

Conference Program Day 2: Monday, May 10, 2021

12:00-12:10	Welcome & Announcements Marilyn Ford-Gilboe, Distinguished University Professor, Associate Director, Research, & Conference Co-Chair, Arthur Labatt Family School of Nursing, Western University
12:10-1:30	Plenary Address & Dialogue <i>“Never let a crisis go to waste”: Leading transformative change for gender and health equity globally</i> Nancy Glass, PhD, MPH, RN, FAAN Professor and Independence Chair in Nursing Johns Hopkins School of Nursing & Johns Hopkins Bloomberg School of Public Health Associate Director, Johns Hopkins Center for Global Health Responses by: Yolanda Babenko-Mould, Associate Director, Graduate Programs & Associate Professor, Arthur Labatt Family School of Nursing, Western University Susana Caxaj, Assistant Professor Arthur Labatt Family School of Nursing, Western University
1:30-1:45	BREAK
1:45-2:45	Innovation Forum <i>Drop-in to virtual exhibit rooms to learn more about research innovations involving the arts or the development and testing of technological innovations. View the displays, chat with the research team, see a demo, or test out an innovation of your own.</i> <b style="text-align: center;">Arts-Based Research A Nurse’s Experience of Creating an Arts-Based Social Enterprise to Support Health: A Story of Empowering Marginalized Youth Jennifer Howard, Yolanda Babenko-Mould Fostering Youth Engagement in Participatory Action Research: Lessons Learned from the PhotoSTREAM Project Brianna Jackson, Richard Booth, Kimberley T. Jackson Mobilizing Narratives for Policy and Social Change: Using Storytelling to Transform Poverty and Inequitable Policy Amy Lewis, A. Oudshoorn, J. Justrabo, H. Berman, M. Janzen Le Ber

The He-ART-istic Journey, Series 1: Recognition of the Early Warning Signs of Ischemic Heart Disease - An Arts-Based Encounter

Sheila O’Keefe-McCarthy, Karyn Taplay, Lisa Keeping-Burke, Allison Flynn-Bowman, Jenn Salfi

The He-ART-istic Journey Series II: The Tension of Time in the Recognition of the Early Prodromal Symptoms of Heart Disease: An Artistic Interpretation through Thematic Photography

Sheila O’Keefe-McCarthy, K. Taplay, L. Keeping-Burke, A. Flynn-Bowman, V. Sjaarda, R. Moretti, C. Dinnarr

Evidence-Based Technologies and Innovations

Senescence: A Serious Gaming, Dementia Homecare Simulation

Richard Booth, Barbara Sinclair

Developing Smart Homes to Support Health

Cheryl Forchuk, Jonathan Serrato

myPlan Canada: A Personalized Safety and Health App for Women Experiencing Intimate Partner Violence

Marilyn Ford-Gilboe, Kelly Scott-Storey, Colleen Varcoe

Remote Monitoring Home Care Technology Demonstration: Care Link Advantage

Gord Turner, Lorie Donelle

Innovation Demonstration of the eShift Model of Palliative Homecare

Hugh MacLaren, Patrick Blanshard, Donna Ladouceur, Lorie Donelle

2:45-4:00

Concurrent Session C: Oral Paper Presentations

C1 – Intimate Partner Violence & Structural Violence (Moderator: Karen Campbell)

<p>2:45-3:00</p>	<p>Promoting Safety, Hope and Healing for Women with Histories of Intimate Partner Violence through the Intervention for Health Enhancement and Living (iHEAL): Short-Term Effectiveness and Insights for Nursing Practice Marilyn Ford-Gilboe, Colleen Varcoe, Kelly Scott-Storey, for the iHEAL Team</p>
<p>3:05-3:20</p>	<p>Understanding Rural Canadian Women who have Experienced Intimate Partner Violence and the Factors that Shape Their Resilience (RISE) Katie J. Shillington, Tara Mantler, Kimberley T. Jackson, Panagiota “Penny” Tryphonopoulos, Marilyn Ford-Gilboe</p>
<p>3:25-3:40</p>	<p>Structural Violence: An Evolutionary Concept Analysis Brianna Jackson</p>
<p>3:45-4:00</p>	<p>Structural Violence and its Promise in Nursing Research V. Logan Kennedy, Marilyn Ford-Gilboe</p>

C2 – Chronic & Infectious Disease Management (Moderator: Bahar Karimi)	
2:45-3:00	Exploring the Experience of Managing Type 1 Diabetes in Canadian Adolescents Kelly Kennedy, Kimberley T. Jackson, Marilyn Evans
3:05-3:20	The Development, Refinement, Implementation, and Impact of a Nurse-Led Health Coaching Intervention in Heart Failure Self-Care Management Maureen Leyser
3:25-3:40	Chronic Disease Management in a Nurse Practitioner Led Clinic: An Interpretive Description Study Natalie Floriancic, Anna Garnett
3:45-4:00	COVID-19 Treatment in Outpatients: A Phase 2, Placebo-Controlled Randomized Trial of Peginterferon-Lambda Mia J. Biondi, Jordan J. Feld, Christopher Kandel and team
C3 – Digital Health: Clinical Practice & Education (Moderator: Ryan Chan)	
2:45-3:00	The Power of Partnerships Julia Marchesan, Amanda Thibeault
3:05-3:20	Documentation of Best Possible Medication History by Pharmacy Technicians in Ambulatory Care Clinics MaryBeth Blokker
3:25-3:40	Evaluating the Effectiveness of an Online Gentle Persuasive Approaches Dementia Education Program on Increasing Staff Knowledge and Confidence Levels on In-Patient Medicine Units Jacqueline Crandall, Robin Coatsworth-Puspoky, Kimberly Schlegel, Lyndsay Beker, Victoria C. McLelland, Lori Schindel Martin
3:45-4:00	"In Your Shoes" Web Browser Empathy Training Portal: Work-in-Progress Michelle Lobchuk
C4 – Global Health: Education in Rwanda (Moderator: Edmund Walsh)	
2:45-3:00	Clinical Mentorship Model for Nurses and Midwives in Rwanda: Improving Maternal and Neonatal Care Yvonne Kasine, Yolanda Babenko-Mould
3:05-3:20	Nurses' and Midwives' Experiences as Mentors in a Clinical Mentorship Model in Rwanda Marie Chantal Murekatete, Yolanda Babenko-Mould
3:25-3:40	Translating Teaching Methodology Knowledge into Practice Among Rwandan Nursing and Midwifery Educators Jean Pierre Ndayisenga, Yolanda Babenko-Mould, Marilyn K. Evans, Madeleine Mukeshimana
3:45-4:00	Nurses' and Nurse Educators' Experiences of a Pediatric Nursing Continuing Professional Development Program in Rwanda Amy Olson, Yolanda Babenko-Mould, Donatilla Mukamana

ABSTRACTS

Concurrent Session C: Oral Paper Presentations

C1 – Intimate Partner Violence & Structural Violence

Promoting Safety, Hope and Healing for Women with Histories of Intimate Partner Violence through the Intervention for Health Enhancement and Living (iHEAL): Short-Term Effectiveness and Insights for Nursing Practice

Marilyn Ford-Gilboe, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Colleen Varcoe, University of British Columbia School of Nursing, Vancouver, British Columbia
Kelly Scott-Storey, Faculty of Nursing, University of New Brunswick
for the iHEAL Team

Problem: Intimate partner violence (IPV) global public health and human rights issue that has substantial, and often long-term, impacts on women's safety, health, relationships, and finances. Women's differing needs, priorities, resources, and living conditions affect how they seek help and the types of support that might be helpful. As such, comprehensive interventions that consider the context and complexity of women's lives and are tailored to their unique circumstances, priorities and needs are most likely to show benefits. Nurses are positioned to offer these types of support, but effective interventions are needed.

Intervention: iHEAL is a promising, trauma- and violence-informed (TVI) intervention for women in the transition of separating from an abusive partner. Supported by a Clinical Supervisor, nurses who have completed ~ 50 hours of standardized iHEAL Education, work in partnership with women for ~ 6 month (10-18 visits) in collaboration with existing services to assist women in addressing a broad range of issues affecting their safety, health and well-being. iHEAL is woman-led and tailored to each woman's priorities, needs and context and the community in which she lives, with potential to reduce health inequities. In 3 feasibility studies using before-after designs, women from diverse backgrounds (including Indigenous women) found iHEAL safe and acceptable; short-term (post-intervention and 6 months later) improvements in women's health and quality of life were observed. However, these studies did not include a control condition.

Purpose and Methods: To evaluate the effectiveness of iHEAL, we are conducting a randomized controlled trial with a sample of 331 Canadian women randomized to either iHEAL nurse visits or information about community services. Women complete self-report measures of primary (PTSD symptoms, Quality of Life) and secondary health and social outcomes via online surveys at baseline, and 6, 12 and 18 months later; exit surveys and qualitative interviews with women and nurses are capturing critical insights about intervention processes and context. Intervention delivery and post-intervention (6 month) data collected was completed in April 2020.

Results and Implications: We will present results of short-term effectiveness of iHEAL and emerging findings related to iHEAL acceptability, fit, safety and fidelity. Implications for nursing practice and services for women living with violence and inequity will be addressed.

Understanding Rural Canadian Women who have Experienced Intimate Partner Violence and the Factors that Shape Their Resilience (RISE)

Katie J. Shillington, Health and Rehabilitation Sciences, Western University, London, Ontario

Tara Mantler, PhD, School of Health Studies, Western University, London, Ontario

Kimberly T. Jackson, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Panagiota Tryphonopoulos, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Marilyn Ford-Gilboe, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Intimate partner violence (IPV), is a critical social, legal, health and human rights issue globally. As the most common form of gender-based violence, 1 in 3 women will experienced IPV in their lifetimes. Increasingly, IPV is being positioned as a wicked social problem that is complex, multi-faceted and defies simply solutions. In the context of IPV, resilience can be understood as a dynamic process in which psychosocial and environmental factors interact to enable an individual to survive, grow and even thrive despite. By shifting attention toward the capacities of women and social/structural conditions needed to support these capacities, understanding resilience could offer insights about what could be helpful to women experiencing IPV across varied contexts, including in rural communities. The objective of this study is to understand the factors that contribute to resilience and to rural women's ability to survive, grow and thrive in the context of IPV. In this qualitative study, we draw on Thorne's Interpretive Description approach and adopt methods that are ethnographically-informed to focus attention to both the woman and the context in which she is embedded. Through in-depth interviews, we will elicit the experiences of both women who have experienced IPV (n=14) and domestic violence services providers in Ontario rural communities (n=10, representing diverse communities) with data collection and analysis occurring concurrently to promote responsiveness. Initial interviews will explore factors that support and undermine resilience with both women and service providers, and follow-up interviews will verify emerging findings allowing for refinement as needed. Qualitative analysis and will involve immersion in the data and identifying categories, linkages across categories, and relationships/patterns across data sources. Implications will be discussed once data is analyzed.

Structural Violence: An Evolutionary Concept Analysis

Brianna Jackson, Yale School of Nursing, Yale University, New Haven, Connecticut

Background: The term ‘structural violence’ describes a phenomenon by which vulnerable populations are negatively and disproportionately impacted by institutional policies and practices. This hegemonic stratification of society results from an inequitable distribution of power, whereby status and wealth determine one’s access to health-promoting and life-sustaining resources. Despite its applicability across diverse contexts and populations, the complex and nebulous nature of this concept not only makes it difficult to describe, but also to identify. In juxtaposition to the intensity and blatancy of interpersonal violence, structural violence is omnipresent and insidious — often unnoticed and unchallenged by those enduring such harm, as well as individuals and institutions in positions of power. Lacking conceptual clarity, the phenomenon has not been operationalized; thereby, preventing the systematic investigation, statistical analysis, and instrumentation necessary to guide health research, policy, and clinical practice.

Purpose: This analysis sought to enhance conceptual clarity and interprofessional understanding of structural violence, and to illuminate its implications for contemporary social justice and health equity research, by: (1) synthesizing scholarly literature pertaining to structural violence and health; (2) defining its key attributes, antecedents, consequences, and characteristics; and (3) contextually situating this phenomenon over time and across disciplines.

Methods: Using Rodger’s evolutionary method to guide concept analysis, peer-reviewed scholarly works related to ‘structural violence’ or its surrogate term ‘structural determinants of health’ were retrieved through a comprehensive search of the following electronic databases: CINAHL, Embase, Global Health, Medline, PsycINFO, PubMed, and Scopus. Thirty-two articles were included in the review sample, and were comparatively analyzed to identify key attributes, antecedents, and consequences associated with the concept’s use in health research.

Results: The five interrelated attributes characterizing structural violence are: power, marginality, oppression, adversity, and trauma. Hegemonic social, cultural, economic, and political systems serve as antecedents, while the consequences of structural violence can be broadly classified as health inequity, indignity and injustice, and social disorganization. Cyclical processes of embodiment and dispossession sustain and perpetuate such relationships.

Implications: This concept analysis clarified the key attributes of structural violence from an interdisciplinary health perspective. Through the establishment of collaborative partnerships with marginalized populations, community-engaged research in this area may support the development of upstream policy, legislative, and clinical interventions that effect meaningful systemic change for current and future generations impacted by structural violence.

Structural Violence and its Promise in Nursing Research

V. Logan Kennedy, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Marilyn Ford-Gilboe, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Introduction: Structural violence (SV) has made its way into nursing scholarship. Conceptualized outside of nursing, it has yet to be comprehensively analyzed within our discipline. Without contemplating its origins and integration throughout health literature, understanding the possible impacts within nursing research and practice is limited. This paper explores the origins, genealogy, and integration of the concept of SV within nursing scholarship. This analysis is not intended as a position on the concept, nor a systematic review. Instead, the purpose is to support nurses' understanding of the concept and its promise to nursing scholarship.

Methods: Searches of print and online resources were conducted sequentially building on the results of the previous search. Databases included CINAHL, PubMed, and Google Scholar, as well as Google searches.

Results: SV was defined as the indirect integration of unequal power into structures resulting in unequal life chances by Galtung, a 'peace researcher' in 1969. It was introduced into health research in the 1990s primarily by Farmer, a Medical Anthropologist. Farmer's use of SV has been criticized as ambiguous and unjustified given similar, more common frameworks. Farmer's conceptualization has gained clarity and evolved to better address disciplinary issues (i.e. health disparities). His application is commonly cited in nursing, which has taken up SV in different ways: as part of a framework for practice; as a tool for critiquing 'macro-level' injustices; and as an explanatory framework for the experiences of nurses. To speak of SV within nursing literature one must also acknowledge that the theoretical underpinnings of the concept are embedded throughout a large body of critical nursing scholarship.

Conclusions: With its history in the social sciences, followed by an evolution within health literature, nurses have found innovative applications for SV. Nurse scholars must consider the implications, good and bad, of adopting SV. While the analysis in this paper supports a better understanding of the theoretical value of SV, it is no more than a conceptual option for nursing scholars looking to expose the naturalized structures of power and privilege and the detrimental consequences on lives. Conclusions on its potential impact lie in the perspective of the scholar and the users of the knowledge.

C2 – Chronic & Infectious Disease Management

Exploring the Experience of Managing Type 1 Diabetes in Canadian Adolescents

Kelly Kennedy, Arthur Labatt Family School of Nursing, Western University, London, Ontario

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As medical advancements and treatment options continue to develop, the life expectancy of children living with a chronic illness is improving, and more are living into their adult years (Ladores et al., 2015). Unfortunately, living a longer life with a chronic illness means more hospital visits, health complications, and a poor health-related quality of life (Ravens-Sieber, 2014). Children with chronic illness are at greater risk for mental difficulties as they cope with the fact that they have been diagnosed with a disease that is incurable and can worsen with time (AACAP, 2015). One of the most common chronic childhood illnesses is diabetes; in 2014, approximately 3.0 million Canadians were living with diagnosed diabetes, representing 1 in 300 children and youth ages 1 to 19 years old (Government of Canada, 2019). Physical and social disadvantages are common in children with chronic illness, and type 1 diabetes (T1D) is considered to be one of the most psychologically and behaviourally demanding of all (Guo, Whittemore, & He, 2011).

One of the most difficult challenges that adolescents with chronic illness experience is their transition from pediatric to adult care. Trying to assume increased self-care responsibilities while simultaneously struggling with the developmental difficulty of adolescence has led to a significant decline in health (Lerch & Thrane, 2019). In Canada, data is lacking on the self-reporting of children living with chronic illnesses, along with their ability to process, self-manage, and cope with their illness (Bal et al., 2016). Most research in this field is from the parent or sibling perspective and only partly coincides with the child's experiences (Gannoni & Shute, 2009). Therefore, empowering child participation in research will create authenticity of their experiences.

The purpose of this proposed research study is twofold; to determine if adolescents with T1D are ready to start increasing self-care responsibilities and to determine if a relationship exists between adolescents perceived levels of self-efficacy, social support and resiliency on readiness to increase self-care responsibilities. Identifying difficulties early in the transition process will allow for progressive implementation of standardized strategies to improve self-managing capabilities and long-term health outcomes in adolescents with T1D.

The Development, Refinement, Implementation, and Impact of a Nurse-Led Health Coaching Intervention in Heart Failure Self-Care Management

Maureen Leyser, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Background:

The nursing profession's social mandate and a central focus for nursing in the 21st century is health equity. Equity for people living with heart failure (HF) necessitates taking time to understand patients' social backgrounds and what circumstances or struggles they might be encountered in managing their daily life.

Identifying a Problem:

The incidence and prevalence of HF in Canada will be reviewed. Regardless of global medical and technical advances, there is no cure for HF. The national and global economic burden of HF; specifically, HF readmissions rates will be discussed.

A Gap in the Literature:

Currently, there is no standardized delivery of nurse-led coaching approaches for assisting the patient to engage with self-care interventions through a health equity lens for symptom management in HF.

Strategies to address the Problem:

Implementing self-care skills and activities will provide an opportunity for patients to gain control over their health and increase confidence to manage their illness so timely decisions based on their perception of symptoms, past experiences, and how they feel can be successfully managed.

Proposed Research Study:

A mixed-methods study involves the development, implementation, and evaluation of a standardized nurse-led health coaching tool that has digital technology potential will be described. The intervention group will participate in a nurse-led health coaching tool and perform a self-management activity of an 'adjusted diuretic dose' (sliding scale) to maintain their target weight – a crucial factor in HF. The control group will receive the current standard of care of nurses providing HF education while taking their scheduled 'set diuretic dose'. Self-care confidence and quality of life surveys will be administered to both groups. In addition, exploration of nurses' and patients' experiences to coach and be coached will be explored.

It is anticipated that the results of this study will explain and encourage self-care activities and symptom management interventions while incorporating strategies for the health disparity of each patient. This strategy has the potential to improve the quality and consistency of HF patient care while generating health cost savings.

Chronic Disease Management in a Nurse Practitioner Led Clinic: An Interpretive Description Study

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Background: For the majority of the twentieth century primary care in Canada was largely delivered by physicians working in solo practice or small physician groups with a focus on basic medical services. Research into primary care reform and chronic disease management can inform best practices to better provide care and create optimal health outcomes. There is currently limited research into the nurse practitioner led clinic model of care and its impact on chronic disease. The nurse practitioner led clinic model of care utilizes multiple health disciplines in collaboration to provide care specific to complex patient presentations. This paper will provide new insights into current chronic disease management practices of nurse practitioners within Ontario who are the sole primary care provider for their patients. In relation to the conference theme of promoting transformative change in services, systems and policies the nurse practitioner led clinic model of care promotes primary care reform in Ontario.

Methods: This qualitative research study applies an interpretive description methodology. This research study will collect data from nurse practitioners providing primary care services within nurse practitioner led clinics in Ontario in order to generate knowledge that is applicable to clinical practice. Fifteen nurse practitioners will be interviewed to allow for analysis of their current practice providing patients with chronic diseases care within nurse practitioner led clinics.

Results: Data collection through in-depth interviews with study participants has begun in January 2021 and completion of the data collection period will be March 2021. Data analysis will occur concurrently with data collection to determine themes and final conclusions. Preliminary results will be presentable by May 2021.

COVID-19 Treatment in Outpatients: A Phase 2, Placebo-Controlled Randomized Trial of Peginterferon-Lambda

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Background: To date, only monoclonal antibodies have been shown to be effective for outpatients with coronavirus-disease 2019 (COVID-19). Interferon-lambda-1 is a Type III interferon involved in innate antiviral responses with activity against respiratory pathogens. The aim of this study was to investigate the safety and efficacy of peginterferon-lambda in the treatment of outpatients with mild to moderate COVID-19 in a Phase II double-blind, placebo-controlled randomized control trial.

Methods: Outpatients with confirmed COVID-19 were randomized to a single subcutaneous injection of peginterferon-lambda 180µg or placebo within 7 days of symptom onset or first positive swab. The primary endpoint was proportion negative for SARS-CoV-2 RNA on Day 7 post-injection.

Results: With 30 patients per arm, the decline in SARS-CoV-2 RNA was greater in those treated with peginterferon-lambda than placebo from Day 3 onwards, with a difference of 2.42 log copies/mL at Day 7 ($p=0.004$). By Day 7, 24 participants (80%) in the peginterferon-lambda group had an undetectable viral load compared to 19 (63%) in the placebo arm ($p=0.15$). After controlling for baseline viral load, peginterferon-lambda treatment resulted in a 4.12-fold (95%CI 1.15-16.7, $p=0.029$) higher likelihood of viral clearance by Day 7. Of those with baseline viral load above 10E6 copies/mL, 15/19 (79%) in the peginterferon-lambda group were undetectable on Day 7 compared to 6/16 (38%) in the placebo group ($p=0.012$). Peginterferon-lambda was well tolerated, with minimal side-effects.

Conclusion: Peginterferon-lambda accelerated viral decline in outpatients with COVID-19 increasing the proportion with viral clearance by Day 7, particularly in those with high baseline viral load. Peginterferon-lambda has potential to prevent clinical deterioration and shorten duration of viral shedding.

C3 – Digital Health: Clinical Practice & Education

The Power of Partnerships

Julia Marchesan, London Health Sciences Centre, London, Ontario

Amanda Thibeault, St. Joseph's Health Care London, London, Ontario

London and region hospitals have co-created electronic nursing documentation across multiple venues in order to facilitate a smooth transition of information and optimize trending of critical information. Front line nursing experts, professional practice professional and informatics experts have collaborated extensively to design and build a nursing record that enhances the patient journey. Guiding principles have been refined over several years and inform all decisions. The presentation will provide a high level overview of the process and governance structure necessary to achieve this level of integration as well as insights for future work.

Documentation of Best Possible Medication History by Pharmacy Technicians in Ambulatory Care Clinics

MaryBeth Blokker, St. Joseph's Health Care London, London, Ontario

Background: In 2014, the organization implemented electronic Medication Reconciliation (eMedRec) for inpatients. In 2015, eMedRec was implemented in one ambulatory clinic to meet Accreditation standards. In January 2019, 28 ambulatory clinics were identified where “medication management is a major component of care” and where medication reconciliation must be provided.

Description: A key step in medication reconciliation is documenting the Best Possible Medication History (BPMH). Four of the qualifying ambulatory clinics requested that Pharmacy Technicians (Technicians) be trained to do this new work. Pharmacy was tasked to train and deploy Technicians to document the BPMHs for patients at their initial visits with a prescriber.

Action: Five Technicians were selected. BPMH training was a combination of: online education; hands on classroom training and; in clinic training with nurses already familiar with the computer system and task. In addition, Technicians learned how to access a scheduling resource to notify clinic clerks that they had obtained a BPMH.

Biweekly meetings with clinic leaders were held to identify and resolve issues. Daily huddles were implemented to monitor completion of work in each clinic and reassign staff if needed to complete assigned work.

Evaluation: Quantity: The organization set a target of 90 % completion of BPMH prior or within 2 weeks prior to the initial visit. In September 2019 Technicians completed BPMHs for 89% of the initial visits.

Quality: Since July 2, 2019 Technicians have documented approximately 1500 BPMHs. Since then we have received approximately 6 notes from physicians: 3 requested that the Technicians obtain BPMHs on follow up visits in addition to initial visits; 3 questioned inaccurate medication entries. All concerns were followed up and corrective action taken.

Quality: A quality audit was conducted in August 2020. Results confirmed a 96% concurrence between the Pharmacy Technicians and Pharmacy Students trained and certified to document BPMHs.

Implications: Utilizing Pharmacy Technicians to document BPMHs is an efficient option for ambulatory clinics.

Evaluating the Effectiveness of an Online Gentle Persuasive Approaches Dementia Education Program on Increasing Staff Knowledge and Confidence Levels on In-Patient Medicine Units

Jacqueline Crandall ^{1,5,6}

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Behavioural and psychological symptoms of dementia (BPSD) frequently occur in hospitalized older adults with dementia and are often difficult for untrained staff to manage. The aim of this quality improvement project was to enhance in-patient medicine unit staff knowledge and confidence with managing BPSD and to improve the quality of care received by older adults with dementia.

Using a longitudinal pre-post program evaluation design, 100 medicine unit staff were enrolled in the on-line Gentle Persuasive Approaches (GPA) program. Quantitative and qualitative evaluation measures were completed immediate pre, immediate post, and 6-8 weeks post GPA training. Measurement instruments included the Self-Perceived Behavioural Management Self-Efficacy Profile, the Sense of Competence in Dementia Care Staff scale, and a multiple choice Knowledge Test. Staff were also invited to participate in a focus group to explore the impact of the program.

Ninety-four staff completed the GPA program. Results demonstrated a significant improvement in all three measures relative to baseline in the immediate post-GPA timeframe, with sustained improvement in the competence and knowledge measures and further enhanced self-efficacy scores at 6 – 8 weeks post-intervention. Focus group statements demonstrated better understanding of BPSD, including potential triggers and management techniques.

The on-line GPA program was effective in increasing staff knowledge and confidence and helped them prepare to interact with older adults with dementia who are experiencing BPSD. Hospitals may be wise to invest in such programs as part of their elder friendly and minimum restraint strategies.

"In Your Shoes" Web Browser Empathy Training Portal: Work-in-Progress

Michelle Lobchuk, Rady Faculty of Health Sciences, College of Nursing, University of Manitoba, Winnipeg, Manitoba

Issue and Significance: Traditional empathy training consists of lectures, workshops and courses and have included client narrative and creative arts, client interviews, writing and communication skills training, as well as interviews with simulated clients followed by feedback. Spurred by COVID-19, there is a worldwide movement toward remote learning using technology. We created an empirically-validated in-lab desktop and camera prototype of an empathic communication video-feedback intervention (aka In Your Shoes [IYS]) that uses a proprietary desktop program and rating tool. Our next step is to develop an engaging and easy to use web browser Training Portal for students to learn empathic communication on any device, anywhere, and at any time to provide a powerful, yet simple training experience.

Innovation: Phase 1 consists of developing a prototype of the IYS Training Portal with Red River Community College ACE Space Project students. Phase 2 consists of a between- and within-subjects design where health sciences students are randomly assigned to receive the existing in-lab Desktop and Camera Prototype OR the Training Portal version of our IYS intervention for use when dialoguing about a patient issue. Our IYS intervention involves self-reflection, learning perspective-taking, video-capture, -tagging and -analysis, and calculating an objective score of one's perceptual understanding of the patient's thoughts and feelings.

Lessons: We expect that the IYS Training Portal will have equivalent outcomes as the Desktop prototype in bolstering empathy and perceptual understanding for patient-engaged care. Users will provide feedback on the acceptability and feasibility of using the Training Portal. User input on multi-components of the internet-based IYS intervention will inform ongoing development of the tool as a practical means to overcome limitations to classroom-based teaching by improving access and convenience.

Implications: To address the rise of remote learning, our empirically-validated IYS Training Portal will offer a compelling, user-friendly, self-directed, and contextualized Internet-based empathy training experience. This Training Portal will support self-competency in empathic communication by enabling the user to track one's progress (via replaying annotated and time-stamped video-captured conversations across sessions). Integrated support features within the Training Portal will include help screens, glossary, and links to external resources to bolster empathic communication skills.

C4 – Global Health: Education in Rwanda

Clinical Mentorship Model for Nurses and Midwives in Rwanda: Improving Maternal and Neonatal Care

Yvonne Kasine, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Yolanda Babenko-Mould, Arthur Labatt Family School of Nursing, Western University, London, Ontario

The Training, Support, and Access Model (TSAM) for maternal, newborn, and child health (MNCH) in Rwanda is a four-year (2016-2020) \$10.5 million-dollar health development project that was funded by Global Affairs Canada in 2015. The TSAM project aims at contributing to the reduction of maternal, neonatal, and child mortality in the Northern and Southern provinces of Rwanda. To this end, a clinical mentorship program for health professionals was initiated in 2017. To date, about 80 nurses and midwives working in ten district hospitals (DHs) have participated as mentees in the TSAM mentorship program.

The purpose of this interpretive phenomenological study was to explore nurses' and midwives' lived experience of participating as mentees in the TSAM mentorship program in Rwanda. Data was collected using semi-structured individual interviews which were audio-recorded, transcribed verbatim, and translated from Kinyarwanda to English as required. van Manen's (1997) guidelines for thematic analysis were used for this study.

Participants have shared how their participation improved their clinical competencies pertaining to neonatal and maternal care. The most cited improvements were about decision making regarding life-saving interventions for mothers and their newborns. To this regard, participants have expressed different ways in which they have applied newly developed or honed professional competencies from the mentee experience into their practice to improve patient outcomes. In many instances, participants have shared facilitators to their participation as mentees in the mentorship program including support and advocacy received from their mentors. Nonetheless, some participants have discussed how structural factors, such as workplace-related issues including heavy workloads and limited support from their managers, negatively influenced their mentee experience. Policy, education, and health system considerations regarding mentorship programs for nurses and midwives aimed at improving maternal and neonatal care in Rwanda and similar resource-limited settings are being developed to put forward based on the findings from this study. The researchers will also develop a mentorship manual for nurses and midwives to be used in Rwanda and similar resource-limited settings.

Nurses' and Midwives' Experiences as Mentors in a Clinical Mentorship Model in Rwanda

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Clinical mentorship (CM) has been an essential strategy by which an experienced HCP (mentor) guides a less experienced HCP (mentee) to strengthen their ongoing professional development (Rwanda Ministry of Health, 2015). Maternal and neonatal mortality (MNM) remain an issue of concern worldwide (United Nations [UN], 2015). According to WHO (2015) and [UN] Children's Fund (2017), the MNM worldwide, are estimated around 216 per 100 000 live births and 19 per 1,000 live births respectively. Ninety nine percent of these deaths occur in developing countries (WHO, 2018). The rates of MMR are 239 per 100,000 live births compared to 12 per 100000 live births in developed countries (Ameh et al., 2012). Further, 66% of these deaths occur in Sub-Saharan Africa (WHO, 2018). In Rwanda, MNM is 210 per 100,000 live births and 18 per 100,000 live births respectively (The United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), 2018). Besides, 61% of MMR are attributed to inadequate skills of HCP in managing the pregnancy related complications (WHO, 2015).

Nurses and midwives have low access to clinicians and specialists to call upon when needed (MoH, 2015). It was vital that the Training Support and Access Model (TSAM) for maternal, newborn, and child health (MNCH) project in Rwanda partnered with the MoH and Rwandan Biomedical Centre (RBC) to develop and implement a CMM for HCP in practice, including nurses and midwives, in selected DH to reinforce their professional capacity to improve MNCH.

A descriptive qualitative study was conducted to understand the experiences of nurses and midwives engaged in a clinical mentorship model (CMM) as mentors in Rwanda. Fifteen among 60 mentors, participated in face to face interviews using a semi structured interview guide. Interviews were audio recorded, transcribed verbatim, and analyzed using an inductive content analysis.

Participants highlighted facilitators that enabled them to engage in their role like Support from TSAM and conducive environments, and challenges encountered while engaged in the role with TSAM CMP. To enhance the future implementation of mentorship, there is a need for the mentorship implementers to emphasize on the strategies that promote the successful implementation by trained mentors.

Translating Teaching Methodology Knowledge into Practice Among Rwandan Nursing and Midwifery Educators

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Aim and objectives: Nursing and midwifery educators play a vital role in nursing and midwifery students' professional development as soon-to-be clinicians by enabling them to gain essential competencies in perinatal and neonatal care. To enhance the quality of pre-service education of nursing and midwifery students in Rwanda, nursing and midwifery faculty participated in continuous professional development (CPD) educational workshops about teaching methodologies. The study's aim was to explore nursing and midwifery faculty's experiences of translating the knowledge and skills acquired from the workshops about teaching methodologies into their teaching practice in academic and clinical practice contexts.

Methodology: A qualitative descriptive design was used with a purposive sample of 15 nursing and midwifery educators from six private and public schools. Participants were involved in semi-structured individual interviews. Inductive content analysis was used for generating themes.

Results: Five themes emerged: enhanced competencies about teaching practices, application of knowledge and skills into the classroom and clinical teaching, collaboration and teamwork, facilitators and challenges to applying knowledge and skill into practice, and indirect outcomes to maternal and child health care.

Discussion and recommendations: Although educators' knowledge, skills, and confidence for teaching practice increased after participation in CPD, the application of new skills was often hampered by insufficient resources and heavy workloads. The results support ongoing CPD programs for nursing and midwifery faculty members to increase their competencies around the classroom and clinical teaching practice which can create a positive learning environment for students. The findings of this study highlighted that the application of competencies acquired from CPD workshops into teaching practice was perceived to ultimately contribute to improved student learning outcomes, and thus, enhanced maternal and child health care in Rwanda.

Nurses' and Nurse Educators' Experiences of a Pediatric Nursing Continuing Professional Development Program in Rwanda

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Problem Statement: Excellence in pediatric nursing education and practice can significantly impact child health globally. Yet a shortage of pediatric nurses in low-and-middle-income countries, particularly Rwanda, contributes to health system inequities. In countries defined as low-income by the World Bank (2020), implementation of quality health care services for children can be particularly challenging due to limitations in formal professional development of pediatric knowledge and skills.

Research Purpose and Question: In 2016, a Pediatric Nursing Continuing Professional Development (PNCPD) program was created and implemented in Kigali, Rwanda, through the Training, Support, and Access Model (TSAM) for Maternal, Newborn, and Child Health (MNCH) project. This partnership project between Canada and Rwanda provided pediatric nursing education to forty-one Rwandan nurses and nurse educators in 2018 and 2019. Exploring the ways in which nurses who completed the PNCPD program experienced applying the knowledge and skills to their practice of nursing and teaching was an important next step. A qualitative research study was designed that asked the following question: what are nurses' and nurse educators' experiences of applying pediatric knowledge and skills to clinical and academic settings in Rwanda after completing a PNCPD program?

Study Design: An interpretive descriptive study was conducted to explore the experiences of nurses and nurse educators applying pediatric knowledge and skills to academic and clinical settings after participating in the PNCPD program.

Study Sample: Convenience sampling was utilized to recruit fourteen participants who completed the PNCPD program in Rwanda.

Data Collection Approach: Data was collected through individual interviews using a semi-structured interview guide.

Data Analysis and Results: Inductive content analysis was used for data analysis. Five themes emerged, including: Transformations in Pediatric Nursing Practice, Knowledge Sharing, Relationship-Based Nursing, Barriers and Facilitators to Knowledge Implementation, and Scaling-up PNCPD within the Health System.

Implications: The findings from this study resulted in four main implications for nursing in Rwanda, including: (1) ongoing offering of the PNCPD program; (2) scaling-up of the PNPD program; (3) regulation of pediatric nurses by the Rwandan National Council of Nurses and Midwives (NCNM); and (4) addressing the barriers and facilitators to knowledge and skills implementation.