



ILLINOIS ASSOCIATION OF SCHOOL NURSES

POSTER PRESENTATION SET 1



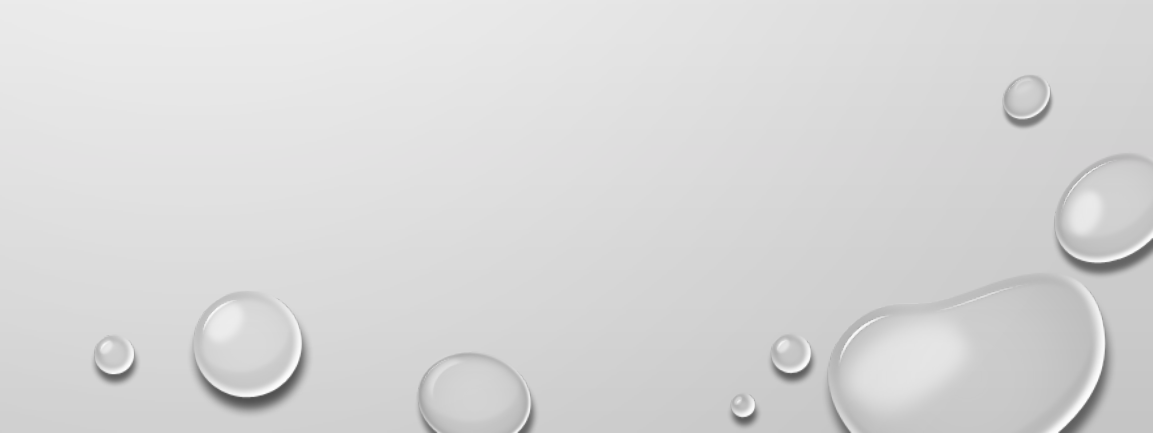
The Illinois Association of School Nurses welcomes you to this continuing education offering via enduring poster presentation.

The Illinois Association of School Nurses is an approved provider of continuing nursing education by the Ohio Nurses Association, an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation (OBN-001-91) (OH-001 5-1-2020)



Disclosure:

This Poster Presentation offering was planned and implemented without bias or conflict of interest on the part of the IASN Planning Team or the Presenters.





Directions for Reviewing this Presentation:

- Proceed through each of the poster presentations at your own pace.
- Take notes about ideas you may use to implement in your practice, so that you can meet this learning activity's stated behavioral outcome.
- Copy the web access link at the end of this presentation into your browser to complete the post activity evaluation.
- Print out the Certificate of Activity Completion before submitting your evaluation.
- Keep a copy of this certificate for your records.



Directions for Reviewing this Presentation (continued):

- Questions? Contact Mary Girardi at: girardi6@comcast.net
- For specific dialogue or questions about a particular poster presentation, feel free to contact the author/presenter.



Requirements for successful completion of this presentation:

1.00 nursing contact hour will be awarded after viewing 3 posters in this presentation, consider the review questions, and complete the evaluation by following the link to survey monkey.

Presentation Goals:



Enhance school nurse participants' integration of evidence-based solutions for school health and safety.

Provide exposure for school nurse participants to essential concepts related to school populations, enabling school nurses to effectively assess needs and develop meaningful practices that support the school success of students, and support all families within the school community.



Presentation Goals (continued):

Provide school nurse participants with examples of how to describe and summarize evidence-based concepts use in daily practice. Easy, practical, rewarding!

Provide examples of how the NASN Framework for 21st Century School Nursing Practice concept of evidence- based practice can be demonstrated in daily school nursing practice.



Learning Outcome:

Participants will specifically describe how he or she plans to use leadership and EBP to integrate into practice at least one strategy or concept presented in this learning activity into practice pertaining to partnering with school and community, tuberculosis case management, or implementing EBP presented in this learning activity.



POSTER PRESENTATION

1

A MODEL FOR DEVELOPING SCHOOL NURSING
EVIDENCE- BASED PRACTICE GUIDELINES

ROBIN ADAIR SHANNON MS RN NCSN



A Model for Developing School Nursing Evidence-based Practice Clinical Guidelines

Robin Adair Shannon, MS RN NCSN

Clinical Practice Issue

- **School Health is Population Health**
 - 50 million school children in the US
 - 20% of students have special healthcare needs
- **School Nursing Evidence-based Practice (EBP)**
 - 70,000 School Nurses
 - 80% of School Nurses want to use EBP but only 20% do
 - School Nursing Barriers to EBP:
 - Autonomous, often isolated practice
 - Provide healthcare outside of healthcare
 - Limited time and access to literature
 - Lack skills to appraise evidence
- **National Association of School Nurses (NASN)**
 - Strategic planning & research priorities to create EBP clinical guidelines: No standardized methodology
 - EBP is core to the Framework for 21st Century School Nursing Practice & Standards of School Nursing Practice



Literature Review

- **EBP Clinical Guidelines defined:**

"Specific practice recommendations grouped together that have been derived from a methodologically rigorous review of the best evidence on a specific topic" (Grinspun, Melnyk & Fineout-Overholt, 2015, p.12)

- **National Guidelines Clearing House Criteria**
 - Systematically developed recommendations
 - Produced under the auspices of a relevant professional organization
 - Development process must have systematic literature search
 - Current and the most recent version

(Agency for Healthcare Research and Quality, 2012)

- **AGREE II Clinical Guideline Appraisal**
 - Independent expert committee evaluation of quality
 - Provide a methodological strategy for development
 - Inform required components and reporting

(AGREE Next Steps Consortium, 2013)

Key References

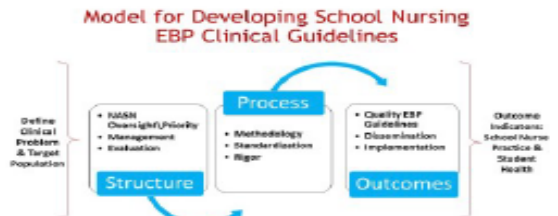
Agency for Healthcare Research and Quality (2012). National Guideline Clearing House: Fact Sheet. Retrieved from <https://www.ahrq.gov/research/findings/fact-sheets/errors-safety/nsc/national-guideline-clearing-house.html>

Grinspun, D., Melnyk, B. M., & Fineout-Overholt, E. (2015). Advancing optimal care with rigorously developed clinical practice guidelines and evidence-based recommendations. In Melnyk, B. M. & Fineout-Overholt, E. (Eds.), Evidence-based practice in nursing and healthcare: A guide to best practice (pp. 3-23). Philadelphia, PA: Walters Kluwer.

National Association of School Nurses. (2015). About NASN. Retrieved from <https://www.NASN.org/AboutNASN>

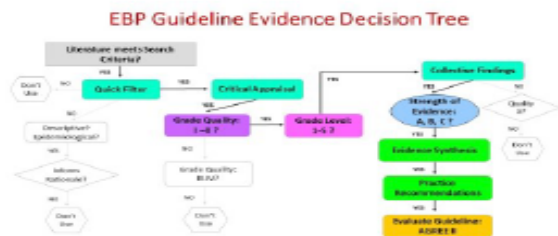
Project Implementation

- **Purpose:** To offer school nurse scholars, pediatric specialists, school health experts, and school nursing leaders a systematic and standardized process to create a body of EBP clinical guidelines for school nursing practice in collaboration with NASN.



Methods

- **Standardized Rigorous Methodology**
 - Search, Select, & Appraise the Evidence



- **Synthesize and Grade the Evidence**

Grading the STRENGTH of Recommendations for School Nursing EBP Clinical Guidelines	
Strength	Descriptor
A Strong Evidence	Based on consistent and good quality evidence, has relevance and applicability to school nursing practice
B Moderate Evidence	Based on evidence of moderate rigor or with minor inconsistencies in quality; has relevance and applicability to school nursing practice
C Limited Evidence	Based on evidence that is limited, low level, or has major inconsistencies in quality; has relevance and applicability to school nursing practice
D Insufficient Evidence	Insufficient or no evidence upon which to make a recommendation; based on traditional practice alone

*Do not include sources of Strength level D in CPG Recommendations
Adapted with permission, Emergency Nurses Association. (2015).

Outcomes

- **Translate Evidence into Practice Recommendations**

Guideline Development Process															
Title	School Nursing Evidence-based Practice Clinical Guidelines: Students with Health Conditions														
1. Rationale	Compose a brief introduction that outlines the scope of the problem and the rationale for the clinical guideline.														
2. Purpose	State Purpose														
3. Methodology	State: This evidence-based clinical practice guideline has been developed according to the NASN Model for Developing School Nursing Evidence-based Practice Clinical Guidelines.														
4. Definition of terms	Provide glossary of terms: List abbreviations and common acronyms.														
5. Search and selection of relevant literature	Search: Compose one or two paragraphs that outlines the search and selection methods. Selection: Apply <i>Quick Filter</i> criterion for inclusion in critical appraisal.														
6. Critical appraisal of evidence	Grade the quality and level of evidence of the sources: - Complete the <i>Evidence Collective Findings Table</i> . - Use the <i>Critical Appraisal of Evidence Guide</i> .														
7. Synthesis of evidence	Synthesize the literature														
8. Translation into Practice Recommendations	Compose Evidence-based Practice Recommendations:														
	<table border="1"> <thead> <tr> <th>Recommendations</th> <th>Strength (A, B, C)</th> </tr> </thead> <tbody> <tr> <td>Assessment</td> <td></td> </tr> <tr> <td>Nursing diagnosis</td> <td></td> </tr> <tr> <td>Outcomes Identification</td> <td></td> </tr> <tr> <td>Planning</td> <td></td> </tr> <tr> <td>Implementation</td> <td></td> </tr> <tr> <td>Evaluation</td> <td></td> </tr> </tbody> </table>	Recommendations	Strength (A, B, C)	Assessment		Nursing diagnosis		Outcomes Identification		Planning		Implementation		Evaluation	
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- **Disseminate**
 - NASN EBP Webinar
 - Presentation at NASN 2017 Conference
 - Publish in peer-reviewed journal
 - NASN EBP Website
 - NASN School Nurse Educators Consortium

Clinical Implications for Practice

- Improved quality of school nursing care
- Improved student health outcomes
- Improved student learning



Next Steps



- Pilot
- Build
- Sustain
- Study

Acknowledgements

Erin D. Maughan, PhD MS RN APHN-BC FAAN
National Association of School Nurses

Martha Dewey Bergreen, DNS RN NCSN APHN-BC FNASN FASHA FAAN
University of Illinois at Chicago

Emergency Nurses Association

National Association of School Nurses





POSTER PRESENTATION

2

LESSONS FROM LEND—FAMILY PARTNERSHIPS,
COLLABORATIVE COMMUNICATION, AND SCHOOL
NURSING

ANGELA M. LEPKOWSKI MSN RB NCSN

Lessons from LEND: Family Partnerships, Collaborative Communication, and School Nursing



Angela M. Lepkowski, MSN, RN, NCSN

University of Illinois at Chicago, College of Nursing

DISABILITY AND HUMAN DEVELOPMENT COLLEGE OF APPLIED HEALTH SCIENCES



Background

- LEND: Leadership Education in Neurodevelopmental Disabilities
- HRSA Maternal Child Health Workforce Development Program consisting of didactic and clinical interdisciplinary learning in community based settings where children with neurodevelopmental disabilities live, learn, and play.
- This LEND interprofessional leadership project involved developing a manuscript for *Pediatrics* Family Partnership section in collaboration with family advocate, pediatrician, and occupational therapy student LEND trainees.

Aims

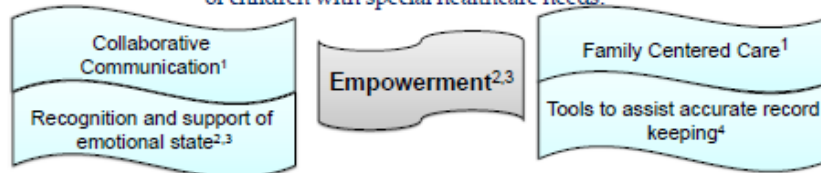
- Share personal experiences of being a parent of children with disabilities and special healthcare needs.
- Identify concepts that are essential to establishing and maintaining effective family healthcare professional partnerships.

Methods

1. Literature Review to examine data and best practice surrounding
 - Grief among parents of infants diagnosed with disabilities or other complex health issues
 - Family Centered Care
 - Care Coordination
 - Coping among parents of children with special healthcare needs
 - Communication
 - Family Healthcare Professional Partnerships
2. Group meetings were held to discuss and analyze literature.
3. Manuscript was developed reflect the important concepts identified.

Results

Several themes emerged during the collaborative analysis and writing process. The manuscript was developed around these themes and the personal experience of a mother of children with special healthcare needs.



Outcomes

The following concepts are vital in establishing and maintaining effective family-healthcare professional partnerships:

- Recognizing the parents' emotional state sets the stage for meaningful collaborative communication and can empower the family to pursue their dreams of living a full life despite the challenges and complexities of their child's diagnosis.
- Practicing from a family-centered care (FCC) perspective promotes collaborative communication between healthcare providers (including school nurses) and families resulting in:
 - Increased family advocacy
 - Increased patient satisfaction
 - Improved coping³
- Increasing family's accessibility to their child's medical records, as well as educating and empowering them to use their medical record strengthens family-healthcare professional partnerships.⁴

LEND and School Nurses

- High level training for interdisciplinary, coordinated, culturally competent, family centered care at the individual, family, community, and systems level.
- Exposure to public health services available for students with disabilities, locally and nationally.
- Develop policy negotiation skills and opportunities to advocate for legislative change.
- Raise awareness and increase visibility of school nursing among interdisciplinary clinical and education experts.
- Encourage parents of students with disabilities to apply as LEND family advocate trainees.

References

1. Marti-Morales M, Rohrer JE. Care coordination, family-centered care, and functional ability in children with special health care needs in the United States. *Population Health Management*. 2014;17(4):233-238. doi:10.1089/pop.2013.0092.
2. Merrigan K, Sistrunk EA, Higlerosa-Allmaran A, Davis KF. KIDS CARE: A behavioral model to strengthen patient and family partnerships. *Pediatr Nurs*. 2016;42(2):89.
3. Drummond A, Looman WS, Phillips A. Coping among parents of children with special health care needs with and without a health care home. *Journal of pediatric health care: official publication of National Association of Pediatric Nurse Associates & Practitioners*. 2012;26(4):266-275. doi:10.1016/j.pedhc.2010.12.005.
4. Laliberte, R. Going on record: patients have a right to their medical records but often don't know how to access them. Electronic systems and a concept known as open notes are changing that. *Neurology Now* 2016; 12(6) : 36-45.

Acknowledgements

- Many thanks to Gina Jones, former LEND trainee, pictured in center with her family (sons Garrett & Gavin and husband Gordon) for her vision, leadership, contributions and support throughout this project.
- Many thanks to author's academic advisor and mentor, Dr. Martha Dewey Bergren, for continued support and guidance.
- Interdisciplinary LEND team members in manuscript development: Sara Bruman and Jessica Edison, MD
- This work was supported by the Illinois LEND Program [Grant Number: T73MC11047; U.S. Department of Health and Human Services—Health Resources and Services Administration (HRSA)]



POSTER PRESENTATION

3

TUBERCULOSIS IN THE SCHOOL SETTING

EILEEN MOSS MS RN PEL/NCSN



Tuberculosis in the School Setting

Eileen Moss, MS, RN, IL-PEL, NCSN
New Lenox School District 122



Student Diagnosed With TB

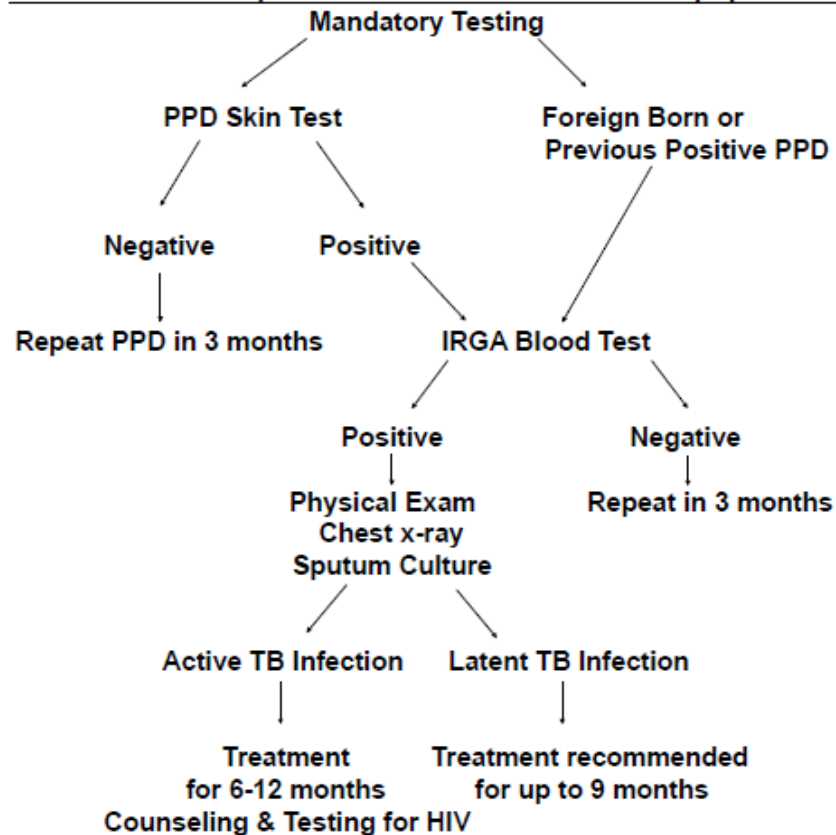
1. Communication with Public Health Department and School Administration
2. Identify Exposed Population
3. Set up testing and reading schedule
4. Communicate with parents and staff
5. Perform testing and reading
6. Repeat testing and reading in 3 months.

Direct Contacts = Mandatory Testing

Indirect Contacts = Optional Testing

TB Testing

Direct Contacts: Exposed to case for one hour five days per week



Results

Direct Contacts

212 Students
7 Parents
10 Staff Members
1 Bus Driver

Number Tested Initially

93% of Direct Contacts
One positive blood test

Number Tested at 3 months

42% of Direct Contacts
All results negative

PPD Testing - all negative

Blood Testing - one positive, student diagnosed with Latent TB and is receiving treatment

Acknowledgements

Lynn McAndrew, RN, IL-PEL
Building Nurse

Sunny Hill Tuberculosis Staff

Centers for Disease Control



A FEW QUESTIONS TO HELP WITH REVIEW AND CONSIDERATION OF THE PRESENTATIONS:

(THIS IS A CONTINUING EDUCATION ACTIVITY AFTER
ALL...)



When grading the strength of recommendations for school nursing Evidence- Based Practice clinical guidelines, one with minor inconsistencies in quality would be considered:

- a) Strong evidence
- b) Moderate evidence
- c) Limited evidence



Several themes emerged from the Lessons from LEND, however one of the following is not included:

- a) Collaborative communication
- b) Empowerment
- c) Family centered care
- d) Improved coping



In the case study of tuberculosis in the school setting, those with direct contact for one hour five days a week, who initially tested negative were tested again in:

- a) 3 months
- b) 6 months
- c) 9 months



Now that you have reviewed the posters and answered the review questions please follow this link to complete the evaluation:



Thank you for participating in this learning activity!