of Health and Society, Honolulu, Hawaii*

**P**sychiatric/Mental Health Nursing requires a therapeutic use of self for ongoing success in the field. Working with students personally in achieving such goals is always a delight. Working online with students to achieve this skill is totally possible in today's Pandemic world.

Lectures and clinical sessions are held online for those of us under strict quarantine. Blackboard is used for classes and current clinical sessions. Before starting clinical, the students learn about and practice therapeutic communication skills. While practicing these skills, they also examine and reflect upon themselves and their motivations. After learning about the skills, they practice them by pairing off and practice interviewing their colleague based upon a scenario. We started off with anxiety about Covid and everyday life. The online platform allowed them to see their colleague and observe behaviors as well as interview them. They get to write up the dialogue, identify which communication techniques were used, identify psychodynamics and indicate what they did well or what and how they could have phrased their responses in a more therapeutic manner. The doing, writing down and reflecting assists them in improving their therapeutic communication skills. In quarantine, they move from working with one other person on a scenario to working in a group of 4 or more on scenarios dealing with psychiatric/mental health issues. Their reflection logs indicate a growing comfort in their therapeutic communication skills and in working with psychiatric/mental health issues.

### Biography

Dr. Burrell obtained her BSN from Northeastern University, Boston, Massachusetts; her MSN from the University of Hawaii at Manoa, Honolulu, Hawaii; her PhD from the University of Utah, Salt Lake City, Utah and her 1st Post-Doc from the C. G. Jung Institute, Zurich, Switzerland. She is a Professor of Nursing at Hawaii Pacific University's College of Health and Society and is also Director of the Transcultural Nursing Center at HPU. She is a Transcultural Nursing Scholar. Dr. Burrell has a part-time practice in Psychiatric/Mental Health Nursing and in Jungian Psychology.



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## Transitioning from secondary to tertiary school: Working with direct entry nursing students

**Donna-Marie Palakiko**

*University of Hawai'i at Mānoa, USA*

**N**ative Hawaiian and Pacific Island students in tertiary education are challenged with balancing academic performance and family responsibilities while attaining a degree. This is further compounded among those seeking a health professional degree such as nursing in which students must retain a minimum grade point average and balance their studies along with clinical rotations and family responsibilities.

Kua'ana, a mentoring program for Native Hawaiian and Pacific Island nursing students, builds upon the work of 'Ike Ao Pono, a social justice program whose intent is to increase the number of Native Hawaiian and Pacific Island nurses in the workforce. Kua'ana provides peer mentoring to incoming direct entry nursing students with a goal of assisting them with transitioning from secondary to tertiary settings. Through bi-weekly meetings, students established SMART goals, learned about self-care, and skills around balancing life and academics.

### Biography

Dr. Palakiko is a Native Hawaiian mother, nurse, researcher, and health strategist. Prior to joining the School of Nursing and Dental Hygiene, Dr. Palakiko worked in partnership with Native Hawaiian communities to address concerns around access to health care through developing programs, services, and increasing the number of Native Hawaiian health professionals in the workforce. As a researcher, she was a founding partner for the PILI 'Ohana Partnership, a community-based participatory research which developed a lifestyle intervention for Hawaiian and Pacific Island peoples in Hawai'i. She has over 20 years of experience as a community health nurse, health strategist, health care administrator, and nurse researcher. Her passion is to serve indigenous communities locally and within the Pacific.



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# Global Virtual Summit on Nursing Education

March 15-18, 2021

**Theme:** Exploring new ideas and challenges  
in Nursing Education & Research

## Plain Language: Application of the Art of Nursing Promoting Social Justice and Equality

**Heidi Shank<sup>1</sup>, Karen Hoblet<sup>2</sup>, Temeaka Gray EL<sup>3</sup> and Larissa Barclay<sup>4</sup>**

<sup>1</sup>Lourdes University, USA

<sup>2</sup>University of Toledo, USA

<sup>3</sup>University of Toledo, USA

<sup>4</sup>University of Toledo, USA

Recent societal unrest related to police treatment of persons of color have highlighted the importance of and need for an intensified focus on social justice and equality in professional nursing. Plain language use by nurses and other healthcare providers is one of the most important mechanisms to uphold social justice and promote true equality in professional practice. This presentation includes a federal definition of plain language, specifics of The Plain Writing Act of 2010, theoretical foundation and theory that supports the use of plain language in nursing practice, and significance of plain language use by nurses in professional practice around the world.

**Key Words:** Social Justice, Equality, Plain Language, Plain Writing Act 2010, Professional Nursing, Health Literacy, Nursing theory, Self-care Deficit Theory of Nursing Culture Care Diversity and Universality, Nursing Practice, Diversity, Inclusion.

### Biography

Heidi M. Shank, DNP, MSN, RN has a progressive 35-year nursing career that transcends bedside nursing to nurse leader, nurse faculty, and academic leadership. Multiple foci in evidence-based exploration and practice are her primary interests. She seeks to improve delivery of patient-centered care that includes emergency and critical care nursing, patient outcomes in stroke care, leadership, accreditation, nursing practice, nursing education, and student transitions to practice. Development of student and nurse knowledge to advance professional nursing remains her catalyst for practice and leadership development priorities. .



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## Empowering The Holistic Nurse Entrepreneur: Practice Challenges and Self Care Needs

**Dominique Fontaine**

*Sage Integrative Wellness, LLC United States*

There are local to global opportunities for holistic nurse entrepreneurship. Nurses transition from traditional employment settings into holistic nurse entrepreneurship for various reasons. Holistic nurse entrepreneurs value nurse empowerment and self-development practices like self care however experience challenges to balance their own needs with multiple roles as a nurse entrepreneur. The purpose of this oral presentation is to discuss the experiences and challenges of holistic nurse entrepreneurs. Strategies and implications discussed can enhance the practice of holistic nurse entrepreneurs and potential nurse entrepreneurs for innovation in healthcare and increasing quality of life.

### Biography

Dominique Fontaine, BSN, RN, HNB-BC, HWNC-BC has been a registered nurse for 8 years, is the founder of Sage Integrative Wellness, LLC and chapter leader for the American Holistic Nurses Association Scottsdale, AZ Chapter. She is a board certified holistic nurse, holistic nurse educator/integrative health and wellness workshop facilitator, American Holistic Nurses Credentialing Corporation (AHNCC) holistic nurse mentor/certified professional nurse coach supervisor, AHNCC nurse coach board certification examination expert panelist, a board certified health and wellness nurse coach, and a medical cannabis nurse coach, consultant, and mentor. She specializes in homeostasis regulation, healing, and wellbeing in psychoneuroimmunoendocrinology ailments integrating complementary alternative modalities such as natural products, mind-body medicine, movement therapies, energy healing and partnering with clients to rediscover purpose and enhance quality of life. Dominique is a passionate nurse disability advocate who strives to transform healthcare and culture through awareness, holistic education, and integrative nurse coaching.



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## Higher Education Cultural Inclusion Institute

**Norma Martínez Rogers**

*University of Texas Health San Antonio, USA*

Fostering a culturally inclusive environment encourages all individuals – regardless of age, gender, ethnicity, religious affiliation, socioeconomic status, sexual orientation or political beliefs – to develop personal contacts and effective intercultural skills. Attention to cultural inclusion is vital in creating a socially just environment where diverse people feel respected and valued as equal members of communities and organizations. A Cultural Inclusion Institute was established in 2013 to advance the science and knowledge of cultural inclusion and social justice among interprofessional health care providers who work with those who face the social determinants of health and education. Local, national, and international students, researchers, academicians, organizational and community leaders gather at an annual colloquium sharing strategies, expertise, and research that address issues related to lack of cultural inclusivity and social justice relevant to those facing social determinants of health. A central goal of these colloquiums is to increase advocacy roles, communal actions, and collaborative relationships among attendees to further education, professional development, practice, and future research germane to cultural inclusion and social justice. Moreover, the institute recognizes the importance of creating a culturally inclusive and socially just environment in communities and organizations, which may ultimately aid to reduce health inequities and disparities in diverse populations worldwide. The learner objectives of these oral presentations are 1) describe the establishment and evolution of the Cultural Inclusion Institute; 2) define cultural inclusion, social justice, and the social determinants of health; and 3) discuss the lessons learned in planning, the selection of themes, and hosting of annual colloquiums.

### Biography

I spent the early years of my life in public housing, I spent my life in service to the community. I have a PhD in “Cultural Foundations” from the University of Texas at Austin and earned two postdoctoral fellowships from Indiana University School of Nursing. I am a member of the graduate faculty of UT Health San Antonio School of Nursing and a tenured Professor. In November 2006 I became a Fellow in the American Academy of Nursing (FAAN) which is the highest honor one can achieve in nursing. I am the past President of the National Association of Hispanic Nurses (NAHN). I was a founding Commissioner of the Medicaid and CHIP Payment and Access Commission (MACPAC). I founded the International Association of Latino Nurse Faculty and serve as president. I founded the Cultural Inclusion Institute in 2013. I have been funded \$9,680,152 for the School of Nursing.



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## African-American Infant Mortality: An Interprofessional Collaboration Utilizing the Life Course Perspective to Increase Awareness and Decrease Health Disparities

**Sheila Y. Abebe and Beth Goldsby**

*Ball State University, USA*

The death of an infant is devastating with deleterious impact on the family unit. Infant mortality (IM) is the death of an infant before his or her first birthday. Infant mortality rate (IMR) is the number of babies who die in the first year of life per 1000 live births (OECD, 2020). Nationally and in Indiana perinatal risks and pre-term labor account for one-half of the IMR. The other one-half are Sudden Unexpected Infant Death Syndrome (SUID), congenital malformations and injuries. The current IMR for the United States (U.S.) in 2020 is 5.681 deaths per 1000 live births, a 1.17% decline from 2019. Despite the decline the U.S. improvements have not been equitable among African-American infants, women and families.

An interprofessional team comprised academic and community partnership will utilize The Life Course Perspective which is based on the theory that birth outcomes are a lifespan not just the nine months of pregnancy.

Objectives Include:

1. Outcomes of the Pre and Post survey reflect an increase in education, awareness and strategies to reduce African American infant mortality in Delaware County?
2. Determine if the collaboration with the interprofessional teams will facilitate policy development to acknowledge and mitigate African American Infant mortality.
3. Did the involvement of Urban Development and Faith based ministries and the Work Force Initiative improve the infrastructure within the African American Community?
4. Determine if the presence of coordinated healthcare across the lifespan of a female contributes to decreasing risks and rates of IM.

### Biography

Accomplished Nurse Executive, Nurse Educator and a Board-Certified Family Nurse Practitioner whose proven expertise includes the unique ability to understand both the clinical and operational leadership components of healthcare administration and how to leverage each for maximum impact on an ever-changing and complex health care system. Possesses strong communication skills and gifted at assessing and evaluating clinical scenarios and population health management across the lifespan and healthcare continuum. Currently serving as Assistant Professor Ball State School of Nursing Graduate Program. Research interest include: Depression and Heart Failure: Impact on Readmission. Train-the-Trainer Program Sickle Cell Anemia Education, African-American Infant Mortality Utilizing the Life Course Perspective to Decrease Health Disparities, A Theory-based Approach Utilizing Telehealth for Pregnant Women with OUD.



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## Angela Cruz

West Texas Veteran Affairs Healthcare System, U.S. A

### Caring for the Patient with Dementia

The aim of this session is define dementia, discuss the types of dementia, recognize risks/ warning signs, establish a basic understanding, and review treatments and care. Healthy neurons transmit and receive information from other cells, they can metabolize chemicals and nutrients needed for survival, and the nice thing about neurons, is that they can repair, remodel, and regenerate known as a process called neurogenesis. Dementia is not a disease, it is a symptom of diseased brain cells, such as Alzheimer's Disease or Traumatic Brain Disorder. Alzheimer's Disease is non-reversible and progresses over time. Dementia is the mental loss of how one thinks, rationalizes, speaks, perception, emotions, and the recall past events.

#### BIOGRAPHY

Angela Cruz has been practicing as a nurse since 1996. Her passion for achieving a higher education led her to receiving a Bachelor's in Science in Nursing in 2012, Master of Science in Nursing in 2014, and then ultimately, she received her Doctor of Nursing Practice in Executive Leadership in January 2018 from Purdue University Global. Dr. Cruz currently works as the Safe Patient Handling and Mobility Facility Coordinator at the West Texas VA Healthcare System U.S.A. Dr. Cruz enjoys researching and educating other nurses and has presented the following:

It can be devastating not only to the person but to the family who sees their loved one deteriorating mentally before them. Forgetfulness can be part of the aging, however the person is able to recall events. With dementia, forgetfulness becomes permanent due to the biological changes of the brain. Depending on the part of the damaged part of the brain determines what part of the brain affects personality, emotions, behavior, and speech. Dementia is not part of natural aging. The person with dementia can lead a healthy lifestyle with the support of loved ones and resources that will help them to continue their activities. Learning how to care for the patient with dementia helps families ways to cope and deal with their loved one.

An evidence-based exercise program: Reducing falls in the elderly.

Promoting a healthy lifestyle: NEWSTART.

Suicidal risks in the military and veteran population

Health and wholeness

COVID-19 and the Immune System

Workshop: Reducing falls in the elderly.

*guera1q@aol.com*



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## Beverly Quaye

California State University Fullerton, USA

### Strengthening resilience in a pandemic: Nursing response to COVID-19



**A**s a result of COVID19, nurses have been challenged with care delivery modifications, mortality and death taking a toll on the individual, team and organization. Prompt action and modifications in our healthcare settings are critical to a healthy work environment. Prevention and mitigation of moral injury and burnout are why it critical

#### BIOGRAPHY

Dr. Quaye earned her EdD in Organizational Change @ Pepperdine University, MSN @ UCLA, and BSN @ California State University (CSU). An Assistant Professor @ CSU, Fullerton, she coordinates the MSN Leadership program. Expertise includes executive leadership, web-based instruction, and high-performance teamwork. Research contributions focus

for leaders to develop resilience as an essential skill. The disruptions in work and education have contributed to complex emotions, stress and, yes, signs of trauma. The session provides teaching, suggested materials and instructions for nurses regardless of role, responsibilities, and care environment.

on: (a) values' congruence, (b) nurse leader perceptions of Global Cuban public health, and (c) screening, brief intervention, referral and treatment (SBIRT). Also, founder/CEO of a healthcare consultancy firm No One Walks Alone (NOWA) specializing in organizational leadership development. Services include professional coaching, workshops, seminars, leader development, succession planning, strategic planning, webinars and educational curriculum and program development.





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## Pamela Love

Grand Canyon University, United States

### Self-care and Mental Health for Successful Test Taking

The purpose of this presentation is to explain detailed symptoms of physical, emotional, cognitive, and spiritual effects of stress which seriously impact self-care and mental health of nursing students and to provide active learning teaching techniques to influence successful outcomes.

Optimum self-care and mental health are essential for successful test taking among nursing students. Students often lack the skills to recognize physiological responses of the human body to various environmental and emotional stressors as part of everyday environment exposure. Educators will explore active learning and improve teaching techniques for stress management among nursing students leading to opportunities to respond effectually to stress and test-taking anxiety.

Novice students often fail to understand and

respond appropriately to every day stress and deal effectively with stress management. Students require the capacity and strategies plus increased awareness to recognize various stressors and cognitive reactions to reinforce positive attitude and knowledge in test-taking skills.

Educators may identify effective techniques for stress management and describe valuable methods for time management. Also important is ensuring students can distinguish between improper and proper rest and diet. Promoting students' success and matriculation through difficult nursing programs is key to addressing the shortage within the nursing profession. Faculty are instrumental with learners recognizing the effects of test anxiety and employing successful test-taking strategies.

#### BIOGRAPHY

Pamela Love, PhD, MSN, RN, CNE is a Full Professor with tenure at Grand Canyon University serving as the Academic Quality Review Manager in the Doctor of Nursing Practice Program. She is committed to superior mentorship and innovative educational experiences for future nurse professionals. For over 20 years, she has taught in nursing programs from baccalaureate to graduate and doctorate levels. Her research interests

include examining life purpose, quality of life, and effectiveness of mindfulness interventions among the elderly with heart failure. She has publications in this area and has also expanded her focus presenting internationally (China, Canada, Puerto Rico) and nationally on simulation and nursing educational teaching strategies. Global health initiatives include several study-abroad experiences to Guatemala and collaboration with faculty in Chile after a week-long immersion experience in Santiago.



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## Covid Disease Progression in the Latino Population

**Shankari Ravichandran and Megan Madara**

*Robertwood Johnson University Hospital, Somerset Campus*

Covid Pneumonia and multi organ disease has been identified in the year 2020 to be the cause of a viral infection cause by Sar-Cov 2 leading to a pandemic as classified by the World Health Organization. The multiorgan disease progression with an inflammatory response has been notable for infecting the host, severity of disease progression in a host caused by the virus and the effect of multiorgan failure. We would like to present the disease progression of Covid Disease amongst the Latino population within our community. The Covid disease was established by radiologic manifestation resulting in pneumonia affecting multiorgan failure. Our chart reviews of this population suggests a delay in access to healthcare as a result of knowledge deficit leading to disease progression resulting in higher incidence of mortality despite zero comorbidities and relatively healthy life style.

### Biography

Shankari N.Ravichandran is a critical care Nurse Practitioner working in an acute care institution at Robertwood Johnson Somerset Campus. As a senior member of the Critical Care staff, Mrs. Ravichandran supports the program with her wide critical care background in a closed intensive care model managed by and under the supervision of Critical Care physicians.

Megan Madara, Director of Allied Health for Robertwood Johnson, Somerset Campus works in an administrative and clinical role supporting the institution to lead the way to accessible healthcare for all citizens within the community and institution by working and leading advance practice providers to a coordinated collaborative approach



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## Human Trafficking: The Other Global Pandemic

**Dawn Moeller**

*Clinical Manager for Emergency and Trauma Services*

*Advocate Good Shepherd Hospital, Barrington, IL USA*

**H**uman trafficking, or modern-day slavery, is a global problem with broad reach and is estimated to be a \$150 billion per year industry. Human trafficking is frequently categorized as either sex trafficking or labor trafficking. Human Trafficking is defined by the United Nations as “the recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs”.

Victims of trafficking have been found in a wide range of legal and illegal business settings, and this frequently hidden population is most often exploited in the commercial sex industry, agriculture, factories, hotels, restaurants, as domestic workers, and by marriage brokers and some adoption firms. Although it is impossible to have completely accurate statistics, the International Labor Organization estimates that there are 14.2 million victims of forced labor, and 4.5 million victims of forced sexual exploitation. Human trafficking disproportionately affects underserved women and children, with more than 70% of trafficking cases involving women and girls and more than 90% of victims trafficked into the sex industry.

People subjected to sex and labor trafficking often experience mental and physical health problems and emerging evidence demonstrates that many people access health care while they are still in a trafficking situation. Health care professionals, like law enforcement professionals, encounter these people in the course of their work and serve as first responders. It is therefore our job to recognize patients at risk for trafficking, treat their health problems, and provide them appropriate resources and referrals.



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## The Human Animal Link: A Mid-Range Theory for Research and Practice

**Susan J. Barnes and Cheryl Frutchey**

*University of Central Oklahoma Department of Nursing, Edmond, Oklahoma: Oklahoma City University  
Kramer School of Nursing, Oklahoma City, Oklahoma*

The therapeutic value of social interaction with animals is well documented in the literature. However, there is a lack of a unifying philosophical/theoretical framework to guide research and practice in this area. This gap in the literature creates a barrier to program development and implementation in both health care and educational settings. Indeed, this is specifically problematic in educational settings where university administrators are struggling with defining appropriate boundaries for the presence of animals of any type on campus.

This presentation outlines comprehensive framework to describe human-animal link. Three types of interaction are identified for research: the animal assisted therapy (AAT) realm, the animal assisted education (AAE) realm, and the personal human animal link which acknowledges the relationships between individuals and personally owned pets or other animals.

This framework is grounded in a post-positivist, post-modern approach and provides structure for research inquires to address gaps in the literature as well as provide a framework by which to establish AAT and AAE programs that improve health care/educational/work environments. A psychosomatic viewpoint underpins the framework to give structure to the existing literature and acknowledges the existence of both physiological and psychological measures of outcomes seen in human-animal interactions.

Caring, socialization, community, and inter-personal relationships are viewed as part of the whole. Interpersonal-relationships, in this context, involve not only human to human but also human to animal encounters.

### Biography

Dr. Barnes entered higher education first in student services and then as nurse educator. In higher education administration, Dr. Barnes has served as a Dean, Director, and Department Chair. Her current position is as the Curly Endowed Chair for Research & Evidence Based Practice where promoting student and faculty research is the primary focus. The stress levels observed in the nursing school environment brought about the idea that the presence of a therapy animal in the educational environment might provide a positive modification. The accumulation of information over the past 10 years in both education and in the clinical arena with AAT/AAE has provided a multitude of support for the idea that animals provide a positive effect in the higher education environment.



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## Guided Reflective Writing and Student Clinical Judgment Development: A Descriptive Study of Nursing Student and Faculty Perspectives

**Tanya L. Smith**

*Fort Hays State University, Hays, Kansas, U.S.A.*

**A**bstract Literature supports guided reflection and clinical judgment development as key components to enhancing students' knowledge and preparation for complex nursing care. Faculty are challenged to prepare new nurses to enter the complex health care arena and often note problems in helping students transition classroom learning to clinical application. The purpose of this qualitative descriptive study was to examine student and faculty perspectives of the benefits and challenges of guided reflective writing for clinical judgment development following clinical experiences. Students from a baccalaureate degree nursing program at a small Midwestern U.S. university used the Guided Reflective Writing Assignment organized by Tanner's Clinical Judgment Model (2006). Student participants were asked to participate in an open-ended survey regarding their experience of the Guided Reflective Writing Assignment post-clinical. A focus group gained faculty perspectives of the assignment. An organizing frame relevant to reflective writing and clinical judgment for patient care emerged from the data. Since different student levels provided different perspectives of the assignment, a final theme for each student group was developed: 1) Organizes basic nursing care and 2) Sense of wholeness. Progression in clinical judgment from beginning to ending level students was supported with participant comments. Faculty concurred with students' perspectives with their final theme, Encourages deep thinking. Study findings reflect support and value of the Guided Reflective Writing Assignment for assisting students gain clinical judgment skills.

### Biography

Dr. Smith is an associate professor and assistant chair within the Department of Nursing at Fort Hays State University in Hays, Kansas, U.S.A. Her research interests include learning strategies to enhance clinical judgment development in pre-licensure nursing students. Dr. Smith has vast clinical experience in the hospital setting including peri-operative nursing and nursing management. In nursing education, Dr. Smith instructs students at the undergraduate and graduate levels with an emphasis on nursing leadership.



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## Engaging Nursing Students with Invigorating Patient-Centered Care Plans

**Cordelia Obizoba**

*Bowie State University Department of Nursing, Bowie, MD 20715, USA*

The overall goal of care plan in nursing education is to enable clinical reasoning and decision making for students. However, instructional care plans as done in nursing education program is different from professional nursing practice care plan. Students' care plans are done after taken care of the patient as opposed to providing guide for care as done in professional practice. In this way, they're redundant, not practical, and students see them as busy work. There are also some inconsistencies among clinical instructors on the expectations of the care plan assignment. In most cases, while some students merely copy, make up, and submit information that do not align with their patients, others may submit what they did not do themselves.

Do professional care plans use NANDA? Is the trend now not towards using universal language that all the interprofessional team will understand? How often do your students evaluate expected outcomes at the end of a clinical day? To better engage students for meaningful critical thinking and decision making, care plans should be an integral part of daily clinical experiences. With the upcoming Next Gen NCLEX and to help maximize the overall goal of care plan, it is time to reform current care plan strategies. At each clinical, every student should prioritize at least one problem and follow it through for a resolution or replan with all the phases of the nursing process based on actual health care provider's orders and nursing interventions.

### Biography

Cordelia Obizoba, an Assistant Professor of Nursing at Bowie State University believes in transformative student-centered educational learning activities. Such activities enable the learner through active participation in his/her own learning to acquire adequate knowledge for lifelong learning and work experiences. She has presented at national and international conferences. Her research interests include assessment and evaluation of student' clinical competences.



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## Interprofessional Collaboration: The Implementation of an Electronic Health Record in an Orthodontic Practice to Improve the Referral Process

**Alnita A. Jackson**

*Fayetteville State University, USA*

**Local Problem:** In a privately-owned orthodontic practice, it was noted there was no formal system for patient referrals. The practice uses standard medical records and paper charting in addition to writing referrals on a prescription pad, which can be easily lost and may compromise patient confidentiality.

**Project Purpose:** The purpose of this project was to improve the referral process of orthodontic patients by implementing the use of OneTouch EMR, an electronic health record. The secondary gains of this project included improving care coordination between providers, increasing patient access to health information, promoting patient safety, and maintaining patient confidentiality.

**Methodology:** Kurt Lewin's change theory was used to guide this research and provided the basis for changing clinic staff behavior.

**Results:** One hundred percent of the clinic staff completed the online and face-to-face training in the OneTouch EMR. Initially, only sixty-seven percent of staff demonstrated proficiency in adding a patient to the system and generating a referral. One staff member required additional face-to-face training and assistance inputting data and adding a patient into the EHR system.

**Implications For Practice:** The OneTouch EMR has the capability to generate and receive electronic referrals and may prevent delays in treatment, improve care coordination between providers, promote patient safety, and maintain patient confidentiality. The OneTouch EMR should be considered for practices in which no EHR is currently being used.

### Biography

Dr. Alnita Jackson is a multi-faceted academic professional with 20 + years of nursing experience. Alnita has extensive experience in the following practice areas: Medical-Surgical, Nephrology, Telemetry, Geriatrics, Public Health, and Family practice. Dr. Jackson is an Assistant Professor at Fayetteville State University in Fayetteville, NC and is a Certified Nurse Educator, Family Nurse Practitioner, and teaches in the Generic BSN and the RN to BSN online programs. Dr. Jackson is an Army veteran and serves as a Veteran Faculty Mentor at Fayetteville State University and as an Advisory Board member for Veterans in the Community. Her research interests include interprofessional collaboration, innovative teaching techniques, and veteran populations.



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## Recognizing Bias Toward the LGBTQ Veteran Population Among

**Janet Sprehe, Carla Brunk, Antoinette Tall, Betty Holte, Cally Graniero and Carol Wilson**

*James A. Haley Veterans Hospital, USA*

The simulation team identified the need to educate staff on Lesbian, Gay, Bi-sexual Transgender Queer (LGBTQ) Veteran population. According to Ruben et al. (2017), the majority of the LGBTQ Veteran population faced discrimination and affected their healthcare and treatment. According to Fitzgerald & Hurst (2017), implicit bias is 80% among healthcare professionals and is prominent in clinical employees and affects the patient's level of care. The literature review supported the need for healthcare professionals to address this need. The LGBTQ committee requested help from the simulation team to educate the staff on the unique healthcare needs of the LGBTQ Veteran population. A vignette series was developed to introduce staff to the concepts of conscious and unconscious bias to provide equitable healthcare to all Veterans. The first vignette introduces a transgender Veteran who is calling the VA expressing suicidal ideations. The second vignette scene presents the same transgender patient in the waiting room and encounters bias from healthcare professionals. The vignette shows common bias behaviors followed by corrected actions. The educational vignettes were video-taped to educate new nurses in New Nursing Orientation and the Women's Health Center. Additional vignettes are currently being developed for all employees to reduce bias towards LGBTQ Veterans. All of the participants expressed increased knowledge levels regarding bias behaviors towards the LGBTQ Veteran population. Following the vignettes, a 100% (n=21) of the participants intend to make changes or apply new approaches based on their new knowledge learned from the vignette.

### Biography

Dr. Janet Sprehe is the James A. Haley Veteran Affairs (VA) Hospital (JAHVH) Program Director of Simulations. She has directed the hospital simulation program for over 12 years. Dr. Sprehe is also the VA Veterans Integrated Service Network (VISN) 8 Simulation Champion who works closely with 8 other VA hospitals in this VISN. The team works also in the University of South Florida College of Nursing. This presentation team consists of various nurse educators who work in multiple areas of the JAHVH including acute care, emergency room, Spinal Cord Injury and Polytrauma.



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## Nursing Doctorates: Which Degree is for me

**Kerri M. Langevin**

*Central Connecticut State University*

Nurses comprise the largest number of healthcare providers in the United States, yet there is a current and growing nursing shortage which has reached a critical level. The shortage has the potential for grave ramifications and threatens the professions' ability to provide the necessary care to the nation. The reasons for the mounting shortage are numerous, however one of the most significant challenges is the dearth of nursing faculty required to educate the next generation of nurses. This is evidenced by the fact that in 2019, 80,407 qualified applicants to baccalaureate and graduate nursing programs were not accepted due, in part, to a lack of qualified faculty (AACN, 2020). Nurses with baccalaureate, masters, and doctoral degrees can teach in a variety of settings, however, the need for doctorally prepared nurse educators is crucial. Doctorally prepared academic nurse educators (ANEs) are needed to educate future nurses, nurse practitioners, and nursing faculty. According to the American Association of Colleges of Nursing's (AACN) Special Survey on Vacant Faculty Positions (2020), the largest gap in faculty positions (required or preferred) was for doctorally prepared nursing faculty (89.7%).

An examination of the history and evolution of numerous academic paths and credentials for entry into the profession at virtually every level reveals a lack of consensus on which path is most effective and in many cases minimally acceptable at almost all levels. This ambiguity spans the numerous roles of the nursing profession including what academic path is most effective for the role of the bedside nurse, nurse practitioner, and academic nurse educator (among others). The lack of uniformity and consensus continues to negatively impact the profession. Today, the uncertainty regarding the most appropriate doctoral degree for the ANE has come to the forefront as the profession seeks to mitigate the faculty shortage. There is debate between three primary doctoral degrees in terms of which is the preeminent preparation for academic nurse educators: the Doctor of Nursing Practice (DNP), the Doctor of Education (Ed.D.), and the Doctor of Philosophy (PhD). The variation of the content of the three doctoral programs is significant both in terms of curricula and pedagogical content.

As a result, nurses who plan to enter or advance in nursing education are faced with the decision of which degree to pursue. The fact that earning a doctoral degree requires significant personal and financial commitment, the decision on which degree to pursue is imperative. To address these issues, this article is intended to assist potential ANEs who wish to seek doctoral study by providing the pertinent information regarding the degrees. What follows is a brief review of the history of doctoral education in nursing, a summary of the three primary nursing doctorates for academia including: the curricula, length of programs, dissertation requirements, and cost. In addition, an algorithm designed by this author introduced. This presentation is designed to assist potential doctoral students in choosing the doctoral program which will best meet their educational, professional, and personal needs.



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**Theme:** Exploring new ideas and challenges  
in Nursing Education & Research

## Biography

Dr. Langevin has been a nurse/pediatric nurse practitioner for over 30 years. Her experience includes her experience as a pediatric nurse practitioner in community, school based, and juvenile detention centers as well as in the care of patients with craniofacial anomalies in her role as the Coordinator of the Craniofacial Surgical Team at a large children's hospital in Connecticut. Dr. Langevin entered academia in 2015 as an assistant professor of nursing at Central Connecticut State University. Her research includes nursing faculty competencies based on doctoral preparation, comparison of various doctoral degrees in nursing, the effects of faculty coaching on NCLEX pass rates, the care of juvenile detainees, and the effectiveness of nurse-run community clinics (among others). In addition to teaching at Central Connecticut State University, Dr. Langevin works as a board certified Primary Care Pediatric Nurse Practitioner.



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## Integration of Electronic Health Record System

**Said Abusalem, Cindi Logsdon and Tiffany Mills**

*University of Louisville, USA*

The purpose of this study is to evaluate nurse's perspectives on the use of a newly implemented Cerner system across a University hospital. With nationwide continuing reports of a high prevalence of care errors and healthcare associated infections.

Cross sectional prospective design was used for this study. The survey has 44 items and uses Likert scale questions. 358 nurse completed the survey, with a response rate of around 79%.

Of 358 respondents, the average worked hours per week was 36.8 (SD 8.7) hours. Most of the participating nurses worked full time (83.7%). Fifty five percent of the nurses worked day shift. In regard to computer use experience, the average score was 5.67 (SD .88) on a scale from 1 for "never used it" to 7 for "expert user". Most of the answers were in the middle point on the Likert scales at score of 5. Nurses reported an average score of 3.75 (SD 1.64) for "Cerner improves my productivity" on a scale from 1 for "never" to 7 for "always". And an average score of 4.56 (SD 1.36) for "Cerner reduces patient care errors". The average score for "overall, I am satisfied with Cerner system" was 4.01 (SD 1.63).

Most nurses at the University hospital are not satisfied with the Cerner HER system in many aspects, this might be a result of the difficulty to operate the new Cerner system.

### Biography

Dr. Abusalem is an Associate Professor in the School of Nursing at the University of Louisville. He is currently involved with several research projects to assess resident safety cultures and communication in nursing homes, implementation of Cerner technology at a University hospital, and patient centered hand hygiene. Dr. Abusalem received his PhD in Nursing from the University of Kentucky in 2006. His health service research interests include quality of care assessment and patient safety in healthcare. Dr. Abusalem publishes articles about care errors in home health, patient safety in nursing homes, and ways to evaluate quality of care based on health outcomes.



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## The Connected Online Learning Community

**Madeline Gervase**

*Rowan University, USA*

Creating an online learning environment that encourages critical thinking and allows the learner to take ownership of their learning promotes a positive teaching and learning process, with effective outcomes. The application of knowledge and creating the learning environment to promote a profitable experience combines the theories of Fried (2001), and his authentic assessment process and the innovative integrative approach to learning application of Kolb (1984), to formulate this experiential learning platform. The learner is the center and focal point of the educational process. It is necessary to engage the learner's spirit and mind and establish a connected community. When a learning environment is innovative and energized, there is networking, passion, and open communication. This energy demonstrates that the learning community is engaged and excited to participate in the program of study. Dewey (1938) embraced the idea of experiential education as a paradigm of social presence, suggesting that the quality of the learning experience is realized to the degree in which individuals form a community group for learning. It is important to identify the methods that encourage community participation and incorporate creative activities into the teaching process routinely. When students enjoy the teaching process, they often do not realize that they are actually learning. By creating innovative avenues to empower students and support autonomy, the student will have the desire to want more to accomplish their goals and a positive teaching and learning process with effective outcomes.

### Biography

Dr. Madeline Gervase has garnered a wealth of experience in academia and clinical practice for over 30 years. She has also held positions as Institution President, Dean of Nursing, Associate and Assistant Professor, and as a Nurse Practitioner, Clinical Nurse Specialist, Advanced Practice Nurse for critical care. She is completing a PhD in Education - Instructional Leadership and Curriculum Design from Northcentral University, and has a Doctorate of Nursing Practice degree from Frontier Nursing University. She is also a member of several professional national and international associations, community boards and health care collaborative organizations.



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## Supporting a Clinical Instructor is the Foundation of Clinical Experiences

**Cynthia Felton**

*Valparaiso University*

To ensure the best possible clinical experiences for nursing students, the clinical instructor (CI) must be well prepared. A literature search was performed, university clinical coordinators across the Midwest were consulted and students were surveyed to determine the best preparation needed. Clinical Instructor preparation needs to include three areas: university support of the CI, CI support of the students and CI partnership with the facility. University support of the CI is found in the college of nursing's teaching philosophy and objectives. The principles of adult learning need to be applied to clinical interactions between student and CI. Support from faculty and clinical coordinators is paramount and must be available in real time. Support of the student requires the CI to be a role model and to establish professional relationships with individual students in the facility. CI partnership with the facility requires proficiency in related clinical skills, advocacy for the students and professional relationships with the nurse manager. Full support of the clinical instructor throughout the semester is the foundation for the best student clinical experiences.

### Biography

After becoming clinically competent in critical care nursing, I started teaching critical care concepts as a hospital educator in an Associated Degree program and then as a clinical instructor at Valparaiso University. In 2006, I established the clinical coordinator role and have since developed an education model for our Clinical Instructors.



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## Getting in touch with your emotional self, during the pandemic and beyond

**Michelle Dellaria Doas**

*Chatham University, USA*

**A**s you identify your emotions in these trying times, don't judge yourself or your emotions. Emotions are not good or bad; they simply "are". Judging your emotions tends to dull your ability to feel them and use those emotions productively. Think of your emotions as information that allows you to grow personally and professionally. For example, start by noticing how you typically respond to your emotions. Do you ignore emotions by pushing them down or let them run wild in your thoughts, words, or actions? Do you handle joy, pride, and satisfaction differently than sadness, anger, and anxiety? Do you allow certain emotions to linger and others not? Do you find certain emotions acceptable and others not? Are your emotions magnified as a result of the global pandemic? For example, does a magnification of negative emotions occur as a result of changing work and personal environments? A main goal of this presentation is to become aware of emotions as they surface. Creating this type of awareness can prompt effective triggers for observing and managing emotional ups and downs. Effective triggers can in managing negative emotions which can be counterproductive. Additionally, interactive strategies will be integrated in order to enhance positivity, inter-personal and inter-professional interactions.

### Biography

Dr. Doas is an Associate Professor of Nursing and Senior Professional Staff Nurse. Teaching experiences include undergraduate and graduate programs. Current clinical work is in the areas of mental health and administration. Her scholarly work is primarily in the area of Emotional Competence in Nursing.



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## Advanced Practice Registered Nurses as Health Influencers

**Jackie B. Broadway-Duren**

*The University of Texas MD Anderson Cancer Center, Department of Leukemia, Houston, Texas, US*

Historically in the United States, participation in certain clinical research has lacked diversity (National Institutes of Health, 2019). Diverse populations such as African Americans have been hesitant to partake in clinical trials, largely due to mistrust of the government agencies and lack of knowledge. More recently, the focus has been on clinical trials for COVID-19 vaccine. According to the National Institutes of Health (2020), clinical trials are defined as types of research that is done to determine the safety and effectiveness of a drug or intervention. Now that COVID-19 vaccines have been approved by the FDA, there remains a degree of skepticism among minority populations.

Nurses have the inherent ability to communicate with diverse patient populations and are essential in improving perceptions of patients who are in at-risk populations. Specifically, advanced practice registered nurses (APRNs) are in a unique position to intervene with educating patients and staff of the benefits of the recently approved COVID-19 vaccines. APRNs are nurses who possess a Master's or doctoral degree with advanced training and certification in various areas of specialty. According to the American Association of College of Nurses (2018), a practice-doctoral degree in nursing prepares nurses with advanced preparation and specialized knowledge in an identified area of nursing practice. Nurses who are graduates of practice doctoral programs possess expertise and preparation for the highest level of nursing practice.

APRNs with doctorate level education are better equipped to understand the rationale for clinical trials and are therefore, equipped to translate information into clinical practice.

### Biography

As an advanced practice registered nurse, my expertise as a nursing professional is vast and encompasses multiple specialty areas of practice including oncology, immunology and primary health care. My professional experience as it relates leukemia is extensive. Since joining MD Anderson Cancer Center in 2001, I have collaborated with world-renowned cancer experts. In addition, I have presented educational programs and provided annual lectures to nurses and other staff. I currently serve as a facilitator in oncology education, consultant on advisory boards for pharmaceutical industries, and provide leadership to nurses and other members of interprofessional care teams. I also serve as a program coordinator for the MD Anderson Cancer Center APRN Fellowship program and am responsible for coordinating clinical rotations.



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## Soil lead (Pb) contamination of children's play areas-health consequences of cultural attitudes in New Orleans, USA and Oslo, Norway

Howard W. Mielke<sup>1</sup>, Christopher R. Gonzales<sup>1,5</sup>, Rolf Tore Ottesen<sup>2</sup>, Marianne Langedal<sup>3</sup>, Morten Jartun<sup>4</sup> and Eric T. Powell<sup>5</sup>

<sup>1</sup>Department of Pharmacology, Tulane University School of Medicine, New Orleans LA 70112

<sup>2</sup>Geological Survey of Norway, Trondheim, Norway

<sup>3</sup>Municipality of Trondheim, Trondheim, Norway

<sup>4</sup>Norwegian Institute for Water Research (NIVA), Gaustadalleen 21, 0349 Oslo, Norway

<sup>5</sup>Lead Lab, Inc., New Orleans, LA, 70119-3231, USA

New Orleans, USA and Oslo, Norway are similarly sized cities, and provide outdoor play area for children. This study evaluates lead (Pb) content of soils at children's play areas in parks and childcare areas near city centers. The median soil Pb in New Orleans and Oslo play areas are 418 mg/kg vs. 25 mg/kg, respectively. Why are the play area soils in New Orleans 17 times higher than play area soils in Oslo? The cultural attitudes toward two commercial products, lead-based paints and Pb additives in gasoline, suggest reasons for the unusual differences in soil Pb at children's play areas of these two cities. In the US, lead-based paint containing 1%-50% Pb was widely used until regulated downward in 1978; in Norway lead-based paint was banned during the 1920's. In the US, instead of public transportation, automobile use was enthusiastically encouraged, along with subsidized leaded gasoline; in Norway inexpensive public transportation was subsidized, and automobile use along with fuel, was taxed, and discouraged. The outcome of the cultural differences in attitudes about household and transportation uses of Pb resulted in environmental and exposure disparities. The consequences to life expectancy, learning, behavior, and immune system problems are known when children are unduly exposed to Pb. Children living in the two cities demonstrate differences that align with what is known about Pb exposure. From the nursing, whole-of-society perspective, the fundamental lesson is: if Pb exposure is prevented in the first place, then outcomes are life-long health benefits for individuals and society.



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## Strategies for surviving anonymous student evaluations in nursing education

**David Sharp**

*Mississippi College, 200 S Capitol St, Clinton MS 39056*

Nursing students are usually asked to provide an anonymous evaluation of their various learning experiences in a nursing program. However, negative evaluations of faculty are not uncommon in nursing education. Faculty are often left perplexed by the students' perceptions despite sound educational content and delivery methods. Recognizing that evaluations can be the "voice" of students in an unequal power relationships, this presentation will explore ways that such negative evaluations can be prevented or dealt with. Evidence is scarce about the etiology and effects of critical faculty/course evaluations. This presentation will add to the evidence through best practices and analysis of current practice. Unjustified negative evaluations are considered by faculty to be a form of incivility. The presentation will promote developing approaches to eliminate or reduce negative faculty evaluations with the anticipated effect of reducing inappropriate evaluations and promoting civility. This presentation will enable faculty to consider strategies to deal with or reduce comments that are more to do with the subjective experiences of the student rather than the actual abilities of the teacher. Student evaluations are to be viewed as an important on-going component of the evaluation of teaching effectiveness and considered within that context. The weighting of such evaluations however, within the raft of possible evaluation approaches, will be given due consideration. This presentation will explore the possible reasons for nursing students making unjustified anonymous negative evaluations of faculty. How faculty can deal with such unwarranted attacks and how they may be avoided or ameliorated will be explored.

### Biography

Dr David Sharp has taught at baccalaureate, masters and at PhD/DNP level using traditional, online and mixed methods of teaching to full time and part-time students. He has worked on various educational and clinical projects and has published journal articles and book chapters as well as regularly presenting at national and international conferences. He writes and presents on topics in psychiatric nursing, nursing education, nursing research methodology and palliative care. He has served on the scientific committees for several national and international nursing conferences. He has recently worked with the American Psychiatric Nurses Association on teaching strategies related to nursing competencies and civility in nursing education and carries out committee work and research related to safety issues in nursing.

*Dmsharp@mc.edu*



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## Military Sexual Trauma Assessment and Rehabilitation in Veterans

**Selina Doncevic**

*Veterans Health Administration, USA*

The mission of Veterans Affairs (VA) is to provide our nation's heroes with vital healthcare services and programs. To address this mission, VA medical centers and clinics across the country began screening active duty service members and veterans for military sexual trauma (MST). As a result, an increasing number of veterans have revealed unwanted sexual experiences and trauma which occurred during their military service. This trauma is typically compounded by other diagnoses such as traumatic brain injury and post-traumatic stress disorder, sustained at or around the time of the sexual assault.

VA MST screening data show that about 1 in 4 women and 1 in 100 men confirm a military sexual trauma experience. Although the number of men with MST is lower than women, men exhibit more persistent MST related symptoms. These data also reflect only the number of veterans who chose to respond "yes" to the question of MST when screened by a VA provider. Although screening and awareness for MST has increased, the occurrence has not decreased within the military milieu, a challenging setting for reporting the trauma, and for obtaining rehabilitation and seeking recovery. Due to the MISSION Act (2018), awareness of MST in the civilian setting is imperative as veterans now receive their healthcare in community settings.

Established VA pathways of care and discerning case management have empowered veterans to disclose and begin to process the MST experience. A description and data from the VA MST screening, evaluation, and treatment program will be described. A case presentation depicting the veteran experience, comorbid sequelae, and the interdisciplinary treatment plan of care will also be presented.

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## Military Sexual Trauma Assessment and Rehabilitation in Veterans

**Lisa Perla**

*Veterans Health Administration, USA*

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## Implicit Bias and Caring in Nursing Students

**Yanick Joseph, Presenter\* and Nastassia Davis, Co-author**

*Montclair State University, Montclair, NJ USA*

The purpose of this presentation is to share the results of a qualitative study that explored student nurse's awareness of implicit biases that may exist as they relate to caring for individuals of different races, and the necessity to address those biases in a constructive pedagogical genre. An outstanding opportunity exists for nurse educators to validate the components of what it takes to care for the most vulnerable population and to empower nurses with the self-knowledge of the different biases that may impair their ability to care holistically. This study explores the intricacies and phenomenon of caring while being able to be insightful of intrinsic or extrinsic biases.

### Biography

Yanick Joseph, RN, MPA, MSN, Ed. D is an experienced leader in healthcare management with 30+ years in health care management, and over 12 years in nursing education. My perspective of teaching is grounded in the constructivist framework of learning, the classroom dynamics I employ permit dialogue, self-direction, and inquiry which foster a higher degree of student engagement. I embrace instructional technology that can be used to authenticate the promotion of scholarship. I teach in the School of Nursing in the graduate and undergraduate department. My area of research is in implicit bias in student nurses and my passion is in experiential learning and simulation. My signature strengths include: a vibrant, collaborative, ethical leader with exceptional communication and problem-solving skills, with the ability to engage and mentor students and high-performance teams.



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## Nurse-Led Solutions for Academia and Practice: Creating “Nurses” in a Skeptical Work Environment

**Kimberly Sharp**

*Mississippi College, Clinton Mississippi, USA*

COVID-19 created many challenges for safe working environments. Nursing has a history of promoting health and safety that is not shared by many other disciplines in academia. While nursing takes the lead in establishing and promoting healthy work environments many challenges remain to obtain adequate resources and shape the mindset of colleagues. This presentation will address the opportunities of nurse leadership in the response of an academic institution to the challenges of continuing operations related to COVID-19. Trialing ways to engage academics and staff in varied academic settings to join together and become comfortable with global change (since the science is not static) was a huge challenge. Issues of workplace safety required collaborative compliance that was often difficult to obtain. Strategies used to foster the engagement of the whole community of interest succeeded when there was a shared platform of communication. Key informants were identified for every unit across the campus and invited to an electronic communication board where questions/concerns were elicited and the responses posted for dissemination across all units. Supply, equipment and unit preparation requirements were shared and a joint ordering distribution process was put in place to support all units. Department chairs were added to the discussion forum to ensure more comprehensive oversight during semester re-starts. The journey was eventful, but data on campus COVID-19 cases and follow-up continue to inform decisions for next steps. Strategies developed from this project have relevance for ongoing workplace environment engagement.

### Biography

A dean for over 10 years, Dr. Kimberly Sharp completed graduate studies in Scotland with doctoral research in occupational health nursing where she was involved in the development of several distance-learning programs using a franchise model for delivery for undergraduate and graduate-level students. Her clinical and nursing education experience in several countries include the United Kingdom, USA, Europe, Malaysia, and Thailand. Experience with alternative and flexible formats in program development and delivery and in the transfer of credit within a variety of global education systems has provided a background for creative program development in the USA with entry-level masters, and accelerated BSN programs. Her leadership has included chairing the Mississippi deans and directors of schools of nursing council.



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## Teaching Accompaniment: Learning in the Margins

**Katie Clark**

*Augsburg University (USA)*

**N**ursing faculty and students have engaged in providing care to those experiencing homelessness or who are marginally housed in Minneapolis at a nurse-led drop-in center, called the health commons, for close to thirty years. Caring moments in this space in response to expressed felt need by those who enter the space, where relationships are built upon mutual benefit and care is not commodified. The nurses, students, and volunteers are encouraged to de-emphasize task, explore biases, and to co-create a shared journey of health with those who deem it necessary. Learning in these moments have not be formally evaluated, therefore a survey was sent to students after IRB approval was granted to capture the impact of this shared learning experience to student's overall learning and understanding of caring for marginalized populations. The health commons remained opened through the pandemic and the civil unrest as well as responded to the needs of food insecurity to those displaced to encampments amidst recent events, which has provided unique and innovative educational opportunities for students on how nurses can respond as a collective, within or outside of formal institutions.

### Biography

Kathleen "Katie" Clark is an Assistant Professor of Nursing at Augsburg University and is the Executive Director of the Health Commons. She has taught at Augsburg University since 2009 where her primary responsibilities are in the graduate program in courses focused on transcultural nursing, social justice, and civic agency. She also practiced for over eight years in an in-patient hospital in both oncology-hematology and medical intensive care. Katie has been involved in the homeless community of Minneapolis for over 15 years and has traveled to over twenty countries. She lives with her husband and three children in Stillwater, Minnesota.



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## Cultural Humility: From Concept to Professional Practice

**Sharon K and Byrne**

*The College of New Jersey (TCNJ), USA*

The concept of cultural humility is a complex phenomenon. It is a step beyond being culturally competence or gaining cultural attainment. A review of the literature can assist the nursing professional to better acquaint themselves with this elusive concept and integrate cultural humility into practice to ensure positive patient and community outcomes.

Cultural Humility is developed from ones' acknowledgment and acceptance of others for both who they are and the circumstances or situation they live that may affect their total being including health. Humility is not always expressed in words, nor can formal or informal training alone lead to its mastery. It is a mindset and internal spirit of accepting and being accepted by others outside one's everyday circle of experience. For a healthcare provider it can be equated with "stepping into and walking within another's shoes" or "seeing with new eyes." Being acceptive of diversity, egoless, flexible, open, self-reflective and transformative all interplay into the development of a mutually satisfying relationship and sense of empowerment or partnership in healthcare between two or more parties

Through the sharing of evidence-based educational strategies, training and immersion activities, as well as cultivation of the innate positive values and ethical behaviors in its workforce, nursing will meet the bar for providing globally focused individual, community and population-based and actions and behaviors that will foster cultural humility and foster positive health outcomes.

### Biography

Dr. Sharon Byrne is Associate Professor and Chair of Nursing at TCNJ. She received her DNP from Drexel University, MSN, Post Master's Family Nurse Practitioner (FNP) Certificate and Certificate in Health Care Administration from Widener University, BSN from La Salle University, Certificate in School Nursing from Rowan University, and Diploma in Nursing from Helene Fuld School of Nursing. She holds Family Nurse Practitioner and Nurse Educator Certification. Dr. Byrne currently practices at MD Anderson Cancer Center at Cooper, Voorhees, NJ. She has academically and clinically taught in both undergraduate and graduate nursing programs in the South Jersey and Philadelphia area. Her program of research focuses on health disparities, cultural humility in professional practice, global health, cancer screening in minority populations.

*byrnes@tcnj.edu*



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## Engaging Community Health Students in Active Learning

**Tammy Minor and Sandra Prunty**

*Marshall University School of Nursing, United States of America*

**Identify problem to be addressed:** Healthy academic environments foster personal and professional growth. A healthy academic environment empowers learners to develop skills that promote critical thinking and decision making. Developing partnerships and collaboration with community agencies to solve real world problems and apply the research process supports a foundation for learning.

**Summary of project or study methodology:** A partnership research project between a state agency and a school of nursing was developed to help combat drug abuse in adolescents. The research project consisted of a power point presentation and activity game developed by the state agency with input from the school of nursing faculty. Nursing students from two senior level community health nursing classes actively participated in the research project over a period of six months by implementing the intervention in eight different local school systems. Additionally, students were engaged in the research process collecting pre and posttest surveys and served in a transformational leadership role in the local community schools.

**Limitations/Conclusions:** Limitations to this study include students lack of input into the designing the intervention. The PowerPoint presentation was designed by the WV Attorney General's office and students were encouraged to use the original PowerPoint. Another limitation to the study was the lack of time for students to be adequately trained prior to the presentation. Further research could be continued to assess the nursing students' insight into collaborating with the community to promote a healthy academic environment. In conclusion, nursing students can maximize collegial networks through partnerships with state agencies. Students can also engage in transformational leadership by becoming active participants in the research process and community health advocates creating positive change in the community. Employing active learning strategies that are supportive of scholarship, teamwork, and collaboration will create a healthful academic environment.

Implications for nursing education, practice, or research: Nursing faculty must employ strategies in academia that engage students in active learning creating a healthy academic environment that supports learning. Students must be given opportunities to grow both personally and professionally.



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in Nursing Education & Research

## Advancing Your Successful Career in Nursing

**Diann L. Martin**

*President, The Successful Nurse*

**T**his presentation will focus on strategies you can use to create your ideal life both personally and professionally. You will design 50 things to BE, DO, and HAVE and how these can serve as benchmarks for an exceptional career in nursing. Five major success principles will be covered.

### Biography

Dr. Martin has a 40+year career in nursing and has been active in-home health and hospice before shifting to academia in 2003. Since then she has been the Dean or director of nursing at 5 universities nationwide. She is a best-selling author and presenter. She has presented in Paris, Scotland and England.



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## Psychological and cognitive sequelae of COVID-19 pandemic. Implications for medical and psychological treatment

**Kalliopi Megari**

*Aristotle University of Thessaloniki, School of Psychology, Thessaloniki, Greece*

The novel coronavirus (SARS-CoV-2) pandemic rapidly spreads across the world and is inducing a considerable degree of fear, worry and concern in the population and among people with underlying health conditions, older adults and health-care professionals. The psychological effects of COVID-19 pandemic include panic behaviors to pervasive feelings of hopelessness and desperation which are associated with negative outcomes. The main and important psychological sequelae are increased rates of stress or anxiety, high levels of loneliness, depression, alcohol and drug use, and self-harm or suicidal behavior. Stress, anxiety, depression, frustration, uncertainty during COVID-19 outbreak emerged progressively. In addition, a great amount of distress, social isolation and frustration are related to the consequences of COVID-19 pandemic. Moreover, COVID-19 may cause damage to many systems such as the heart, the kidneys, the liver, and the brain (Robba, et al., 2020). Studies describe patients affected by COVID-19 who suffer from acute central nervous system symptoms (CNS) such as encephalitis, cerebrovascular or confusion/ altered mental state, headache, dizziness that can cause permanent cognitive dysfunction as well. This cognitive dysfunction, which is limitation in cognitive functions, has an additional social impact on independent living on patients, families, health care professionals and society. Psychological preventive strategies at the community level, such as implementing effective communication and providing immediate psychological services, will decrease the psychological and psychosocial impact of COVID-19 outbreak. It is important healthcare to focus on medical and psychological treatment for patients' and families optimal functioning.

### Biography

Dr. Kalliopi Megari is an experienced psychologist working in health care. She is a lecturer at University of Western Macedonia, Greece. Skilled in Clinical Neuropsychology, Clinical Research and Learning Disabilities. Graduated from Aristotle University of Thessaloniki and attended further education from University of Macedonia, in people with special needs and disabilities. She holds undergraduate degrees in Nursing and Psychology, and Master's and a PhD in Neuropsychology from Aristotle University of Thessaloniki. She has many years of experience working with chronic disease patients and people with disabilities. Her work has earned her many prestigious international awards and she is postdoctoral researcher. She is the Global Engagement Representative of International Neuropsychological Society and member of the Ethics Committee of Hellenic Neuropsychological Society.



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## Virtual Simulations: Cultivating Self-Efficacy among Undergraduate Students to Manage Obstetric Emergencies

**Nisha Nair**

*California State University, Fresno, USA*

Quality clinical education is a core requirement in the nursing curriculum. Pre-licensure nursing students rarely have opportunities to manage obstetric emergencies in nursing even though lack of this exposure to situations may lead to poor patient outcomes. This presentation explores integrating virtual simulation into an existing curriculum to manage obstetric emergencies in nursing and offer ways to develop and enhance current teaching strategies. The study also reported the preference and perceived learning outcomes of undergraduate students who engaged in a virtual simulation experience. Results from the survey and student evaluation indicated that students had an overall positive experience. The virtual simulation sessions provided a flexible, engaging experience to develop critical thinking skills and were evaluated as highly satisfactory and easy to navigate. A more massive, multisite repetition of the study would be helpful. Surveying various programs, including graduate studies and RN to BSN programs, might yield different results.

### Biography

Dr. Nisha Nair is an Assistant Professor in the School of Nursing at California State University, Fresno. Dr. Nair practice as a women's health nurse practitioner, and her clinical career has centered on obstetric and women's health issues, including clinical practice in various settings such as labor and delivery, postpartum, antepartum, and family planning services. She is also an International Board-Certified Lactation Consultant and earned certification as a nurse educator from the National League for Nursing. At Fresno State, she teaches in the DNP, MSN, RN to BSN, and BSN programs. Dr. Nair's research focuses on understanding the impact of health disparities and disseminate the need for women's preventive health care services, parental education in newborn health, and breastfeeding counseling. She belongs to many professional organizations and currently serving as the President of Sigma Theta Tau Mu Nu chapter and Vice President for the California Indian Nurses Association.



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## Using Exam Statistics to “Evaluate Those Pesky Select All That Apply” Type Questions

**Chery Frutchey**

*Oklahoma City University, Kramer School of nursing, USA*

**M**ost nursing exams are composed of multiple-choice questions with four options and one correct answer. To assess critical thinking and higher level of cognitive processing, nursing program are including multiple response type questions with five or more responses and several correct answers on exams.

Following exam completion, exam and item analysis is carried out using the generated statistical data. This data is used for quality improvement purposes; to assess the quality of the exam and the quality of each question. The point biserial index (PBI) and the p-value are two of the statistics often reviewed during the item analysis, as the basis for modification or elimination of exam items. During item analysis, the p-value is given precedence over other statistics. When comparing p-values of multiple response questions to multiple-choice questions, significantly lower p-values have been found in multiple response questions

If faculty were to follow published guidelines, all multiple response questions with a p-value of less than 0.30 would automatically be thrown out. Such modification of multiple response items will reduce the effectiveness of the test in assessing learning and has the potential to weaken the program's effectiveness in achieving curricular goals and decrease overall program success.

The data suggests that a review of the item discrimination ratio (IDR) in conjunction with the PBI can identify functioning multiple response questions despite lower p-values. This presentation will present what is currently known about the evaluation of multiple response questions and describe the step for evaluating multiple response question.

### **Biography**

With more than 10 years of experience as a nurse educator, Dr Frutchey has a unique combination of experiences that contribute to her expertise in assessment and evaluation. She has been teaching courses and content relating to test item development, exam development, exam analysis, and course evaluation for over 10 years. She monitors the school online exam platform and has been the chair of the testing committee for the last five years. She has guided the testing committee and the faculty through adopting testing and evaluation practices supported by best practices and good evidence. Implemented changes has led to a significant increase in NCLEX pass rates and improved faculty and student satisfaction with exams.



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## Blueprinting a Strong Foundation

**Meredith Crowder, Katy Fisher-Cunningham and Cheryl Frutchey**

*Oklahoma City University, USA*

The purpose of this presentation is to define the best practices of undergraduate nursing exam blueprinting in order to assist nursing educators in preparing students for the Next Generation NCLEX (NGN). As the focus of nursing education moves to strengthening clinical judgement in prelicensure students, it is imperative that the faculty-constructed exams are reliable and valid assessment tools. These exams must expose students to the type of case-based scenarios they will encounter both on the NGN and in entry-level practice. A review of the literature exposed inconsistencies in the methodology for categorizing exam questions based upon Bloom's Taxonomy, the Nursing Process, the National Council of State Boards of Nursing (NSCBSN) test plan, and an individual nursing program's learning outcomes. As such, this presentation will provide a summary of strategies for building an exam blueprint, categorizing exam questions, and preparing students for success on the NGN. As the NGN is the summative evaluation of a prelicensure student's ability to enter practice safely, it is imperative that students are adequately evaluated throughout their undergraduate nursing curriculum. Exam blueprinting is a vital step for nurse educators to implement in order to determine if the faculty-constructed exams are reliable, reflective of course content, course learning outcomes, and the expected level of students' competency.

### Biography

Professor Meredith Crowder is a Clinical Assistant Professor of Nursing at Oklahoma City University Kramer School of Nursing in the undergraduate nursing program. She is currently pursuing her PhD in Nursing at Oklahoma City University.

Professor Katy Fisher-Cunningham is a Clinical Assistant Professor of Nursing at Oklahoma City University Kramer School of Nursing, teaching in both the undergraduate and graduate nursing programs. She is currently pursuing her PhD in Nursing at Oklahoma City University.



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## Investigation of social inequalities in quality of life and in health behaviors of residents in the city of Limassol.

**P. Ellina<sup>1</sup>, N. Middleton<sup>2</sup>, E. Lambrinou<sup>2</sup> and C. Kouta<sup>2</sup>**

<sup>1</sup>Department of Nursing, Faculty of Health Sciences, Cyprus University of Technology, 30 Archbishop Kyprianou Str. 3036, Limassol, Cyprus

<sup>2</sup>Associate Professor, Department of Nursing, Faculty of Health Sciences, Cyprus University of Technology, 30 Archbishop Kyprianou Str. 3036, Limassol, Cyprus

**Introduction:** The social gradient in health is one of the most widely observed and reliable epidemiological findings of international research. Social cohesion is seriously threatened by social inequalities in health, and therefore, their investigation is an important research field.

**Aim of Study:** To investigate the size and extent of social inequalities in quality of life and health behaviors of residents in the city of Limassol.

**Methods:** This is a descriptive correlational study of cross-sectional comparisons using primary data. The following research tools were used: a demographic questionnaire, the International Physical Activity Measurement Questionnaire and the SF 36 Questionnaire quality of life. Statistical analysis was performed using the statistical package IBM SPSS Statistics 23 and the significance level was set at  $p < 0,05$ .

**Results:** The female sex seems to get lower values in both dimensions of the SF-36. Especially in mental dimension, differences between the sexes seems to be stronger. It seems to be an indication of interaction of education level and income with quality of life. This relationship is stronger in women than in men. Occupation classification seems to vary, since it's has seen systematically stronger relationship in men than in women.

**Discussion/Conclusion:** It seems that being a younger man, with a high level of education, high income, working full time and having a mild physical activity, has a significantly better quality of life than others. Gender factor influences the patterns of risk factors and this has a different impact on quality of life.

**Relevance for research and practice:** The results of this study can be utilized by community nurses by applying approaches aimed at reducing health inequalities, ensuring health and well-being, ensuring the effectiveness of initiatives and providing assistance to health providers and local authorities, in order to fulfil their obligations.



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## Building a Bridge of Light: The Nurse Educator's Role in Meeting Both Student and Staff Objectives in the Clinical Setting

**Kia Crain**

*Kramer School of Nursing, Oklahoma City University, Oklahoma City, Oklahoma, USA*

This presentation will examine the nurse educator's role in utilizing student success strategies to develop strong working relationships between clinical facility staff and student nurses during training rotations. If uncontrolled, nursing students' advent onto a clinical unit can overwhelm and impede the workflow of client care on that unit. Left unchecked, this potentially tension-fraught scenario can cause staff nurses' frustrations to build up, and nurse-to-nursing student incivility can occur. Incivility, in turn, can dampen the students' confidence and desire to practice their nursing skills, thus decreasing learning and impeding students' success. However, nurse educators can implement creative clinical experiences to reduce the possibility of fractured relationships, frustrations, and incivility by building a "Bridge of Light" between staff and students. Educators, as bridge-builders, can uphold and support the workflow of the clinical unit, while guiding and directing the flow of students through their clinical rotation time. This presentation will show how educators who develop partnerships with the unit management and staff can acquaint the facility with the students' needs and learning objectives. The educator can then invest time into learning the unit's needs and expectations and train the novice nurses to transition smoothly into the provision of safe client care while simultaneously supporting the workflow of the clinical unit. Through assembling this "Bridge of Light", the nurse educator can promote student learning, support the clinical facility, and achieve the goal of staff and students working together to provide both efficient client care and excellent learning opportunities.

### Biography

Kia Pratt began her professional studies at Rice University, obtaining a Bachelor of Arts in English in 2000. In 2002, Kia graduated magna cum laude with her Bachelor of Science in Nursing from Baylor University. From 2001-2005, she was employed by Parkland's Neonatal ICU. In 2005, Kia moved home to rural Oklahoma. Lacking a NNICU, Kia tried out positions from Labor & Delivery to Long-Term Care before finding her vocation at the intersection of education & healthcare ... in school nursing. Currently, Kia teaches in the RN program at Eastern Oklahoma State College and studies at Oklahoma City University. In December 2021, she will graduate with a Master of Science in Nursing, with a focus on education.



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## Minority Stress and Effect on Cardiovascular Health in African Americans: Implications for Nurses

**Teri Capriotti**

*Villanova University, USA*

There are distinct racial disparities in risk of cardiovascular disease (CVD) with African American individuals enduring higher rates of disease than Caucasians. Although many factors contribute to these disparities, this paper focuses on the role of racial discrimination as a stress-related factor that contributes to racial disparities in CVD. According to this review of the literature, studies indicate that discriminatory treatment known as 'minority stress' evokes acute and chronic changes in cardiovascular disease parameters.

It is important for health care providers to be aware of the phenomenon of minority stress and how it affects cardiovascular health in African Americans. Clinicians should be cautious not to perpetuate the factors that cause minority stress. Unconscious and implicit bias among clinicians contributes to the discrimination experienced by persons of color and incites distrust in the health care system.

Self-examination and dialogue are needed among health care providers to improve cultural sensitivity and recognize factors that may be perpetuating minority stress in the health care system. Innovative health promotion strategies and culturally competent health care providers are needed to enhance the cardiovascular health of African Americans in their communities. Nurses are integral to community health interventions that promote cardiovascular health in African Americans. This paper explains some of the nurse-led health promotion programs that have been effective.



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## Exploration of graduate nurse practitioner students' experience with a summative simulation using manikins and standardized patients

**De Anna L. Cox**

*University of South Carolina, USA*

**Purpose:** The purpose of this comparison was to explore at the students' perceptions of the use of standardized patients versus manikins in demonstrating competency in the history and physical examination.

**Relevance:** This comparative assessment is relevant to educators teaching both graduate and undergraduate nursing students. It was conducted on graduate nursing students using manikins and standardized patients. The comparison demonstrated satisfaction with the use of standardized patients in a simulative setting for a specific course but could be applicable to other nursing courses.

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## Disability as Diversity : Addressing Faculty Fears

**Sharron E. Guillett and Leslie Neal-Boylan**

*Shenandoah University, USA and Rockville Free Clinic, USA*

The literature related to student progression indicates that faculty are reluctant to fail students when there are legitimate concerns related to their abilities to meet practice standards. This behavior has been called “failure to fail”. This is particularly true when faculty are working with students with disabilities. There are numerous reasons for this including lack of understanding of the regulations found in the Americans with Disabilities Act, pressure from administration, fear of being perceived as practicing discrimination (in its most negative connotation) and empathy for the student. This poster offers

- suggestions for steps to take to identify if the source of the struggle is related to disability or inability
- Recommendations for with supporting students in both categories
- Recommendations for SON policies that support faculty in evaluating students without fear of reprisal

### Biography

Dr Guillett 's career spans more than 40years. She is co-author of two books, one of which was an AJN book of the year. She has published numerous articles and contributed to several textbooks, the most of recent of which , Disability as Diversity, is an interdisciplinary guide for working with students with disabilities. Dr Guillett received her Ph D from George Mason University in Fairfax Virginia. She has held several academic positions including that of college President, college Dean and tenured faculty member. She is currently a full professor at Shenandoah University. She has three children, a granddaughter and two granddogs.



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## Enhancing Patient-Provider Prenatal Interactions with Pregnant Asian, Native Hawaiian and Pacific Islanders during a Pandemic

Erin McKinley<sup>1</sup>, Kritee Niroula<sup>1</sup> and Samantha Toffoli<sup>2</sup>

<sup>1</sup>Louisiana State University and the LSU AgCenter, Baton Rouge LA

<sup>2</sup>Arizona State University, Phoenix, AZ

The COVID-19 pandemic has caused widespread anxiety and pregnant persons may experience increased rates of this due to increased risk of exposure during birth. To investigate this among Asian, Native Hawaiian, and Pacific Islanders, 68 pregnant women from Guam (41.2%), the Northern Mariana Islands (20.6%), American Samoa (10.3%), and the United States (27.9%) completed an online survey. It assessed planned birth location, breastfeeding intention, prenatal breastfeeding self-efficacy (BFSE), confusion about pregnancy recommendations, trust in COVID-19 breastfeeding recommendations, anxiety about giving birth, and concern for the baby being exposed to COVID-19 at time of delivery. Sixty-four women (94.1%) intended to include breastmilk as part of their feeding method, whether exclusively (50%) or with formula (44.1%). The sample had a high mean prenatal BFSE score ( $325.40 \pm 60.25$ ; range 98 – 390). A majority (63.2%) indicated they trusted breastfeeding recommendations and 75% did not find pregnancy recommendations confusing. In contrast, 70.5% of the women were concerned or very concerned their baby would be exposed to COVID-19 at delivery; 72% indicated they were anxious or very anxious about giving birth during the pandemic. Over 86% insisted on giving birth in a hospital despite COVID-19. It is clear this sample of women were prepared and confident for breastfeeding but lacked assurance in the events surrounding giving birth. This reveals an opportunity for providers to expand the scope of discussions with pregnant patients to include information about hospital birth procedures, COVID-19 protection, and additional information that may ease their minds about giving birth during a pandemic.

### Biography

Dr. Erin McKinley is a Registered Dietitian, Certified Health Education Specialist, and Certified Lactation Counselor based in Baton Rouge, LA. She is an Assistant Professor and the Director of the Didactic Program in Dietetics at Louisiana State University. She is also the founder of the LSU Pregnancy and Parenting Program. She obtained both her PhD in Health Education and Health Promotion and Master of Science in Human Nutrition from The University of Alabama. Her research is focused in creating and testing new scales to measure psychological components of infant feeding.



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## Aline Nassar

Board Chairman & Chief Executive Officer  
Stochos  
Sydney, Australia

### Transforming Leadership: The Impact of Leadership Style

**A** strong correlation exists between the style of Leadership and the efficiency of performance.

Nursing leadership is an imperative element that orchestrates the nursing practice. Effective leadership is critical as the vision of a transformed health care system is to be achieved.

Leadership style shapes both the behaviours and the performance of nursing professionals, which in its turn directly impacts that of the patients and their families.

#### **BIOGRAPHY**

Dr Aline is the Board Chairman and CEO of Stochos/ Sydney, Australia- Specialized Training and Development firm. Aline has sound experience driving Organizational Transformation, is Leadership Development Specialist and a Licensed Emotional Intelligence Expert

Prior to Co-founding Stochos, Aline occupied several Senior Executive Healthcare Positions:

Executive Consultant and Advisor Management  
Executive Director of Health Affairs

Corporate Chief Nursing Officer VP Nursing Services

Chief Quality Officer

It is essential that nursing leaders account for the diversity of nurses, an element that shapes nurses' ability to practice with both competence and confidence. This ability is geared by the leader's competence required to know how to perceive and connect with their staff.

Hence, one of the pillars of successful Nursing Leadership is employing the leadership style appropriate to each situation and to each nursing professional. This encompasses acknowledgment of Quality of Patient Care.

Aline has 20-year track record in Leading Healthcare Organizations and successfully driving Organizational Transformation. Aline has cropped 25 awards in appreciation to her achievements, Skilled Leadership, Exceptional Support to Management and Enhancement of Quality of Patient Care.

Aline organized, chaired, directed and served as faculty on more than 50 International conferences.

Aline achieved several publications in Leadership and Capacity Building and is an

Editorial Board Member at the Open Access Journal of Clinical Surgery and better understanding diversity and building on insights.



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## Füsun Terzioğlu

Atilim University, Dean of Faculty of Health Science  
Head of Nursing Department Ankara, Türkiye

### A New Strategy In Nursing Education: From Hybrid Simulation To Clinical Practice

**Background:** Various instructional methods and environments are used in nursing education to develop students' psychomotor and communication skills, reduce their anxiety levels, and enhance their satisfaction.

**Objectives:** To examine the effect of three different instructional environments on the development of the students' psychomotor and communication skills and their levels of anxiety and satisfaction.  
**Design:** A prospective study design was used.

**Methods:** The sample of the study consisted of 60 nursing students. Before the implementation of the study, the students' cognitive skills and trait anxiety levels were evaluated. The students were divided into five groups and five nursing activities (Leopold's maneuvers, teaching breastfeeding, family planning education, teaching vulvar self-examination and teaching breast self-examination) were specified for each group. They implemented these nursing activities under the supervision of a faculty member in the nursing skills laboratory, standardized patient laboratory and clinical practice environment respectively. In each instructional environment, the students' psychomotor and communication skills, state anxiety levels and satisfactions were evaluated.

**Results:** The median scores for psychomotor skills [Nursing Skills Laboratory=73.1; Standardized Patient Laboratory=81.5; Clinical Practice Environment=88.6] and communication skills [Nursing Skills Laboratory=64.9; Standardized Patient Laboratory=71.6; Clinical Practice Environment=79.0] were found to increase as the students went on practicing in a more complicated environment ( $p < 0.05$ ). Similarly, it was determined that the students' anxiety levels decreased as they were practicing incrementally [Nursing Skills Laboratory=33.0; Standardized Patient Laboratory=32.0; Clinical Practice Environment=31.0]. As the instructional environments were getting more similar to the reality, the students' satisfaction levels were found to become higher.

**Conclusions:** Students who deliberately practice in the instructional environments until they are competent develop their psychomotor skills while reducing their anxiety levels, and enhancing their communication skills and satisfaction. For that reason, the development of students' competency areas is thought to be effective for the enhancement of patients and healthcare workers' safety



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## BIOGRAPHY

She graduated in first place from Hacettepe University in 1989. She won the İhsan Dogramacı Superior Merit Award and Science Incentive Award. She earned her pilot's license from Republic of Turkey Ministry of Transport. She studied about counseling on assisted reproductive techniques at Liverpool Women's Hospital Reproductive Medicine Unit in United Kingdom on the British Council Research Scholarship. She earned a certificate in management and leadership in nursing. She is an active member of Thematic Network leadership work group. She studied as a research scholar at Kent State University College of Nursing in 2006. In 2007, she worked on a project named "Development of Leadership Skills in Nursing Doctoral Students" at University of Michigan Faculty of Nursing on an international research scholarship which was supported by International Network for Doctoral Education in Nursing (INDEN) and Sigma Theta Tau and provided to only three people around the world every year. She worked as a research assistant at Hacettepe University School of Nursing in the Maternity and Women's Health Nursing Division from 1990 to 1997.

She was promoted to assistant professor in 1998, associate professor in 2006 and professor in 2012. She worked as a Co-Head of Nursing Department, Erasmus Department Coordinator, Head of Strategic Planning Group and board member of Hacettepe University Women's Research and Implementation Center (HUWRICH) between 2009 and 2011. Her interest subjects are sexuality and reproductive health and management and leadership. She is member of national and international nurse's organizations such as INDEN and Sigma Theta Tau. She has been working as a Director of Nursing Services at Hacettepe University Hospitals between 2012-2016 and Founding Dean of Faculty of Nursing. She has published more than 90 papers, 20 grant projects, eight books as an editor and author, and more than 120 presentation in the national and international. She is also invited speaker more than 60 congress and symposium. She had a founder dean Faculty of Health Science in İstinye University and Director of Nursing of MLPCare between 2016-2018. She is currently work as a Dean of Faculty of Health Science and Head of Department of Nursing in Atilim University.

*fusun.terzioglu@atilim.edu.tr*



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## Walk-Through screening system for COVID-19

**Ji Yong Lee<sup>1</sup> and Sang Il Kim<sup>2</sup>**

<sup>1</sup>*Division of Infectious Disease, Department of Internal Medicine, H Plus Yangji Hospital, Seoul, Korea*

<sup>2</sup>*Department of Internal Medicine, H Plus Yangji Hospital, Seoul, Korea*

**W**ith the ongoing novel coronavirus disease 2019 (COVID-19) pandemic, the number of individuals that need to be tested for COVID-19 has been rapidly increasing. A walk-through (WT) screening center using negative pressure booths that is inspired by the biosafety cabinet has been designed and implemented in Korea for easy screening of COVID-19 and for safe and efficient consultation for patients with fever or respiratory symptoms. Here, we present the overall concept, advantages, and limitations of the COVID-19 WT screening center.

The WT center increases patient access to the screening clinics and adequately protects healthcare personnel while reducing the consumption of personal protective equipment. It can also increase the number of people tested by 9–10 fold. However, there is a risk of cross-infection at each stage of screening treatment, including the booths, and adverse reactions with disinfection of the booths. We had solved these limitations by using mobile technology, increasing the number of negative pressured booths, reducing booth volume, and using an effective, harmless, and certified environmental disinfectant. A WT center can be implemented in other institutions and countries and modified depending on local needs to cope with the COVID-19 pandemic.

### Biography

Dr. Lee received Medical Degree from the Eulji University. He completed internship and residency training in Internal Medicine at Kangbuk Samsung Hospital, Sungkyunkwan University and fellowship training in Division of infectious disease, Department of Internal medicine at Samsung Medical Center, Sungkyunkwan University. Now he is the Director of the Division of infectious disease, Department of Internal medicine, and the manager of infectious control team of H Plus Yangji Hospital since 2016.



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## Nursing Clinical Education amidst COVID-19

**Esmeraldo C. De Las Armas IV**

*University of Makati, Philippines*

**F**ilipino Nurses are regarded as “the choice of the world”. This is because of their competencies and tender loving care they provide their patients. Nurses are known to be the clinical backbone of the medical team and the composes majority of the health profession. An inadequately trained nurse may hamper the team’s effectiveness that may lead to low quality health care. Which gives great emphasis to the clinical nursing education of student nurses, so they may become competent nurses.

Nursing Clinical Education (NCE) is a very important core of nursing education. NCE is geared towards aiding student nurses, to gain knowledge, develop critical thinking and to practice clinical nursing skills. It provides the student nurses with appropriate nursing skills and experience based on the clinical area, through different strategic learning activities. NCE allows alignment of theoretical and practice. It is during this clinical education; student nurses relate the theories to practice.

During this COVID-19 pandemic, there were numerous changes on how NCE was conducted and facilitated by different nursing schools. With health protocols and guidelines which prevent mass gatherings, vaccines for the disease are still to be manufacture and not that accessible to everyone. This indicates a great change to Nursing Education, and how NCE is provided. The study aimed to assess the different dimensions of NCE and look for the challenges, acceptability, alignment of instructions to the curriculum, learning outcomes of the student and other aspect of NCE.

### Biography

Is an Assistant Professor and currently the RLE Chairperson of the College of Allied Health Studies – Center of Nursing, University of Makati located in Makati City, Philippines. He graduated his Bachelor of Science in Nursing at San Beda College (now San Beda University), his Master of Arts in Nursing at University of Makati, and in the same University, he is currently enrolled in the Doctor of Education program, Major in Innovative Educational Management. His research interest is nursing education, nursing practice and innovative management.



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## Caring Moments at St Dominic Medical Center

**Margaret May A. Ga and Mary Nellie T. Roa**

*University of Makati, Philippines*

Caring moments are quite simply human to human interactions. These interactions have the potential to create a moment of transcendence (healing). A caring moment encompasses a choice and an action to care for the patient (by the Nurse). The instance of being with and centering to the patient presents the opportunity, to be in a connected and creating the caring moment. If the caring moment is transpersonal it transcends time and space, opening up new possibilities for healing and human connection at a deeper level than physical interaction. (Watson, 2013)

The study aimed to describe the lived experiences of SDMC Registered Nurses. This study utilized the existential phenomenological method espoused by Van Manen in analyzing the experiences.

The symbolic representation of the lived experience of Nurses in taking care of patients depicts nurse's hand touching the patient hand, stand still in caring moment. The experiential themes from textual transcription of 4 Registered Nurses includes: commitment in compassionate care, gratification in action, patient and compassionate Nurse equals family, and Cognitive aspect of care.

The second reflection describes caring at the core, inner compass of care, nurturing begets belonging and confidence in knowing. The third reflection sums up the details into Authentic Caring and Rapport as central to relationship. The gist of the lived experience outlines that in every Nurse-Patient Relationship, there is a Caring Moment and opportunity for healing.

### Biography

Margaret May A. Ga, RN, MAN, Nursing Director, St Dominic Medical Center and Part Time Faculty, University of Makati, Philippines. Mary Nellie T. Roa, RN, MAN, Vice President for Academic Affairs, St Dominic College of Asia.



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## Risk Of Recurrence And Long Term Survival Of Endometriod Adenocarcinoma Of Endometrium (Eac) ; Sultanah Bahiyah's Hospital (Hsb) , Alor Star Experience 2000-2012

**Juliana Yusof, Rushdan Mohd Noor and Azmawati Mohammed Naim**

*Universiti Institute Technology of MARA Sungai Buloh, Malaysia*

**Objective:** The objective of this study is to determine the epidemiological and histological characteristics of endometrial cancer in HSB and to study the prognostic factors for recurrence and survival of endometriod adenocarcinoma of endometrium (EAC).

**Material and method:** This is a retrospective cohort study of EAC in Gynaecologic Oncology Unit, Hospital Sultanah Bahiyah, Alor Star from 2000-2012. Following approval of ethics committee, a total of 176 patients ( 31 uterine sarcoma and 145 uterine carcinoma) were evaluated from their medical records. The epidemiological and histological characteristics were analyzed. Survival data were analyzed using Kaplan –Meier and Cox proportional hazards regression methods.

**Results:** EAC comprises of 73.8% of epithelial uterine cancer in HSB, majority presented at stage I (56.1%). Based on multivariate analysis, myometrial invasion (MI), lymphovascular invasion (LVSI) and cervical involvement were found to be the significant predictors for recurrence in EAC. Unlike other studies, extra pelvic recurrence was more common than pelvic recurrence especially lung metastasis.

**Conclusion:** Endometriod adenocarcinoma of endometrium constituted approximately two-third of epithelial uterine cancer. The risk of recurrence was significantly related to the presence of myoinvasion, lymphascular space invasion and cervical involvement. Higher stage, age more than 60 years old and myometrial invasion of more than 50% were associated with poorer overall survival.

### Biography

Dr Juliana Yusof graduated from the National University of Malaysia (UKM) in 2005. She obtained her Masters of Obstetric & Gynaecology in 2014 from UKM of which she was trained at Sultanah Bahiyah's Hospital , Alor Star Malaysia from 2009-2012. She is now a lecturer in Obstetric and Gynaecology in Faculty of Medicine in University Institute Technology of MARA ( UiTM) Sg Buloh and also work in Sungai Buloh's Hospital as an Obstetrician & Gynaecologist. As a lecturer, she is active in coordinating clinical exams for undergraduate students and actively involving in E-learning for medical students.

*juliyusof@gmail.com*



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## Internet Fatigue in Nursing Education: Teacher's Voices

**Maria Irma C. Bustamante**

<sup>1</sup>*St. Paul University Manila, Philippine*

<sup>2</sup>*Philippine Nursing Research Society, Manila, Philippines*

The current COVID-19 pandemic brought about numerous changes in the people's lifestyles. Nursing education is now provided on an online basis. The teachers experienced issues and concerns with this approach. This descriptive qualitative study participated by nine faculty members from three colleges of nursing in Manila expressed their experiences through an informal conversational interview through SMS messages and emails. The major theme was referred to as internet fatigue since teaching was done virtually. Simulations were used to substitute for clinical practice. The most frequent subthemes were: eye strain, back pains and other body pains, disturbance while on the net, adjustment to the new approach, and multitasking while working from home, preference for face to face education, and uncertainties of what to do. Eventually acceptance became the second major theme. It can be said that the teachers felt that the so called "new normal" gave them challenges while performing their responsibilities in teaching student nurses. It is recommended that adequate family and administrative support be given to those teachers.

### Biography

Maria Irma C. Bustamante, RN, PhD holds a Doctoral Degree in Nursing. She started her professional practice from being a public health nurse, to staff nursing, to senior nurse, to Director for Nursing and from instructor, to professor, to Dean and Vice President for Academic Services. She was previously affiliated with the University of Santo Tomas, The Aga Khan University, University Brunei Darussalam, and the St. Paul University System. She obtained research grants and published both nationally and internationally. She has retired and now acts as a freelance consultant and part time professor for the graduate programs in Holy Angel University and St. Paul University Manila. She is the President of the Philippine Nursing Research Society.



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## Intradialytic hypotension prevalence, influencing factors and nursing interventions: Prospective results of 744 hemodialysis sessions

**Nurten OZEN<sup>1</sup> and Tugba CEPKEN<sup>2</sup>**

<sup>1</sup>*Demiroglu Bilim University Florence Nightingale Hospital School of Nursing, Istanbul, Turkey*

<sup>2</sup>*Private Esenyurt Dialysis Center, Istanbul, Turkey*

**Introduction:** The aim of this study was to evaluate intradialytic hypotension (IDH) prevalence, influencing factors and nursing interventions in hemodialysis (HD) patients.

**Methods:** This descriptive and cross-sectional study was conducted at a private dialysis center. The patients were followed-up in terms of IDH development based on the European Best Practice Guidelines criteria during six consecutive HD sessions. The study followed the STROBE checklist.

**Results:** A total of 744 hemodialysis sessions of 124 patients were monitored. IDH developed in 51.6% of the patients and the prevalence was 17.60%. The most common nursing interventions were stopping ultrafiltration and isotonic saline solution administration. White blood cell (WBC) ( $p=0.017$ ) and creatinine ( $p=0.005$ ) values were statistically significantly higher in patients developing IDH. WBC was found to increase IDH development risk 0.796 times (95% CI [0.657-0.996],  $p=0.021$ ).

**Conclusion:** Nursing staff awareness regarding the frequency of IDH in hemodialysis patients and the related symptoms needs to be increased.

### Biography

Dr. Ozen is currently working as an Associate Professor at the Demiroglu Bilim University Florence Nightingale Hospital School of Nursing. Dr. Ozen received her PhD on 2015 from the University of Gulhane Military Medical Academy School of Nursing in Turkey. Dr. Ozen completed her Masters on 2010 from the University of Gulhane Military Medical Academy School of Nursing in Turkey. She worked at the hospital as a nurse. Dr. Ozen has authored several publications in various journals. Dr. Ozen is serving as a member of Turkish Nephrology, Dialysis and Transplantation Nursery Association, Turkish Society of Clinical Enteral & Parenteral Nutrition, Turkish Association of Critical Care Nurses, Critical Care Doctoral European Nurses Group (Critical Care DEN), European Federation of Critical Care Nursing Associations (EfCCNa), European Society of Intensive Care Medicine (ESICM). Dr. Ozen is awarded by oral presentation awards.



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## The importance of spiritual care in the COVID-19 pandemic

**Tülin YILDIZ and Cagla SABİRLİ**

*Tekirdag Namık Kemal University, School of Health, Nursing Department*

According to Watson, nursing is an essentially caring profession with its scientific, personal, ethical and aesthetic features. Human Care Theory; It consists of transpersonal caring relationship, caring occasion/moment and carative factors, based on patient-nurse interaction, in which the individual is evaluated as a holistic mind, body and spirit. At the basis of this theory is the provision of spiritual care, reflecting various aspects of the nursing profession, with the expression of the individual's spiritual needs and human values.

Spiritual dimension is defined as the inner and dynamic aspect of the individual. Spiritual needs arise in situations of illness, stress, fear of death, or existential crisis. While meeting these needs gives the power to cope with the illness or crisis situation, it also creates a positive effect on the healing process.

The COVID-19 virus, which has spread rapidly since its emergence and has affected almost the whole world, turned into a pandemic and caused a global crisis. In addition to the radical changes in the normal lifestyle caused by the crisis; Situations that required spiritual care such as fear of death, loneliness, isolation affected not only COVID-19 infected patients, but all people at risk.

In this review, it is aimed to draw attention to the importance of the spiritual care needs of patients and their families during the COVID-19 pandemic by examining the spiritual care practices of nurses within the framework of Watson's Human Care Theory in order to contribute to the literature.

**Keywords:** Spiritual care, covid-19, human care theory.



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## The Importance of Nursing Care in Ensuring and Maintaining Patient Safety in Emergency Departments During Pandemic Process

**Tülin YILDIZ and Cagla SABİRLİ**

*Tekirdag Namık Kemal University, School of Health, Nursing Department*

**Emergency services:** Units within the body of inpatient treatment institutions that provide 24-hour uninterrupted emergency health care. Emergency service environments are seen as a showcase of hospitals where dynamic, complex, crowded and stressful, patient density hours are not clear, patient density increases suddenly, and important life-saving medical treatments are performed. Emergency healthcare professionals most faced with serious health problems; In cases where the individual is in physical or emotional danger, they make an effort to provide the patient and his family with the medical treatment they need quickly and accurately. It is very important to ensure and maintain patient safety in emergency services.

Active participation of the patient in healthcare services is ensured with a patient-centered approach. This approach also contributes to the creation of a safety culture. In this context, nurses, who are among health professionals during the pandemic process, play an active role in patient satisfaction and patient safety. The aim of this review is to draw attention to the role of the nurse in ensuring patient safety in patients who experience stress in the complexity of the emergency room and the unknown of the pandemic.

**Keywords:** Emergency department, patient safety, pandemic process.



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## Patient-centred digital nursing care – Nurses new competences

**Pirkko Kouri**

*Savonia University of Applied Science, Finland*

For the future one of the biggest challenges in responding to the needs of health care is shortage of nurses. One significant response to the shortage in Finland is the wide utilization of digitalization, which is about reforming operating methods, electrifying services and digitalising internal processes. Patients' role is growing due to technological infrastructure. Today patients have both rights and responsibilities. Patient-centred care changes the role between nurses and patient. Successful change requires clear goals, the involvement of patients and nurses in planning and co-creating, and well-managed change processes and measures. In digitalisation, care must be taken to ensure that the patient is always at the centre of the service, and they receive individualized and tailored care. The services must be easier to work with and equally accessible to all users of the health services. Electronic communication from hospital to home, remote care, monitoring health and coaching are part of people's daily lives. Novelties in digital technology enable integrated patient care and nurses play a key role in this. This means that nurses need to understand the role of digital care services. Furthermore, nurses should have confidence in digital technology and how to use safely data and information in nursing care. Ethical issues, regulations and standards guide nurse's work. The change works our smoothly if nurses are trained and have possibilities for continuous education. Nurse need to understand the way that different technologies can help differently in versatile patient care situations. Finally, both nurses and patients need digital competences.

### Biography

PhD, MNsc, PHN, RN, Quality expert in education. Principal Lecturer in Healthcare Technology. RDI-work: She has managed or coordinated many eHealth projects both in national and international level. Honours and affiliations: Vice President of Board of Directors in International Society of Telemedicine and eHealth (ISfTeH). First female and of nursing background in this position. Board member and secretary in Finnish Society of Telemedicine and eHealth (FSTeH); International Medical Informatics Association, member of Nursing Informatics education working group; She has been an author more than 100 publications, numerous presentations in versatile conferences, seminars both internationally and nationally



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## La scrittura come cura e conoscenza di sé. Parole evolute. Esperienze e tecniche di scrittura terapeutica

**Sonia Scarpante**

*Writer, teacher and President of the Ass. La cura di sé, Italy*

The concept about the “therapeutic writing” has its beginning from an autobiographic work, realized in 2003, whose title is *Lettere ad un interlocutore reale. Il mio senso*.

That autobiographic writing turned out to be therapeutic because it has helped the writer to develop her sharpest sufferings, to overcome traumas and to win old guilt.

The therapeutic writing, meant as inner reveal, is essential to be able to understand also the physical signals that our body often give us as a reply, aware or not, to a pain we had lived and we are still living.

The individual writing becomes a shared experience working in groups, where everybody gives his own personal contribution.

The epistolary approach of the “therapeutic writing” consists in a bunch of letters (written to one’s self, to one’s mother etc.) used as therapeutic tools, in order for the writer to easily recall the meaningful episodes of his own existence, from his childhood to his adult age.

The epistolary way becomes then the most appropriate way to remember our own emotions, our sorrows, the sufferings and our deepest feelings.

The benefits, got with the individual writing, will become wider while reading and sharing personal experiences with others.

The negative moods lived again by the person who tells about himself, will lose, line after line, the characteristic of anxiety and taboo, while the positive ones, even if shyly expressed, will find in the other people’s benevolence a further reason to go through again.

All these constant efforts makes the “therapeutic writing” evolving into a performative character.

**Keywords:** Therapeutic writing, Care of self, Performative writing, Evolved words, Letter to myself.

*sonia.scarpante@fastwebnet.it*



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## Virtual Simulation Coaching for Nursing Students in Preparation for Multiprofessional Diabetic Examination

**Mari Salminen-Tuomaala**

*Seinäjoki University of Applied Sciences, School of Health Care and Social Work, FINLAND*

**Background:** The study is part of a research and development project, whose purpose is to develop nursing and medical students' multiprofessional collaboration in examining and supporting the self-care of diabetes patients. Multiprofessional collaboration refers to professionals with different educational backgrounds working together to deliver services based on the client's care needs. The work starts with patient assessment and combines expert knowledge and skills, including consultation services and supporting networks for the patient. High quality outcomes can be reached if all team members appreciate each other's competence and assume responsibility for enhancing their own competence.

**Purpose and aim:** This qualitative study describes final stage nursing students' experiences of virtual simulation coaching, offered in preparation for multiprofessional examination of diabetes patients at a central hospital diabetes centre in Finland. The study aims at producing knowledge for the development of a new form of virtual simulation coaching.

**Data collection and analysis:** Data was collected from 32 final stage nursing students in November 2020. The voluntary participants responded to open essay questions (n=3) using the Webropol online tool, which allowed scaling the document to fit smartphones, tablets, touchscreens and computer screens. Inductive content analysis was used to analyse the data.

**Results:** Virtual simulation coaching was found to be an effective means of developing theoretical and practical competence related to diabetes patients' care needs assessment, improvement of care commitment and self-care support. The participants also reported an increase in their remote counselling skills.

### Biography

Dr Mari Salminen-Tuomaala, PhD in Health Sciences, is Principal Lecturer in Seinäjoki University of Applied Sciences, School of Health Care and Social Work. She has worked over 20 years as registered nurse at medical departments, cardiac care unit and emergency department before teaching career. Her main research and expertise areas concern acute care (intensive care, out-of-hospital emergency care, care and counseling at the emergency department), simulation based education, psychosocial coping of myocardial infarction patients and their spouses, families as clients in health care and families in challenging life situations. She has about 40 conference presentations and over 80 scientific publications.



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## Smoking Cessation Counseling Practices among Health Care Providers dealing with Cancer Patients

**Nesrin Abu-Baker**

*Jordan University of Science and Technology*

**Aim:** to assess smoking cessation counseling practices (SCC) among health care providers dealing with cancer patients. Method: a cross-sectional design was used with a sample of 300 providers from three hospitals in Jordan. A self-report questionnaire was distributed.

**Results:** During the initial visit, the most frequent practices were asking patients if they smoke and advise smokers to quit (50%, 45% respectively). Only 13% of providers reported treating or referring patients for smoking use cessation intervention. During the follow-up visits, the most frequent practice was reinforcing the stopping of tobacco use 39%. Overall, physicians had the highest scores of adherence to applying SCC practices. Besides, over 85% of participants believe that tobacco cessation should be a standard part of cancer interventions and clinicians need more training. Over 80% agreed that barriers of implementing SCC practices include lack of training and resources. Finally, receiving SCC training, more years since completion of the most senior degree, and more time spent with cancer patients predicted a higher score of total SCC practices ( $p < .05$ ).

**Conclusion:** it is essential to provide training, referral facilities, and supportive policies to encourage SCC practices.

### Biography

Dr. Nesrin N. Abu-Baker is an Associate Professor, Department of Community & Mental Health Nursing, Jordan University of Science and Technology. She teaches graduate and undergraduate courses at the Faculty of Nursing. She serves in many academic committees and coordinates many community service activities. She received her BSN from Jordan University of Science and Technology, her MSN and Ph.D. in Community Health Nursing from the University of Cincinnati, USA. She has publications related to public health, school health and women's health and she attended many workshops and international conferences. She supervised many master theses and conducted funded research in collaboration with multidisciplinary team members.



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## Transfer of human factors skills from simulation training to clinical practice

L. Abildgren<sup>1,2</sup>, M. Lebahn<sup>2</sup>, L. Hounsgaard<sup>1</sup>, SV. Steffensen<sup>2</sup>, P. Toft<sup>1</sup> and C. Backer-Mogensen<sup>3</sup>

<sup>1</sup>Odense University Hospital

<sup>2</sup>University of Southern Denmark

<sup>3</sup>Hospital Sønderjylland, Denmark

Although interdisciplinary human factors, e.g. communication, decision making, situation awareness, leadership and teamwork, are a prerequisite in healthcare, human factors are primarily in focus when healthcare personnel are training trauma, resuscitation and similar hyperacute situations.

Studies estimate that 70-80% of all errors in healthcare can to a large extent be traced to human factors, rather than to deficits in healthcare personnel's medical expertise or technical skills. In addition, research shows that competent human factors reduce adverse events in hospitals. Nevertheless most postgraduate training and education are profession divided and focuses on technical skills, maybe because they are more easily reproduced in a training environment and the learning outcomes measurable.

Despite this preferred educational focus, and the awareness that improvements in healthcare personnel's use of human factors may reduce the number of adverse events, this problem remain complex: Human factors skills vary from person to person and from situation to situation. Also, skills must be transferred from the learning situation to improved behavior in everyday clinical practice. Furthermore, education of healthcare personnel is still to a large extent divided into separate professions.

Research shows that simulation training improves the healthcare personnel's human factors, and that competent use of human factors provide fewer adverse events. However a direct link between simulation training and increased patient safety in clinical practice remains undocumented.

The purpose of the study is to develop interdisciplinary knowledge of, how healthcare personnel transfers expertise regarding human factors from simulation training to improved behavior in actual clinical practice.

### Biography

Lotte Abildgren, PhD-Student, Msc. Nursing Science, Critical Care Nurse.

*lotte.abildgren@rsyd.dk*



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## How do knowledge and understanding of sleep deprivation influence clinical decision making of intensive care nurses when managing sleep in critically ill patients?

**Alison Hasselder**

*University of East Anglia*

Sleep deprivation holds many consequences for critically ill patients including slower recovery, decreased resistance to infection and neurological problems such as delirium (Dick-Smith 2017). A shift in nursing and institutional culture is required to apply sleep promotion strategies and research, and to minimise unpleasant outcomes for patients (Dick-Smith 2017). This paper will present data from this Constructivist Grounded Theory approach. It will emphasise what has been learnt about nurses' decision making and how this can influence the quality of sleep their patients achieve in the Intensive Care Unit (ICU). It will particularly focus on exploring the categories, four main themes and theory of Professional and Regulatory Compliance that have now been identified as part of phase 2 of the study. The links between these will be explained. These include the theme of "not on my watch behavior" and the role that clinical audit may have on junior nurses' decision making. Data has been collected from 19 participants that have been interviewed with semi structured, relating this to established models of decision making and cognitive processes discussed in the literature focusing on, and exploring, nurses' decision making in relation to sleep deprivation in the ICU.

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