## Detailed Agenda – Thursday, October 13, 2011

### Registration & Coffee
*Ground Floor - Health, Nursing & Environmental Studies (HNES) Building*

### Welcome – HNES Room 038
Dr. William Gage, Associate Dean, Research & Graduate Education, Faculty of Health  
Dr. Claire Mallette, Director, School of Nursing  
Dr. Beryl Pilkington, Associate Director, Research & Graduate Education, School of Nursing

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<tr>
<th>HNES Room 038</th>
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<tr>
<td>Moderator: Dr. Elsabeth Jensen</td>
<td>Moderator: Dr. Christine Kurtz Landy</td>
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Selena Hune  
Huasheng (Jimmy) Chen  
Kimberly Schembri  
Dianne Williams  
Tracey DasGupta  
Mary Fox

### Nutrition Break
*HNES Room 038*
Christine Jonas-Simpson

### Lunch (provided) and Poster Presentation - Ground Floor Foyer
Mahdieh (Fay) Dastjerdi, Sandy Gill, Elsabeth Jensen, Christine Kurtz-Landy, Lisa Hamilton, Laura Jackson, Lilibeth Jones-Lim, Judith MacDonnell, Ria Torr

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Sheila Jennings & Nazilla Khanlou  
Melissa Stevensen & Margareth Zanchetta  
Margareth Zanchetta & Lorena Baku  
Claire Mallette  
Mohini Pershad  
Lynda Parker

### Nutrition Break
Ria Spee  
Mary Fox  
Jacqueline Choiniere  
Beryl Pilkington  
Carole Lina San Jose & Margareth Zanchetta

### Closing – HNES 038
*Door Prize Draw  
Closing Remarks – Dr. Beryl Pilkington  
Evaluation*
Welcome from the Conference Chair

Dear Colleagues,

I am delighted to welcome you to the School of Nursing’s 4th Annual Research Day!

This conference provides an opportunity for academic researchers, researchers and practitioners from practice settings, and graduate students to share their research and scholarship, build skills around knowledge dissemination, and network with other conference participants.

This year, the conference includes oral presentations and posters on topics including nursing research (completed and in progress), practice-based scholarship (clinical, leadership, and education), and nursing education scholarship. It has attracted a diverse group of participants from both academic and practice settings in the Greater Toronto Area.

The School of Nursing is housed in the Faculty of Health at York University. I encourage you to visit our website in order to learn more about our innovative programs: www.health.yorku.ca/nurs/

Warmest wishes for an enjoyable conference!

Beryl Pilkington, RN; PhD
Associate Professor
Associate Director, Research & Graduate Education
School of Nursing, Faculty of Health
York University
Conference Sponsors

School of Nursing
York University

Conference Planning Group

Dr. Beryl Pilkington  
Chair
Anne Attard  
Administrative Secretary
Melody Duggan  
Faculty Secretary

Dr. Elsabeth Jensen  
Dr. Mahdieh (Fay) Dastjerdi  
Dr. Christine Kurtz-Landy  
Dr. Malini Persaud

Abstract Reviewers

Thanks to the following faculty members who conducted the review of abstracts:

Dr. Mahdieh (Fay) Dastjerdi
Dr. Elsabeth Jensen
Dr. Christine Kurtz-Landy
Dr. Tsorn-Yeh Lee
Dr. Christine Maheu
Dr. Malini Persaud
Dr. Beryl Pilkington
## Schedule of Concurrent Sessions

### HNES 038
**Moderator: Elsabeth Jensen**

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<tr>
<td>Selena Hune</td>
<td>9:30 – 9:50</td>
<td>26</td>
<td>Utilization of Ontario Telemedicine Network (OTN) by NP Led Team to Enhance Care Delivery in Long-term Care</td>
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<tr>
<td>Huasheng (Jimmy) Chen</td>
<td>9:50 – 10:10</td>
<td>11</td>
<td>Raising critical consciousness of social justice and poverty: An MScN student’s experience as a facilitator of an online elective graduate course</td>
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<tr>
<td>Kimberly Schembri</td>
<td>10:10 – 10:30</td>
<td>12</td>
<td>Nursing Resource Teams: An exploration of their history, use and possibilities</td>
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### HNES 037
**Moderator: Christine Kurtz-Landy**

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<tr>
<td>Dianne Williams</td>
<td>9:30 – 9:50</td>
<td>8</td>
<td>Bringing Palliative Care to the Bedside Nurse!</td>
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<tr>
<td>Tracey DasGupta</td>
<td>9:50 – 10:10</td>
<td>3</td>
<td>Exploring the Meanings of Caring Among Health Care Professionals Providing Cancer Care</td>
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<tr>
<td>Mary Fox</td>
<td>10:10 – 10:30</td>
<td>6</td>
<td>Effect of the response tree format on the utility and psychometric properties of scales measuring symptoms: comparison of younger and older adults</td>
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### Plenary Symposium
10:45 – 11:45 am

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<tr>
<td>Christine Jonas-Simpson</td>
<td>19</td>
<td>Nurses Grieve Too: A research-based documentary film</td>
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### Schedule of Concurrent Sessions
1:00 – 2:00 pm

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<tr>
<td>Sheila Jennings &amp; Nazilla Khanlou</td>
<td>1:00 – 1:20</td>
<td>20</td>
<td>Making the link: Public policy &amp; the mental health of mothers of children with disabilities</td>
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<td>Melissa Stevensen &amp; Margareth Zanchetta</td>
<td>1:20 – 1:40</td>
<td>14</td>
<td>A conceptual model merging concepts of health and balance in the context of Aboriginal health: Inspiration from Liberating Education and Oppressive Accounts</td>
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<tr>
<td>Margareth Zanchetta &amp; Lorena Baku</td>
<td>1:40 – 2:00</td>
<td>17</td>
<td>Creating supportive networks for breast cancer among Portuguese-speaking communities in Toronto: Lessons learned</td>
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### Schedule of Concurrent Sessions

#### 1:00 – 2:00 pm

**HNES 037**

**Moderator:** Mahdieh (Fay) Dastjerdi

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<td>Claire Mallette</td>
<td>1:00 – 1:20</td>
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<td>Workbooks to Virtual Worlds: Comparing Educational Tools to Foster a Culture of Safety and Respect</td>
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<td>Mohini Pershad</td>
<td>1:20 – 1:40</td>
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<td>Evaluating the Use of Objective Structured Clinical Evaluation – As a Learning Strategy for Nursing Students at a Community Teaching Hospital</td>
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<tr>
<td>Lynda Parker</td>
<td>1:40 – 2:00</td>
<td>2</td>
<td>Blended Clinical Cohort: A Pilot Project</td>
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### Schedule of Concurrent Sessions

#### 2:15 – 3:15 pm

**HNES 038**

**Moderator:** Elsabeth Jensen

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<td>Ria Spee</td>
<td>2:15 – 2:35</td>
<td>4</td>
<td>Effectiveness of an arts-based approach: Evaluation of a client centred care elearning course</td>
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<tr>
<td>Mary Fox</td>
<td>2:35 – 2:55</td>
<td>6</td>
<td>Effect of the response tree format on the utility and psychometric properties of scales measuring symptoms: comparison of younger and older adults</td>
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<td>Jacqueline Choiniere</td>
<td>2:55 – 3:15</td>
<td>9</td>
<td>What a team needs: Providers report on Interprofessional Care (IPC) enablers &amp; challenges in caring for patients designated as requiring Alternative Levels of Care (ALC)</td>
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<tr>
<td>Beryl Pilkington</td>
<td>2:15 – 2:35</td>
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<td>The meaning of resilience for male and female youths and adults residing in a priority neighborhood in Toronto</td>
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<tr>
<td>Carole Lina San Jose &amp; Margareth Zanchetta</td>
<td>2:35 – 2:55</td>
<td>15</td>
<td>Canadian studies on men's preventive and self-management of mental and physical chronic diseases – How might they inform nursing practice?</td>
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## Summary of Poster Presentations

**HNES Ground Floor Foyer**

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<tr>
<td>Sandy Gill</td>
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<td>Identifying Barriers and Opportunities for Better Pain Management as a Model of Improvement</td>
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<tr>
<td>Lilibeth Jones-Lim</td>
<td>10</td>
<td>Prevalence and Incidence of Pressure Ulcers in a Non-Acute Care Facility</td>
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<tr>
<td>Lisa Hamilton</td>
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<td>Practice into Research: Developing and Implementing a Sustainable Quality Improvement Initiative in an Acute Care Setting</td>
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<td>Diane Williams/Ria Torr</td>
<td>23</td>
<td>Glycemic Control of Patients with DM2 on Day of Discharge Post CABG Surgery</td>
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<tr>
<td>Laura Jackson</td>
<td>24</td>
<td>Implementation of the Dynamic Appraisal of Situational Aggression (DASA): Implications for Aggression Prevention, Client-Team Collaboration and Awareness of a Clients' Unique Explanatory Model of Crisis</td>
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<tr>
<td>Mahdieh (Fay) Dastjerdi</td>
<td>28</td>
<td>Becoming Self-Sufficient: The case of Iranian immigrants living in Canada</td>
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<tr>
<td>Elsabeth Jensen</td>
<td>28</td>
<td>An Evaluation of Community Based Discharge Planning</td>
</tr>
<tr>
<td>Christine Kurtz-Landy</td>
<td>30</td>
<td>Regional variation in delivery methods, associated length of hospital stay and maternal and newborn readmissions across Ontario</td>
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An Evaluation of Community Based Discharge Planning

Elsabeth Jensen, RN, PhD, School of Nursing, York University, Toronto, ON

This study evaluated an ‘in-reach’ model of discharge planning. In this model, the discharge planner is based with the community based services, and visits the hospital daily to meet with all admitted clients to offer discharge services. The model provides seamless care to people leaving hospital after a mental health admission. A program evaluation strategy was used to evaluate the effectiveness of this care model for clients and for the agencies involved. Participants (n=36) were enrolled over a 7 month period. They were interviewed at enrollment, at one month post-discharge and at 6 months post-discharge. The variables of interest included the degree of service received, satisfaction with service, quality of life, quality of activities, severity of symptoms, level of functioning, and physical health. Analysis of administrative data showed no significant change in the number of discharges, or the average length of stay when the discharge planning service was moved to the community. After basing the discharge planning service in the community, significant drops in the rates of readmissions occurring within one month of discharge (t=2.395, df=22, p=.026) and of readmissions (t=2.458, df= 22, p=.022) were observed. Participants were generally satisfied with their experience of discharge and their involvement in the process. At one month post-discharge, 2 people were back in hospital (7% of sample). The remainder were living independently. The findings add new information as very little research has been conducted on discharge models in acute mental health care.
The mediating effects of empowerment, interpersonal conflict, and social support on the violence-PTSD process

Joan Samuels-Dennis, R.N. PhD, Assistant Professor, School of Nursing, York University, Toronto, ON

Background & Purpose: Income-assisted single mothers are 1.5-3.0 times more likely than the general population to develop post-traumatic stress disorder (PTSD) over their lifetime. The high PTSD rate found among this population is in part due to the types of traumas they experiences and the presence and/or absence of specific resources and stressors in the post-trauma period. The purpose of this study was to test the validity of a theoretical model that examines the direct and indirect relationship between violence exposure and PTSD symptom severity.

Methods: Cross-sectional survey data from 181 income-assisted single mothers, living in Ontario, and who reported exposure to childhood abuse or intimate partner violence (IPV) is used to examine their effects on current PTSD symptom levels. Additionally we examine the risk and protective effects of empowerment, social support, and interpersonal conflict.

Results: We found an excellent fit between the hypothesized model and data ($x^2=38.7$, df =43, $p=.658$, CFI=.90, RMSEA=0.0). Child abuse had an influence on PTSD symptoms through direct ($B=.155$, $p =.047$) and indirect ($B=.154$, $p=.009$) paths with small but significant Beta coefficients. IPV did not exhibit a direct effect ($B=.065$, $p=.225$) on PTSD symptom severity. Childhood abuse and IPV increased women’s experience of interpersonal conflicts, leading to more severe PTSD symptoms, and eroded empowerment, leading to decreases in social support and increases in PTSD symptom severity.

Conclusions & Implications: The findings suggest that empowerment, interpersonal conflict and social support deserve greater attention, particularly from professionals endeavoring to promote the mental health of income-assisted single mothers.
Utilization of Ontario Telemedicine Network (OTN) by NP Led Team to Enhance Care Delivery in Long-term Care

Selina Hune, PhD, MSc.NP; Kim Uppal, PHC NP; Sue Mainella, BSc.NP; and Sandra Mierdel, B.Sc. P.T., MA: Southlake Regional Health Centre, Newmarket, ON

Purpose: A nurse practitioner-led outreach program was established as a cost effectiveness measure to reduce unnecessary emergency room visits by the residents in long-term care facilities in Ontario, Canada. The mandate of the program was to prevent or delay frailty of nursing home residents, enhance independence and quality of life for the residents, improve clinical efficiencies in Long-term care (LTC), and capacity building of the nursing home staff.

Methods: Ontario Telemedicine Network (OTN), a two-way videoconferencing devise was utilized as a cost effective mean to deliver quality care, provide education, and clinical support to nursing staff at the homes to enhance clinical efficiencies in LTC.

OTN was used to allow for easy and timely access to care when urgent client assessments or urgent referral to specialists were needed. OTN was utilized as a multi-centre education channel to connect a number of LTCHs for in-services and distance learning and meetings.

Outcome: OTN aided to reduce wait times for outpatient services, decreased unnecessary ED transfers, reduced health care costs, and reduced the nurse practitioners’ travel time. OTN standardizes the delivery of best practices within the LTC through knowledge transfer to the point of care, enable collaboration among different teams including Palliative Care, Mental Health, Chronic Disease, and acute care outpatient clinics.

Conclusion: OTN was an effective method of delivering quality care to LTC residents, delivering education to LTC staff, and standardizes care delivered resulting in decreased number of ED transfers. OTN improves the overall health of seniors, increases client and staff satisfaction.
Evaluating the Use of Objective Structured Clinical Evaluation – As a Learning Strategy for Nursing Students at a Community Teaching Hospital

Mohini Pershad, RN, and Lavia Kowelenko, RN, North York General Hospital, Toronto, ON

Background

Having accomplished Healthcare Information Management Systems Society (HIMSS)- Level 6 at a Community Teaching Hospital, nursing students’ training on the Electronic Medical Record (EMR) placed extensive demands on internal resources and time needed to deliver education. In nursing education a variety of teaching and learning strategies are used to facilitate active student participation and learning (Jefferies, 2005). Objective Structure Clinical Evaluation (OSCE) is a learner centered low fidelity simulation tool that can be used for application of knowledge. An evaluation was conducted to gain students and teachers’ perception of OSCE as a learning strategy to facilitate education on the EMR and electronic documentation.

Method

A post evaluation questionnaire was administered following each OCSE sessions, to measure students and teachers’ satisfaction and self-confidence on the EMR. n=96 nursing students and clinical instructors responded to the post evaluation. Two months into their clinical placement students and teachers were invited to participate in focus groups, to explore their perception of the OSCE education sessions as a learning strategy.

Results indicate respondents felt OSCE sessions were positive and it facilitated hands on learning and application of knowledge. Discussions from focus groups highlighted perception of challenges, barriers and benefits of utilizing OSCE as a learning strategy.

Conclusion

The use of OSCE is an innovative approach that immerses students in realistic practical hands-on situation. OSCE can be used to design curriculum to facilitate learner centre approach and allow students to apply previously learned knowledge.
Implementation of the Dynamic Appraisal of Situational Aggression (DASA): Implications for Aggression Prevention, Client-Team Collaboration and Awareness of a Clients’ Unique Explanatory Model of Crisis

Laura Jackson, RN, BScN, MN, CPMHN(C), Centre for Addiction & Mental Health (CAMH), Toronto, ON

Bill 168 legislation mandates organizations to have infrastructures to prevent and address violence in the workplace. Evidence suggests that the use of structured imminent risk assessment tools to predict aggression in psychiatric inpatients is more reliable than unaided clinical judgment. In addition, the integration of preventive strategies, such as the use of a client centred safety plan and a focus on team collaboration are important for enhanced safety and clinical outcomes.

This poster presentation will describe how the DASA (Ogloff & Daffern, 2004), a 7 item tool with strong predictive validity for aggression in the short-term, is being implemented on an early psychosis unit as an adjunct to clinical judgment. Attendees will learn how the DASA is used to enhance the integration of preventive measures, increase team collaboration and safety, and act as a catalyst to mobilize the many risk management tools available to staff to enhance treatment planning and interventions related to aggression. The process for implementing a client centred Safety Plan in conjunction with the DASA will be described, as well as how this leads to enhanced client engagement and therapeutic relationships; better understanding of the clients’ experiences of well-being; and improved understanding of the unique antecedents that may contribute to a crisis or aggression.

Attendees will learn how evidence-based practice using the DASA can have important implications for nursing practice by enhancing staff preparedness in mitigating psychiatric emergencies involving aggression. Lessons can be generalized beyond early psychosis treatment to broader practice settings.
Objective: To assess the glycemic control in patients with DM2 on the day of discharge after Coronary Artery Bypass (CABG) surgery and explore the role of the RN in identifying patients requiring additional DM2 resources.

Research Design and Method: A retrospective medical record review conducted on consecutive patients who had a pre-operative diagnosis of DM2 and underwent CABG surgery between October 2009 and September 2010 at Southlake Regional Health Centre.

Glycemic control was assessed by measuring pre-operative HgbA1C, capillary blood glucose readings on the day of discharge, and the use of sliding scale insulin on the day of discharge.

Result: Of the 235 patients in this study, only 163 had a HgbA1c done pre-operatively and of those, only 30% had target values as defined by the Canadian Diabetes Association (CDA). 45.1% of patients required supplemental insulin to assist with glycemic control on the day of discharge.

Conclusion: The majority of patients had HgbA1C pre-operative above CDA target which may indicate a lack of knowledge or resources to manage their diabetes. Additionally almost half of the patients required insulin on the day of discharge which indicates that they need follow-up post discharge to insure their blood glucose levels remain at target. Front line nurses should play a key role in identifying patients whose glycemic control is suboptimal prior to discharge. They can educate, address concerns, and link patients to resources within their community, which may improve patient’s outcomes.
### Practice into Research: Developing and Implementing a Sustainable Quality Improvement Initiative in an Acute Care Setting

Lisa Hamilton, RN, M.Sc; Betty-Anne Whelan, RN, BScN, CCCN; and Annie Hayward, HBA, RN, BScN, ENCC, GNCC: Southlake Regional Health Centre, Newmarket, ON

The purpose of this presentation is to highlight and detail organizational change and infrastructure requirements leading to the success of an initiative aimed at the early detection, prevention where possible and management of delirium in hospitalized older adults.

**Methods:**

Based on research evidence, a sustainable infrastructure was developed and implemented to support the prevention, early identification and management of delirium. The fundamental components included:

- formal patient and family education program;
- staff education;
- hospital-wide policy for standards of care;
- a consistent process for screening for delirium during hospitalization
- electronic documentation of delirium screening results and nursing interventions

Further, community out-reach education was identified as an essential component. Thus, additional infrastructure has been implemented (e.g. patient/family education at pre-operative clinics).

**Results:**

The metrics to measure/track delirium in older adults is firmly embedded into the nursing practice and builds capacity for practice-based research in an acute care setting.

**Conclusion and Implications:**

The clinical relevance to nursing practice is substantive as delirium is associated with significant morbidity, mortality and can be prevented. Prior to this initiative, it was not possible to accurately capture and monitor delirium as a clinical condition. The infrastructure now exists to support nursing practice and research capacity for the prevention, early detection and management of delirium in hospitalized older adults.
Background/purpose: Raising a child with disability entails multiple chronic stressors and requires social support across health, education, and social services systems. Yet, little attention has been given to how mothers cope with stressors impacting on their health. The goals of this research were to review 1) availability of social supports in the public domain to mothers of children with disabilities in Canada, and 2) impacts of current gaps in such policy on the mental health of this group of mothers, including immigrant maternal populations in Canada.

Methods: Applying an integrative review approach (Whittlemore and Knafl (2005), empirical and theoretical literature were accessed (1990’s to present). This provided an opportunity to place health policy for mothers’ mental health in relevant and recent historical context.

Results: Findings indicate too few social supports; inadequate knowledge about support needs; inaccessibility of existing programs; and barriers to access. Care-giving was found to have direct health implications which were ascribed to aspects of the current policy milieu. Negative short and long term impacts on mental health were described.

Conclusions/implications: The literature points towards a strong link between available social support with mothers’ mental and physical health. We argue that the presence of a child with a disability in the family in Canada is a social determinant of maternal health and mental wellbeing. Nurses working with children with disabilities can advocate for the wellbeing of children, mothers, and entire families by recognizing the importance of social support across systems.
Nurses Grieve Too: A research-based documentary film

Christine Jonas-Simpson, RN; PhD, and Beryl Pilkington, RN; PhD, School of Nursing, York University, Toronto, ON  
Cynthia MacDonald, RN; MScN, Halton Healthcare Services, Oakville, ON  
Eileen McMahon, RN (EC), MN, ACNP, SANE, PNC(C), Mt Sinai Hospital, Toronto, ON

Background: Nurses’ grief is significant and yet it is not often acknowledged nor discussed. Little attention is given to preparing nurses for this experience in schools of nursing and in orientations to healthcare organizations. We addressed these gaps by producing a research-based documentary exploring nurses’ experiences of grieving entitled, Nurses Grieve Too. The purpose of this research was to explore nurses’ experiences of grieving when caring for families who experienced perinatal loss. Methods: A visual arts-based qualitative research method through the medium of digital video was used, informed by human science and interpretive phenomenology. Using digital video enabled the research and knowledge translation processes to be conducted simultaneously. Six nurses with perinatal bereavement experiences shared their experiences of grieving during in-depth interviews which were audio-video-taped. Data were analyzed using an iterative process of analysis-synthesis in order to identify themes and patterns that were then used to guide the editing of the film. Results: Thematic patterns identified throughout the data were: growth and transformation amid the anguish of grief, professional and personal impact and giving-receiving meaningful help. Conclusions: This research shows the significance of nurses’ grief. Findings are consistent with and expand the knowledge base of health professional grief as well as grief concepts such as: post-traumatic growth and meaning reconstruction. Supporting staff who grieve may ultimately positively impact quality of work- and home-life for nurses and care for bereaved families.
The meaning of resilience for male and female youths and adults residing in a priority neighbourhood in Toronto

F Beryl Pilkington, RN; PhD, Nazilla Khanlou, RN; PhD, & Nancy Johnston, RN; PhD: School of Nursing, York University, Toronto, ON

Background: The purpose of this pilot study was to customize Ungar’s Child and Youth Resilience Measure (CYRM) for further research with youth residing in a City of Toronto priority neighbourhood, to help ensure that the measure is contextually relevant.

Methods: Three separate focus groups were conducted with residents from the local community, who volunteered to participate in a focus group about what it means to be resilient. Participants were as follows: male and female youths, aged 16 – 20 (8 in each group), and adults (N = 6).

Results: The focus groups with the different groups produced different perspectives concerning resilience that reflect the participants’ lifestage and gender as well as the social context of their lives.

Conclusions and Implications: Apart from their use in regards to customizing the CYRM, the data provide interesting insights into different meanings of resilience according to life stage and gender. Theoretical and research implications will be addressed.
Creating supportive networks for breast cancer among Portuguese-speaking communities in Toronto: Lessons learned

Margareth Zanchetta, PhD, RN; and Lorena Baku, BScN: Daphne Cockwell School of Nursing, Faculty of Community Services, Ryerson University, Toronto, ON
Christine Maheu, PhD, RN, School of Nursing, York University, Toronto, ON; Breast Cancer Survivorship Program, Princess Margaret Hospital, Toronto, ON
Sepali Guruge, PhD, RN, Daphne Cockwell School of Nursing, Faculty of Community Services, Ryerson University, Toronto, ON
Scott Secord, MSW, Program Manager, and Pamela Catton, MD, Medical Director: Breast Cancer Survivorship Program, Princess Margaret Hospital, Toronto, ON

Purpose- The purpose of this study was to explore the potential for creating supportive networks within Toronto’s Portuguese speaking communities to better deal with breast cancer.

Method- This critical ethnographic study involved 5 focus groups with 24 healthy Portuguese-speaking men and women (Brazilian, Portuguese and Angolan). Snowballing sampling was used to compose the final sample. Sessions were audio-recorded and transcribed. Atlas ti 6.0 was used to sort and organize data. Data were analyzed using thematic analysis.

Results - The key themes included: Cultural views of a supportive network; Cultures of volunteerism; and Collective identities and solidarities. A relevant finding was the internal cultural diversity and its possible influence on building and maintaining supportive network in the post-migration context.

Conclusion- The idea of a “one Portuguese-speaking network” is not feasible. The autonomous construction of the social support networks within the three linguistic communities and individuals’ subsequent engagement in them, as well as, women’s use of them depend on their historical and cultural norms of gendered sharing of power, freedom and openness to create bonds, and perceived benefits of volunteer work and mutual help.

Implications for Nursing- To build alliances with Portuguese speaking community groups, nurses must pay attention to the roots of their social and cultural capital. Current practice assumptions based on supremacy of the individual for her/his health and decision-making should be de-constructed in order to provide more effective care.
Canadian studies on men’s preventive and self-management of mental and physical chronic diseases- How might they inform nursing practice?

Margareth S. Zanchetta, PhD, RN, Daphne Cockwell School of Nursing, Faculty of Community Services, Ryerson University, Toronto, ON
Christine Maheu, PhD, RN, School of Nursing, York University, Toronto
Roger Pilon, NP-PHC, MSc, PhD candidate, School of Nursing, Laurentian University, Thunder Bay, ON
Jalila Jbilou, PhD, MD, Faculty of Arts & Social Sciences, University of New Brunswick
Sepali Guruge, PhD, RN, Daphne Cockwell School of Nursing, Faculty of Community Services, Ryerson University, Toronto
Olesya Kolisnyk, BScN, RN, MN candidate, Daphne Cockwell School of Nursing, Faculty of Community Services, Ryerson University, Toronto
Mohamed Mohamed, RN, Terry Sizto, Joneet Christopher, Regina Despot, & Yluana Mendoza: BScN students, Daphne Cockwell School of Nursing, Faculty of Community Services, Ryerson University, Toronto
Carole Lina San Jose, BScN, Daphne Cockwell School of Nursing, Faculty of Community Services, Ryerson University, Toronto
Melissa Stevenson, BScN, RN, Anishnawbe Health Centre, Toronto
Brad Poechman, BSN, RN, University Health Network—Toronto General Hospital, Toronto

Purpose: Delimit the extend of evidence from research and interventions targeting men’s health

Method: A systematic analysis of Canadian qualitative studies on men's preventive actions and self-management of mental and physical chronic diseases. Thematic analysis method based on a composite conceptual framework was used to examine 55 refereed and grey literature written in English and French (2005-2010).

Findings: National trend is to explore sexual health issues. Trends on findings:

- Unclear identification of men's accounts in verbatim;
- Men have difficulty speaking about health concerns;
- Common health issues allow the creation of a bond and safe space for dialogue;
- Social vulnerabilities/health inequities impose barriers to intentions to self-management;
- Men express concerns that resources are not tailored to their needs/preferences;
- Single parents face hardship related to health status/health care system;
- No information about adaptation to diseases; differences in self-management adopted by those with no partner/or spouse, strengths to support men under deprivation of resources, as well as, about social and economic factors associated to self-care;
- Limited attention to the differences within religious, cohort, gender, or cultural groups.

Conclusion: The internal diversity and complexity of how men live in and manage their social and health conditions remain poorly studied. There is a risk of gender inequity in accessing health services since there is a paucity of evidences to advocate for men’s health policy.

Implications for nursing: Cultural biases related to masculinity and healthcare seeking behavior posit men as a vulnerable population. Men’s health promotion programs should go beyond sexual/reproductive issues.

A conceptual model merging concepts of health and balance in the context of Aboriginal health: Inspiration from liberating education and oppressive accounts.

Melissa Stevenson, BScN, RN, Anishnawbe Health, Toronto, ON
Margareth S. Zanchetta, PhD, RN, Daphne Cockwell School of Nursing, Faculty of Community Services, Ryerson University, Toronto, ON
Vera Nenadovic, PhD (C), Paediatric NP, RN; Hospital for Sick Children, Toronto, ON
Carmen James Henry, BScN, RN
Background- A culturally, emancipatory conceptual model to merge Aboriginal’s and non-Aboriginal’s ideas about health honouring students’ experiential knowledge and respecting historical roots was needed.

Purpose- To rethink how health for Aboriginal people was rooted in cultural, spiritual and philosophical values linking balance and happiness as their ultimate goal to live as healthy people.

Method- The method of work included recall of Aboriginal nursing student’s experiences / reflections on the dual concept of health and balance, historical, political, economic, cultural and social features repositioning Aboriginal health within a critical health promotion perspective, and the review of Canadian Aboriginal literature. This experience helped the team to broaden their vision about interlinks among health promotion, historical abandon and oppression. This joint, learning experience de-constructed formal roles in educational encounters promoting mutual gain between nursing students and faculty.

Results: Major conceptions of Aboriginal health within a culturally sensitive health promotion perspective included concepts of happiness and balance and their close interlinks to the aboriginal population overall health includes also resilience, individual and collective empowerment, self-determination, wholism, Interdependence & support, sense of coherence and security within their political community, social community and the family unit.

Conclusion: This experience enlarged mentor-mentee vision about interlinks among health promotion, historical abandon and oppression.

Implications for nursing: In the process of mutual learning, Aboriginal nursing students are in a privileged position to help faculty to develop culturally meaningful teaching strategies. Together, they should de-construct formal roles in educational encounters to promote mutual gain between nursing educators and their students.
Challenging Health Disparities: Examining the Process of Developing an Access and Equity Framework for LGBT-Positive Home care

Judith MacDonnell, RN, PhD, School of Nursing, York University, Toronto
Dr. Andrea Daley, PhD, School of Social Work, York University

Health equity is implicated in processes of fostering high quality and ethical care for diverse communities. Nevertheless, limited attention has focused on strategies to enhance access and equity for lesbians, gay men, bisexuals and transgender (LGBT) people to inclusive health care in a Canadian context, especially in a home care context. In this presentation we discuss the process of developing an Access and Equity Framework that aims to address health disparities for sexual and gender minorities in a home care context. Qualitative policy research was undertaken with community partners as a first step in creating a user-friendly tool for provider agencies. This presentation will discuss three elements of this research that shaped the participatory policy process and which informed the framework: 1) a critical review of literature on key indicators; 2) findings from nine key informant interviews; and 3) the theoretical lens, an Invitational Approach, with its attention to client perspectives which can prompt individual and institutional providers to reflect on strategies that are needed to foster consistently inclusive care. Based on feedback at an invitational workshop that brought together provider and policy stakeholders in the home care sector, we reflect on the value of the above elements in the process of developing the framework in identifying both challenges for practice and directions for moving forward. There are implications for examining processes that inform emerging best practices in enhancing access and equity in a home care context.
Nursing Resource Teams (NRTs) are not a new concept, and were formerly known in the capacity of float pools within various hospital organizations. The NRT at University Health Network is a five year old program that distinguishes itself from traditional float pools by hiring full-time staff, in the form of new graduate nurses, to work in all clinical areas. Through a review of the history and formation of NRTs, the uniqueness of the NRT at UHN is demonstrated. Utilizing the theoretical frameworks of Appreciative Inquiry and Noddings' Philosophy of Caring Education, some future possibilities for the NRT at UHN are suggested, including the use of Web 2.0 technologies.
Raising critical consciousness of social justice and poverty: An MScN student’s experience as a facilitator of an online elective graduate course

Huasheng (Jimmy) Chen, RN, MScN Student, School of Nursing, York University, Toronto, ON

Social justice and poverty are global social and health issues which result in health inequities among marginalized persons and Canada is not an exception to these issues. The significant health disparity in marginalized population demands nurse educators to critically examine relevant and attainable pedagogical approaches and strategies to raising students' critical consciousness of social justice and poverty. The push towards online nursing education adds another challenging layer for nurse educators to integrate appropriate learning activities into the online teaching-learning environment that facilitate raising critical awareness and stimulating critical thinking about poverty and social justice.

This presentation covers my experience as an MScN student who selected to facilitate an online elective graduate course with the intention to stimulate critical thinking, empowerment and critical consciousness of poverty and social justice in online teaching-learning environment. The presentation provides several teaching-learning activities and examples of raising students' critical consciousness and challenging their preconceived perceptions of poverty and social justice through the applications of case study, critical questions, reflective videos and forum discussions utilizing three stages of Freire’s Empowerment Education Model of generating group themes, posting problems and acting-reflecting-acting in online nursing education.

Through the presentation, I aim to show online teaching strategies for increasing critical consciousness regarding social justice and poverty among student nurses. The goal is to include strategies for advocacy and social change into nursing curricula and practice so nurses will actively advocate with their vulnerable clients to achieve health equities.
Pressure ulcers (PU) negatively impact patients’ quality of life and result in significant health system expenditures. PUs are estimated to affect 2.5 million people annually and occurs at all sites of care.

Evaluation of quality improvement initiatives include epidemiological studies that collect data to count individuals with PUs and to assess how numbers change over time. In a study that aimed to obtain nationwide pressure ulcer prevalence estimates, Woodbury & Houghton (2004) reported that the overall prevalence rate was high in Canada across all healthcare institutions (26%) with higher rates (29.9%) in non-acute settings. Thus, we aimed to conduct a Prevalence and Incidence study of Pressure Ulcers to provide benchmarking data to help the organization monitor trends, process improvement results and sustain quality improvement initiatives related to pressure ulcer prevention (House, Giles, & Whitcomb, 2011).

Baycrest is a comprehensive non-acute care facility for the aged. In March-May 2011 teams led by an Advanced Practice Nurses performed a skin assessment of 577 in-patients to provide a rate of patients with PUs at a particular point in time (i.e. prevalence). Of these patients who did not have a PU, they were subsequently examined after a time period to calculate the rate at which new PUs are occurring (i.e. incidence).

The results of this study is used to provide an organizational-wide perspective to quantify and benchmark within healthcare organizations. In addition, recorded results will help to evaluate the effectiveness of newly implemented pressure ulcer prevention strategies in subsequent P & I studies.
What a team needs: Providers report on Interprofessional Care (IPC) enablers & challenges in caring for patients designated as requiring Alternative Levels of Care (ALC).

Jacqueline Choiniere, RN, PhD, School of Nursing, York University, Toronto, ON
Audrey Danaher, RN, MSc., Health Policy Researcher, Toronto, ON
Mary Fox, RN, PhD, School of Nursing, York University
Deborah Tregunno, RN, PhD, School of Nursing, York University

Interprofessional Care (IPC), defined by HealthForceOntario as, “the provision of comprehensive health services to patients by multiple health caregivers who work collaboratively to deliver quality care…” is promoted by governments and many health policy experts as a key reform direction for better patient outcomes, improved provider relationships and overall system benefits. In spite of this prominence, there is relatively little research on what it takes to build and sustain interprofessional teams, making it important to explore the conditions in which IPC most effectively contributes to quality of care and quality of work environments. This presentation reports on the findings from the first in a planned series of pilot studies, seeking to identify the practice setting enablers of (and challenges to) successful interprofessional care. For this first pilot study, focus groups and individual interviews were conducted with 17 participants, including nurses, occupational therapists, physiotherapists, social workers, physicians and managers, who are currently caring for acute-care hospital patients designated as requiring Alternative Levels of Care (ALC), or as not needing the intensity of hospital care. Given the growing number of inpatient acute care days designated as ALC, exploring the enablers and obstacles for successful IPC is important for patients and providers in this setting. The findings suggest that while there is strong provider and manager support for collaborative team practice, there are ongoing system and organizational challenges that need to be acknowledged and addressed in order to facilitate effective and ongoing team collaboration within this setting and beyond.
Bringing Palliative Care to the Bedside Nurse!

Diane Williams, RN (EC), MN, CHPCN(c); Sheila Deans-Buchan, RN, MN; and Bill Wade, RN
St Michael's Hospital, Toronto, ON

A longstanding Palliative care unit recognized for its provision of comprehensive, interdisciplinary care provides education to students of all disciplines. In 2007 expansion of Palliative care occurred by the addition of a Nurse Practitioner in a newly formed Palliative Care Consult Service (PCCS). To assist teams across the organization with provision of care for those with life-limiting illnesses as well as those nearing end of life.

Goals were to:

- Improve access to palliative care services
- Increase responsiveness of health care providers to meet the needs of palliative patients and their caregivers
- To provide education and modeling
- Implement validated standardized symptom assessment and performance status scales
- Improve patient care and flow

The PCCS has provided assistance with complex symptom management and caregiver support during times when there is great distress with the diagnosis or prognosis. Since implementation receptivity and uptake of the service particularly by RNs has been notable.

Nurses struggle how to integrate the philosophy of Palliative Care at the bedside. Acute Care continues to play a major role in patients dying with life threatening illnesses such as cancer. This has major implications for nursing. It is imperative that we support the bedside nurses who are providing end of life care.

The PCCS with education being one of its prime objectives has been a model to achieve this goal.
Effectiveness of care on geriatric acute care hospital units in preventing poor health, functional and discharge outcomes for acutely ill older adults

Mary Fox, Malini Persaud, & Deborah Tregunno: School of Nursing, York University, Toronto, ON
Illo Maimets, Librarian, York University, Toronto
Dina Brooks, University of Toronto, Toronto
Souraya Sidani, Ryerson University, Toronto
Kelly O’Brien, University of Toronto, Toronto

Objectives: determine the effectiveness of care provided on geriatric compared to nongeriatric units in to acutely ill older persons’ health, functional and discharge outcomes.

Design: Systematic review and meta-analysis.

Data sources: EBM – Cochrane Central Register of Controlled Trials; MEDLINE; EMBASE; CINAHL; PubMed; SciSearch; Physiotherapy Evidence Database; and, Occupational therapy systematic evaluation of evidence. Additional studies were identified by hand searching relevant journals, reference tracking of studies reviewed, and communication with study authors. A total of 13 studies met eligibility criteria and were included in this review.

Review Methods: Data extraction on types of interventions provided, statistics for computing intervention effects, and quality assessments were performed independently by 2 reviewers.

Data analysis: A random effects model was used to calculate a weighted mean difference and odds ratio respectively, and 95% confidence interval.

Results. Admission to geriatric units was associated with significantly fewer falls, shorter lengths of hospital stay, greater likelihood of being discharged home, fewer declines in 2 week pre-admission ADL functional ability, and a nonsignificant trend towards fewer pressure ulcers and fewer declines in admission ADL functional ability. There were no differences in discharge to a nursing home, mortality, or hospital readmission rates. Care focused on preserving older peoples’ functional abilities.

Conclusion: Acutely ill older adults who receive care focused on preservation of their functional abilities on geriatric units are more likely to have shorter lengths of hospital stay, maintain their ADL functional ability and be discharged home than those admitted to non-geriatric units.
Effect of the response tree format on the utility and psychometric properties of scales measuring symptoms: comparison of younger and older adults.

Mary Fox, School of Nursing, York University, Toronto, ON
Souraya Sidani, Ryerson University, Toronto
David Streiner, McMaster University, Hamilton, ON
Kathy McGilton, University of Toronto
Cheryl Grady, Rotman Research Institute, Baycrest Centre, Toronto

Embedding a response tree into self-report scales is a strategy recommended by researchers and older adults themselves to improve item comprehension reduce response burden and facilitate older adults’ participation in quantitative research. However, public opinion researchers have posed several potential utility, validity, and reliability limitations which have not been examined in the clinical setting. This study evaluated if applying a response tree to 3 scales measuring symptoms altered their psychometric properties and utility, and if there were any utility age group differences. The study included 43 adults aged 65+ and 43 adults aged 30 to 50 undergoing in-patient rehabilitation. The response tree had little effect on the scales' psychometric properties or utility: Time to complete the scales differed only for the orthostatic intolerance scale; the response tree format (RTF) took longer to complete than the original [F (1, 84) = 114.69, p < .01]. There were no age group by format interaction effects for any of the utility variables. The RTF of the scales is as useful, reliable and valid as the original formats, and may be used in research with older adults who experience response burden with the original scales without compromising the validity, reliability, or utility of the scales.
Identifying Barriers and Opportunities for Better Pain Management as a Model of Improvement

Sandy Gill, RN, APN/CNS; Kianda Mauch, RN, APN/CNS; Valerie Zellermeyer, RN, MHSc, B.AS; Meredith Muscat, RN (EC), MN NP (Adult); Joanne Bennett, RN, BScN, MHS CON(C) CLM; and Cindy Eikens-Stafford, RN, BScN, Clinical Nurse Educator: St. Michael's Hospital, Toronto, ON

<p>| Background: Overcoming pain management issues is often challenging and may require changes in nursing practice in order to provide optimal pain relief to patients. To be successful, engaging nurses in quality improvement strategies for better pain management is essential. |
| Purpose: The purpose of this project was to understand barriers and identify opportunities for improved attempts in pain management amongst nurses working on a surgical unit. |
| Methods: Chart audits were conducted to evaluate the uptake of pain assessments and management by nurses. In addition, patient’s response to pain was also evaluated by keeping a call bell log of the times when patients were calling for pain related needs. The data was collected, analyzed and reported back to the staff on a weekly basis over a ten week period. |
| Results: Pain was one of the highest reported reasons for patient calls. Gaps in the administration of analgesics to patients with increased pain scores were identified. Numerous barriers in pain assessments in nursing documentation were highlighted as areas for improvement. Over the ten week period, vast improvements in patient pain management, administration of analgesics and nursing documentation was observed. |
| Conclusions: Partnering with nurses to identify key barriers and opportunities for improving pain assessment, management and monitoring is a crucial step in improved quality patient care. It is imperative for nurses to recognize and understand how their practice directly impacts patient outcomes. In order to ensure sustainability and improvements in pain management, nurses must continually be exposed to data collection and receive consistent feedback. |</p>
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<th>Effectiveness of an Arts-Based Approach: Evaluation of a client centred care elearning course</th>
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<td>Ria Spee, Sunnybrook Health Science Centre, Toronto, ON</td>
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<td>Dr. Pia Kontos, Toronto Rehabilitation Institute; Dalla Lana School of Public Health, University of Toronto</td>
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<td>Natalie Warner and Josie Santos, Registered Nurses Association of Ontario (RNAO)</td>
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Despite the heralded benefits of client centred care, it has yet to be systematically implemented into practice. The gap between guideline development and implementation has been attributed in large part to the relative absence of effective knowledge translation methods for health care practitioners. In response to this limitation, RNAO partnered with a research scientist and Advance Practice Nurse to develop an arts-based e-learning course to complement and support the uptake of the RNAO Nursing Best Practice Guideline for Client Centred Care (Revised 2006).

**Method:**
The e-learning course is divided into 4 modules using vignettes, scenarios/dialogues to illustrate the values, beliefs, and core processes. To receive a certificate of completion, learners complete the course which includes an evaluation, consisting of likert scale and open-ended questions. Data was collected from learners during an 18 month period.

**Results:**
Learners reported that client centred care e-learning helped them to better understand the values, beliefs and the core processes associated with client centred care. Learners report that the arts-based approach of using written text, audio and video helped to illustrate the concepts, reminded them of their experience in practice, were emotionally engaging and gave them ideas for translating into practice. Examples will be shared.

**Conclusion:**
This evaluative study demonstrates that an arts-based approach in an elearning format is an effective methodology to promote knowledge translation for client centred care.

**Implications for nursing:**
As elearning is increasingly being used in health care, incorporating an arts-based approach has the potential to enhance application to practice.
| Exploring the Meanings of Caring Among Health Care Professionals Providing Cancer Care |
| Tracey DasGupta, RN, BScN, MN, Sunnybrook Health Science Centre, Toronto, ON |
| Kari Osmar, M.R.T (T), M.Ed., Odette Cancer Centre, Sunnybrook Health Science Centre; Instructor, University of Toronto |
| Andrea Daley, PhD, School of Social Work, York University, Toronto, ON |

All cancer care health care professionals provide care to patients; however, different professions may have different perspectives of what caring means. The purpose of the study was to develop an understanding of the similarities and differences in the meanings of caring among health care providers working in an oncology program, at a regional cancer centre. The study utilized grounded theory method to explore the meaning of caring among health care providers who provide cancer care. The study consisted of two phases. In Phase 1, six profession-specific focus groups were conducted including nurses, radiation therapists, physicians, social workers and pharmacists within the Oncology Program. Guided mediation, art, and small group discussion were used to promote dialogue. In Phase 2, findings from Phase I were presented to two interprofessional focus groups to explore similarities and differences in their meanings of caring. All focus groups were audiotaped and transcribed verbatim. Line by line review of transcripts was performed to establish focused codes. Narrative thematic analysis identified emergent themes and quotations were drawn from the focus group transcripts to illuminate all themes. Themes include 1) Symbols of Caring 2) Frameworks of Caring 3) Intentions of Caring 4) Caring as Relational 5) Experience of Caring and 6) Organizational Tensions. This presentation will provide an overview of the similarities and differences in the meaning of care as they relate to the identified themes, and will discuss proposed educational initiatives by which interprofessional groups can learn with, from, and about each other's perspectives on caring.
Blended Clinical Cohort Model: A Pilot Project

Lynda Parker, RN, BScN, MHS; and Nancy Caprara, RN, BScN, MN, Clinical Coordinator
Seneca College of Applied Arts & Technology, King City, ON

This pilot project involved the placement of a blended clinical cohort within an acute medical setting over the course of one semester. The intraprofessional cohort consisted of 4 BScN students and 4 PND students in the third semester practicing together within a coordinated care team model of care where the RPNs are practicing at full scope. The purpose of this clinical education innovation was to explore the learning experience for students in a blended clinical practicum. Data collection included student and staff questionnaires in week 12 of the clinical placement. A focus group facilitated by experienced non nursing educators was conducted on campus at the end of the practicum. The focus group included a full cohort meeting as well as separate meetings for each of the PND and BScN groups. Preliminary evaluation demonstrates a strong learning experience for the students as well as enhanced understanding of team roles, scopes of practice and strong collaboration within the blended cohort. In subsequent semesters, this pilot project will be extended to additional clinical settings, including a variety of models of care such as primary nursing care. Will the future of nursing education include both intraprofessional and interprofessional blended academic and clinical cohorts? This project begins to explore this innovative concept in clinical education.
Workbooks to Virtual Worlds: Comparing Educational Tools to Foster a Culture of Safety and Respect

Claire Mallette, RN, PhD, School of Nursing, York University
Heather Pollex, RN, EdD; Margaret Duff, RN, MScN; and Carolyn McPhee, RN, MN, University Health Network, Toronto, ON

To foster a culture of respect and healthy work environments, educational programs to successfully address horizontal violence have been developed to introduce prevention and practice strategies to staff. However, few have been evaluated with respect to knowledge acquisition, transfer, and increased confidence in dealing with horizontal violence.

In this presentation, a research study will be described in which a virtual nursing unit in Second Life, with the use of avatars, was used to evaluate the effectiveness of using virtual world technology versus traditional educational methodologies such as workbooks and eLearning to prepare nurses to address horizontal violence in the workplace. Second Life is a 3D virtual world that provides opportunities for sensory immersive experiences, authentic contexts and activities for experiential learning, and simulation role-play.

A quasi-experimental effectiveness study design was used to evaluate 4 different learning strategies of workbook, elearning, practice within the virtual world and elearning followed with practice in the virtual world. The study used a pre-post design with a control group (n=164).

The results of participating in this program were compared with more traditional educational methodologies such as workbooks and an eLearning module to prepare nurses to deal with horizontal violence. While all strategies were perceived as being beneficial, the findings from this study suggest that learning through eLearning followed with practice in a virtual world is the most effective way of acquiring knowledge, skills, and abilities to better address horizontal violence. Lessons learned utilizing a virtual work environment as an educational methodology will also be explored.