

**CONFÉRENCE INTERNATIONALE SUR LA RECHERCHE
CLINIQUE EN SCIENCES INFIRMIÈRES**

**INTERNATIONAL CLINICAL NURSING RESEARCH
CONFERENCE**

RÉSUMÉS / ABSTRACTS

<p style="text-align: center;">2</p> <p>Congruent leadership and the Clinical Leader <u>Author:</u> Stanley, D.</p> <p>Background: Clinical leadership has featured as a significant aspect in supporting and promoting change in health care practice and service improvement initiatives. However, much of the theory that guides thinking and practice in relation to clinical leadership is based on inappropriate or irrelevant theoretical principles (often based on management theory). This discussion will outline the results of a significant research project that sought to explore what clinical leadership is, who the clinical leaders are and how nurses can support a more effective insight and application of clinical leadership theory. Aim and Objectives: This discussion will outline: what clinical leadership is, who the clinical leaders are and an outline of a new leadership theory "Congruent Leadership" developed from the research. Methods: the research used a grounded theory methodology, with questionnaires (in phase one) followed by 50 interviews (in phase two and three). Analysis and Results: Analysis was by constant comparative method. Results indicated that clinical leaders were present in large numbers, but were not commonly recognized as being at the upper end of the nursing hierarchy. Commonly clinical nurse leaders were middle level nurses, regarded as clinical leaders because they were approachable, visible in the clinical area, clinically knowledgeable, clinically skilled, able communicators, effective decision makers, empowered, and most significantly, their actions were matched by their values and beliefs about care. This led to the development of a new leadership theory, "Congruent Leadership" where leaders were recognized and followed because their values and beliefs were on show and were evident in their actions.</p>	<p style="text-align: center;">5</p> <p>REDI Model of Relocation Pathway for Persons with Dementia and their Family Caregivers Moving to a Retirement Residence <u>Authors:</u> Aminzadeh, F., Molnar, F.J., Dalziel, W.B., Garcia, L.</p> <p>Background: Relocation to a care facility is a major life event for persons with dementia (PWD) and their family caregivers. In recent years, a growing number of PWD have turned to retirement residences as an alternative housing and care option. Little is known about how the decisions are made, what are the events that mark the trajectory, and what are the support needs of PWD and their caregivers during this transition. Objectives: This poster presentation describes the stages of decision making, critical incidents, roles/responsibilities, and support needs of PWD and their caregivers during a move to a retirement residence. Methods: The study adopted a prospective qualitative design. Data were gathered during separate in-depth baseline and follow-up interviews with 16 PWD and their caregivers. A grounded theory approach was used to guide data analysis. Results: For most participants in this study, the relocation decision making involved a complex, dynamic, highly interactive, and more or less consensual process which extended from only a few months to several years. Despite the uniqueness of each case, a model emerged that captures the experiences of the majority of participants. The REDI model is marked by four stages of residential decision making and transition. These are: "Recognition", "Exploration", "Destabilization", and "Implementation". During these stages, family caregivers assumed multiple important roles, including: "Noticing", "Monitoring", "Information/Help Seeking", "Initiating", "Deferring", "Picking Up the Slack", "Realizing", "Pushing/Taking Over", "Searching & Selecting", and "Making the Move". Conclusion: Relocation to a care facility is not a concrete time limited event, but an ongoing process of decision making, change, and adjustment for PWD and their caregivers. The findings have important theoretical and practice implications and inform supportive strategies to optimize the process and outcomes of the relocation trajectory for both PWD and their family caregivers.</p>
<p style="text-align: center;">6</p> <p>From Home to a Retirement Home: A Prospective Study of Meanings, Decisions and Outcomes of Relocation for Persons with Dementia and their Family Caregivers <u>Authors:</u> Aminzadeh, F., Molnar, F.J., Dalziel, W.B., Garcia, L.</p> <p>Background: Home is an integral component of everyday coping and well-being in later life. Persons with dementia (PWD) are often faced with the reality of multiple housing transitions. To date, relocation literature has almost exclusively targeted long term care institutions and largely excluded the views of PWD. Goals/Objectives: The goal of this paper presentation is two folds: a) to present the key findings of a study that aimed at gaining insight into the meanings, decisions, and outcomes of relocation to a retirement residence from the perspective of PWD and their caregivers, and b) to describe some of the knowledge transfer initiatives that were informed by this research. Methods: The study adopted a qualitative prospective design, involving in-depth separate interviews with 16 persons with dementia and their family caregivers at three points of data collection. A grounded theory approach was used to analyze the data. Results: The findings revealed the strong bonding between PWD and their socio-physical home environment, the profound symbolic meaning of relocation, and the key elements shaping the processes and the outcomes of relocation. To date, the findings have informed a number of dissemination and knowledge transfer activities, including: a) publications in peer reviewed nursing and interdisciplinary journals, b) development of interactive inter-professional training sessions using "actual" case stories, and c) development of a guide for family caregivers of PWD. Conclusion: This research initiative has important theoretical, practice and policy implications. The evidence: a) raises awareness of the role of living environment and transitions in the experience of aging with dementia; and b) informs the development of interventions to optimize housing decisions and to support the efforts of PWD to "age in place" for as long as possible, and to "place" themselves in new living environments, when living at home is no longer suitable.</p>	<p style="text-align: center;">7</p> <p>Designing Simulation and Debriefing to Enhance Practice <u>Author:</u> Clendinneng, D.</p> <p>A shift in Canadian healthcare education has taken place. Face-to-face teaching and monitored, hospital clinical experience has given way to knowledge and skill acquisition through experiential, interactive learning in laboratory settings. Educational initiatives that are accessible, such as online learning, or appealing and exciting like simulation, are recognized as important facets in healthcare restructuring. Simulation provides reproducible experiences so learners acquire essential cognitive and psychomotor skills through repetitive practice in environments that mimic clinical reality but eliminate patient risk. Perioperative nursing education has made inroads in training nurses in simulation labs vs. hospital operating rooms. Simulation centers with authentic operating rooms allow for a variety of learning experiences. Psychomotor skills necessary in the scrub and circulating roles transition over time to the critical thinking and team interactions necessary to provide sage patient care throughout surgery. Video recording these simulations is a powerful, visual learning tool that allows learners to observe and critique their performances. In the post-simulation phase facilitators keep students engaged in the learning cycle by encouraging them to reflect thoughtfully on their performance. Facilitated debriefing reinforces positive outcomes, emphasizes standards and principles of patient care, and help learners plan performance improvement and make adjustments for future interventions. Reflective journaling can provide indication of the transfer of learning from the lab to the clinical setting. This presentation, based on qualitative nursing research conducted at Algonquin College Healthcare Simulation Centre in Ottawa in 2009, recounts nurse learners' insights into simulation and debriefing and reveals methods that help transfer learning from simulated scenarios to the clinical setting. Techniques to enhance nursing simulations and a debriefing framework will be discussed that are easy to implement.</p>

<p style="text-align: center;">8</p> <p>Analyses of Clinical Site Visits and Student Surveys on Clinical <u>Author:</u> Welnetz, K.</p> <p>The University of New Brunswick-Humber College Collaborative Bachelor of Nursing Degree Program stresses clinical education for its nursing students during all four years of study. Key principles from theory courses are applied to clinical learning outcomes for practicum held at placement sites. In this study, two sources of administrative data were collected and analyzed, consisting of clinical site visits and on-line student surveys. In this interactive presentation, results will be shared to further enhance nursing knowledge. From Sept. 2007 through Nov. 2009, 100 site visits were made to hospitals and nursing homes. As part of my role at the college and as a participant observer, I went to visit clinical teachers and nursing students, discussed how their placements were going and observed experiences and interactions at the time. Confidential notes were taken immediately after each visit and then coded and analyzed using Sociologist Pierre Bourdieu's model of reflexivity. Reflexivity requires a cognizance of the direct/indirect involvement by the participant observer. The goal is to provide an accurate description of the clinical setting, but with full realization that my role had an affect upon the setting and its relationships. Themes regarding the clinical placements emerged from these analyses. In addition to the qualitative data derived from the clinical site visits, quantitative data were obtained from on-line surveys completed by nursing students (n=225) regarding their clinical learning experiences. Results are presented in four main domains: learning opportunities, support/assistance, communication/feedback and learning environment. Analyses of aggregate data from these two sources resulted in ways to increase knowledge, improve quality of learning and evaluate nursing education.</p>	<p style="text-align: center;">9</p> <p>Effectiveness of counseling programme regarding neonatal resuscitation for distance learners <u>Author:</u> Koul, P.</p> <p>Birth asphyxia is one of the commonest causes of preventable morbidity and mortality among neonates in India. Skilled and timely resuscitation of these babies will prevent mortality and morbidity among them. Therefore nursing professionals must be equipped with adequate knowledge and skills in neonatal resuscitation so that they will be able to identify the factors which indicate the need for resuscitation and resuscitate the baby accurately. Distance learners of Post Basic B.Sc. Nursing Programme of Indra Gandhi National Open University (IGNOU) are provided with self instructional material for various courses including newborn care and other media as supplementary inputs for training. Counselling sessions and practical hands on skills are organized for specified period of time/hours of study at identified programme study centers and hospitals. Methods: An evaluative survey was used to assess the knowledge of distance learners regarding various aspects of neonatal resuscitation. Objectives: a) to assess the knowledge of distance learners regarding neonatal resuscitation before and after the counseling sessions b) to identify whether distance learner study course material before counseling and c) identify the areas of content that need to be focused during counseling sessions. Sample comprised 30 distance learners. Purposive sampling technique was used to select the sample. Results: Majority of subjects were in the age of 30 years and above and had professional experience of 10 years. Majority of them were educated at Senior Secondary level. The pretest knowledge scores of subjects regarding various aspects of neonatal resuscitation were very low compared to the post test knowledge scores. Conclusions: There is a need to design self-instructional material in such a way so that it invokes spontaneous response from learners. Counselors need to devise innovative strategies of counseling along with counseling sessions.</p>
<p style="text-align: center;">10</p> <p>Factors Influencing Life Satisfaction Among Older Thai Women with Knee Osteoarthritis <u>Authors:</u> Pattayakorn, P. Hanucharunkul, S., Goepfinger, J. Vorapongsathorn, T. Malathum, P. & Chotanaphuti, T.</p> <p>This study aimed to examine causal relationships among disease severity, social support, socioeconomic status, self-efficacy and life satisfaction of older Thai women with knee osteoarthritis. The theoretical framework was derived from Braden's self-help theory and review of the literature. A sample of 430 older Thai women with knee osteoarthritis was recruited from the orthopedic clinics of three hospitals (university, military and private). Structural Equation Modeling was used to examine a hypothesized model. The final model fit the empirical data and explained 44% and 22% of variance in life satisfaction and self-efficacy, respectively. Results: 1) greater disease severity was related to lower self-efficacy and life satisfaction 2) greater social support was related to greater self-efficacy and life satisfaction 3) relationships between disease severity and life satisfaction, and between social support and life satisfaction, were mediated by self-efficacy 4) greater socioeconomic status was related to greater life satisfaction 5) greater disease severity was related to lower socioeconomic status 6) social support was positively correlated with socioeconomic status. These findings: 1) provide an increased understanding of life satisfaction among older Thai women with knee osteoarthritis; 2) suggest the salience of enhancing such individuals' life satisfaction through intervention programs that emphasize self-efficacy specific to osteoarthritis management, as well as social support through family participation.</p>	<p style="text-align: center;">11</p> <p>Implementation of Pain Assessment Tools: Unit Success Factors <u>Authors:</u> Temple, B., Stutsky, B., Johnson, C.</p> <p>The purpose of this study is to examine the characteristics of nursing units where implementation of pain assessment tools is successful. Pain is associated with many adverse health effects influencing length of hospital stay and patient satisfaction with care. The research questions for the study are: 1) What are the usual systems used by nurse managers for implementing new clinical practices? 2) Which nursing units are most successful at implementing the pain assessment tools? 3) What are the characteristics of the successful units? The theoretical framework guiding this study is The Promoting Action on Research Implementation in Health Services (PARiHS) which identifies evidence, context and facilitation as critical factors in translating evidence into practice. In this study, recommended pain assessment tools will be implemented by the nurse managers within their usual systems. The context of 10 nursing units in an acute care hospital will be described and the differences in their success of implementing pain assessment tools will be evaluated. The context of the nursing units is measured using 1) the Alberta Context Tool for nurses and managers in acute care settings and 2) nurse staffing issues (eg empty positions, overtime hours). The facilitation is measured based on the manager's leadership practices using the Leadership Practices Inventory. Chart audits at three and six months will be used to identify successful units. Focus groups will be conducted with nurses from the units where the tools have been most and least successfully implemented to gain the nurses' perspective of the reasons for the differences. This presentation will provide initial findings of the characteristics of the nursing units and the three month audit.</p>

<p style="text-align: center;">12</p> <p>Quality of life assessment in persons with chronic wounds: the case of patients with venous leg ulcer <u>Author:</u> Pereira, RPG</p> <p>Despite all the symptoms associated with chronic leg ulcers, many studies do not determine the impact these have on people, as well as their perception and evaluation of quality of life (QoL). Simultaneously, researches reveal a strong relationship between social conditions and lifestyles and the prevalence of this disease. Therefore was developed a cross-sectional, descriptive and exploratory study based in a study of cases using a quantitative methodology. The sample was constituted by 78 patients from the North of Portugal who had, for at least three months, one or more active records of venous ulcers. It was used a questionnaire with two parts: 1) the socio-demographic, economic and clinical characterization 2) the Portuguese version of the Cardiff Wound Impact Schedule (CWIS), sought to measure the occurrence and impact associated with the existence of venous ulcers and dimensions: "Welfare", "Physical symptoms and daily life" and "Social life". Complementarily was evaluated the self perception of QoL and their satisfaction with it. In terms of results, was verified a strong relationship between the socio-demographic and economic existence of adversity and chronic leg ulcer. However there is not a linear relationship between these factors and overall assessment of general health status, the QoL and the satisfaction with it. As a main conclusion, in the optical of optimizing the QoL of these individuals within a holistic paradigm of care, nurses in their clinical practice should consider the influence of these dimensions. In this sense is also crucial the continuous monitoring of social conditions and lifestyles of these people and their effects in health.</p>	<p style="text-align: center;">13</p> <p>Accountable to Whom? A call for nurses' vigilance in health reform <u>Author:</u> Choinière, J.A..</p> <p>This presentation will discuss registered nurses' experiences of market-based or neoliberal reforms, introduced into the health sector, with the promises of improving effectiveness and efficiency, as well as enhancing accountability. Drawing on the author's dissertation, which includes the analysis of interviews with point-of-care registered nurses, the presentation explores the tensions in how standardized, numerically based, forms of accountability are being experienced on the ground as RNs work with and care for patients/clients. The arguments is made that instead of achieving a more accountable, effective or efficient system, this particular accountability path is threatening system integrity, jeopardizing nurses' ability to provide needed care within healthy, supportive work environments, and has set into motion a fundamental transformation of nursing practice. These interviews suggest that the way in which documents of accountability, such as care pathways, are utilized, links into the current preoccupation with statistical managerial information, displacing nurses' more embodied, holistic ways of knowing. Of added importance is the finding that these accountability technologies are changing nurses' relations to patients/clients and to one another, and also injecting a rationalized sensibility into their way of communicating and thus of knowing about patients and care that could threaten the future wellbeing of the profession. These findings suggest the need for heightened vigilance on the part of the nursing profession, given the current context of rapid and extensive health-sector reforms. Recommendations are made to enhance nurses' engagement with the direction of health-care reform.</p>
<p style="text-align: center;">14</p> <p>The Implementation of an Interprofessional Model of Patient Care in an Academic Health Sciences Centre <u>Authors:</u> Lemire-Rodger, G., Debs-Ival, S.</p> <p>Introduction: The Ottawa Hospital Model of Inter-Professional patient Care (TOH IPMPC ©) is the next building block in TOH system redesign and appears to be the first of its kind. TOH IPMPC © is a set of guiding principles that are centred on concepts of collaboration, accountability, patient involvement in decision-making, and inter-professional communication. They are flexible enough to be utilized in a variety of health care settings, patient populations, and inter-professional teams. Purpose: To describe the development of TOH IPMPC ©, the implementation process, and the research and expected outcomes. Methods: TOH IPMPC © was created by patients and health care providers. It is being implemented with 103 teams across a large academic health sciences centre. Each team reflects on TOH IPMPC © guiding principles and concepts and decides on how these principles and concepts are actualized within the team. The team then develops an action plan around the changes to be implemented to meet the guiding principles. Outcomes: An experienced research team is utilizing qualitative and quantitative research methodologies to evaluate the model at baseline, 6 and 12 months post implementation. The expected outcomes will be enhanced quality of patient care through improved inter-professional collaboration, staff-well-being, and organizational climate. Conclusion: Over 5000 nurses and other health care professionals will participate in the implementation. Enhancement in empowerment, job satisfaction and recruitment and retention is anticipated. The findings will have an impact on domains of clinical practice, research, education and administration.</p>	<p style="text-align: center;">15</p> <p>The suffering of nurses in pediatrics <u>Author:</u> Borges, E.M.</p> <p>Human suffering as an unavoidable event can occur in different moments of life and under diverse perspectives. However, in concomitance with suffering periods, human being reflects and questions, being able to attain moments of vast inner growth. Changes in the course of countless pathologies which affected human being, namely children, were carried by technical and scientific development and improvement of life conditions, amongst other factors. Even though the nurse is equipped with the necessary training and orientation to be able to act in particularly difficult moments, the complexity associated with attendance of chronically diseased or life-and-death children, for its impact, constitutes nowadays a real challenge to him. Moments of suffering and the stress caused by these life experiences integrate the course of this professional. The aim of this study was to understand nurse's perception of suffering, when they are looking after chronically diseased of life-and-death children. This study is placed within the paradigm of qualitative investigation, following a phenomenological orientation. The context of the study is that of a Pediatric Hospital. We have made 20 semi-structured interviews. 78 out of the 103 nurses which practiced functions in the Hospital (excluding the Surgery Department) have fulfilled the applied questionnaire. As conclusions of this study, we point out, as something which is revealed as an evidence, the fact that contact with children's and their parents' and relatives' suffering, constitutes for nurses a source of suffering. In order to overcome the emotionally tougher moments, nurses adopt coping strategies focused on emotion and on the problem. Management of nurse's emotions can be developed according to an individual or organizational perspective.</p>

<p style="text-align: center;">16</p> <p>The Meaning of Belonging: An Existential Phenomenological Examination of Group Work in Postsecondary Classrooms <u>Authors:</u> Gagnon, L, Roberge, G.</p> <p>Since the outset of nursing care in recorded history, collaborative processes amongst health care professionals have evolved into essential components of nurses' role and responsibilities within the health care system. To reflect this trend, group work is often utilized as a medium to promote professional socialization in undergraduate nursing curriculum. Group work processes involve a number of factors, such as identifying group members, ascribing tasks within the group, and establishing regulations and timelines. In review of the empirical and theoretical literature on collaborative learning, mixed findings emerge concerning the value of group work in educational settings. Although existing research has often focused on group work outcomes, few studies appear to have emphasized the experiences that occur during group work activities. Research also appears to have neglected the meaning that students attribute to belonging to a group. Understanding how students experience group work prior to completion of the assignment is important in order to increase awareness on potential factors affecting the quality of collaborative processes. This empirical qualitative study is based on Pollio, Henley, and Thompson's (1997) interpretive framework, which takes an existential-phenomenological approach. The participants of this study consisted of 96 undergraduate nursing students at varying stages of a nursing program in Canada. These students have provided their perceptions of their experiences during group work processes. Written descriptions were analyzed to recognize patterns and themes relating to the sequence of events during team work. Preparing undergraduate nursing students to practice nursing in the 21st century requires a focus on the process of working teams. This type of insight is also valuable for educators to prepare nursing students for the complex social demands of working with multidisciplinary teams. Preliminary findings from this component of a large-scale study will be shared for the purposes of disseminating knowledge of professional nursing education</p>	<p style="text-align: center;">17</p> <p>A Wellness Framework: An Approach for Pediatric Nursing Practice <u>Authors:</u> Spurr, S., Bally, J.</p> <p>The promotion of adolescent wellness is a complex issue facing health professionals today. Although research into adolescent wellness has increased over the last decade, a thorough exploration of this multidimensional concept has yet to occur in the high school setting. The ambiguity of this topic, the lack of understanding of the factors responsible for wellness, the focus on the problems of adolescents, and the evidence pointing to the limitations of this approach all illustrate the urgent need to explore wellness within this population. The purpose of this study was to explore the concept of wellness through the experiences and meanings of adolescents. To accomplish this, two hundred and eighty youth completed a wellness survey. The adolescents in this study offered insight into defining the concept, and concluded that wellness was more than regular physical activity and a healthy diet. Knowledge relating to the construct of adolescent wellness offered a unique perspective, and was a relatively new contribution to the foundation of nursing research. These research findings present evidence to support a multi-dimensional wellness approach to pediatric nursing care that includes a high priority and greater visibility to the practice and philosophy of wellness. In order to truly promote the health of children and youth, nurses need to articulate the notion of wellness clearly, and this means adapting their approach to nursing care to one that maximizes client wellness. This vision is one that is not only focused on the problems or physical dimension, but rather a holistic approach which addressed all the unique characteristics and strengths of the client, and is motivated by the desire to enhance successful existence. This study contributes to nursing science by introducing a framework for nurses to use as a guide to apply the concept of wellness into their clinical practice.</p>
<p style="text-align: center;">18</p> <p>Factors Influencing Remote Telephone Support for Cancer Symptom Assessment: A Pan Canadian Survey of Oncology Nurses <u>Authors:</u> Macartney, G., Stacey, D., Carley, M., Harrison, MB.</p> <p>With the growing cancer patient population and increasing stress on cancer care resources, oncology nurses are facing increased demands with respect to providing remote symptom management support for their patients. Remote support is defined as support provided from a distance via telephone, internet, video-link or electronic technologies. The purpose of this study was a) to explore the clinical priorities for symptom management guideline; and b) to identify the factors influencing how nurses provide remote telephone support for symptom assessment, triage, and management. A survey was sent to oncology nurses across Canada. The survey tool was developed based upon a previous survey of telephone nursing services offered through ambulatory oncology programs in Ontario, previous surveys of nurses use of evidence-based tools in clinical practice and was guided by the Ottawa Model of Research Use. Face validity of the survey questionnaire was established by a group of 11 researchers and practitioners with expertise in oncology nursing and research methods. The survey was pre-tested with nurses and administered on-line using Survey Monkey. Of 689 nurses, 368 completed the survey (response rate 56%) from September 3 to October 27, 2009. Of those who completed the survey, 197 nurses (53.5%) provided remote support. The most common type of support was telephone (97.97%) but a significant proportion (30.46%) also provided support through email. Preliminary analyses reveals that the most common symptoms nurses see in their remote practice are fatigue, pain, nausea, constipation and anxiety. The symptoms perceived as the most difficult to manage are depression, dysuria/hematuria, anorexia, breathlessness and neuropathy. The presentation will provide an analysis of priorities, barriers and facilitators for remote cancer patient symptom management.</p>	<p style="text-align: center;">19</p> <p>Orientation Learning Needs Assessment for Nursing Clinical Instructors <u>Authors:</u> Davidson, KM., Rourke, L.</p> <p>Clinical teaching is a critical component of undergraduate nursing programs throughout the world, and undergraduate nursing programs across North America rely heavily on part-time instructors to teach students in clinical areas. These sessional clinical nursing instructors are selected for their expertise in clinical content and practice, but most have little training or experience in clinical education. The health care literature contains little information on the demands placed upon clinical instructors or the types of training that would prepare them for success. Given the prevalence of this situation throughout the global nursing education community, and the importance of the clinical experience in the preparation of nurses, this gap in the literature is unfortunate. In this study, we begin to address this problem by determining orientation needs of nursing clinical instructors. Ultimately, our goal is to design an effective orientation program based on the understanding we gain in this study. The question that propels this study, "what information should be included in an orientation for nursing clinical instructors?" has not been addressed in a rigorous manner. To answer our questions, this project employed an anonymous on-line survey method using an existing, validated orientation learning needs assessment tool for the orientation of nursing clinical faculty. We hypothesized that the orientation needs of clinical nursing instructors would vary significantly depending on their teaching experience; therefore we surveyed three groups of nursing clinical instructors: prospective, novice, and experienced. From the survey data, descriptive analyses were conducted which identified the knowledge and skills that respondents regarded as important or unimportant to successful nursing clinical instruction. Based on this new evidence, University of Calgary Faculty of Nursing is revising the clinical faculty orientation program.</p>

<p style="text-align: center;">20</p> <p>Clinical Leadership Competency Model for Professional Nurses <u>Authors:</u> Supamane, T., Krairiksh, M., Singhakhumfu, L.</p> <p>Leadership competency is a vital core component of professional nurses' capability. Therefore, development of a competency model is necessary to evaluate personal ability. In the Thai literature, research findings focus particularly on the nurses' clinical competency. However, there has been no research regarding the development of a clinical leadership competency model for professional nurses working in tertiary hospitals. This study aimed to develop a clinical leadership competency model for professional nurses who worked in a university hospital. This study used a qualitative approach to illuminate the perspectives on nurses' clinical leadership competency of both nursing administrators and registered nurses. Data were collected using semi-structured in-depth interviews in 24 nursing administrators, and focus groups in 31 registered nurses. Data were analyzed using content analysis. The Iceberg model was utilized as a guideline of data interpretation. Two components emerged from the study data: implicit and explicit components. The implicit component composed of three elements: motive, self concept, and trait. Motive referred to respect from the nursing and health-care team. Self concept represented: positive attitudes toward the nursing profession, and self; and the values of contributions, sacrifice, and sharing. Trait was personal qualification characterized by self confidence, flexibility, personality, learning enthusiasm, systematic thinking, emotional maturity, human relations, consciousness, and role model. The explicit component comprised 1) specific knowledge of nurse leaders on, for example, the clinic, leadership, management, and nursing informatics, and 2) clinical skills in coordinating, decision making, effective communication, problem solving, teamwork and unit management, negotiation, teaching and guidance, and advanced nursing practice. The clinical leadership competency model for professional nurses has been developed. The study findings have led to a need for the development of training programs for novice leaders, and a clinical leadership assessment tool for nurses.</p>	<p style="text-align: center;">21</p> <p>Applying Technology into the Nursing Classrooms <u>Author:</u> Marie-Pierre Dionne</p> <p>Technology is expanding rapidly, but seems to be at a standstill in the education field. Faculties face an enormous task of trying to bridge the gaps that exist between the educator's teaching methods and the student's job requirement skills. If the development of technology skills is missing from the curriculum, is higher education really preparing the undergraduates for the realities of the workforce? Through the use of a literature review, this paper will explore the advantages of integration of technology into the nursing classrooms; challenges faced by educators, students and faculties in this innovation; explore the steps to enable technology innovation; identity models of planning integration; potential barriers of implementation; and to explore the projects already in place to overcome this problem. The results of the research indicate that the use of technology in healthcare is no longer an option, but rather necessary. This paper explores four projects (TIGER, SEEDS, TFP and Electronic Nursing Care Plans) that concur positive outcomes in the development of new highly competent and technically savvy generation of nursing graduates.</p>
<p style="text-align: center;">22</p> <p>Post Operative Delirium in Hospitalized Older Adults <u>Author:</u> Scarcello, M.</p> <p>Abnormal, uncorrected serum and urine diagnostic studies in older adults have been cited as risk factors in the development of post-operative delirium. The purpose of this research study was to determine which specific risk factors in the preoperative phase of an older adults' surgical experience were more likely to predispose the older adult to post-operative delirium. Twenty-five cognitively intact older adult participants were recruited and included in the study. Post-operative delirium was identified in 36.0% of the sample, as evidence by Mini Mental State Exam results of less than 24 post-operatively. Data identified that abnormalities in complete blood cell count, electrolytes, and renal function were risk factors for post-operative delirium. In addition, data was also revealed that 88.0% of the sample did not have a documented preoperative mental health assessment. A non-experimental study design with convenience sampling was employed, and the Roy Adaptation Model was used to explain the effects and consequences of ineffective adaptation.</p>	<p style="text-align: center;">23</p> <p>Queensway Carleton Hospital End of Life Care pathway <u>Authors:</u> Retif, A., Burchat, C., Carreau, L., Carruthers, K., Cleroux, H., Dasberg, E., Dr Hacker, P., Elder, S., Fitzpatrick, C., Higgins, JS, Kerr, A., Krull, H., Lundy, J., McDowell, S., Dr Morrin, S., Laroche, S., Mullins, V.</p> <p>A base chart audit review was conducted at the Queensway Carleton Hospital (QCH) on patients at the end of life who died during their admission. There were variances noted in pain and symptom management at the end of life and the existing charting system flow sheets did not reflect end of life goals. A review of the literature revealed the use of care pathways as patient focused tools for patients with similar needs. An interprofessional working group lead by the palliative care APN was formed to develop and pilot an end of life care pathway on a medicine unit. QCH based their end of life pathway on the Liverpool end of life care pathway from Marie Curie Palliative care Institute in Liverpool and completed international registration with them. The pilot project was approved by QCH ethics consent and research committee. The QCH administration supported by pilot project through our learning and growth funds allowing all nurses to receive four hours of education on end of life care and how to use the pathway. The results of the pilot showed increase availability of medications, increase use of PRN medication when needed and less variances in symptom management at the end of life. The pathway was then implemented on all the medicine units with the same education provided by means of the QCH learning and growth funds.</p>

<p style="text-align: center;">24</p> <p>The Effect of Response Shift Influenced Estimated of Change on Quality of Life in Cancer Patients: A Systematic Review Authors: Chao, Li-Fen, Chung, Fen-Fang, Lam, Hung-Bun</p> <p>Purpose: People may alter their internal standards, which is also known as response shift, toward quality of life (QL) when they experience changes in their health states. Such "response shift" phenomena can affect or distort patient-reported outcome as QL particularly in evaluating medical or psychosocial interventions. The aim of this systematic review is to scrutinize current methodologies of response shift research in QL articles published of patients with cancer and to facilitate and stimulate further research in this area. Methods: Journal articles published were obtained by comprehensive searching of computerized bibliographical databases. Databases searched included both English and non-English articles published in the Cochrane library, MEDLINE, CINAHL, EMBASE, PsychInfo, China National Knowledge Infrastructure (CNKI), and the Chinese Electronic Periodical Services (CEPS). The critical appraisal of studies employing only published longitudinal method was performed to assess the strength of the evidence. Two reviewers evaluated all eligible studies identified separately. Results: Using pre-determined keywords, 185 possibly relevant titles were identified. Eventually 13 papers published in English, satisfied the inclusion criteria and entered the quality assessment stage. The vast majority of studies used the then-test method, which is also known as the retrospective pretest-posttest design method. Using data from studies included, the effect size was calculated that revealed no significant difference in the internal standard alternation. Conclusion: A definitive conclusion on the oncological clinical significance of response shift cannot currently be drawn from existing studies. The present review highlights the need for a more sensitive and comprehensive approach to examine the clinical impact of response shift by measuring changes in QOL, from patient's adaptation to the disease will be determined.</p>	<p style="text-align: center;">25</p> <p>Nurse Staffing Adequacy in a Paediatric Emergency Department Authors: Woods, J., Rashotte, J.</p> <p>Objectives: Issues associated with timeliness of assessment, reassessment and intervention have resulted in a number of sentinel events (deaths or near misses) of children in Emergency Departments (EDs). In response, Paediatric Canadian Triage and Acuity Scale (PaedCTAS) guidelines, medical directives, and CHEO-based clinical pathways were introduced to prevent negative outcomes. However, these initiatives impacted nursing workload at CHEO resulting in inadequate nurse-patient staffing ratios. There are no standard paediatric nurse-patient staffing ratios or benchmarks in existence. Therefore, one objective of this project was to explore experienced ED nurses' perceptions of safe nursing care for infants/children/youth in each of the five PaedCTAS levels. Methods: Data was collected using a focus group process guided by the work of Krueger and Casey (2000). Eight expert ED nurses at CHEO attended one of three focus groups. Discussion was recorded by an assistant using flip charts and transcribed data was analyzed using Burnard's (1991) content analysis technique. Results: Analysis revealed a number of patient safety concerns. ED nurses expressed pride in being able to provide timely expert care to resuscitation and emergent CTAS patients, however raised concerns that care to others can be seriously compromised, with urgent CTAS patients at greatest risk for adverse outcomes. The themes identified and threaded throughout the discussion within each of the 5 PaedCTAS levels were workload/time, quality/safety, barriers to nursing care, and inexperienced nurses. Conclusion: Collecting data from ED nurses about their perception of their delivery of safe care to patients of all acuity levels of the Paediatric CTAS can lead to identifying projected time for nursing care activities required for providing best care for these patients. The next step will be to create a nursing activity timed measurement study and ultimately a data collection tool which can facilitate benchmarking nurse-patient staffing ratios across Canadian paediatric EDs.</p>
<p style="text-align: center;">27</p> <p>Insights into the Clinical Facilitation Model: An Evaluation of Clinical Education within a Rural Undergraduate Nursing Curriculum Authors: Sanderson, HM, Lea, J. Wilson, R.</p> <p>Introduction: Education providers across Australia use various models for undergraduate student nurses' clinical education. This paper presents the findings of a research project conducted at a rural University, in Australia, that aimed to explore and analyse the impact of the Clinical Facilitation Model of clinical education. This study aimed to identify and determine barriers to the provision of effective clinical learning during facilitated clinical placement by exploring the perceptions of student nurses and clinical facilitators. The study also aimed to develop strategies to improve quality with this model of clinical education to meet student, health service and education provide needs. Methods: This qualitative study used a hermeneutical-phenomenological design. Individual face-to-face interviews and focus group discussions with students and clinical facilitators were conducted. The data was analysed using thematic analysis and several major themes emerged that represent important barriers to the provision of effective clinical learning during facilitated clinical experience. Results: The findings from this study identify the role of the Clinical Facilitator as one that is demanding and challenging and perceptions of the role were not consistent. Clinical Facilitators identified the ward culture, student and health service expectations as contributing to their ability to perform their role effectively. Conversely, students identified aspects of the model that were most effective in meeting their learning needs, however this was influenced by the personal traits of the Clinical Facilitator and the students individual understanding of the facilitators role. Discussion: This study will add significantly to the small body of knowledge that currently exists in Australia and internationally regarding the challenges of providing a model of clinical education that is cost effective and more importantly meets the learning needs of students. The findings from this study will inform undergraduate clinical curricula, and will inform the planning for and implementation of, a model of clinical education that meets the needs of the student, Clinical Facilitator, health service and education providers.</p>	<p style="text-align: center;">29</p> <p>A human factors approach to evaluating morphine administration process in a pediatric post-surgical unit Authors: Parush, A., Campbell, C., Ellis, J., Vaillancourt, R., Lockett, J., Martelli, B., LeBreux, D.</p> <p>Morphine is a high alert drug that is associated with drug errors including 10-fold errors that have the potential to cause harm to the patient. There is a growing awareness of the importance of the design and implementation of medication administration systems that will reduce the risk and number of morphine errors. The goal of this project was to understand the context and tasks associated with the administration of IV bolus morphine by nurses to pediatric patients. A human factor approach was adopted whereby the relationships between individuals, technology, artefacts, and the physical environment were studied to understand the underlying processes, structure, context, and various influencing factors that impact IV bolus morphine administration by nurses. An ethnographic approach was adopted in which a total of 51 morphine administrations were observed on a pediatric post-surgical unit. Four major categories of influencing factors were identified: 1. Environmental, including interruption, unexpected events, noise, and work patterns; 2. Tools, including devices, and resources, problems with information display, availability of critical information, and equipment design; 3. Individual characteristics, including nursing experience and risk-taking behaviours; and 4. Organizational and social factors, including communication, clarity of responsibility, and distribution of nursing workload. Distractions, equipment design, group and individual planning activities were frequently observed influencing factors. These factors were then related to performance metrics such as time from morphine request to preparation and infusion. In cases associated with distractions and interruptions the time between morphine request and actual morphine administration was twice as long as the average time. The findings suggest that the error-likely points in the process of morphine administration are related to both organizational and environmental/physical aspects of the post-surgical care context. Nursing interventions to improve morphine administration must be targeted at the error-likely points to have the greatest impact on reducing the opportunities for errors and increasing patient safety.</p>

<p style="text-align: center;">30</p> <p>Rape in War: An International Nursing Issue <u>Authors:</u> Spencer, J., Chernomas. W., & Scruby, L.</p> <p>The assumption that rape is a natural by-product of war has led to the use of rape as a strategy of war, used to inflict terror and fear. The fact that society remains silent about sexual violence in war and the devastating impact on the population condones its use as a military strategy, utilized and strategized in private, perpetuated in public. The anti-rape movement in North America began as a result of the women's movement which recognized that violence against women, such as rape, was a common part of women's lives with a serious impact on their health and personal freedom. Nurses played an instrumental role in this movement as it opened doors for nurses to develop collaborative relationships with other health care providers, initiate courses of action, and programs of research, influence legislation and health care policy, provide testimony in criminal and civil cases, and define a new specialty of forensic nursing. The devastating impact of rape in war, the harm it inflicts and the frequency of its use demand that nurses again take up this torch on behalf of women, families, children, and communities everywhere. There is a dire need for nurses locally, nationally and internationally not only to draw attention to this issue but to advocate for the survivors, the victims and to demand change. The purpose of this presentation is to discuss the extent of the problem and the impact on women and their families and communities. Recommendations for the prevention, treatment of and social action in response to this serious social problem will be discussed. The nursing community is well positioned to advocate for attention to this issue. In the interest of women's health, community health, prevention and health promotion, something must be done to challenge the acceptance of sexual violence in war.</p>	<p style="text-align: center;">32</p> <p>A systematic review of intervention programs to improve the quality of parent-infant interaction for first-time parent(s) <u>Authors:</u> Fen-Fang Chung, Li-Fen Chao, Hsueh-Erh Liu</p> <p>Background: Research suggests that parent-infant interaction ability has an important role to improving the quality of parent-infant interaction which will in turn influence the child's future development, parent confidence and role transition. The use of parenting programmes is increasing and evidences show their effectiveness in improving psychological health of children and mothers. However, the consistency of results in improving parent-infant interaction is unclear. Therefore, the purpose of this paper was to scrutinize the evidence that intervention programs were effective in improving the quality of parent-infant interaction for first-time parent(s). Method: A comprehensive search was conducted using seven common English and Chinese electronic databases. Selection criteria were: 1) randomized controlled trials designed to evaluate the efficacy of intervention programs that planned to improve the quality of parent-infant interaction for first-time parent(s); 2) the infant was a single and healthy baby; and 3) at least one standardized instrument was implemented to measure the parent-infant interaction. Results: Three hundred and twenty possibly relevant articles were identified. Nineteen of 320 articles of eligible studies were retrieved for further examination. The paper of non-randomized design or lack the full text was excluded. Fourteen articles were retained for the quality assessment by modified Jadad scale. Eleven trials (78.6%) reported positive outcomes in first-time parent(s). Recent findings showed that a variety of interventions, measurement tools, and period of follow-up existed in these reports. Conclusions: The intervention of early physical contact with newborn seem couldn't improve the quality of the parent-infant interaction. Provide training to parents could improve the observational skills and supply emotional support. Thus, could improve the quality of the parent-infant interaction in healthy infant. Nurses introduce the infant's capacities to parent and combine videotaped-assist self-modeling could improve the quality of parent-infant interaction.</p>
<p style="text-align: center;">33</p> <p>Health Services Representations in the Field of Primary Health Care <u>Author:</u> Oliveira Silva, H.M.</p> <p>The idea that has given place to Primary Health Care occurred in 1978, with the purpose of promoting and protecting health, preventing and healing the most common diseases, regenerating the patients and reinserting them in their context. This framework appears as a way of going through this subject, trying to give the answers to the following questions: To which point are the health professionals representations faithful to the Primary Health Care (PHC) principles? Which reduction patterns can we find when we compare the PHC principles and values, presented by Alma-Ata (and translated by each countries interpretations based on their laws, social and health public policies), with those who maintain and give shape to how "each actor performs on the stage".The data found, through the empirical method, was analysed by the categorical analysis. With the purpose of revealing the social representations based on the words of those who have participated in this framework: nurses, physicians, the other members of the team and the Administration.The subject PHC Representations was analysed by an categorisation that includes the following categories: Activities; Assistance level; Services organization strategies and Philosophies; Easy-making factors and Limitative factors.In conclusion, the activities that were developed by the team seem not to have developed in the course of time; the PHC is not considered as the interface between the health system and the community; in spite of the existence of team representations about a well developed services organization strategy, the principles, values and purposes of the PHC aren't, completely, incorporated by all those who have participated. The local culture affects the team's professional highlighting; motivation and incitement to the practice; lack of resources; quality investment; inter-institutional coordination and the bureaucratic accessibility, both not preserved; PHC's subordination can possibly influence the way of representing, aspects that are essential to the construction and comprehension of PHC's reality.</p>	<p style="text-align: center;">34</p> <p>The Effects of a Knowledge Product on Family Caregiver Knowledge about Delirium <u>Author:</u> Keyser, S.</p> <p>In the elderly, delirium has been associated with increased risk of death, institutionalization, and hospital admission. It is estimated that in the elderly with dementia, prevalence rates of delirium are between 10 and 21.6% in the community setting. In the community, family caregivers are in an optimal position to identify changes in behaviour from baseline and can play an important role in detection of delirium. To date there are no known studies on educational interventions specifically targeting family caregivers related to delirium. Using knowledge translation as a framework, it was important to involve family caregivers in the development of the intervention. Two focus groups were held at the Alzheimer's Society in Kingston to determine the format for delivery of the education as well as to determine baseline knowledge of delirium. It was found that delirium knowledge was limited and was often confused with dementia. Also, it was determined that focus group participants were most interested in receiving an educational session in a group setting. Using feedback from the focus group, the education session was developed using evidence based resources with a focus on prevention and identification of delirium. A pre and post test for delirium knowledge was given to the participants to measure a change in knowledge related to identification and prevention of delirium. Participants were given a post session questionnaire to determine strengths and weaknesses of the education session. Participants were given the opportunity to participate in a follow up questionnaire four to six weeks after the education session to receive feedback on the intervention and to determine if they had used the information they were given. To date four education sessions have been held and recruitment of participants is ongoing. Preliminary results will be presented.</p>

<p style="text-align: center;">35</p> <p>Health Professionals Use of Acute Pain Assessment Narrative Notations in Hospitalized Children <u>Authors:</u> Rashotte, J., Yamada, J., Harrison, D., Cohen, J., Coburn, G., Abbott, L., Stevens, B., and the CIHR Team in Children's Pain</p> <p>Documentation of pain assessment narrative notations (narratives) and the use of validated pain assessment tools have been demonstrated to be used equally in hospitalized children (Stevens et al., 2008). However, whether these narratives provide clinically useful information to enhance paediatric pain assessment and management has not been fully explored. The purpose of this presentation is to report the findings from a qualitative study that explored and described the narratives related to paediatric pain assessments for hospitalized children as documented by health professionals. All pain assessment narratives collected over a 6-month period from 3,840 patient charts from 32 inpatient units (4 units/8 participating paediatric hospitals) were extracted from the Canadian Paediatric Pain Research database, developed for the CIHR Team in Children's Pain study (Stevens et al., 2008). A summative approach to qualitative content analysis guided by Krippendorff (1980) and Miles and Huberman (1994) was used to explicate theoretical themes and patterns. The PQRST framework of pain documentation guided the manifest content analysis, integrated with a latent content analysis, which searched for contextually-related pattern codes associated with factors such as patient's age, diagnosis, length of stay, use of a validated pain assessment tool, and the narrator's profession. An iterative, constant comparison approach within and between the various group types was conducted. Throughout this presentation, the frequency of specific words or content, with source or narrator also identified, will be provided. Additionally, alternative terms and an examination of the contexts within which the various forms of notation are used will be reported. Through such exploration, findings may potentially provide different and richer ways of viewing the use of validated pain assessment tools integrated with the use of pain assessment narratives.</p>	<p style="text-align: center;">36</p> <p>Investigation of outcomes following the introduction of a nursing best practice guideline for delirium <u>Authors:</u> Groll DL, Woodend K, Sullivan-Bentz M, Rossy D, Murtagh T, Quesnelle L, Bailey P, McConnell H.</p> <p>Delirium is a frequent syndrome among older patients (65+ years old). At the time of their admission into a hospital, 10 to 20% meet diagnostic criteria for delirium, and another 25-60% will develop a delirium during the course of their hospitalization. Delirium, however, often goes undiagnosed impacting quality of life, morbidity, and mortality. Strategies that enable nurses to recognize and provide timely screening for delirium may result in improved outcomes for the client. The Registered Nurses' Association of Ontario (RNAO) has developed Nursing Best Practice (BPG) Guidelines entitled "Caregiving Strategies for Older Adults with Delirium, Dementia and Depression" (DDD), and "Screening for Delirium, Dementia and Depression in the Older Adult Program" in order to address this need. Using a pre-post quasi-experimental design, the current study evaluated the impact on nursing knowledge, behaviour and patient outcomes in three study sites following the introduction of the Delirium component of the DDD BPG. Each site established their own timelines and method of program roll-out and delivery, but using similar evaluation tools, developed by the Ottawa Hospital, nursing knowledge and patient outcomes were evaluated. While data collection differed slightly at each site, significant changes to documentation and the use of standardized assessment tools were noted. Nursing knowledge was assessed using quizzes pre and post implementation and sites collecting that information showed a significant increase in post-implementation scores. Several challenges to implementation and evaluation were also identified, including one institution-wide outbreak of lysteria, and unanticipated staff turnover. However, all institutions report success in improved identification and treatment of delirium. Lessons learned, successes and challenges will be discussed with the purpose of assisting others who wish to implement similar programs in their work settings.</p>
<p style="text-align: center;">37</p> <p>Evaluation of the acute care nurse practitioner role in cardiac surgery <u>Authors:</u> Prodan-Bhalla, N. Mackay, M., Baines, C. & Humphries, K.</p> <p>Background: Although the nurse practitioner role has been thoroughly evaluated in primary care settings, there is still a gap in the literature regarding the role of acute care nurse practitioners (ACNP) in cardiac surgery. Using a conceptual model and PEPPA framework, we evaluated the effectiveness of the ACNP role on a cardiac surgery ward at a large urban hospital in Vancouver, BC. Choosing outcome measures proved to be challenging as we had to address several conceptual issues relating to the ACNP role. Methods: Patients (n=102) that had been booked for urgent or elective coronary artery bypass and/or valvular surgery were randomly assigned to either a control or experimental group for their pre and post-operative care. Patients in the control group were cared for by a clinical associate who was a medical doctor and the patients in the experimental group were overseen by an ACNP. Outcome variables included length of stay in hospital, readmission to hospital, adherence to follow-up appointments with general practitioner and cardiologist, attendance at cardiac rehabilitation, medication compliance and patient and health care team satisfaction. Results: there was no difference in length of stay, readmission to hospital, adherence to follow-up appointments or cardiac rehabilitation and medication compliance. Some indicators of patient satisfaction were higher in the experimental group. Conclusion: This study illustrates that ACNP's can function effectively in cardiac surgery settings. It also highlights a need for more conceptual development of the ACNP role in order to identify nursing sensitive outcomes.</p>	<p style="text-align: center;">38</p> <p>Using the CAN-ADAPTE methodology to adapt guidelines for the pan-Canadian Oncology Symptom Triage and Remote Support (COSTaRS) project <u>Authors:</u> Stacey D, McVeety J, Carley M, Macartney G and the COSTaRS Steering Committee</p> <p>Background: Symptom management is an important safety issue for oncology patients given symptoms can progress to being life-threatening and often occur when patients are at home. Objectives: To develop evidence-informed guidelines for the remote (telephone, internet, video linked) assessment, triage, and management of patients experiencing symptoms related to cancer therapy to be used by nurses and other healthcare professionals. Methods: Guided by the CAN-ADAPTE methodology: a) established research questions; b) conducted a systematic search for guidelines and systematic reviews relevant to two symptoms (e.g. diarrhea; fever with neutropenia); c) appraised quality using standardized instruments (e.g. AGREE, AMSTAR); and d) convened pan-Canadian panel to reach consensus on a template for an adapted guideline. Results: Of 413 citations, 12 eligible guidelines and 2 systematic reviews were relevant to one or both of symptoms. AGREE appraisal ranged from 8 to 86 for rigor (median 60.5 diarrhea; 33 fever) and one was discarded due to poor overall quality. Although no single guideline or review addressed the research questions, recommendations were taken from several guidelines. Seventeen stakeholders attended a 1.5 day meeting representing nurses in clinical practice, decision makers, managers, and researchers (including CAN-ADAPTE and computer systems experts). The panel reached agreement on a template for the adapted guideline and specific recommendations to be included for each of the symptoms. The next step is to validate the proposed guidelines.</p>

<p style="text-align: center;">40</p> <p>Where did nursing knowledge go in under service areas? Exploring challenges of knowledge gaps to patient care within rural and remote First Nations' communities. <u>Author:</u> Rahaman, Z.</p> <p>Nursing care without nursing knowledge can have ethical and safety implications for patient care. Within nursing as a practice profession, academic discipline, and research science; development of nursing knowledge is vital to assess, implement, evaluate, and maintain services that are relevant and responsive to service delivery and outcomes. For development of nursing knowledge, epistemology is considered. Epistemology is defined as the relationship between the person as a seeker of knowledge and the knowledge itself (Yorks & Sharoff, 2001). Knowing is an ontological, dynamic, changing process that is associated with how the self and world are perceived and understood (Chinn & Kramer, 1999). Nursing knowledge can be used to inform one's practice. Nursing is a transformative professional nursing practice that addresses persistent health disparities within the complex context of health care delivery (Kirkham, Baumbusch, Schultz, & Anderson, 2007). Stakeholders in rural and remote First Nations' communities often experience an inferior level of care. With practical challenges such as nursing staff shortage and poor retention, First Nations' communities often face many challenges in utilizing nursing knowledge development into practice that addresses community needs. The objectives of the presentation are: i) to address some of the challenges that First Nations' communities face in day to day nursing care, and ii) how nursing knowledge development from a critical theory lens and community health nursing from a strength-based approach (Lind & Smith, 2008) can support the need for safe and responsive care. The presentation will support the need for communities to address their challenges in a respectful and inclusive approach to invite nurses, researchers, and community leaders to promote an integration of nursing knowledge development into practice. An environment needs to be created where nursing knowledge is encouraged as part of knowledge development to support patients' needs being met within their local community.</p>	<p style="text-align: center;">41</p> <p>Promoting patient safety in a cardiac centre: utilizing knowledge transfer strategies for increasing safety reporting <u>Authors:</u> Kangudie, C., Cruz, E., Menezes, M., Sia, M., Twiss, K.</p> <p>In Canada, there is approximately a 7% chance of suffering an adverse event while in hospital which could lead to a prolonged hospital stay or even death (Baker et al, 2004). Electronic incident reporting systems are being implemented to help track errors, adverse events causing patient harm, and near misses for the purpose of improving patient safety by strengthening processes and systems of care. Utilized properly, incident reporting data can help identify, trend and stratify risks to guide actions to strengthen systems of care, including environmental, policy and human factors that contribute to errors. Critical to meeting this goal are diligent health care providers who are attuned to recognizing errors and near misses and aware of the contribution of Safety Report (incident) data to system improvement and safer environments for patients. An electronic safety reporting system was recently implemented in our cardiac center. A group of nurses have undertaken a knowledge transfer project geared to increasing staff knowledge about safety reporting. The literature was reviewed for evidence on the effectiveness of various knowledge transfer strategies and a selection of strategies was chosen for implementation. Evidence based knowledge transfer strategies were utilized to increase knowledge of the new electronic safety (incident) reporting system and also to increase the number of safety reports submitted from the cardiac center. An evaluation of the effect of the knowledge transfer strategies on knowledge as well as practice was then performed. The poster presents the process that was taken the results of the evaluation and critical next steps for promoting sustainability.</p>
<p style="text-align: center;">42</p> <p>Understanding nurses' engagement in HIV/AIDS research and policy development in Sub-Saharan Africa and the Caribbean. <u>Authors:</u> Etowa, J.; Edwards, N.; Kahwa, E.; Kaseje, D.; Dawkins, P.; Muller, R.; & Watson, F.</p> <p>Although nurses make up a significant portion of the health workforce in most countries including low and middle income countries (LMIC), there is very limited research targeted at assessing and strengthening nurses' research capacity and their subsequent involvement in research utilization, and engagement in policy development as well as decision-making. In the African continent, nurses make up approximately 80% of health care workforce; however they are marginally represented in health research and policy development roles. This marginal representation in these key roles has impact on nursing research productivity and ultimately the ability for nursing-relevant research to inform critical health services and policy issues faced by decision-makers. Understanding the extent to which nurses are involved in research and policy making and factors that hinder their engagement is key to building supportive environments and strengthening their capacity for effective involvement in health research and policy decisions that impact nursing practice, and health care systems in LMICs and global health priorities overall. This paper presents the findings of an innovative international collaborative partnership between African (Kenya, Uganda & South Africa), Canadian, and Caribbean (Jamaica) researchers with a goal of building nurses' capacity to engage in HIV/AIDS research and policy development in African and the Caribbean. We will discuss some of the preliminary qualitative findings of the study with a particular focus one key theme: nurses involvement in research and policy development. It will illuminate the magnitude of nurses' lack of involvement in research and policy initiatives highlight some of the factors that hinder their engagement and discuss innovative strategies employed to enhance nurses' capacity to conduct and use research. These strategies include a range of capacity-building mechanisms such as participatory action research, leadership hubs, international research internship, policy and knowledge translation workshops, focused mentorship structures and opportunities for graduate students and junior researchers.</p>	<p style="text-align: center;">43</p> <p>Nurses' perceptions of their involvement in health research and policy initiatives in Nigeria. <u>Authors:</u> Asuquo, E. & Etowa, J.</p> <p>Nurses make up a large percentage of the health care workforce in most countries. In African continent, it is estimated that nurses comprise 80% of health care professionals; however, they are marginally represented in health research investigators and decision-making roles. This limited representation has constrained the amount and availability of nursing research and the ability for nursing-relevant research to inform critical health services and policy issues faced by decision-makers. Although a number of international research capacity building initiatives have been implemented over the past few years, an analysis of programs offered by major donors to Low Middle Income Countries' (LMIC) health professionals reveals that few nurses have benefited from such programs. There is limited research aimed at building nurses' research capacity and their subsequent involvement in policy and decision-making. Creating supportive research environments and enhancing nurses' research capacity are essential basis for ensuring meaningful participation of nurses in health care policy decisions that impact on nursing practice, and health care systems in LMICs and global health priorities overall. The paper will present the findings of a recent study that investigated nurses' involvement in nursing research and the resources available to engage them in nursing research. The study which was carried out in one of the south Eastern states of Nigeria also assessed the utilization of research evidence in everyday nursing practice. Stratified sampling technique was used to select and administer questionnaire to nurses in various roles and practice settings. Questionnaire was used to illicit information from respondents. SPSS facilitated data mining using descriptive statistics. Findings revealed that majority of nurses were not involved in research activities and only small percentage was involved in research as data collectors. Details of these findings will be presented. Paper will conclude with implications of these findings for health research in LMICs such as Nigeria.</p>

<p style="text-align: center;">44</p> <p>Knowledge translation on body weight and peri-menopausal women: An environmental scan of publicly accessible resources <u>Authors:</u> McArthur, D. & Stacey, D.</p> <p>Background: Women transitioning through menopause are at higher risk of central mass gain and associated health problems. Women can minimize weight gain by adopting healthy physical activity and nutrition patterns proven effective for peri-menopausal women. Objective: The purpose of this study was to explore the information provided in publicly available resources for peri-menopausal women related to body weight/obesity, physical activity, and nutrition. Methods: An environmental scan was conducted in November 2009 of websites for organizations and agencies. The search strategy included: a) using the "search" function (if available) to search for the following keywords: "Menopause" combined with "Healthy Weight" or "Obesity" and then searched separately if no relevant matches were found; and b) if no search function, relevant site tabs/sub-headings were explored (i.e. "healthy lifestyles", "nutrition", "chronic disease prevention" etc.) Results: Of 36 health units and 16 agencies searched, 8 provided some reference to body weight and peri-menopausal women. The messages in these resources provided women with general information about weight management, obesity, related risk factors, chronic disease prevention and menopause. The most common references were the Canada Food Guide and the Canada Physical Activity Guidelines. No programs were found with evidence specific to peri-menopausal women, no programs assisted women to set priorities for making lifestyle choices for achieving or maintaining a healthy body weight, and resources provided little evidence to support their recommendations. Conclusions: While there is considerable information available regarding general obesity prevention (i.e. nutrition and physical activity guidelines), there is little specific to peri-menopausal women. Given the increase in risk faced by this group for developing obesity and associated co-morbidities, further research and evidence-informed resources are needed.</p>	<p style="text-align: center;">46</p> <p>Bringing Evidence to the Bedside: Demonstrating Efficacy of PDAs at a Paediatric Academic Health Science Centre <u>Author:</u> Rashotte, J. M.</p> <p>With the advent of the internet and the increased use of information technology, nurses have the opportunity to integrate evidence into practice resulting in improved quality and safety of patient care. An initiative to provide personal digital assistants (PDAs) with evidence-based practice resources to front-line nursing staff to improve access and integration of evidence at the point-of-care was supported by the Nursing Secretariat of the Ministry of Health and Long-term Care and RNAO. The objective of the evaluation was to compare the usability and usefulness of PDAs to stationary personal computers currently used by nurses in a variety of nursing roles in the clinical setting. A mixed method design was used. A purposive, convenience sample of 32 nurses trialed the Motorola MC50 PDA. The evaluation consisted of three phases: pre-PDA implementation survey and training; PDA implementation; and post-PDA implementation survey and focus groups. Usability testing methods evaluated context, usability dimensions, and consequences of usability. Survey data was analyzed using descriptive statistics and a paired t-test. Qualitative data was analyzed using an a priori thematic content analysis strategy. The findings demonstrated that this particular PDA was not easy to employ to achieve desired goals, including referencing internal and external clinical resources and organizational/office management. Thirty-four statistically significant findings were found. Data collected from clinical logs and focus groups explicated the numerical data and strengthened results. A number of barriers to use were identified including organizational support issues, structural/architectural design problems, access issues and unavailable features. The limitations of this particular PDA demonstrated it was inefficient and ineffective for nurses' needs and there was a lack of user adoption in their clinical practice. Thirty-two recommendations provided direction to the organization related to PDA technology decision-making, clinical resource availability, training, and technical and organization support.</p>
<p style="text-align: center;">47</p> <p>Becoming Acute Care Nurse Practitioners: Implications for Role Implementation <u>Author:</u> Rashotte, J.</p> <p>The acute care nurse practitioner (ACNP) is best known through research that has measured effectiveness and efficiencies, as well as functional and procedural categorizations. Little is known about how ACNPs experience their practice as nurses. The purpose of this session is to share the implications for implementation of the ACNP role based on the findings of a qualitative study that explored the nature of being an ACNP. Using a phenomenological research design, data were obtained from in-depth conversational interviews with 26 ACNPs working in various paediatric and adult acute care clinical settings across Canada. The transformational journey described and interpreted in this study includes five major themes: (1) being called to be more, including, being more connected, more in control, more visible, more challenged, and able to make more of a difference; (2) being adrift, including, being disconnected, being uncertain, being lost, and staying afloat; (3) being an acute care nurse practitioner – being competent, being confident, being comfortable, being committed, being connected, and being content; (4) being pulled to be more, that is, being a wearer of two hats; and (5) being more, that is, being advanced practitioners. An overview of the ACNPs' journey, along with an exploration of the internal and external struggles, tensions, and battles they encounter throughout the various transformational processes they can experience will be presented. Role implementation strategies to facilitate and enhance the ACNPs' transformational journey in order to build a platform for success will also be proposed.</p>	<p style="text-align: center;">48</p> <p>Supporting wound care best practice at the bedside: Development of wound care champion nurses in an acute care vascular surgery environment. <u>Authors:</u> Lacelle, K., Murphy, C., Huneault, L., Brandys, T.</p> <p>Background: As the complexity of wound therapeutics rapidly increases, it is recognized that the successful diagnosis and treatment of a complex wound is dependant on a holistic patient view with a multiprofessional team approach¹. Our team felt that in hospital the acute care nurse as the primary contact should be equipped with the tools of systematic assessment and treatment options to improve wound care outcomes. Purpose: To bring Canadian Association of Wound Care (CAWC) best practice recommendations 1,2,3 to the bedside through education and support of an acute care vascular nursing team, for the purpose of increasing staff knowledge to support optimal outcomes. Methods: At the request of the unit manager a vascular surgery unit Registered Nurse group was given an initial education as an overview of CAWC best practice recommendations by the enterostomal therapist and supported by the unit educator. The vascular surgeon group supported the project and assisted with curriculum development. The initial presentation was then supported by monthly topic specific educational sessions which included a current complex case study reviewed by the team utilizing the recommendations as a decision model for care. Enterostomal therapist and educator support was available to the nurses at the bedside to address specific applications of knowledge to ensure accuracy of information and assist confidence in assessment skills. Discussion: There was an immediate interest in the project with additional nurses wishing to be involved as momentum evolved. Consistency in method of wound care impacts appropriate usage of dressing supplies on the unit and client confidence in nursing care. Using a consistent and validated methodology ensures quality performance improving nurse confidence with team members functioning at an advanced level of wound care for these complex and compromised patients.</p>

<p style="text-align: center;">49</p> <p>Integrating Clinical Guidelines into Nursing Practice: The Influence of Nurse Leaders <u>Authors:</u> Abdullah, G., Higuchi, K., Sullivan-Bentz, M.</p> <p>Background: There is strong support for the judicious use of research evidence in clinical decision-making by nurses. The Registered Nurses Association of Ontario (RNAO) has provided leadership in Canada for development of evidence-based clinical practice guidelines through the Best Practice Guidelines (BPGs) Project. The BPGs direct nurses to base their decisions concerning patient care on current and relevant evidence. Research on nurses' decision-making in clinical settings suggests that internal and external factors influence nurses' decision-making ability. However, no studies were found that investigated how nurses' use of evidence-based clinical guidelines influences clinical decision-making. Objectives: The purpose of this study was to gain an understanding of how the use of clinical guidelines influences clinical decision making in an organization. Methods: A qualitative research design using a multiple case study approach was used. Each clinical site (acute care tertiary hospital and public health department) was viewed as a case. Data collection included semi-structured tape-recorded interviews with individual participants. To investigate the level of integration of BPGs recommendation into practice, public agency documents related to the implementation of RNAO BPGs were also collected and examined. A total of 29 nurses participated in the study, including nurse managers, advanced practice nurses, and staff nurses. Findings: The results indicate that nurse managers are influential in providing critical financial and human resources to support the introduction of clinical guidelines. Advance practice nurses serve as knowledge brokers as they make numerous planning and implementation decisions, and determine how to integrate specific guideline recommendations into practice. Implications: nurse leaders and practitioners need to gain an in-depth understanding of decision-making process related to the selection of practice change strategies and required resources to support guidelines implementation and to address system challenges.</p>	<p style="text-align: center;">50</p> <p>The self-control: breathe in person with COPD and the process of nursing care. <u>Authors:</u> Pina Queirós, PJ, Lima Bastos, M.</p> <p>Objectives: To know the process of nursing cares in use in taking care of the person with COPD. To evaluate the nurses' opinion on the knowledges and nowadays practices in who take care of the person with COPD. To describe the nurses' taking care behaviour when in contact with a person with COPD in hospital context. To know the nurses' formation necessities in a respiratory rehabilitation programme. To know the profile of the people with COPD that benefit of nursing cares. Method: Inquiry share-exploratory study; The context is a unit of medicine cares of an hospital; the sample is constituted by the 27 nurses and 35 sick people; the instruments of data harvest applied to the sick people – Initial comment – Social, Demographic and Clinical information; biofisiologic parameters; SCALES: of dyspnea Evaluation – Borg; Life Quality– EQ-5D; St George Hosp; Life Activities – CR McGAVIN. The instruments of data harvest applied to the nurses had been the Inventory of the Behaviours of taking care of – Loureiro, Luis (2004); Consultation of nursing registers and a health information systems (SAPE), processes of the people with COPD; valuation of the nurses' knowledge. All the ethical procedures had been respected. Data management: SPSS 17; content analysis technique. Conclusion: The total of nurses independently of their professional category – value the techniques and ethics, being considered in last the communication dimension, basic in the process of cares that aims at the self-control of the person with COPD. The profile of the person with COPD is in accordance with the described one in manuals, the age, and professions, genre, and smokers, social and economic stratus. No person knows the process of the illness. They had never been part of a respiratory rehabilitation programme. Important data for the clinic practice: Development of a formation plan for the nurses; construction of a new process of nursing cares in taking care of the person with COPD; Follow-up for the intervention evaluation.</p>
<p style="text-align: center;">51</p> <p>Inside, outside, upside down: Access to Preventive care for pregnant and parenting Aboriginal people <u>Authors:</u> Smith, D., Van Herk, K. Tedford Gold, S., Rahaman, Z.</p> <p>Access to care is commonly understood to refer to geographically close, affordable, culturally sensitive services. Though preventive services such as prenatal education, breastfeeding support, and preschool play groups are available in most Canadian cities, consistently low participation and poor early childhood developmental outcomes among Aboriginal children suggests inequitable access to these services. Research has identified negative experiences as a key factor in Aboriginal families' low engagement and use of services. There is a need to examine deeply embedded socio-historical determinants of access for Aboriginal people. Purpose: Examine provider, organizational and system-level factors influencing access to safe and responsive preventive services for urban Aboriginal families. Methods: A participatory research approach was used to implement qualitative case study methods. Interviews were conducted with purposefully selected clients (n=12), providers and leaders (n=28) from four health care organizations. Using qualitative descriptive analysis, themes and anonymized composite stories were developed to reflect participants' experiences. Results: Access to care for urban Aboriginal people is a complex interaction between external, internal, and mediating factors. External factors include racism, discrimination, and the imposition of the presumed superiority of biomedicine. Internal factors include service providers' knowledge of, and ability to provide culturally safe care, as well as organizations' mandates and capacities to provide culturally safe services. Mediating factors include the broader policy environment, incorporation of Aboriginal perspectives of health, and increased self determination over care. Conclusion: Aboriginal organizations bear the burden of compensating for the negative influences of colonization. Improving access to preventive care for urban Aboriginal people requires multiple interventions to target external and mediating factors, and disseminate organizational strategies that improve access to care.</p>	<p style="text-align: center;">52</p> <p>Appui à l'allaitement pour les jeunes mères francophones de la région d'Ottawa. <u>Auteur:</u> Moreau, D.</p> <p>Des résultats préliminaires seront présentés en regard de l'étude ici proposée. L'étude proposée contribuera à générer des connaissances sur l'accessibilité et la qualité des sources de soutien en allaitement offerts aux jeunes mères francophones de la région d'Ottawa. Au Canada, les taux d'allaitement maternel se sont avérés constants depuis les 30 dernières années. une tendance à la hausse, qui se maintient d'Est en Ouest du pays, fait apparaître que le taux d'allaitement est plus élevé chez les femmes anglophones que chez les femmes francophones (ASPC, 2008). Une enquête exploratoire que nous avons menée en 2008 dans la grande région d'Ottawa auprès de primipares francophones montre que l'allaitement est de loin l'expérience la plus difficile de la période postnatale. les difficultés rencontrées tiennent partiellement aux malaises physiques et à l'inconfort qui s'y rattachent, mais encore et surtout au manque de soutien ressenti par ces nouvelles mères. Cette étude vise à documenter les sources de soutien offertes aux jeunes mères francophones et leur mise en œuvre dans la région d'Ottawa. le projet proposé permettra une meilleure compréhension des obstacles à un soutien à l'allaitement satisfaisant et accessible pour cette population.</p>

<p style="text-align: center;">53</p> <p>Soins buccodentaires chez la clientèle intubée aux soins intensifs: portrait québécois de la pratique actuelle <u>Auteurs</u> :Tanguay, A., Reeves, I., St-Cyr-Tribble, D.</p> <p>Introduction : Les preuves scientifiques démontrent un lien significatif entre l'hygiène buccodentaire et l'apparition d'infections systémiques telles que la pneumonie nosocomiale (Berry, 2008). La clientèle intubée des soins intensifs est parmi les plus vulnérables. Malgré cela, la pratique des soins buccodentaires est un comportement professionnel négligé en contexte de soins intensifs, là où la prévalence des infections nosocomiales croît sans cesse (Furr et al., 2004). Dans une perspective de qualité et de sécurité des soins, il apparaît essentiel d'adopter des comportements professionnels sécuritaires afin de prévenir les infections dans les milieux de soins. Objectifs : Cette étude vise à documenter la pratique actuelle des soins buccodentaires et examiner, à l'aide de la Théorie du Comportement Planifié (TCP), les déterminants sociocognitifs qui l'influencent (intention, attitudes, norme subjective, perception de contrôle, croyances). Méthodologie : Il s'agit d'une étude descriptive corrélationnelle qui a été réalisée au moyen d'une enquête postale provinciale. Un échantillon de convenance a été obtenu à partir d'une population accessible de 1011 sujets au moyen de données fournies par l'OIIQ. Cette population est constituée d'infirmières exerçant aux soins intensifs auprès de patients intubés dans les établissements du réseau public de la santé du Québec. Un questionnaire a été développé selon le processus probant de Dilmann (2007). Il comporte 70 questions. Les propriétés psychométriques de l'instrument ont été analysées et seront présentées. Analyses : Les données ont été analysées à l'aide de moyennes, de proportions et de comparaisons. Des analyses bivariées et de régression multiple ont également été réalisées. Résultats: Nous vous présenterons les résultats de l'étude au cours de ce congrès. Conclusion : Cette étude aura permis de fournir des indicateurs du portrait de la pratique des soins buccodentaires dans les soins intensifs au Québec et des facteurs qui influencent cette pratique.</p>	<p style="text-align: center;">54</p> <p>L'adaptation des familles dont un membre est atteint de schizophrénie. <u>Auteurs</u> : Jacques, M.C., St-Cyr Tribble, D.</p> <p>La schizophrénie est un trouble mental grave qui affecte le fonctionnement social des personnes atteintes. Ce trouble apparaît vers la fin de l'adolescence ou au début de l'âge adulte et il se chronicise dans 55% à 75% des cas. De plus, l'apparition de cette maladie chez un des membres de la famille a des impacts importants et est une source de stress chronique pour celle-ci. Or, le processus d'adaptation des personnes atteintes et des membres de leur famille reste un phénomène mal connu. L'étude visait donc à décrire le processus d'adaptation vécu par le jeune schizophrène et sa famille dans les deux ans suivant l'annonce du diagnostic de la maladie. Elle a été réalisée selon un devis qualitatif d'orientation phénoménologique ayant pour cadre conceptuel le modèle de Roy. Des entrevues ont été réalisées auprès de personnes atteintes de schizophrénie et de membres de leur famille. Les résultats ont permis de dégager cinq thèmes décrivant l'expérience de ces familles : 1) L'histoire de la maladie; 2) La recherche d'aide; 3) Vivre avec la schizophrénie; 4) La vie familiale en lien avec la schizophrénie et 5) Les stratégies de coping. Ces thèmes permettent de mieux comprendre comment les personnes atteintes de schizophrénie et les membres de leur famille s'adaptent et ils donnent des informations précieuses aux infirmières intervenant auprès de cette clientèle. Elles pourraient, par exemple, mieux dépister des problèmes d'adaptation chez la mère d'un client et ainsi prévenir l'épuisement de celle-ci, ou encore, favoriser chez un jeune atteint l'émergence de stratégies de coping efficaces. Pour la recherche, une des retombées est que cette étude aura permis de mieux comprendre l'importance de la famille pour l'adaptation, ce qui amène à se questionner, pour de futures recherches, sur comment s'adaptent les personnes atteintes de schizophrénie qui ont un soutien social limité.</p>
<p style="text-align: center;">55</p> <p>Elaboration and evaluation of an educational DVD for French-speaking parents going in recovery room at the time of their child's surgery. <u>Auteurs</u>: Chartrand, J., Tourigny, J.</p> <p>Background: At least 59% of communities in minority situation outside of Quebec are confronted to a generalized shortage of health services offered in French. At the Children's Hospital of Eastern Ontario, parents have now access to the recovery room at the time of their child's surgery. Although they are invited there, the parents are not prepared for this event. Taking into account that parents, and in particular French speaking parents, report missing information and express the desire to be present during the awakening of their child to comfort him/her and facilitate the recovery, it is essential to prepare them adequately for this presence, and in their mother tongue. Purpose: The goals of this research were to design and present a preoperative preparation tool in a DVD format, verify the clarity and relevance of the information, and to estimate its utility and user-friendliness. Methods: A cognitive and behavioral educational approach was used to guide the design of the intervention, whose purpose is to have parents acquire learning abilities such verbal information, problem solving and attitudes. The content of the DVD mostly include positive parental conducts to be demonstrated towards their child in the recovery room following a surgery. The video includes images of the recovery room and of the equipment, as well as lived examples of "nurse-family" and "parent-child" positive interactions. The evaluation is done with a convenient sample made of 30 French-speaking parents who are recruited during their visit at the preoperative clinic. Results: Preliminary results of this research were analyzed using descriptive statistics, content and Chi-square analyses. Conclusion: The final results of this project will allow health care managers and educators to improve the quality of the care offered at the CHEO.</p>	<p style="text-align: center;">57</p> <p>Les Infirmiers et les Savoirs Culturels <u>Auteur</u>: Vieira Martins M.F.</p> <p>Le travail dans la Santé exige une formation pointue des infirmiers. Ceux-ci doivent posséder une compétence technique et scientifique mais, aussi, être sensibles à la réalité communautaire où ils travaillent. Cette communication a pour base une étude que nous avons mené ayant pour objectifs de rechercher si les femmes enceintes qui fréquentent les services de santé sont influencées par les mythes ou croyances et d'identifier comment les infirmiers les incorporent dans leurs consultations. Géographiquement, cette étude s'est limitée à six communes de la région Nord-Ouest du Portugal. Comme il nous intéressait de comprendre la globalité des phénomènes, nous avons réalisé une triangulation de données quantitative/qualitative. Nous avons réalisé des entrevues semi structurées à cent femmes enceintes et remis des questionnaires à 82 infirmiers. De nombreux tabous existent encore dans la Région du Nord Ouest du Portugal. 82 des 100 femmes interrogées ont montré des comportements influencés par des mythes et croyances ayant pour but de protéger le fœtus, le considérant comme un être qui n'est pas autonome mais dépendant de sa mère. Ces croyances visent, d'une part, à esquisser une tentative de contrôle des dangers associés au processus de reproduction et, d'autre part, par la nécessité de promouvoir l'intégration de l'enfant comme membre à part entière de la société. 88% des infirmiers accordent de l'importance au thème «Mythes et Croyances» pendant la consultation prénatale. Toute fois, l'utilisation de pratiques purement transmissibles conditionne l'intégration des savoirs traditionnels et explique le peu d'interaction entre l'infirmier et la femme enceinte. Pour conclure, nous considérons d'importance haute la sensibilisation, avec une rigueur scientifique, de ce thème dans la formation des infirmières pour qu'elles puissent adopter des pratiques productives e efficaces en communauté e ainsi promouvoir la santé des femmes enceintes.</p>

<p style="text-align: center;">58</p> <p>Psychologie de soin : Réalités et perspectives de l'enseignement en sciences infirmières du contexte tunisien. <u>Auteurs</u> :Alimi, ML, Ghribi, F.</p> <p>Il s'agit d'un ensemble de constats soulevés dans le cadre de recherches empiriques, cliniques, pédagogiques et didactiques dans un contexte tunisien se rapportant à l'enseignement de psychologie de soin dans les écoles des sciences infirmières. En premier abord, nous présenterons explicitement au corps du texte de la présentation orale la réalité de l'enseignement de psychologie de soin, de l'approche psycho clinique comme composante essentielle et fondamentale des actes en nursing et des fiches techniques et pédagogiques qui s'y rapportent. Puis, nous expliquerons les difficultés et les obstacles que nous rencontrons dans le processus de recherche clinique en psychologie de soin infirmier. Nous axerons notre présentation sur les constats de recherches empiriques, cliniques et didactiques menées sur une population d'étudiants en sciences infirmières en contexte tunisien. Des recommandations soulevées mènent à suggérer des tentatives de révision du programme en nursing, introduction d'un stage clinique et de recherche en matière de psychologie de la santé, de soin auprès des clientèles des trois âges.</p>	<p style="text-align: center;">59</p> <p>Creating Safe Care Spaces and Places? Improving Access to Preventative Services for Aboriginal People in an Urban Setting <u>Authors</u>: Van Herk, K., Smith, D., Tedford Gold, S., Rahaman, Z.</p> <p>The design and delivery of health care services continues to be dominated by a white, western, biomedical model of health that marginalizes other forms of knowledge. This has had particularly devastating implications for Aboriginal people who suffer from significant health disparities as a result of their exclusion from health care discourses and experiences of discrimination within care encounters. Focusing on the inclusion of Aboriginal perspectives in designing and delivering care offers the possibility of improving Aboriginal peoples' access to safe and meaningful care, thereby decreasing inequities in health. Methods: A participatory research approach was used to implement qualitative case study methods; beginning with interviews with purposefully selected clients (n = 12), providers and leaders (n = 28) from four health care organizations. Using qualitative descriptive analysis, themes and anonymized composite stories were developed to reflect participants' experiences. Results: Participants identified two critical aspects of care which impacted their sense of safety and belonging; care spaces and care places. Care spaces referred to the way participants feel within the therapeutic encounter and is affected by provider attitudes and their knowledge of, and ability to provide, culturally safe care. Care places are the physical surroundings, policy, organizational and cultural environment within which care is delivered with a particular focus on the reflection of Aboriginal people and their values into the physical design of health care places. Conclusions: Health care organizations need to incorporate Aboriginal perspectives into the design and delivery of programs and the structure of care facilities to promote increased access, and reduce health disparities. In addition, healthcare providers need to attend to the power dynamics present within therapeutic encounters to help create a sense of belonging and trust for Aboriginal people to feel safe and comfortable accessing the level of care and support they require.</p>
<p style="text-align: center;">60</p> <p>The Prevalence of Chronic Pain in the Canadian Population between 1994 and 2008 Using the Cross-sectional Components of the NPHS and CCHS <u>Authors</u>: Reitsma, M., VanDenKerkhof, E., Tranmer, J., Buchanan, D.</p> <p>Estimates of the prevalence of chronic pain in the general population are inconsistent. Furthermore, there is minimal research concerning the prevalence of chronic pain in the Canadian population. The primary objectives of this study were to examine if the prevalence of chronic pain has changed over time and if there are sex and age differences. Data from the National Population Health Survey (NPHS) (1994/95, 1996/97, 1998/99) and the Canadian Community Health Survey (CCHS) (2000/01, 2003, 2005, 2007/08) was used for this analysis. Only individuals twenty-five years of age or older were included. The primary outcome variable was the presence or absence of usual pain and pain-related interference with activities. Prevalence ranged from 15.1% in 1996/97 to 20.2% in 2005. Females in the oldest age group consistently had the highest prevalence of chronic pain. The majority with chronic pain reported at least a few activities prevented (range: 11.4% in 1996/97 to 14.8% in 2005). Strengths of this study include: i) findings are representative of the general population of Canada with the exception of those in institutions, in the military, on Indian reserves, or in some remote areas of Canada; ii) use of a valid pain question. A limitation is that the pain question is general and does not specify the duration of pain; however, findings in this study are within the range of international estimates based on more extensive and validated pain questionnaires. Chronic pain is prevalent in the Canadian population and appears to be increasing. Many of those with chronic pain have at least a few activities that are prevented due to chronic pain. A prospective study identifying sociodemographic predictors of chronic pain is needed.</p>	<p style="text-align: center;">61</p> <p>Toxicology Nursing in Brazil: training knowledge <u>Authors</u>: Tourinho, FSV, Fonseca, MRCC</p> <p>After the Second World War, with the expansion of the use of chemicals in industry and agriculture, the man was exposed to these agents, both in the workplace, and in its microenvironment. Due to lack of information about the characteristics and toxicity of these substances and the proper guidance of a treatment for victims exposed to these agents, have been established in various parts of the world, the Poison Control Centers. The participation of nurses in a Poison Control Center is relatively common in several countries, as a poison information specialist. The goal of this study is to describe nursing toxicology education in Brazil and to identify the role of nurses and nursing students in Brazilian centers of intoxication. The teaching of toxicology is recent practice in Brazilian universities and there is no tradition of teaching in schools of nursing for the formation of this specialist. We found eight Brazilian universities offering classes, refresher courses and continuing education in toxicology and stages of students in Poison Control Centers. In the mode of teaching post-graduate course there is a university in Sao Paulo. A study carried out in the Information Centers and Toxicological Assistance, the 34 centers associated with Brazilian Association of Information Centers and Care Toxicology and Clinical Toxicologists, only 12 centers have nurses in your team. Despite the initiatives of education and care in toxicology, this area is not traditionally developed by nurses in Brazil, in contrast to the important role of this specialist in other countries. Even in this context is clearly the contribution of nurses in poison centers, favoring specialized care to the patient poisoned. The training of nurses in the field of toxicology has been contributing significantly in the prevention and treatment of poisoning, which undoubtedly will directly benefit the population.</p>

<p style="text-align: center;">62</p> <p>The nurse researcher in Telemedicine: the perspective of performance and experience report <u>Authors</u> : Tourinho, FSV, Jr Diniz, J.</p> <p>Telemedicine can be defined according to World Health Organization, as the use of electronic media for transmission of medical data and information from one location to another, with the goal of extending health services to specialized centers for regions not have sufficient health. With telemedicine can provide health services, detailing the geographic, temporal, social and cultural. The technologies used in telemedicine to visualize new ways to provide the assistance, considering the needs of professionals and, thus, contributing to the transformation of the reality sites, from the moment that provides an orientation to the distance to the health team . In Brazil there are few regions that are developing activities on-line training of the teams that provide assistance to health units at different levels of care. This paper aims to disseminate the experience of the Tele-nursing as an area of tele-medicine at a university in northeastern Brazil. Telemedicine UFRN is a group of research, consulting and extension aimed at developing scientific and technological applications for health, aiming to develop and disseminate technologies for cutting-edge medicine accessible to everyone and everywhere . The participation of nursing occurs through tele-conferences with consultants and subject of nursing and staff participation in Special Interest Group related to "Telemedicine University Network" in Brazil. Tele-nursing contributes to the training of nurses, students of undergraduate and postgraduate, and other health professionals, part of the health units, using innovative technologies of information and telecommunications as well as making it possible to teach distance through videoconferencing, transmitting images over the Internet, from a webcam, which allows the teacher / lecturer can be seen anywhere in the world, in real time. The quality of care provided by nurse's role in this area contributes to the ongoing training of nursing professionals in a less expensive that the ordinary means.</p>	<p style="text-align: center;">63</p> <p>MEDICATION ERRORS: KNOW FOR PROMOTING SAFETY IN NURSING CARE <u>Author</u>: Tourinho, FSV</p> <p>There is no denying the contribution of medicines to health, however, the massive and progressive introduction of new drugs has imposed on other world population problem, the conditions associated with pharmacotherapy, often attributed to the irrational use of medicines. Drugs represent the most used treatments in health services. WHO estimates indicate that: 50% of all medicines used in the world are prescribed, dispensed, sold or used incorrectly. Care for the safety of patients is important in the quality of nursing care and health care. The nurse must be attentive to issues involving safety, how to know the patients and identify potential hazards in addition to defending the implementation of actions for security and reporting of adverse events to care. The aim of this study is to analyze the process of medication and the existing influences on the occurrence of medication errors in a teaching hospital. This is a descriptive, cross-sectional quantitative approach to process and analyze data with the purpose of analyzing the process of medication and the influences on this process that may contribute to errors in this process in a referral hospital in northeast Brazil. The study population will consist of nurses, doctors and pharmacists. Data collection will take place in 6 months by a team composed by researchers and 12 nursing graduate students and post-graduate nursing. The promotion of studies of drug utilization can help evaluate the process of medication factors associated with it, describing the problems in this process, guiding the implementation of measures for the pursuit of therapeutic quality, and useful tools to evaluate the rational and irrational products contributing to a safe practice in health, as well as allow an expansion of scientific and therefore renewal of knowledge in this area.</p>
<p style="text-align: center;">64</p> <p>Prevalence of microorganisms in ulcers for pressure: Important information for clinical nursing care <u>Authors</u>: Bomfim, E. De O., Cavalcante, G. M.</p> <p>The bacterial contamination of ulcers for pressure is a universal and inevitable occurrence. In that sense, the aim of this study was identifying the prevalence of microorganisms in ulcers for pressure (UP). Clinical samples were collected from the pressure ulcers exudates of 6 patients attended in Association of handicapped in Alagoas, Brazil. Those clinical samples were plated on plates of Petri with blood agar and incubated at 37° C. After 24 hours of incubation, the microorganisms identification began. To identify microorganisms were used the classic procedures of isolation and identification described in the literature. The 5 microorganisms more prevalent that have been identified in the collected samples were: (1) Staphylococcus epidermidis (100% of cases); (2) Staphylococcus saprophyticus (72,1% of cases) (3) Escherichia coli (71,5% of cases) (4) Proteus ssp; (66% of cases) (5) Enterobacter ssp. (17%). The presence of microorganisms in UP was already an expected occurrence. Although it has not been found Staphylococcus aureus: microorganism present in 80% of the cases of patients with ulcer for pressure. The discovery of Escherichia coli and Enterobacter spp. confirm some studies in the literature, which indicate although the prevalence of Escherichia coli and Enterobacter spp. correspond to 15,8% in patients with ulcers for pressure. The presence of Escherichia coli suggests larger attention with the nurse care, especially, with the cleanliness (hygienization) of ulcers for pressure, particularly because Escherichia coli is a bacterium with high virulence factor and responsible for about 90% of the urinary tract infections.</p>	<p style="text-align: center;">65</p> <p>Psychosocial Processes Influencing Weight Management Among Persons Newly Prescribed Atypical Antipsychotic Medications <u>Authors</u>: Xiao, S. & Baker, C.</p> <p>Schizophrenia is a chronic mental illness that greatly impacts quality of life and is commonly managed by the use of atypical antipsychotic medications. Unfortunately, a large proportion of patients who are on these second-generation antipsychotic medications gain up to 20 percent of their baseline weight within a short period following the initiation of this pharmacotherapy. In addition to cardiovascular and metabolic health problems, weight gain can contribute to psychological factors such as low self-esteem among persons with schizophrenia. Currently, efforts to design effective weight control programs have yielded limited success due to a lack of participation in the long-term. Therefore, more research is needed to examine the barriers and facilitators for this patient population to manage their weight. The goal of this study is to generate a theory related to the psychosocial processes of weight management to inform the future development of early interventions in weight management for this population. The grounded theory method is used, with symbolic interactionism as a sensitizing framework to guide data collection and analysis. Interviews are currently conducted at an outpatient psychiatric unit in Kingston, Ontario, with young adults who have a diagnosis of first-episode psychosis and have been taking atypical antipsychotic medications for less than three years. The interview transcripts are analyzed using the constant comparative method, which compares and contrasts each component of each person's dialogue. Data collection and analysis are conducted simultaneously and theoretical sampling is used in which sampling will continue until no new information alters the conceptual categories that have emerged. To date, five participants have been interviewed and the development of a theoretical framework is in progress. It is anticipated that approximately 20 participants will be required to achieve data saturation by early February and finalized results will be presented.</p>

<p style="text-align: center;">66</p> <p>Programme de dépistage du cancer du sein : répondre aux besoins des femmes et des intervenantes Auteurs : Doré, C., Gallagher, F., Saintonge, L., Delage, J. et Grégoire, Y.</p> <p>Introduction : Le Programme québécois de dépistage du cancer du sein (PQDCS) s'adresse à une population de femmes asymptomatiques. Il a la responsabilité d'engendrer le moins de stress possible et d'offrir des services en intervention psychosociale le cas échéant. Par ailleurs, des études font état de l'inquiétude et de l'anxiété d'une majorité de femmes en attente de résultats à diverses étapes de l'investigation. Objectif Décrire l'expérience des femmes en attente ainsi que leurs besoins de soutien afin d'examiner l'aide que peut apporter le réseau de la santé. Méthodologie Un devis de recherche qualitatif descriptif explore cette expérience d'attente auprès de 20 femmes de la région de l'Estrie et examine le point de vue professionnel de 11 intervenantes de diverses professions dans le programme. Des entrevues semi-structurées ont été effectuées auprès de femmes entre 50 et 69 ans en attente d'examen complémentaires ou de résultats. Les entrevues ont été complétées lors d'un deuxième entretien téléphonique, avec un journal de bord et un groupe de discussion. Des entrevues ont aussi été réalisées auprès des intervenantes. Résultats Pour faire suite à cette étude récente, nous explorerons 1) l'expérience des femmes en attente, leurs besoins non comblés et leurs stratégies d'action en matière de soutien et 2) les préoccupations de formation des intervenantes en lien avec ces besoins afin de mieux ajuster leurs interventions. Conclusion L'expérience des femmes en attente serait moins éprouvante si elles recevaient un bon soutien, au bon moment, par une personne compétente. La contribution d'infirmières dans ce secteur de santé constitue, entre autres, une réponse appropriée à ces besoins. Les femmes en attente de résultats d'examen auraient ainsi accès à un programme de dépistage et de soutien.</p>	<p style="text-align: center;">67</p> <p>Minding the Gap: Recruitment and Retention of Aboriginal People in Nursing Education <u>Authors:</u> Smith, D, McAlister, S</p> <p>Background: Increasing diversity in the nursing workforce is a means to promote quality health care for multicultural populations, including Aboriginal people. It is widely known that Aboriginal people are underrepresented in Canada's nursing workforce in comparison to the proportion of Aboriginal people in the general population. Greater representation of Aboriginal people in health professions is one strategy thought to reduce existing health disparities. Design: A narrative review of the literature was used to identify factors at several socio-ecological levels that contribute to the recruitment and retention of Aboriginal nursing students. Thirty six articles met the final inclusion criteria for the review. Information regarding barriers and facilitators that impact on the recruitment and retention of Aboriginal nursing students was extracted. Results: There is very little research on recruitment and retention of Aboriginal students in nursing. At the student level factors that impact on academic success included living conditions, fears and anxieties, inadequate educational preparation, culture shock, a lack of Aboriginal mentors and financial hardship. In the classroom, attitudes, knowledge and skill of teaching staff play a role in the recruitment and retention of Aboriginal nursing students. At the level of nursing programs, important factors related to cultural congruity and cultural fit in curricula content, teaching style and methods. University factors included developing resources and creating partnerships with Aboriginal stakeholder groups to provide a welcoming and responsive environment for Aboriginal students. Implications: Adopting a strengths-based perspective informs the implications for developing strategies to improve the recruitment and retention of Aboriginal nursing students. Strategies consist of strengthening Aboriginal content and control in nursing curricula, developing partnerships between Aboriginal stakeholders and academic institutions, and policy that adopts decolonizing and culturally safe processes.</p>
<p style="text-align: center;">68</p> <p>Studying the Reasons and Specifying the Rate of Occurrence and Intensity of Paranoid in University Students <u>Authors:</u> Noughani, F., Alerasoul, S., Sadat, E., Mohammad Kazempour. S.</p> <p>Introduction: Paranoid is a condition in which individuals have less confidence in others and consider them as inducement of their discomforts and problems or believe that other people are curious about them and are always talking about them. Those afflicted with paranoid are always worried to be abused by others if they rely on them. Mental disease is not exclusive to a specific class of society and it includes all social classes. But for different reasons, university students experience so many mental pressures and stresses related to educational status and are naturally more exposed to this type of disease. In this article it has been attempted to study mental health status of university students as well as the rate of occurrence and intensity of paranoid in them. Methods: All the students studying at Islamic Azad University of Varamin, Iran, comprise the research population. 400 students were selected voluntarily and evaluated based on SCL-90 clinical test. Results: Most of the students were between 20 to 24 years old (64.9% of them). 72.3% of them were female and 85.9 of the studied students were single. Studies have shown that there is a significant statistical relation between paranoid and field of study ($\chi^2=6.145$ $p=0.05$), paranoid and satisfaction with field of study ($\chi^2=7.368$ $p=0.007$), paranoid and matriculation year ($\chi^2=8.144$ $p=0.017$), paranoid and residential status ($\chi^2=9.149$ $p=0.027$), paranoid and family income ($\chi^2=20.433$ $p=0.004$), in which χ^2 indicates "expected frequency". Conclusions: The results of findings in regard to studying the rate of occurrence and intensity of paranoid have shown that the rate of paranoid in students of Islamic Azad University of Varamin, Iran, is 46.2% which is a considerable rate and proper solutions should be found to improve the situation.</p>	<p style="text-align: center;">69</p> <p>Quality Workplace Environments for Nurse Educators: From Knowledge to Organizational Action <u>Authors:</u> Cash, P., Daines, D., Doyle, R., Faria, V., Von Tettenborn, L.</p> <p>The current shortage of qualified faculty and diversifying education options are currently stretching human, fiscal and physical resources in nursing education programs. This ultimately impacts nurse educators since the responsibility to practice under professional and legislative regulations extends to the classroom, students, clinical settings and clients/families/communities. There is a shortage of qualified nurse educators and a scarcity of relevant literature discussing their unique work environments. Organizational action is required to address the quality of workplace environments of nurse educators. Initial findings of a pilot survey identified what nurse educators considered as important to them in their environments. A multi-layered approach was undertaken to develop a research tool examining the experience of nurse educators in their workplace environment and identifying the aspects of work life they considered important. This offered the opportunity to consider implications of a quality workplace environment in the recruitment and retention of nurse educators and to identify some of the most critical elements to be addressed in enhancing the workplace. It is essential to further examine what contributes to recruitment and retention of nurse educators. This presentation is to share results of the phases of research completed and next steps proposed to gain an understanding of actions to address workplace environments of nurse educators.</p>

<p style="text-align: center;">70</p> <p>Implementing Clinical Practice Guidelines for Urinary Continence Management of Stroke Survivors in a Rehabilitation Setting <u>Authors:</u> Draper, SA, Fisher, A., Miller, T., McNeil, R.</p> <p>Urinary incontinence negatively impacts stroke survivors' quality of life and leads to higher institutionalization rates. Best practice guidelines (BPGs) can improve quality of care by reducing variations in care, transferring research evidence into practice, enhancing clinicians' knowledge base, assisting in decision-making and stopping interventions that have little effect or cause harm. A nurse-led research team developed BPGs for the urinary continence management of stroke survivors in acute and rehabilitation settings as part of a study funded by the Ontario Ministry of Health and Long-Term Care. A systematic review of the literature was conducted and findings were used to develop evidence-based recommendations for the urinary continence management of stroke survivors. Prior to implementation on the rehabilitation inpatient unit, key informants and community stakeholders provided input on the guidelines and articulated the potential facilitators and barriers to implementation in a World Café process. In addition, the rehabilitation clinicians participated in two focus groups to identify three of the guidelines they would like to see implemented on their unit. A knowledge, attitudes and belief survey about urinary incontinence was completed by staff and results will be described. The three selected recommendations were implemented using various educational modalities, including verbal presentation and unit posters, a skills fair format, and handout scripts on Timed vs Prompted voiding. Part of the funding was used to develop online self learning modules. A second project has received funding to evaluate the capacity of an online self-learning portal to support the implementation of these clinical practice guidelines. This presentation will highlight innovative implementation strategies for the selected guidelines, including a description of facilitators, barriers and lessons learned.</p>	<p style="text-align: center;">71</p> <p>Embracing Diversity: Promoting the Specialties of Registered Nurses <u>Authors:</u> Andres, K., Rawjii-Ruchkall, MN.</p> <p>While Registered Nurses are considered an essential service in health care, there is a lack of clear understanding of the knowledge, skills and expertise required to practice. Often there is a perception by the general public as well as policy makers that 'a nurse is a nurse'. This misconception has inhibited Registered Nurses from advancing their scope of practice in part because there is a lack of recognition of the level of education that is required to practice. Our political action and/or marketing strategy is simply, professional, informative and a cost effective way of enhancing the understanding of the level of knowledge required to be a Registered Nurse. The idea is to improve the perception of the importance of Registered Nurses within health care as well as the diversity of specialties. Each individual Registered Nurse can take a proactive approach to showcase the diversity of knowledge, skills and expertise required to work in the different specialties. Registered Nurses can not solely rely on their Nursing Colleges, Associations or Unions to promote the level of knowledge required to practice or the diversity of specialties. Our marketing proposal includes three action words to describe different nursing specialties. For example, Nurse Educators – Inspire, Engage, Encourage. Identifying the nursing specialty, Nurse Educator, illuminates a particular specialty of nursing, while the action verbs attempt describe the knowledge or expertise of the nursing specialty. In addition to the nursing specialty and the three descriptors, we are suggesting that Registered Nurses also market both their years of experience and level of education.</p>
<p style="text-align: center;">72</p> <p>Preparing Primary Care Practitioners: Do We Need To Do More? <u>Authors:</u> Woodend, AK, Cragg, B., Halabisky, B., Sullivan-Bentz, M.</p> <p>Most primary health care nurse practitioners (PHCNPs) are employed in inter-professional practice situations. Optimal collaborative practice among members of the inter-professional team is related to environmental factors and personal attributes, but includes certain capabilities which can be learned during the professional's formal preparation for practice as well as in practice. The objective of this study were to evaluate the Council of Ontario Universities Programs in Nursing Consortium's PHCNP curriculum for preparation of NP students for inter-professional practice in light of the learning needs identified by practicing nurse practitioners. The Inter-professional Capability Framework as a framework for data collection (Walsh et al, 2005). Data was collected from three sources: 1) a review of the consortium NP Certificate and Masters curriculum, 2) surveys of PHCNPs and their nominated physician partner when available and 3) interviews with graduates of the Consortium's PHCNP program. Data from each of the three sources was compared and contrasted to identify where the NP consortium content is preparing learners for inter-professional practice (defined as content related to the capabilities outlined in the Inter-professional Capability Framework) and where there are 'gaps' in the curriculum. A total of 1069 packages were sent to all NPs currently registered with the College of Nurses of Ontario. Forty six NP-physician dyads were identified by responding, eligible PHCNPs. An additional 27 NPs responded but did not have a collaborating physician who was willing to participate in the study. Of the total 73 responding PHCNPs, 12 interviews were conducted with eligible and consenting participants. 81/165 non-eligible NPs responded to the mailout to clarify and/or qualify their reason for not participating in the study. This presentation will describe the research process and results of the study.</p>	<p style="text-align: center;">73</p> <p>The Role of Nursing in Chronic Care Management <u>Author:</u> Collins, R.M.</p> <p>Chronic disease is a key concern for Canadians and globally. The numbers of individuals with chronic illness continues to increase rapidly due to the aging of the Canadian population and the longevity of persons with chronic disease. The growing numbers of chronic disease in Canada will affect the work that nurses presently do whether in the community or in the hospital setting. Nurses need to re-evaluate their roles and training to ensure they are well prepared to address these challenges in our health care system and to market the work they already do. The use of interdisciplinary approaches to manage the long-term care of those with chronic health issues is vital for this population. An interdisciplinary approach of professionals including nursing working together either collaboratively or in an organized team has shown to improve care for those with chronic illness and provides effective prevention of further problems for those with chronic illness. Nurses have vital roles in these integrated, multidisciplinary teams and have the skill sets required to manage these issues. Objective/Purpose: To demonstrate a process which results in recommendations for an expansion of nursing roles in chronic disease self management and continuing care by nurse leaders across the country. Methods: A literature review identified the issues and important contributions nurses do and can play in chronic disease prevention and management. A review of the issues and contributions by an expert panel of representatives of national nursing leaders was used to define the role and expansion of the role in this area. Results: Nurses have varied skill sets and must re-evaluate their roles and training to ensure they are well prepared to address the challenges in our health care system. Nurses are well prepared to meet the challenges of chronic disease management and will continue to play a major role in this area.</p>

<p style="text-align: center;">74</p> <p>Social relationships, Loneliness and Depression in the Elderly. Authors: Oni, O.O ; Buchanan, D.M</p> <p>The global increase in the number of older adults in recent years and the projected increase by 2026 will cause an increase in the population of older adults living in nursing homes away from families. Elderly people will have to adjust to a changed living situation. This alteration in their situation can lead to serious psychosocial problems of loneliness and depression in the absence of good or positive social relationships. Making friends becomes necessary as well as regular visitation from families. These forms of relationships will help make a quicker adjustment to life in a nursing home. These two forms of social support are very important but it is unclear which is more important relative to the other. This study uses a descriptive correlational design to investigate the role of each type of social relationship in influencing the level of loneliness and depression in sixty-six elderly residents in two nursing homes in Kingston, Ontario. The participants were sixty-five years and older and possess sufficient cognitive ability. Three questionnaires were administered. These are Geriatric Depression Scale, University of California Los Angeles loneliness Scale and Modified duke inventory scales. Questions were also asked about how many friends they have in the home and how many people visit them every week. Participants were interviewed privately after participants or family has signed informed consent. Data will be analyzed using SPSS 17.0 and the alpha testing level for testing will be 0.05.</p>	<p style="text-align: center;">75</p> <p>Influencing team leadership to facilitate guideline utilization: Developing and evaluating a three month leadership action plan Authors: Gifford, W.; Davies, B., Tourangeau, A., Lefebvre, N.</p> <p>Aim: To describe the development and evaluation of a leadership intervention to facilitate nurses' use of clinical guideline recommendations for assessing and managing diabetic foot ulcers in community health care. Background: Research describes leadership as important to facilitate and support implementation of guideline recommendations in health care. Yet how to develop current and future nurse leaders for this purpose is not well understood. Method: Development of the intervention involved qualitative interviews to understand barriers and supports to nurses' use of specific recommendations, and leadership needs of managers and clinical leaders. A chart audit was conducted at 4 community care sites (n=56 charts) to understand current nursing practices; results of the chart audit became content of the intervention. The intervention included one full day interactive workshop and three follow-up teleconferences, and was delivered to management and clinical leaders (n=15) responsible for 150 visiting nurses at two sites. Two data sources informed the evaluation: workshop survey and interviews. Results: The highest rated components of the intervention (4-point scale) were: identification of target indicators (3.7), and development of a leadership action plan (3.5). Pre-workshop barriers assessment rated lowest (2.9). Three months later, participants indicated their ability to provide leadership support had improved, being more engaged with staff and clear about the goals of implementation. Implications: Creating a leadership action plan that operationalizes leadership at individual, unit and organization levels can help teams in the delivery of evidence-informed care. Assessing leadership knowledge and skills prior to formal training is recommended to tailor content and determine the most appropriate facilitation strategies.</p>
<p style="text-align: center;">76</p> <p>Knowledge to Action: Evidence-informed decision-making by nursing leaders in the community health care environment Authors: Lefebvre, N., Davies, B., Gifford, W., Ray, K., Tudge, S.</p> <p>Background: The importance of nursing leaders' involvement in daily operations, strategic planning, nurses' welfare, and client care is well established. However, little attention has been given to supports required by nursing leaders to make evidence-informed decisions (EIDM). Barriers to EIDM include lack of knowledge, skills, and organizational supports to access, interpret and apply evidence. Multiple strategies to address these barriers are underway at a Canadian non-profit home health care agency. This presentation reports on one strategy, a one day interactive workshop for nursing leaders. Methodology: Thirty-four leaders from four Ontario regions participated. Workshop topics were derived from the EIDM literature and a focus group of the four regions' directors and included: review of the organization's EIDM vision, presentation of a framework to aid EIDM, an applied decision-making exercise involving literature searches related to nursing retention, presentation of quality results on wound care from their region, and a group action planning exercise to address quality improvement. An anonymous, confidential evaluation was administered at the end of the workshop to assess the perceived utility of the EIDM knowledge and skills, and applicability to the participants' leadership practices. The evaluation consisted of six questions including a four point Likert scale and open-ended questions, and was completed by 79% of participants. Results: Overall, 90% of participants rated the following workshop components as extremely or very useful: vision statement, action plan development, quality results, decision-making framework, and leadership research. All agreed or strongly agreed that the information was relevant and they could apply the principles learned in the workshop to their work setting. Conclusion: An EIDM workshop was effective in providing useful and applicable information and skills for home health care nursing leaders. Investigation is planned using qualitative interviews regarding further supports to facilitate nursing leaders' use of EIDM in their daily practice.</p>	<p style="text-align: center;">77</p> <p>Clinical Teaching in a Baccalaureate Program at a Rural Site in Saskatchewan Author: Donnelly, G., Daives, S., Christie, P., Boutin, A.</p> <p>Technological and pedagogical knowledge is used to deliver clinical instruction at remote and rural sites in a baccalaureate nursing program in southern Saskatchewan. Increasing enrollments, with a corresponding demand for clinical teaching space has resulted in expansion of clinical teaching sites into rural and remote sites. Coupled with this requirement, is a renewal by government to revitalize rural Saskatchewan, which is consistent with the University of Saskatchewan's development of distributed learning systems. The rural clinical site is operated as a teaching unit, with a clinical instructor responsible for the clinical instruction. Flexibility and adjustment has ensured that course intents are met in a non-traditional manner. The clinical course intents emphasize clinical complexity which takes on different meanings in rural hospitals, therefore re-conceptualization of clinical complexity and adaptation is necessary to ensure a learning activity that is consistent with the course intents. Learning activities different from urban based clinical students include shifting learning from observational to active participation in acute home care services, emergency and urgent care, hemodialysis, endoscopy and outpatient clinics for diabetic, stoma and addiction services. Information technology services provide a close interactive link with the campus site for post conferences, clinical faculty meetings, library services, demonstration labs and clinical quizzes. The use of textual web logs, photoblogs, video blogs, podcasting, synchronous and asynchronous chats and email are all technological tools which can support learning in a rural site. Provision of a rural clinical learning site requires some enhancement in student services including housing needs, student health and counseling. Integral to this experience was an ongoing and concurrent evaluation to determine how well the project met its objectives and provided critical information for the development of two additional sites.</p>

<p style="text-align: center;">78</p> <p>Formation en soins palliatifs dans les unités des soins intensifs : enjeux méthodologiques. Auteurs: Guay, D., Michaud, C., Mathieu, L.</p> <p>Prendre soin des patients en fin de vie fait partie du quotidien de l'infirmière œuvrant dans une unité de soins intensifs (USI). Malgré sa fréquence, ce phénomène est peu étudié, sinon pour mentionner que cet aspect du soin est souvent occulté et demeure peu valorisé dans la pratique infirmière actuelle au Québec. Nous nous sommes d'abord intéressés, lors de mon étude de maîtrise, à comprendre ce que donner de « bons soins » palliatifs signifie pour les infirmières d'une unité de soins intensifs et quelles sont les conditions qui les facilitent. Cette étude phénoménologique a permis de dégager que faire partie d'une équipe formée partageant la même vision à l'égard des soins palliatifs aux SI représente une condition essentielle et préalable aux « bons soins » (Guay et al. à paraître). Pour répondre à cette condition, nous proposons, dans le cadre de mon projet doctoral, de développer et d'implanter une activité de formation portant sur les interventions de soins palliatifs à l'USI et de l'évaluer selon la perspective de la personne, sa famille et les membres de l'équipe. Les défis de la recherche en soins palliatifs aux SI sont nombreux et exigent une sélection judicieuse du dispositif de recherche. Nous souhaitons donc présenter, lors de cette conférence, les aspects méthodologiques retenus pour le développement et l'évaluation de cette formation.</p>	<p style="text-align: center;">79</p> <p>Recherche-action sur un documentaire sur les préoccupations étudiantes en stages cliniques: les enjeux de la formation infirmière avec des étudiants issus de communautés immigrantes récentes et minorités visibles <u>Auteurs:</u> Couturier, L.; Laperrière, H; Abdi, R. & Vukmirovic, B.</p> <p>L'implantation d'un programme d'enseignement prône généralement une homogénéisation des pratiques, même en présence de caractéristiques culturelles, ethniques, linguistiques, socioéconomiques et sociopolitiques diverses. À partir d'une perspective d'éducation populaire, une recherche-action implique des étudiants de premier cycle dans la formation en sciences infirmières, ainsi que des infirmières déjà formées issues des communautés immigrantes récentes et minorités visibles. La partie Action est la réalisation d'un documentaire par des "stagiaires journalistes" sur l'expérience étudiante des stages cliniques du Programme francophone de 1er cycle en sciences infirmières. Dans le cadre de Mission Satisfaction (Fonds facultaire pour la qualité de l'apprentissage et de l'expérience universitaire), cette action vise à mieux connaître le point de vue des étudiants sur les défis entourant leur formation professionnelle dans les milieux de pratique. La partie Recherche analyse les résultats des mini-reportages réalisés par les étudiants au cours de la session 2009-2010 ainsi que le processus de cette action avec des échanges par groupes d'appréciation partagée avec eux. Le but de l'action vise à offrir des pistes pour améliorer la qualité de l'enseignement auprès des étudiants francophones issus des communautés immigrantes récentes à partir d'une pratique réflexive collective. La recherche coopérative, quant à elle, peut engager des changements institutionnels, comme c'est ici le cas potentiel de la structure d'apprentissage et d'enseignement en sciences infirmières.</p>
<p style="text-align: center;">80</p> <p>Reducing Medication Calculation Errors in Nursing Practice <u>Authors:</u> Malone, A-M., Fleming, S., Brady, A-M.</p> <p>Medication errors have been identified as a significant cause of adverse events in health care. It has been suggested that inpatients can have as much as one medication error per day. Such adverse events have significant potential to increase morbidity, mortality and human suffering for patients, and also have consequence for health care systems including increased costs, litigation and loss of confidence in the system. Many factors contribute to these errors, and include both individual and systems issues. Nurses are primarily responsible for the administration of medications, and nurses' knowledge of medication and their ability to calculate medication doses are a contributory fact to medication errors in the medication management trajectory. This is of particular concern with the instigation of nurse prescribing and specialist and advanced nurse roles in many jurisdictions. A study was carried out in the Republic of Ireland evaluating the drug calculations skills of nurses commencing employment in five major academic hospitals (n=124). Findings from this cross-sectional survey utilising mixed methods, demonstrated a mean score of 12.16 overall, (standard deviation 3.91; minimum 3; maximum 20), which was an average of 60.03% of correct answers only. The participants were asked for recommendations on this subject and suggestions included greater input in undergraduate education and more continuing education. The results of this and other studies demonstrate that specific strategies need to be implemented to develop, maintain and audit nurse's mathematical competency in order to reduce medication errors. Based on the findings of this and other studies on nurses mathematical competency, the empirical evidence on the prevention and management of adverse events and related policies, this presentation will explore potential strategies from both an individual and systems perspective that may contribute to the reduction of errors related to mathematical competency in nursing practice.</p>	<p style="text-align: center;">81</p> <p>Describing Collaboration between Registered Nurses (RNs) and Registered Practical Nurses (RPNs) in the Champlain Local Health Integration Network (LHIN) <u>Authors:</u> Woodend, AK., LeClerc, C., Cragg, B., Dougherty, M. Draper, S., Foulds, B., Gostick, D., Lorimer, K., Tosh, M., Léopoldoff, H.</p> <p>Collaboration among health professionals has been identified as contributing to positive health outcomes at the patient, organizational and systems level. Although collaboration has been studied amongst several combinations of interdisciplinary teams (including nurses, physicians and allied healthcare professionals), there is a paucity of research regarding collaboration in the RN-RPN relationship. Identification of the defining qualities, facilitators and barriers of collaboration, will help to inform the design and implementation of practice models which promote collaborative practice, resulting in healthier work environments for nurses, increased job satisfaction, increased patient satisfaction and improved patient health outcomes. Considering the nationwide nursing shortage of RNs and RPNs, it is particularly critical to identify how nursing practice can be optimized to meet health system needs. The primary objective for this study was to describe existing RN-RPN collaboration patterns in various health delivery settings (acute care, community care, complex care and rehabilitation, palliative care, mental health care, pediatric care and long-term care) in the Champlain LHIN. In addition, the study addressed the following objectives: 1) to describe how nurses define collaboration and how it occurs between RNs and RPNs 2) to identify facilitators of collaboration between RNs and RPNs 3) to identify barriers to collaboration between RNs and RPNs. Methods: A qualitative descriptive design has been used in this study. In-depth semi-structured interviews were conducted in six health delivery settings. Participants were recruited until data saturation was reached with a total of 21 participants (approximately 4 nurses from each facility). Data analysis was managed using Atlas.ti, and completed in three stages: data reduction, data display and conclusion. Data analysts met regularly to discuss clusters of data (codes). Results: The initial results suggest that collaboration is both understood and 'lived' differently by RN's and RPN's across the diverse care settings. The model of care used by the institution affects collaboration by the two groups of nurses. Learnings from this study will help guide curriculum development for RNs and RPNs and inform the restructuring of work environments to optimize collaboration between these two types of nurses.</p>

<p style="text-align: center;">82</p> <p>Improving Breastfeeding Outcomes: A Pilot Randomized Controlled Trial (RCT) of a Self-Efficacy Intervention among Primiparous Mothers <u>Author:</u> McQueen, K.</p> <p>Breastfeeding is recommended as the optimal source of nutrition for newborns for the first 6 months of life and beyond. While initiation rates have been increasing, breastfeeding duration and exclusivity remain a concern as there is a sizable gap between practices and current recommendations. One potentially modifiable variable that may be amenable to intervention is breastfeeding self-efficacy. While research has shown that breastfeeding self-efficacy is predictive of breastfeeding duration and exclusivity, it is unknown whether it can be enhanced to improve breastfeeding outcomes. The purpose of this pilot randomized controlled trial was to examine the feasibility and compliance of a newly developed trial protocol and the acceptability of an intervention to increase breastfeeding self-efficacy. Secondary outcomes included examining between group differences regarding breastfeeding self-efficacy, duration, and exclusivity. Eligible and consenting mothers (n=150) were randomized to either a control group (standard postpartum care) or an intervention group (standard postpartum care plus the self-efficacy intervention). Participants allocated to the intervention group received three individualized, self-efficacy enhancing sessions with the researcher; two sessions were conducted in hospital, and one was administered via telephone 1 week following hospital discharge. The results suggested that the intervention was feasible and that there was a high degree of protocol compliance; the majority of participants reported that the intervention was beneficial. Secondary outcomes identified that there was a trend among participants in the intervention group to have improved breastfeeding outcomes, including higher rates of breastfeeding self-efficacy, duration, and exclusivity at 4 and 8 weeks postpartum. Overall, the findings from this pilot trial indicated that a larger trial is warranted.</p>	<p style="text-align: center;">83</p> <p>Change in Ontario Long Term Care Facilities: Perspectives from Front Line Staff and Managers <u>Authors:</u> Murray, MA, Smith Higuchi, K., Carr, T., Greenough, M., Hoogeveen, K., Grinspun, D., Edwards, N.</p> <p>More than 87,000 Ontarians live in Long Term Care (LTC) facilities. Quality of care provided to LTC residents has been a persistent concern for families, LTC staff, health care professionals and policy makers. In response to calls from the public and professional bodies for changes to LTC regulation Ontario is proposing major legislative amendments. LTC homes will need to implement change to meet the new requirements. As part of multi-year program of research examining the emergence of Evidence-informed Nursing Service Delivery Models and their uptake within the health care system, this study focused on understanding how data and feedback is used and the contextual factors influencing practice change in LTC. Semi-structured interviews were conducted with 126 front-line staff and managers from 21 Ontario LTC facilities. Content analysis of interview data revealed several influences impacting change at the resident, unit and organizational level. Data and feedback systems are being used to inform practice change in LTC. Front line staff most often situated change from the context of resident specific care. Managers and non-unit based professionals more often discussed broader system/facility wide issues and shared insights that encompassed meso and macro level uses of data and feedback mechanisms. Management activities were identified as important factors in promoting change. Processes such as communication and leadership strategies emerged as enablers or dampeners to change initiatives and uptake. Engaging all levels of staff and managers in the change process was key to promoting buy-in and an environment for sustainable change. Knowledge gained from this study will help organizations to develop evidence informed interventions to address factors which can positively mediate change to enhance resident outcomes and quality service delivery in LTC. Findings and implications for organizational action will be presented.</p>
<p style="text-align: center;">84</p> <p>A Multidisciplinary, solution-focused healthy lifestyle education group for persons with mental illness <u>Authors:</u> L. Murata, C. Antonello, S. Robertson, M. Silverman, C. Cotaras, C. Robertson</p> <p>There is mounting evidence that major mental illnesses are associated with weight gain and increased rates of diabetes. Multiple factors contribute to increasing the risk of diabetes such as antipsychotic medications, obesity, cardiovascular disease, and nicotine use. Cognitive impairment, social withdrawal, poor access to healthy food, neglect of self-care and sedentary lifestyle may play a part in poorer outcomes for these patients. They are less likely to receive specialized care for medical illnesses and preventative services in part due to difficulty coordinating and attending appointments, especially at different sites. In light of the prevalence rates of diabetes and other medical illnesses and the challenges in meeting the needs of patients with major mental illness, a multidisciplinary team at a mental health centre has developed an integrated treatment option. The educational group uses a solution-focused approach and is held on a weekly basis for 60-minute sessions for twelve weeks. A team of nurses and other disciplines educate and support patients as they attempt to work towards their individual healthy lifestyle goals. The patients were weighed weekly, given a pre and post knowledge test, and their waist circumference was measured every 6 weeks. Compared with baseline scores, significantly greater knowledge test scores and decreased weight, BMI and waist circumference measurements were found at week 12. The results demonstrate that the approach is an effective intervention for mental health nurses. The presentation will detail the development, structure and evaluation of the group intervention. This presentation will be of interest to mental health nurses, educators and researchers.</p>	<p style="text-align: center;">85</p> <p>La compétence culturelle et les soins prénataux des réfugiées résidant à Winnipeg : Intervention de sensibilisation auprès des infirmières <u>Auteur:</u> Bouabdillah N.</p> <p>L'avènement de la périnatalité marque la vie des mères immigrantes en général et les réfugiées en particulier. Durant cette période le recours aux services de santé est inévitable. La compétence culturelle des infirmières y joue un rôle primordial afin d'offrir des services de qualité qui respectent les valeurs culturelles, religieuses et sociales de ces femmes. C'est dans cette perspective que nous avons décidé d'étudier l'efficacité d'une intervention clinique auprès des infirmières de la santé publique du quartier de Saint-Boniface à Winnipeg, pour les sensibiliser sur l'importance de la compétence culturelle auprès des réfugiées francophones. L'étude sera faite en deux phases, la première consistera en une rencontre avec un groupe focus de cinq à dix réfugiées. Cette rencontre sera consacrée aux problèmes que ces femmes ont rencontrés en période de périnatalité. Basée sur leurs recommandations et leur perception des soins reçus nous allons analyser les données et essayer de les convertir sous formes de scénarios. Ces scénarios seront présentés pendant la deuxième phase d'intervention auprès des infirmières, pour nous éclaircir sur leur évaluation de la situation. Nous avons choisi le modèle de Campinha Bacote le process of Cultural Competence in the Delivery of Health care Services, (2002), pour permettre aux infirmières de mieux comprendre les différentes dimensions de la compétence culturelle et leur permettre de développer l'habileté qui leur permet de travailler efficacement en offrant des soins compétents respectueux des valeurs culturelles de leurs clients. Finalement, nous allons procéder à l'évaluation sommative de notre intervention auprès des infirmières pour déterminer si les buts ont été atteints et quels sont éventuellement les changements qui doivent être apportés lors d'une prochaine intervention.</p>

<p style="text-align: center;">86</p> <p>Applying Dixon and Dixon's Integrative Model for Environmental Health Research Towards a Critical Analysis of Childhood Lead Poisoning in Canada Authors: O'Grady, K. and Perron, A.</p> <p>Occurrences of childhood lead poisoning resulting from exposure to residential sources of lead is an under researched area in Canada. Dixon and Dixon's Integrative Model for Environmental Health Research substantiates this claim by grouping Canadian research on this health topic into the model's four domains: physiological, vulnerability, health protection, and epistemological. This process is useful for identifying research gaps within the Canadian context but in also setting the groundwork for a future critical analysis to illuminate the socio-political and economic influences that shape health-care knowledge, and ultimately, influence how healthcare providers and policy makers produce and use this information.</p>	<p style="text-align: center;">87</p> <p>Staff perceptions of inter-agency integration to improve marginalized families' access to preventive services <u>Authors:</u> Ladha, R., Peterson, W., Smith, D., Reszel, J., & Cantin, C.</p> <p>Background: Inter-agency integration is an effort to harmonize services offered by multiple agencies serving the same population. Integration facilitates collaboration between families and professionals and among professionals from different agencies. 'Growing Healthy' is an initiative to integrate preventive health and social services offered by a public health unit and community health centres in a mid-sized city in Canada. Interventions include the implementation of structural and relational supports between the two agencies. The aim of this initiative is to improve access to prenatal, postnatal, and early childhood health and social programs by marginalized families (e.g. single parent without support; low income) and ultimately contribute to reducing disparities in early childhood health and development. Method: Sixteen providers including registered nurses, lay home visitors, early childhood educators, lactation consultants, managers, and administrators from the two agencies participated in 60 minute semi-structured interviews to explore their perceptions of facilitators and barriers that influence service integration, and strategies to enhance service integration for the purpose of improving access to services for marginalized families. Results: Data analysis will be completed by the spring of 2010. Preliminary findings indicate that staffs understand integration to manifest as a smooth referral process and flow of families between agencies. Significant barriers to this process include a lack of communication, misunderstanding about provider roles, and organizational policies. Implications: Study results will be relevant to providers and decision makers interested in enhancing the integration of preventive services provided by multiple agencies as a strategy for reducing disparities in access and use of services by marginalized families.</p>
<p style="text-align: center;">88</p> <p>"We're a runaway train of technology..." Origins of an Historical Research Study <u>Author:</u> Vanderspank, B</p> <p>Aim: To explore how a historical research question emerged and to describe the development of the ensuing historical research study. Background: My Master of Nursing Science thesis which explored the experience of intensive care nurses who care for patients and families during the process of withdrawing life sustaining treatment had a theme that emerged entitled "Runaway Train of Technology". This theme identified that a large number of medical technologies exist in the intensive care unit (ICU) of the 21st century and that nurses question the appropriateness of its use in some patient care situations. Interestingly however, it was noted by the participants (those with many years of intensive care nursing experience) that an ICU filled with technology was not how things had always been. There is little published Canadian literature on the development of intensive care units and intensive care nursing. In particular, there is a paucity of literature exploring how the introductions of various medical technologies have shaped the role of intensive care nurses. As such an historical case study is being developed as the researcher's doctoral dissertation. Plan: The poster presentation will highlight the key research questions, discuss the methods that will be used to best explore the research questions and explore the challenges inherent in conducting historical research (identifying and locating sources including conducting oral histories).</p>	<p style="text-align: center;">89</p> <p>Organizational change to promote the use of preventive services: Perspectives of marginalized families with young children <u>Authors:</u> Cantin, C., Peterson, W., Ladha, R., Smith, D., & Reszel, J.</p> <p>Background: There is strong evidence to support the effectiveness of early childhood interventions to promote children's healthy growth and development. The effectiveness of these preventive services is particularly strong for children from marginalized populations (e.g. low income, parent with low social support). Despite the wide availability of preventive services for children aged 0 to 6 years in Ontario, many marginalized families do not access them, contributing in part to disparities in early childhood developmental outcomes. A promising strategy to increase the use of preventive services by marginalized families is inter-agency integration. The goal of the Growing Healthy Project is to help families with young children access preventive health services. Two communities in the Ottawa area that demonstrated low school readiness scores were selected to participate in the study intervention of inter-agency integration. Two objectives of the integration of services are to 1) engage families using a service at one agency to use appropriate services at a second agency, and 2) smooth the transition between agencies for families whose service needs have changed over time. Methods: Agency staff referred marginalized families to the study. Families were eligible to participate in the survey when their infants were 9 months old. The questionnaire was designed to determine parents' experiences of using one or both agency services, and was interviewer-administered. Findings: This poster reports on families' experiences transitioning between programs offered by two agencies. Ninety eight families have been invited to participate in the study and to date thirty three families have completed the questionnaire. Findings include a description of how well the sample represents 'marginalized families', and their perceptions of the inter-agency referral practices and patterns. Implications: Study findings will contribute to our understanding of how to tailor the integration of preventive services to optimize the engagement of marginalized families with young children.</p>

A Case-control study on risk factors for simple child obesity

Authors: Li, Y.L., Yang, X.Y., Wang, Y.T., Jin, H.M., Li, C.F., Jiang, Y.P.

OBJECTIVE: To understand causal and relative factors of simple child obesity (SCO) in Tianjin and to scientifically provide data for prevention and control childhood obesity. **MATERIALS AND METHODS:** selected from 501 childhood obesity from 6 to 16 years old of 9908 children. The controls were selected from other children of 548 normal weight matched by age, sex and school. The cases and the controls matched by 1:1 and 1:2. BMI and national name of obesity was referenced and used for diagnostic criterion of childhood obesity. The descriptive study and case comparison were used. T-test and chi-square test is used in descriptive research and comparison of difference. To carry through analysis of the conditional Logistic regression model in comparison analysis of single variable and multivariate, Cox regression model was used in analysis of case-control study matched by 1:N. The relative factors to SCO were systemic investigated and completely analyzed by single factor and adjusted by confounding factors. **RESULTS:** Risk factors were associated with low educational level of father and low score of child study in school, degree of preference for motion, mode of motion, density of activity, everyday exercise time and housework time for children, weight when they were going to school and born and measure of feeding, bottle feeding to breast feeding odds ratio, the fast of speed to eat, quality of eating. Weight and BMI of parents correlated to SCO. **CONCLUSION:** Food type and other factors were put into Logistic regression model with the method of stepwise regression 12 variable were in turn obesity history of parents, density activity, intake of protein, weight when baby born, time of watching TV, speed of eating food, intake of vitamin C per day, time of activity, intake of carbohydrate, score of childhood study, intake of fat.