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THE UNIVERSITY OF BRITISH COLUMBIA

SCHOOL OF NURSING

The Graduate Students in Nursing Association
in partnership with
UBC School of Nursing
present

2015 Graduate Student Research Symposium

Unleashing the Power of Nurses:
Agents of Change for the Future



Tuesday, May 5, 2015
0830 - 1700

Irving K. Barber Learning Centre
1961 East Mall, Vancouver, BC

Welcome

From the Symposium Planning Committee

Hello Everyone,

Thank you all for coming, and welcome to the third annual 2015 Graduate Student Nursing Research Symposium. The Graduate Students in Nursing Association has been engaged and committed to the facilitation of this research symposium for the purpose of empowering current nursing students, academics, and clinicians toward deep and practical collaboration. We appreciate your attendance and dedication to this event.

The research symposium gives both undergraduate and graduate level nursing students and other professionals an exciting opportunity to present their ideas and plans for future research. It is important to be able to present research ideas and projects within a professional setting that demonstrates true collaboration between academic and practice domains. Health promotion research has shone a light on the importance of learning from one another. For example, in a study by Eriksson et al. (2014) examining academic practice–policy partnerships for health promotion research, it was found that development of trustful academic–practice–policy partnerships for research takes time, and fundamental elements for this are communication, collaboration, and shared visions. Furthermore, genuine partnership requires willingness on the part of all stakeholders to learn from one another. This year’s symposium will include many opportunities for collaboration and discussion surrounding research methods and visions.

We welcome a team of Sigma Theta Tau International (STTI) members from the Xi eta Chapter, and members from Change Day BC, the University of British Columbia School of Nursing, the British Columbia Nurses Union, and the Scholarship of Teaching and Research (STaR) Committee. The contributions from these organizations are instrumental in moving forward and continuing the legacy established by nursing researchers before us. Influential members of the nursing academic community will be present today for dialogue regarding current research, future visions, and nursing practice excellence. We are immensely grateful and thankful for these organizations’ support and partnership. We also wish to extend a big thank-you to all of our hard-working volunteers.

We have been informally conceptualizing this symposium as a “Nursing Research Celebration Day,” so thank you for celebrating with us!

Sincerely,

2015 Symposium Planning Committee

Jenny Auxier

Jen McDougall

Jagbir Kohli

Chantelle Recsky

Shannon Rooney

Schedule for the Day

Time	Event	Location
0800	Set-up	Golden Jubilee Room
0830	Registration	
0900	Welcome Address <i>Elder Roberta Price</i>	IKB 261
0930	1st Keynote Speaker <i>Dr. Wendy A. Hall</i>	
1015	Oral Presentation 1	
1045	Oral Presentation 2	
1115	Refreshments	Golden Jubilee Room
1130	Oral Presentation 3	IKB 261
1200	Oral Presentation 4	
1230	Lunch and Poster Presentation Viewing	Golden Jubilee Room
1330	Oral Presentation 5	IKB 261
1400	Oral Presentation 6	
1430	Refreshments	Golden Jubilee Room
1445	Oral Presentation 7	IKB 261
1515	Feature Presentation <i>Glennis Zilm and Coby Tschanz</i>	
1545	2nd Keynote Speaker <i>Dr. Susan Duncan</i>	
1630	Awards Ceremony	Golden Jubilee Room
1645	Closing Remarks	

Poster presentations are set up in the Golden Jubilee Room.

The judges for the oral and poster presentations are:

Leanne Currie (Representative from STaRs)

Esther Sangster-Gormley (Representative from STTI)

Welcome Address

ELDER ROBERTA PRICE - COAST SALISH - SNUNEYMUXW AND COWICHAN NATIONS

Roberta is the mother of 4 children and grandmother to 6 grandchildren. Roberta has worked for many years as an Elder for the Richmond, Delta, and now most recently, Burnaby School Districts as well as an Elder Visiting Program for BC Women's and Children's Hospital. She has facilitated cultural teaching circles in lower mainland schools for 28 years and within communities and at St. Paul's Hospital, the UBC Learning Exchange and wherever she is called upon. She has also worked with the UBC School of Nursing as an Adviser/Research Partner and Elder and now for over 10-years providing Indigenous leadership and support in research projects such as women's intimate partner violence and mental health. Roberta is the Elder for Critical Research in Health and Health Care Inequities (CriHHCI) School of Nursing, University of British Columbia. She frequently responds to respectful requests to speak at local, national and international conferences.



Photo Credit: UBC School of Nursing

Keynote Speakers

DR. WENDY A. HALL Our first keynote speaker, Dr. Wendy A. Hall, is a professor in the University of British Columbia School of Nursing and Associate Director, Graduate Programs. Dr. Hall is the recipient of two UBC Killam Teaching Prizes, the RNABC award of excellence in Nursing Education, the CRNBC award of excellence in nursing research, and a team interprofessional education teaching award. She serves as a consultant to parents who are experiencing infant sleep problems. Her program of research focuses on the transition to parenting with threads organizing her work that include building parental capacity, particularly competence and confidence, and linking parental capacity to healthy child development. In the realm of research and teaching, Dr. Hall emphasizes the importance of building Inter-professional teamwork with the ‘patient’ at the centre of care. Cooperation and collaboration are key elements in her approach to teaching and learning. She not only engages with colleagues and students in her discipline but also with students and colleagues in other disciplines. Dr. Hall was formerly an Associate Dean in the Faculty of Graduate and Postdoctoral Studies. Her work there focused on faculty development, including building supervisory capacity, and assisting students who found themselves in conflict situations. That work, and her ongoing mentorship of graduate and undergraduate students over her time at UBC, motivated her to submit a grant to study graduate students’ perspectives about mentoring. She will be presenting preliminary findings from that research study, funded by the Teaching and Learning Enhancement Fund, at the symposium.



DR. SUSAN DUNCAN Our second keynote speaker, Susan Duncan RN, PHD, is a Professor in the School of Nursing at Thompson Rivers University. An alumnus of the UBC MSN program, her teaching and scholarship are in the areas of nursing and health policy, community health nursing education and leadership. She is passionate about the value of the profession and adopts historical and critical perspectives on the politics of our time. In this address, she will share her recent experience as a founding member of the Association of Registered Nurses of British Columbia and the road to revitalizing the voice of the profession. The title of her keynote address is “Realizing the power of nurses by extending the voices of the nursing profession – past, present and future.”



Oral Presentations Schedule

Morning

	Time	Title	Presenter(s)
1	1015	Data Collection and Knowledge Translation through Documentary Film: <i>"They Aren't Scary"</i>	Shelley Canning, RN, MSN, BSc Doctoral Student (UBC School of Nursing)
2	1045	Can We Move Forward? Nursing Praxis in Breastfeeding Promotional Contexts in British Columbia	Alysha McFadden BSN, RN, CCHN(c) (Simon Fraser University)
3	1130	Realist Review of the Enhanced Disability Management Program	Mary Catharine Breadner, PhD Student, MA (Simon Fraser University) and Lani deHek, EDMP Administrator (BC Nurses Union)
4	1200	Clinical Nursing Instructors' Experiences Teaching Students Deemed at Risk of Failure	Stefanie MacLeod, RN, MSN Student (UBC School of Nursing)

Afternoon

	Time	Title	Presenter(s)
5	1330	Safety and Efficacy of Acetaminophen in the Intensive Care Unit (SEA-ICU)	Vininder K Bains, RN, BSN, CNCC(C) (UBC School of Nursing)
6	1400	The Ethics and Politics of Harm Reduction	Manpreet Gill, RN, MSN Student (UBC School of Nursing)
7	1445	Take Home Naloxone	Danika Buxton, BSc Nursing Candidate 2015 (University of Northern British Columbia)

Oral Presentation Abstracts

1 Data Collection and Knowledge Translation through Documentary Film: "They Aren't Scary"

Primary author: Shelley Canning RN MSN BSC, Doctoral Student (UBC School of Nursing), Associate Professor in Nursing (University of the Fraser Valley). Co-Author: Dr. Alison Phinney (UBC School of Nursing)

Over a six month period an innovative inter-generational dance programme brought together children and older adults living in a long-term residential care facility for weekly ballet classes. The impact of this arts-based intervention on the children and residents was explored primarily through interview and video data. While the children could articulate their experiences through interviews, the majority of the residents had advanced dementia limiting their ability to communicate verbally. Thus, each ballet class was filmed to "hear" the "visual voices" of the residents, in an effort to understand the subjective experiences of all participants. The documentary film, *They Aren't Scary* (Centre for Education and Research on Ageing & Blakeborough, 2013) was produced from that video footage and screened for audiences which included the research team, documentary participants and their families, school and residential care facility staff, and the general public. These screenings have proven to be highly emotional experiences raising important and difficult questions for the research team to consider regarding how the film is experienced and understood across audiences. This paper explores the use of documentary film as a research method to "hear" the voices of persons with dementia, and as a knowledge translation strategy to share and understand their subjective experiences.

2 Can We Move Forward? Nursing Praxis in Breastfeeding Promotional Contexts in British Columbia

Alysha McFadden BSN, RN, CCHN(c) (Simon Fraser University)

Aiming to address health inequities, public health and nursing research has overwhelmingly focused on minority populations' culturally 'divergent' infant-feeding practices as an explanation for extant demographic disparities. The implicit assumption is that racial/ethnic minorities and/or immigrant mothers' breastfeeding practices are in need of investigation rather than the beliefs and practices of health care providers regarding culturally and ethnically diverse mothers. My ethnographic research examines how public health nurses (PHNs) in urban centres in Western Canada understand breastfeeding disparities and inequities. I draw on seven months of participant-observation experiences at a home-visitation program, an

infant-parent group, a childhood immunization clinic, and a breastfeeding clinic to elucidate how public health nurses come to know their clients in breastfeeding-promotion contexts. My findings demonstrate how public health nurses negotiate the sticky terrain of providing 'culturally competent' and 'population-specific' breastfeeding support while attempting to avoid stereotypes and generalizations about their unique clients. My findings suggest that PHNs are wary of using epidemiological data to inform their practices related to breastfeeding disparities, as they contend that demographic categories are limiting. Yet, despite nurses' best intentions, findings also suggest that nursing practices racialize mothers even before the client-provider relationship formally begins. I argue that professional nursing praxis conflates and maintains concepts of ethnicity, race, and culture in public health nursing contexts and that those categories of difference may contribute to the differential support, protection, and promotion of breastfeeding.

3 Realist Review of the Enhanced Disability Management Program

Mary Catharine Breadner, PhD Student, MA (Simon Fraser University) and Lani deHek, EDMP Administrator (BC Nurses' Union)

Title: Realist review of the Enhanced Disability Management Program. Background/rationale: The Enhanced Disability Management Program is a co-administered collectively bargained program currently being implemented for many health care workers across the province. The BC Nurses' Union was the first of the unions associated with the Health Employers Association of BCs to implement the program. As part of the joint agreement, the program is to be evaluated on a regular basis. This realist review is the first step in evaluation. The extent



Photo Credit: UBC School of Nursing

of the collaboration and partnership activities will produce complex outcomes for the program overall, and in order to account for the context and the mechanisms of the program the realist review allowed for use of primary information and grey literature to be reviewed. Purpose/focus: The purpose of the realist approach is to explore which aspects of the current program are meeting best practices. Methods/implementation process: Sixty-eight articles were reviewed in full. Several key theories, context influencers, mechanisms, and program components were identified and thought to be impacting the program. Findings/implications: The program is meeting many of the best practices outlined in the literature. Further evaluation of the implementation of the program must now be conducted to see if these best practices are yielding positive results for nurses with disabilities.

4 Clinical Nursing Instructors' Experiences Teaching Students Deemed at Risk of Failure

Stefanie MacLeod, RN, MSN Student (UBC School of Nursing), Bernie Garrett, PhD, RN (Supervisor, UBC School of Nursing), Mary Gillespie, RN, MSN, CCNC(C) (Committee Member, BCIT), and Leanne Currie, PhD, RN (Committee Member, UBC School of Nursing)

The experience of the clinical nursing instructors (CNIs) in teaching nursing students deemed at risk of failure have not been well explored in nursing literature. It may be difficult for the CNI to support as well as evaluate a student when that student's performance is judged to be unsatisfactory or unsuccessful. The purpose of this study was to explore CNI's experiences in teaching undergraduate nursing students deemed at risk of failure, discover how CNIs identify potentially unsuccessful students and what supports and resources they utilize to help them manage such students. A pilot study using a qualitative phenomenological approach was used to interview CNIs who had at least one experience teaching an undergraduate nursing student deemed at risk of failure at the

University of British Columbia (UBC) and the British Columbia Institute of Technology (BCIT) Schools of Nursing. The results of the study found that CNIs identified students at risk of failure using "red flags" that included a range of actions, behaviors, and attitudes. These red flags included deficits in the demonstrated thinking, knowledge, and skills; deficits in the social and cultural aspects of nursing practice; disorganization and tardiness; and lack of integrity. CNIs felt that early and clear communication of their concerns with faculty and students deemed at risk of failure was beneficial for both the student and CNI. CNIs made decisions to fail students by considering patient safety and objective evidence while at the same time supporting and nurturing these students by providing opportunities for success.

5 Safety and Efficacy of Acetaminophen in the Intensive Care Unit (SEA-ICU)

Vininder K Bains, RN, BSN, CNCC(C) (UBC School of Nursing)

BACKGROUND: In the ICU, fever is commonly treated with 650 mg acetaminophen every 4 hours with the hopes of reducing fever burden, thereby also reducing metabolic demand. Acetaminophen is thought to be a safe and effective antipyretic. This assumption has not been tested in the critically ill despite its widespread use. Observational studies report critically ill patients experience hypotension, sometimes severe enough to require treatment; other studies indicate acetaminophen may not be as effective at reducing fever burden in the critically ill. **PURPOSE:** The purpose of this study is twofold: a) to see if 650mg acetaminophen, given to febrile critically ill patients affects blood pressure and b) to quantify the degree of acetaminophen's antipyretic efficacy population. Patients admitted into Vancouver Hospital's ICU are invited to participate if they have a new fever and can safely endure a fever or received acetaminophen. **METHOD:** This study will use a double blinded randomized controlled design to compare 650 mg acetaminophen with placebo. Data (continuous measures of



Photo Credit: UBC School of Nursing

temperature, heart rate and blood pressure) will be collected from 2 hours prior to the time of the study drug administration until 4 hours post. The incidence of fluid bolus administration, increases in vasoactive drug use, will be recorded and compared. We will also compare blood pressure data, and fever burden between the 2 groups. IMPLICATIONS: The results of this study will provide evidence regarding the safety and antipyretic efficacy of acetaminophen in the critically ill population.

6 The Ethics and Politics of Harm Reduction

Manpreet Gill, RN, MSN Student (UBC School of Nursing)

Title : The Ethics and Politics of Harm Reduction.
Background/rationale: Harm reduction can be defined as “policies and programs which attempt primarily to reduce the adverse health, social, and economic consequences of mood altering substances to individual drug users, their families, and communities, without requiring a decrease in drug use” (BC Ministry of Health, 2005). The goal of harm reduction is to keep people safe by reducing disease, injury, and death related to high risk behaviour. However, a harm reduction lens focuses specifically on reducing harms of drug use, rather than harms associated with the social conditions intersecting with drug use such as homelessness, violence, and poverty. Purpose/focus: To examine the issues, challenges, and controversies associated

with harm reduction; and to recommend and explore implications in regards to working with individuals with substance use issues. Methods/implementation process: The focus of nursing needs to shift from not just reducing harm associated with drug use, but to addressing the broader social determinants of health and promoting social justice. Findings/implications: Although harm reduction enhances patient outcomes, interventions are insufficient to address the underlying social conditions that produce inequities (Pauly, 2008). The use of a harm reduction philosophy alone does not address the root cause of health inequities; thus, using a social justice lens in addition to harm reduction may be a better approach when working with this population. The nursing focus needs to shift from fixing to reducing harm, from stigma to moral worth, and from patient responsibility to enhancing decision-making capacity.

7 Take Home Naloxone

Danika Buxton, BSc Nursing Candidate (UBC School of Nursing)

In 2013 British Columbia recorded more than 300 opiate overdoses leading to death outside of a health care facility. Of these deaths, 85% occurred in the presence of others. Toward The Heart is a program in British Columbia that helps provide eligible individuals with naloxone in a take home kit. These kits successfully prevented more than 155 deaths in their second year of implementation. However, there are substantial barriers to providing at-risk individuals with these kits, including a lack of time for training, a lack of prescribers, and a lack of providers with the knowledge of this program. The purpose of this project was to increase the number of naloxone kits distributed to a marginalized population living in Prince George, British Columbia by offering training on proper use to its target audience. Clients were recruited from the patient population at Central Interior Native Health Society on a voluntary basis. Recruitment strategies included posters, personal invitations during clinic visits, flyers, and the incentive of food. Reinforcement for attendance included telephone reminders and appointment cards. Naloxone training has previously been targeted towards health care providers, thus the information provided by Toward The Heart was simplified extensively. In addition to this simplification, a small group setting and an interactive learning environment were effective teaching strategies. Areas requiring alteration included: reducing the time spent training in order to provide clear, succinct, and client-centered education. Overall, the training session was well received, and we intend to conduct more sessions with continued refinement in the future.



Photo Credit: UBC School of Nursing

Poster Presentation Abstracts

A An Exploration of Issues Related to Providing Dementia Care in Acute Care Setting

Maddie Vaughan, BSN Student Nurse (University of the Fraser Valley), and Shelley Canning, RN, MSN, BSc, Associate Professor of Nursing (University of the Fraser Valley)

Providing person centered care is an integral component ensuring holistic care is received by patients with dementia in acute care settings (Castillo, 2011; Joosse, Palmer, & Lang, 2013). The knowledge each nurse has regarding dementia can positively or negatively impact the care they provide to this population (McCloskey, 2004). Patients with dementia have greater risks of receiving inadequate care in hospitals from a lack of knowledge, awareness, and resources (Joosse et al.). Subsequently, persons with dementia experience higher rates of falls, untreated pain, indwelling urinary catheters, physical restraints, and reduced functional capacity (Maslow & Mezey, 2008).

The purpose of this project was to examine how negative attitudes and perceptions held by nurses, adversely impact persons with dementia. Issues related to dementia-ism (Brooker, 2003), stereotyping and discriminatory behaviours and attitudes directed towards older adults with dementia, were explored in an undergraduate Nursing Directed Studies course. Reflective journaling, guided by my selected literature, was undertaken to understand first-hand clinical experiences that highlighted issues and challenges related to providing dementia care within hospitals. Additionally, rich insights were developed through dialogue with nurses currently caring for persons with dementia in acute care.

It is hoped that this project will help increase understanding about important issues and challenges related to nursing older adults with dementia in acute care settings. I believe the outcomes from this Directed Studies project will increase my knowledge by positively influencing how I care for persons with dementia, and provide opportunities to encourage discussion amongst my peers and future nursing colleagues.

B Breastfeeding Inequity Research and Public Health Nursing Praxis: Tensions and Contestations of Peopled Categories

Alysha McFadden BSN, RN, CCHN(c) (Simon Fraser University)

Aiming to address health inequities, public health and nursing research has overwhelmingly focused on minority populations' culturally 'divergent' infant-feeding practices as an explanation for extant demographic disparities. The implicit assumption is that racial/ethnic minorities and/or immigrant mothers'

breastfeeding practices are in need of investigation rather than the beliefs and practices of health care providers regarding culturally and ethnically diverse mothers. My ethnographic research examines how public health nurses (PHNs) in urban centres in Western Canada understand breastfeeding disparities and inequities. I draw on seven months of participant-observation experiences at a home-visitation program, an infant-parent group, a childhood immunization clinic, and a breastfeeding clinic to elucidate how public health nurses come to know their clients in breastfeeding-promotion contexts. My findings demonstrate how public health nurses negotiate the sticky terrain of providing 'culturally competent' and 'population-specific' breastfeeding support while attempting to avoid stereotypes and generalizations about their unique clients. My findings suggest that PHNs are wary of using epidemiological data to inform their practices related to breastfeeding disparities, as they contend that demographic categories are limiting. Yet, despite nurses' best intentions, findings also suggest that nursing practices racialize mothers even before the client-provider relationship formally begins. I argue that professional nursing praxis conflates and maintains concepts of ethnicity, race, and culture in public health nursing contexts and that those categories of difference may contribute to the differential support, protection, and promotion of breastfeeding.

C Clean Gloves Versus Sterile Gloves During Mohs Micrographic Surgery: A Literature Review

Shannon Rooney, BSc, BN, RN, MSN Student (UBC Faculty of Nursing)

This literature review aims to answer the research question of whether the use of clean gloves versus sterile gloves during Mohs micrographic surgery (MMS) affects the occurrence of infection post-procedure. Seven studies were chosen for this literature review, all incorporating a quantitative design. Each study was critically appraised and analyzed. The literature distinguishes between glove use (clean or sterile) during MMS stages and reconstruction. Two pertinent content themes and four methodological critiques emerged from the reviewed literature and are discussed. Two studies supported the use of sterile gloves during MMS while five studies found no difference with infection rates when clean gloves were utilized during MMS. However, given the methodological limitations inherent in the chosen studies, general practice guidelines cannot be recommended, and it is concluded that individual surgical practices should adopt infection prevention protocols to maintain infection rates at the discretion of the staff physicians and nurses.

Feature Presentation

Honouring Nurse Pioneers

1515, IKB 261

In this presentation we introduce the work of Ethel Johns, a nurse pioneer named as a National Historic Person of Canada. Specifically, we consider her contributions to nursing research and the ways in which her legacy continues today. Finally, we pose the question of how nurses have honoured, and may continue to honour and advance the contributions of pioneering nurses.

GLENNIS ZILM, BSN, BJ, MA, LITTD (H)

Glennis Zilm, now semi-retired, is a freelance writer, editor, and writing consultant working with organizations and individuals in the health care fields. She merged a nursing background with a long career as a professional journalist, freelance writer and broadcaster, and teacher about writing. Her educational preparation includes Bachelor of Science in Nursing (University of British Columbia), Bachelor of Journalism (Carleton University), and Master of Arts (Simon Fraser University). In 2006, she received an Honorary Doctor of Letters from Kwantlen Polytechnic University. In 2004, she received the prestigious John B. Neilson Award from Associated Medical Services, Inc., of Toronto (the former Hannah Foundation) for continuing, long-standing contributions to history of health care.

Glennis has a special interest in history of nursing. She has been a member of the Canadian Association for the History of Nursing since its inception and is a founding member of the B.C. History of Nursing Group. She is especially interested in bringing to light the stories of pioneer nurses whose contributions to Canadian health care and history are forgotten, ignored, or passed over. Her textbook on writing skills for nurses, *The SMART Way*, first published in 1998, and now in a third edition, is widely used in schools of nursing across Canada.



Photo Credit: UBC School of Nursing

COBY TSCHANZ, RN; MN, PHD CANDIDATE

Coby Tschanz holds a half-time position as an Assistant Teaching Professor at the University of Victoria School of Nursing. And, for more than 20 years, she has worked as an RN on the Palliative Response Team of Victoria Hospice Society. Coby is a PhD candidate, with interests in nursing philosophy, nursing theory-guided research and practice, hospice palliative nursing, and paradoxical human experiences.

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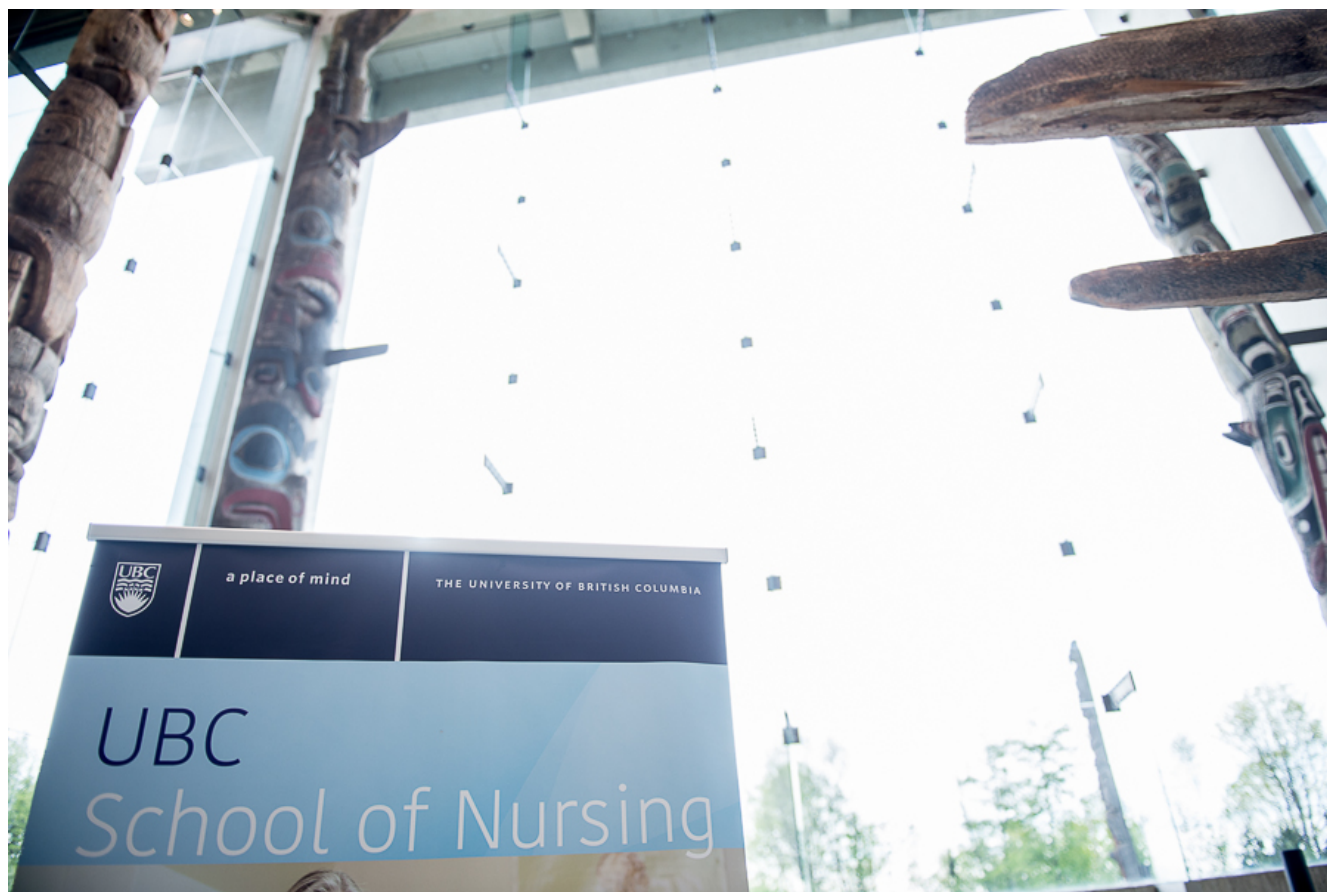


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