

Conference Program
Day 2: Monday, May 10, 2021

12:00-12:10 Coffee
12:10-12:20 Welcome & Announcements

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 Keepp, 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. Keepp, Burke, A. Flynn, Bowman, V. Sjaarda,
R. Moetti, 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

C2 – Chronic & Infectious Disease Management (Moderator: Bahakari)

2:15-3:20 TJ Exploring the Experience of Changing Type 1 Diabetes in Canadian Adolescents

Kelly Kennedy, Kimberley T. Jackson, Marilyn Evans

ABSTRACTS

Concurrent Session : Oral Paper Presentations

G c 0012 Tw28d(C)T17233 Tw10333 (i)0358 (m)551333 (te)J0036008 Tw (resed(C)

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 Tryphonopoulou, 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

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

Kim Jackson, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Marilyn Evans, Arthur Labatt Family School of Nursing, Western University, London, Ontario

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 (Raver Sieber, 2014). Children with chronic illness are at greater risk for

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

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

Natalie Floriancic, Arthur Labatt Family School of Nursing, Western University, London, Ontario, Canada

Anna Garnett, Arthur Labatt Family School of Nursing, Western University, London, Ontario

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 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

Mia J. Biondi, Jordan J. Feld*, Christopher Kandel*, Robert A. Kozak, Muhammad Atif Zahoor, Camille Lemieux⁴, Sergio M. Borgna, Andrea K. Boggild, Jeff Powis, Janine McCready, Darrell H. S. Tan, Tiffany Chan, Bryan Coburn, Deepali Kumar, Atul Humar, Adrienne Chan, Braden O'Neill, Seham Noureldin, Joshua Both¹, Rachel Hong, David Smooke, Wesam Aleyadeh, Anjali Patel, Bethany Barber, Julia Casey, Ryan Hieber, Henna Mistry, Ingrid Choon, Colin Hislop, Deanna M. Santor, D. Lorne Tyrrell, Jeffrey S. Gler, Adam J. Gehring, Harry L.A. Janssen, Bettina E. Hansen¹⁴.

1. Toronto Centre for Liver Disease, Toronto General Hospital, University Health Network, University of Toronto
2. Faculty of Medicine, University of Toronto
3. Sunnybrook Health Sciences Centre, University of Toronto
4. University Health Network, University of Toronto
5. Division of Infectious Diseases, William Osler Health System and McMaster University, Hamilton
6. Michael Garron Hospital, University of Toronto
7. St Michael's Hospital, University of Toronto
8. Trillium Health Partners, Toronto
9. Multiorgan Transplant Centre, University Health Network, Toronto
10. North York General Hospital, University of Toronto
11. Eiger BioPharmaceuticals, Palo Alto, California
12. The Li Ka Shing Institute of Virology, University of Alberta
13. Departments of Medicine and Microbiology & Immunology, Stanford University School of Medicine, Palo Alto, Ca
14. Institute of Health Policy, Management and Evaluation, University of Toronto

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.

Me2au2D (e)3 4 (e)12Pmy(ro)-2 5949n(ro)8 (n)-4 (i)10 (i)1(r)4 (o)1b-23.h thTd [(2 i)4 ofm10 (i)1(r)10 ()OV

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 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 ~~enriches~~ ~~enriches~~ 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 ~~insights~~ ~~insights~~ for future work.

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

MaryBeth Blokke, 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.

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}
Robin Coatsworth Puspoky²
Kimberly Schlegel
Lyndsay Beker¹
Victoria C. McLellan³
Lori Schindel Martini^{3,4}

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

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

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 Babenk 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 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 (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 day-to-day 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 cited 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

Marie Chantal Murekatete, Arthur Labatt Family School of Nursing, Western University, London, Ontario

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

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 1000 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 the 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 Interagency 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).

N

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

Jean Pierre Ndayisenga, Arthur Labatt Family School of Nursing, Western University, Ontario; School of Nursing and Midwifery, University of Rwanda, Kigali, Rwanda.

Yolanda Babenkould, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Marilyn K. Evans, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Madeleine Mukeshimana, School of Nursing and Midwifery, University of Rwanda, Kigali, Rwanda

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 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 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.

