

Nipissing University Scholar Practitioner Program



Winter 2024 Newsletter
Jan 2024 - April 2024



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COLLABORATORS



SickKids[®]

THE HOSPITAL FOR
SICK CHILDREN

NEWSLETTER TEAM

Amanda Boudreau
Fritz Sarigumba
Jenny Jing
Dylan Caetano
Nada Fakir





Welcome



Greetings to all SPP learners and faculty!

As we reflect on the active winter semester theme of Retooling and Redesign, to further encompass experiential narratives, leadership, scholarship, health and therapeutic nurse-client relationships (TNCR), many amazing exemplars depicting these themes were presented throughout the Inquiry sessions, change project ideas and within your reflection week Pecha Kucha styled portfolio presentations. Your reflective practice to retool and redesign your future nursing journey is well evidenced within the various learning activities.

In addition, it was a pleasure to witness TNCR demonstrated in the many advanced skill SIM scenario sessions, which we hope facilitated your deeper application of this fundamental philosophy in all aspects of your academic and point of care interactions.

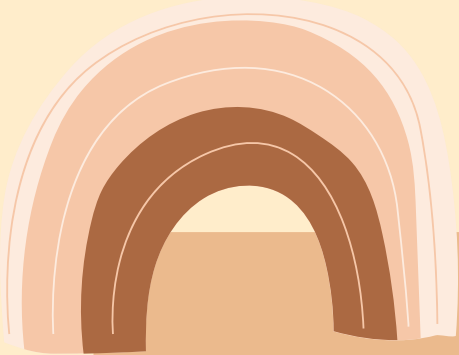
As the winter semester transitions to spring/summer semester, the continued importance of maintaining self-care will bring forth continued positive energies as we move closer to the goal beyond the horizon. Just as the upcoming solar eclipse on April 8th, will bring upon anticipation of darkness within our daylight, know that your shining light will continue to show the pathway in reaching your academic and professional career goals. Harness this energy into your sixth and final semester!

Faculty achievements

Dr. Katalin Pere will represent the SPP faculty research team at the Canadian Association of Schools of Nursing (CASN) Education Conference in Calgary, Alberta in a podium presentation of our latest publication. Congratulations to the team!

Re-imagining of an undergraduate, second-degree entry, accelerated nursing program's curriculum utilizing a postmodern, learner-centred lens and a concept-based framework accepted to Journal of Advanced Nursing
<https://doi.org/10.1111/jan.16019>

Dr. Katalin Pere participated in UHN Teaching and Learning Week Feb 26- March 1, 2024 in co-facilitating an interprofessional preceptorship workshop Feb 26.



Welcome



Learner achievements

Congratulations to **Lindsay Coakley** in receiving the Regina Borowska Scholarship in the Registered Nurses Foundation of Ontario (RNFOO) awards and scholarships. This is a highly competitive funding agency supports educational pursuits of Ontario nurses at every level of their academic journey.

The SPP learners were well represented by **Amanda Boudreau** and **Taylor Stevens** at the NU Undergraduate Research Conference March 22/23,2024 in North Bay campus. Amanda and Taylor's presentation, *BPG Implementation: How to increase engagement, participation, and leadership among our peers*, was presented as as part of a poster panel.

Dr. Baiba Zarins, RN, PhD
SPP Program Manager

CONGRATULATIONS

Faculty Introductions

Match the fun fact with the faculty

Faculty

Baiba Zarins

Louela Manankil-Rankin

Katalin Pere

Jacqueline Lopez

Ping Zou

Fun fact

"To celebrate a milestone birthday, I backpacked around Europe with my brother for 2 weeks."

"My family is brought my Daven, Atticus, and Oppenheimer. Daven is our mischievous husky who has a penchant for destruction and construction alike. Atticus is our gentlemanly cat who loves to indulge in unraveling bathroom tissue rolls. Oppenheimer is our cat lady who prefers to leave her mark on smooth surfaces such as tables, chairs and sofas."

"I came to Canada with my parents when I was 11. I have played the guitar since I was 14. I speak 2 languages fluently. I met my husband in church choir and have been married for 33 years."

"I enjoy DIY home renovation projects. I can spend hours at Home Depot and thrift stores in sourcing ideas and materials."

"I love sports. In my twenties, I used to climb 6-8 hours up to the mountains to ski back in 45 minutes continuously."

Answers on the next page

Faculty Introductions

Faculty

Baiba Zarins

"I enjoy DIY home renovation projects. I can spend hours at Home Depot and thrift stores in sourcing ideas and materials."

Louela Manankil-Rankin

"I came to Canada with my parents when I was 11. I have played the guitar since I was 14. I speak 2 languages fluently. I met my husband in church choir and have been married for 33 years."

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"My family is brought by Daven, Atticus, and Oppenheimer. Daven is our mischievous husky who has a penchant for destruction and construction alike. Atticus is our gentlemanly cat who loves to indulge in unraveling bathroom tissue rolls. Oppenheimer is our cat lady who prefers to leave her mark on smooth surfaces such as tables, chairs and sofas."

Student Council Presidents

Congratulations on completing Semester 5! Your perseverance and hard work have brought you to this significant milestone, and we're nearing the finish line!

As we approach the final semester, it's important to reflect on the profound impact you've had on the lives of many. Your dedication to learning shines through in all your endeavours! Your care as nursing students has already left a positive mark on numerous individuals, and you will undoubtedly continue to make a meaningful difference in the lives of your patients.

We also want to applaud your resilience. Keep believing in yourselves and supporting one another along the way! Remember to lean on your support networks and each other whenever necessary. Take advantage of this well-deserved break to recharge and rejuvenate.

Once again, congratulations on your achievements, and let's approach this final stretch with determination and enthusiasm!

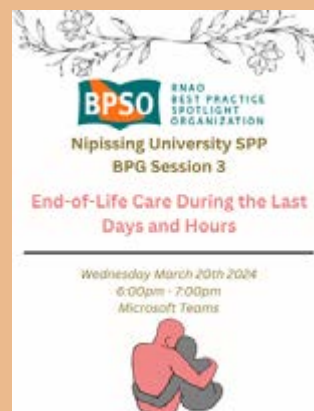
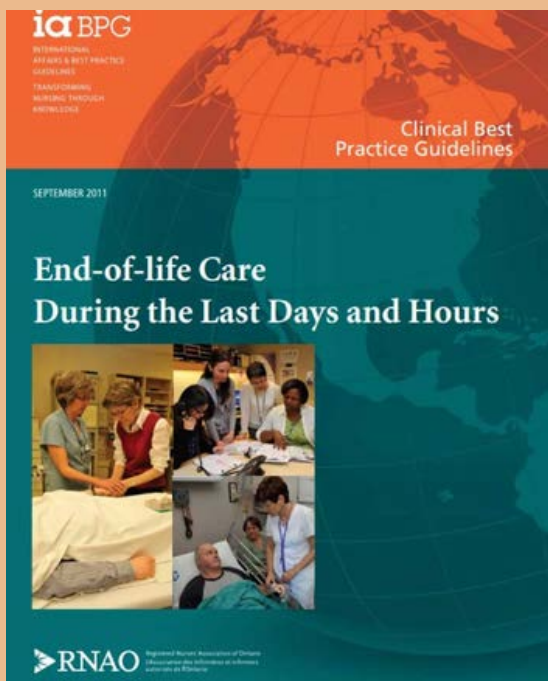
Warm regards,

STUCO Leads



Best Practice Guidelines

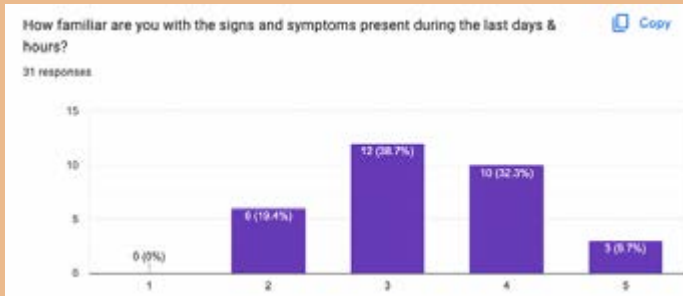
This semester, we focused on the Best Practice Guideline of *End-of-Life Care In the Last Days and Hours*. We found this BPG super important to our death education learning. It is extremely important as nurses that we know how to handle these situations when they arise. On the next page, you are able to see some data we collected through our pre and post surveys to determine how our cohort is understanding the knowledge.



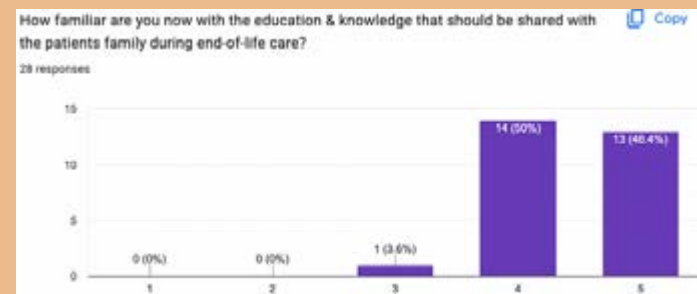
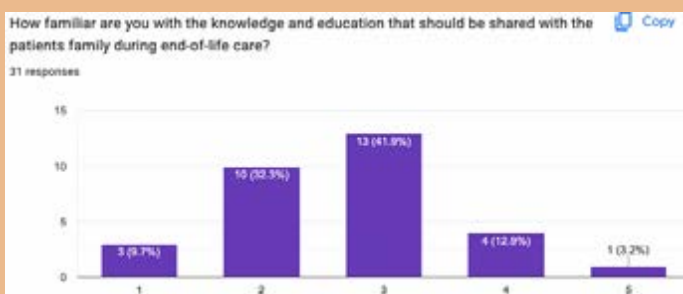
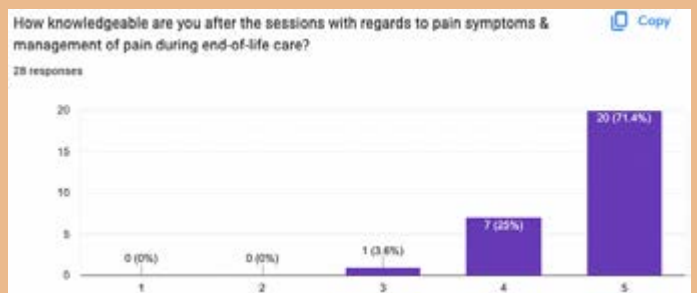
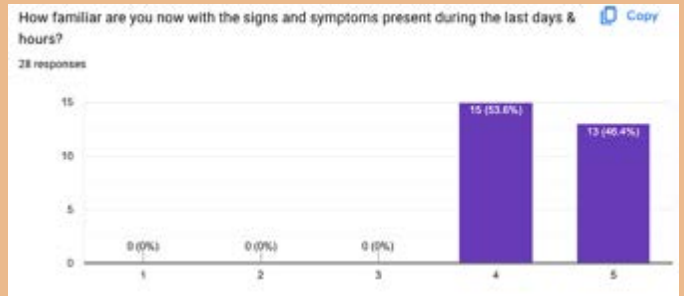
For our final semester, we will be covering *Embracing Cultural Diversity In Healthcare: Developing Cultural Competence*. We are excited to make our last sessions engaging and informative. If any students wish to participate, we are always looking for volunteers to help co-lead sessions!

Best Practice Guidelines

Pre-Survey



Post-Survey



Best Practice Guidelines

In March of 2024, we attended the Nipissing University Undergraduate Conference for the second time! We had so much fun connecting with other students and faculty of Nipissing University.



Graduation



Graduation Photo Information

Dates: June 4, 5, and 6

Location: Michener Institute, room 618

Further details on how to book grad photo sessions will be shared closer to the date (please look out for an email from Baiba)

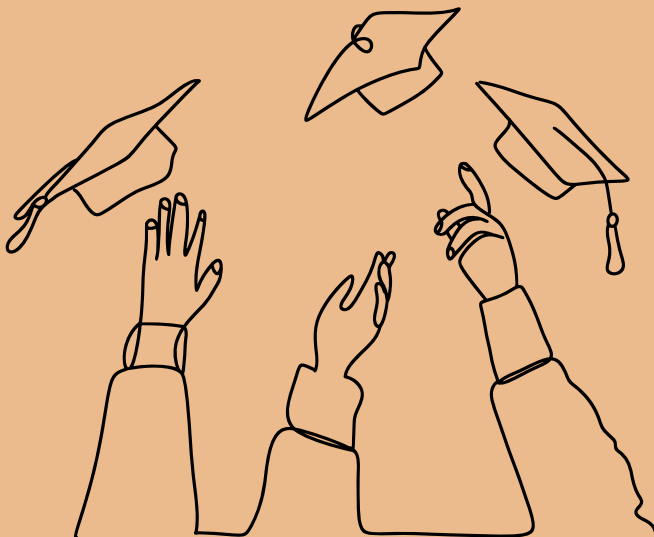


"End of Year" Party Information

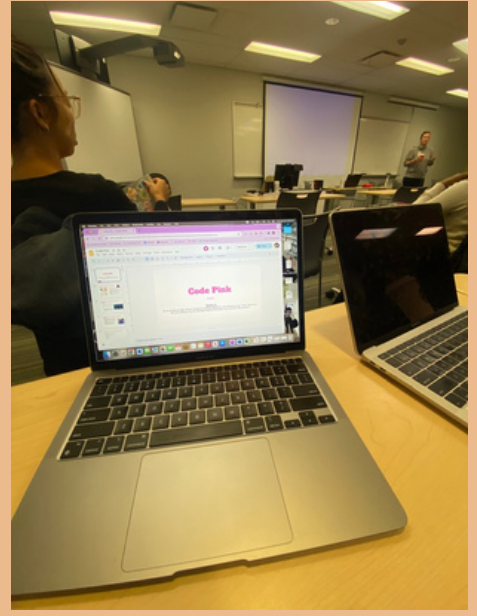
Date: July 31st 10:00 - 12:00

Location: Michener Auditorium and Annex room

This is a not-to-be missed event in celebrating your academic journey with colearners, faculty, family, friends and invited guests. All learner attendees will also partake in a nurse pinning ceremony by your faculty to commemorate your entry into the nursing profession. This event will also include an end of program acknowledgment with program inceptors in attendance. Event details will be coordinated in collaboration with STUCO. An RSVP form will be sent in June to all learners and program stakeholders with further details.



Winter Semester Highlights



This winter's semester has truly been one for the books, especially with our thrilling Simulation Day and the skill-enhancing Advanced Fundamentals in Nursing Skills Day. Through these engaging sessions, we've dived deep into the principles of nursing, tackling everything from emergency scenarios to critical patient care techniques—all with a dose of fun and camaraderie. It's been an awesome journey of learning, bonding, and preparing for the real-world challenges that await us in our nursing careers.



Consolidation Excitement

I'm excited to be applying all of the knowledge I have learned over the last two years in an area I want to work in after graduation!

-Jenny Jing

I'm excited to be so close to being done and becoming an RN!

-Sandy Nguyen

I'm excited to be placed in a similar learning environment as my first and third semesters to see how much I've progressed. The good food around the area is a bonus

-Dylan Caetano

Consolidation I'm looking forward to learning about different types of chemo meds and to use the interpersonal skills I gained this semester, next semester & learning about 8A and different procedures and treatments

-Taylor Stevens

For consolidation, I am most excited about the opportunity to develop more specialized skills and independence! Further! I am excited for my placement on 7BCD and I can't wait to see all that general pediatric medicine has to offer!

-Carly Bradshaw

Spring Recipes

Brown Butter Chocolate Chip Cookies with Toffee

- Jenny

Ingredients

- 1 cup of unsalted butter
- 2 cups of all-purpose flour
- 1 tsp. of baking soda
- 1/2 tsp. of kosher salt
- 1 cup of dark brown sugar
- 1/3 cup of granulated sugar
- 2 large eggs
- 2 tsp. of vanilla extract
- 2 1.4 ounces of chocolate toffee bars
- 1 1/2 cups of chocolate wafers
- Flaky sea salt

Directions

1. Brown 1 cup of unsalted butter in saucepan until foamy and darkened. Let it cool slightly.
2. Whisk together 2 cups of flour, 1 tsp baking soda, and 3/4 tsp of salt in a bowl
3. Combine browned butter with 1 cup dark brown sugar and 1/3 cup of granulated sugar. Add dry ingredients and mix. Stir in chopped chocolate toffee bars and chocolate wafers. Let dough sit for 30 minutes.
4. Preheat oven to 375. Scoop dough onto a lined baking sheet, spacing apart. Sprinkle with sea salt.
5. Bake for 9-11 minutes until golden brown. Cool on wire rack.

Almond Roca

- Breana

Ingredients

- 1 lb of butter
- 2 cups of sugar
- 2 tablespoons of light corn syrup
- 6 tablespoons of water
- 1 cup of finely chopped almonds
- 1 bag of milk chocolate chips

Directions

1. Melt butter in large pot
2. Add corn syrup, water and sugar to a pot until the mixture becomes brown. Stir continuously
3. Remove from heat and stir in 1/2 the almonds
4. Add mixture onto a greased baking sheet.
5. Melt the chocolate on low heat until chocolate is smooth.
6. Score the almond butter mixture into desired shape
7. Pour the hot chocolate over the almond mixture and spread evenly.
8. Sprinkle remaining almonds over mixture.
9. Refrigerate overnight.



Health & Wellness Tips



Make sure to get more than 8 hours of sleep



Take breaks more often.



Drink lots of water and eat nutritious meals



Stay active and healthy



Stay connected with family and friends



Seek help when needed

Test Your Knowledge

A pregnant client with gestational diabetes asks the nurse about managing her condition. What dietary recommendation should the nurse prioritize to control blood sugar levels?

A postpartum client presents with signs of mastitis. What interventions should the nurse consider to alleviate symptoms and promote healing?

During prenatal care, a client at 28 weeks' gestation expresses concern about developing preeclampsia. What signs and symptoms should the nurse prioritize?

A client at 38 weeks' gestation arrives at the labour and delivery unit with ruptured membranes and contractions. What assessment findings might indicate a possible complication requiring immediate attention?

A client, 4 hours postpartum, reports persistent bleeding despite fundal massage and oxytocin administration. What immediate actions should the nurse prioritize to address this situation?

Change Project

Change Project: Intubation and Sedation Information Pamphlet for SickKids Pediatric Intensive Care Unit

Jenny Joy
Bachelor Practitioner Program, Nipissing University
NURS 2003: Nursing and Advancing
On May 15, 2024





<p>Feasibility Assessment</p> <p>The feasibility assessment of the project encompasses revised literature, resources, environment, culture, and sustainability.</p> <p>Resources: Involving a multidisciplinary team in creating the pamphlet ensures a comprehensive approach, drawing from diverse perspectives and expertise. Identifying funding is essential to facilitate this collaboration, enabling team members to devote time to brainstorming, research, and information gathering. Through this collaborative effort, the team can explore vital information crucial for patients and families, while also identifying gaps in knowledge and preparing the staff, needs of caregivers of intubated and sedated patients. Furthermore, leveraging existing research and patient related to family support within the institution along a crucial role in ensuring the project's alignment with existing goals and enhancing feasibility (Parker et al., 2016).</p> <p>Environment: The pamphlet is envisioned as a tool to promote environmental consciousness among caregivers, encouraging them to recycle paper usage. Furthermore, to minimize paper usage and environmental impact, the pamphlet will also be available online as a digital copy. This approach not only reduces the environmental footprint but also ensures easy accessibility. Given the time constraints in the PICU, where comprehensive communication with caregivers may be limited, the pamphlet aims to address immediate needs and also offer ongoing educational information effectively.</p> <p>Culture: Cultural factors are essential to consider when assessing the project's feasibility. The attitudes, beliefs, and practices of both PICU staff and caregivers regarding family involvement and communication can significantly impact their receptiveness to research and its outcomes. Additionally, many families in PICU may not be English-speaking. The pamphlet could be translated to many languages to accommodate for this by acknowledging and respecting cultural diversity, the project can offer an approach to ensure cultural competence and relevance, thereby enhancing feasibility.</p> <p>Sustainability: Furthermore, the iterative process inherent in the Plan-Do-Study-Act (PDSA) cycle significantly enhances the sustainability of the project. By learning feasibility and alignment feedback from stakeholders, the PDSA cycle facilitates ongoing improvement and refinement of the pamphlet to more effectively address the existing needs of families (Parker et al., 2016). This iterative approach not only tests the project's implementation in changing environments but also ensures its long-term viability and impact.</p>	<p>Significance</p> <p>The project addresses the critical information needs of a patient's family, ensuring they are equipped with the knowledge and resources necessary to support their loved one in the PICU. This project is significant as it provides a structured approach to gathering and disseminating vital information, addressing the needs of caregivers and patients alike. Furthermore, the project's focus on family support and education is a key component of patient-centered care, which is essential for improving outcomes and enhancing the overall experience of the patient and their family (Parker et al., 2016).</p> <p>Impact: The project is expected to have a positive impact on the PICU environment by providing caregivers with the necessary information to support their patients and families. This information will be disseminated through the pamphlet, which will be available in both print and digital formats. The project's impact is also expected to be felt by the families of patients in the PICU, who will benefit from the increased communication and support provided by the project. Furthermore, the project's focus on family support and education is a key component of patient-centered care, which is essential for improving outcomes and enhancing the overall experience of the patient and their family (Parker et al., 2016).</p>	<p>Ethical Considerations REDO</p> <p>The project involves the collection and use of personal information, which raises ethical considerations. The project team has conducted a thorough review of the project's ethical implications and has identified several key areas of concern. These include the potential for data breaches, the use of personal information for purposes other than those intended, and the potential for discrimination based on race, ethnicity, or other characteristics. The project team has developed a comprehensive plan to address these concerns, including the implementation of robust data security measures, the use of secure communication channels, and the development of a clear and concise privacy policy. Furthermore, the project team has conducted a thorough review of the project's ethical implications and has identified several key areas of concern. These include the potential for data breaches, the use of personal information for purposes other than those intended, and the potential for discrimination based on race, ethnicity, or other characteristics. The project team has developed a comprehensive plan to address these concerns, including the implementation of robust data security measures, the use of secure communication channels, and the development of a clear and concise privacy policy.</p>	<p>Evaluation Plan</p> <p>To comprehensively assess the effectiveness of the informational pamphlet, a multi-faceted approach will be employed. This approach includes the use of quantitative and qualitative data to evaluate the pamphlet's impact on caregivers and patients. Quantitative data will be collected through surveys and questionnaires, which will measure the pamphlet's reach, readability, and perceived usefulness. Qualitative data will be collected through focus groups and interviews, which will explore caregivers' and patients' experiences with the pamphlet and their perceptions of its value. The project team will also conduct a cost-benefit analysis to evaluate the pamphlet's financial impact on the PICU. This analysis will consider the costs of developing and distributing the pamphlet, as well as the potential benefits of improved communication and patient outcomes. The project team will also conduct a cost-benefit analysis to evaluate the pamphlet's financial impact on the PICU. This analysis will consider the costs of developing and distributing the pamphlet, as well as the potential benefits of improved communication and patient outcomes.</p>
<p>Summary</p> <p>This change project aims to address the significant informational and support needs of families with intubated and sedated children in the Pediatric Intensive Care Unit (PICU) by developing a comprehensive informational pamphlet. The project addresses the significant informational and support needs of families with intubated and sedated children in the PICU by developing a comprehensive informational pamphlet. The project addresses the significant informational and support needs of families with intubated and sedated children in the PICU by developing a comprehensive informational pamphlet.</p>			
<p>References</p> <p>1. Parker, J., & Smith, A. (2016). The impact of family support on patient outcomes in the PICU. <i>Journal of Pediatric Nursing</i>, 31(2), 123-130.</p> <p>2. Smith, A., & Parker, J. (2016). The impact of family support on patient outcomes in the PICU. <i>Journal of Pediatric Nursing</i>, 31(2), 123-130.</p> <p>3. Smith, A., & Parker, J. (2016). The impact of family support on patient outcomes in the PICU. <i>Journal of Pediatric Nursing</i>, 31(2), 123-130.</p> <p>4. Smith, A., & Parker, J. (2016). The impact of family support on patient outcomes in the PICU. <i>Journal of Pediatric Nursing</i>, 31(2), 123-130.</p> <p>5. Smith, A., & Parker, J. (2016). The impact of family support on patient outcomes in the PICU. <i>Journal of Pediatric Nursing</i>, 31(2), 123-130.</p>			

MITIGATING FOOD INSECURITY FOR PARENTS AT THE HOSPITAL FOR SICK CHILDREN

Taylor Stevens (0655045) - Nipissing University SPP



<p>Overview</p> <p>This change project aims to decrease food insecurity (FI) by ensuring free food is available to parents or caregivers of pediatric inpatients at HSC. It was noticed that many social work notes indicated a need for change, as many families had indicated they struggled with FI (Lo Count, et al. 2023). Studies across the US show that many families entering hospitals struggle with food insecurity during their stay.</p> <p>In order to implement this change, a survey would need to be created to evaluate the extent of food insecurity at HSC. This survey would be disseminated to the families of patients to retrieve data on FI present. This data would then be analyzed to determine if a pantry would be appropriate (similar to Hamilton Health Sciences). Due to the latest introduction of caregiver/patient pantries at hospitals, HSC should hopefully be able to implement the same type of scenario in order to promote client and family wellbeing (Newitt, 2023).</p>	<p>Evaluation Plan</p> <p>Because this change project makes use of the PDCA cycle, there is continuous evolution as the cycle continues (Loveritts & Kuttin, 2017). It's important to review the survey for any questions that may have been missed and to analyze the data of those remaining at HSC. The desired outcome of this change would be to reduce or eliminate food insecurity of parents & caregivers with an inpatient child at HSC. Analyzing the exit portion of the PDCA cycle is important as well, as we can determine if the pantry or food is being accessed and if what volume it is being used. This can allow for continual adjustments with regards to the change project in order to make it as efficient and useful as possible.</p> <p>Some success indicators suggesting this change has helped minimize food insecurity include:</p> <ul style="list-style-type: none"> re-evaluation of caregivers/parents experience of food insecurity after access to the pantry Data retrieved of how much food is being used from the pantry and how regularly Healthcare teams should ask questions to families at HSC about the change/implementation and how it has affected the families in our area 	<p>Feasibility</p> <p>The target audience for this project would be all of the stakeholders, as this change would require various types of stakeholders in order to design, disseminate and implement this change to help limit food insecurity. Similar to Hamilton Health Sciences, a pantry would be available which would require the support of all stakeholders (Newitt, 2023).</p> <p>The culture of HSC focuses heavily on patient & family-centred care, which would be the forefront of this change project (RNAC, 2015). HSC receives high volumes of funding, and has a wider volunteer base, which could help promote and drive this change project to fruition.</p>
<p>Significance</p> <p>Ultimately, this change project is to promote the holistic wellbeing of all patients with children hospitalized at HSC through mitigating food insecurity by providing food free of charge. In addition, it should provide nurses and healthcare staff with the ability to provide food for parents when they are unable to afford them on their own (Lee, et al. 2022). This will also help promote the wellbeing of the hospital and patient & family/caregiver satisfaction while staying at HSC.</p>	<p>Ethical Considerations</p> <p>There is a potential for misuse of those that can afford restaurants. Parents of high socio-economic status may see others using the pantry and use food supplies as well, limiting the food supply for those in need (Auger, et al. 2023). Parents or caregivers may also feel insecure or self-conscious to use the free food. Appropriate signage to indicate the location of the pantry, as well as ensure multiple languages the signs are in to avoid patients families from not being able to locate the pantry (Auger, et al. 2023). In addition, there is a potential risk for allergy. We would try to avoid this by labelling products very clearly and avoiding foods that are high risk with labels to allergies (i.e. peanuts).</p>	<p>References:</p> <p>Alphonsi, F. R., & Laska, M. M. (2020). Food Insecurity and Health. <i>Journal of the American Dietetic Association</i>, 120(1), 1-10.</p> <p>Auger, T. A., & Smith, J. A. (2023). The impact of food insecurity on patient outcomes in the PICU. <i>Journal of Pediatric Nursing</i>, 38(2), 123-130.</p> <p>Auger, T. A., & Smith, J. A. (2023). The impact of food insecurity on patient outcomes in the PICU. <i>Journal of Pediatric Nursing</i>, 38(2), 123-130.</p> <p>Auger, T. A., & Smith, J. A. (2023). The impact of food insecurity on patient outcomes in the PICU. <i>Journal of Pediatric Nursing</i>, 38(2), 123-130.</p> <p>Auger, T. A., & Smith, J. A. (2023). The impact of food insecurity on patient outcomes in the PICU. <i>Journal of Pediatric Nursing</i>, 38(2), 123-130.</p>
<p>Reflection</p> <p>As someone who has fortunately, never dealt with food insecurity, I was baffled and saddened by the number of families that feel they cannot afford food during their child's inpatient stay. I felt there was a strong need for change, as nutrition is essential to holistic care. Through research, I have discovered this is a problem worldwide and it needs to be addressed in order to promote patient & family-centred care. I would love to continue the research for this project, as I do believe it is possible, realistic, and attainable.</p>		

Change Project

Enhancing Holistic Care: Integrating Mental Health Assessment into Chronic Illness Care within Outpatient Clinics.

Nada Fakir
Scholar Practitioner Program, Nipissing University

SUMMARY

The change project aims to integrate mental health assessment into holistic care for patients with chronic illness within outpatient clinic settings. The background addresses the prevalence of psychological distress among patients with chronic conditions and the ethical and/or practice assessment and support. Through a needs assessment, the project identifies gaps in current practice and identifies areas for change to enhance holistic care delivery.

The main goal of the project is to improve patient outcomes and satisfaction with care by implementing standardized protocols for mental health assessment. Objectives include: identify and address barriers to integration, improve patient assessment and intervention, improve social assessment and intervention, and improve patient assessment and intervention. The rationale for the project is supported by current knowledge, which emphasizes the significance of holistic patient care and the effectiveness of integrated approaches in managing chronic illnesses.

The theoretical model of Behavior Change (TBM) serves as the guiding theoretical framework, providing a structured approach to address barriers to change. Implementation involves a phased approach, including planning, testing, implementation, and evaluation. Stakeholders, including patients, nurses, and the healthcare team, will be involved in various stages of the project to ensure buy-in and collaborative problem-solving.

This change project reflects a commitment to enhancing the holistic well-being of patients with chronic illnesses. By addressing the mental health needs of these individuals and providing comprehensive care, the project aims to make a meaningful difference in patient outcomes and overall satisfaction with care. The change initiative will be implemented through standardized protocols and ongoing communication, with the ultimate goal of improving patient care and well-being.

FEASIBILITY

The feasibility of implementing the proposed change project involves careful consideration of various factors, including resources, personnel, culture, and support. Key considerations include:

- Resources:** Assessing the availability of staff, time, and financial resources to support the change project. This includes identifying existing resources and determining if additional resources are needed.
- Personnel:** Identifying the individuals responsible for implementing the change project. This includes assessing the skills and knowledge of the current staff and determining if additional training or support is needed.
- Culture:** Assessing the organizational culture and determining if it is supportive of the change project. This includes identifying any barriers to change and determining if the organizational culture can be modified to support the change project.
- Support:** Identifying the individuals who will support the change project. This includes assessing the support of the healthcare team, patients, and the community.

SIGNIFICANCE

Implementing the proposed change project will have several significant impacts on the organization and the community:

- Improved Patient Outcomes:** Integrating mental health assessment into holistic care will lead to improved patient outcomes, including reduced hospitalizations, improved patient satisfaction, and reduced healthcare costs.
- Enhanced Patient Satisfaction:** Providing comprehensive care that addresses the mental health needs of patients will lead to improved patient satisfaction and loyalty.
- Increased Staff Satisfaction:** Supporting the mental health needs of patients will lead to increased staff satisfaction and retention.
- Improved Organizational Reputation:** Providing comprehensive care will lead to improved organizational reputation and increased patient referrals.

ETHICAL CONSIDERATIONS

Implementing the proposed change project will involve several ethical considerations that must be addressed to ensure the project is conducted in an ethical and responsible manner:

- Privacy:** Ensuring that patient information is protected and used only for the purposes of the change project.
- Informed Consent:** Obtaining informed consent from patients before participating in the change project.
- Equity:** Ensuring that the change project is accessible to all patients, regardless of their socioeconomic status or other factors.
- Transparency:** Being transparent about the goals and objectives of the change project and the progress of the project.

REFLECTION AND CONCLUSION

The implementation of the proposed change project will be a complex and ongoing process. It is important to reflect on the progress of the project and to make adjustments as needed. The conclusion of the project will be based on the achievement of the project's goals and objectives. The project will be a success if it leads to improved patient outcomes, enhanced patient satisfaction, and increased staff satisfaction.

Enhancing NICU Nursing Support: Implementation of Bereavement Team

Danielle Sahadevan, BSc, BSN Candidate, Nipissing University

<h3>Summary of Change Project</h3> <p>The goal of this project is to minimize NICU nurses' burnout through the creation of a NICU Bereavement Support Team, or created a subsection of the already established Bereavement team at SickKids. The objective is to connect with researchers, social workers, and NICU nurses to find the best way to integrate this change. The change will be implemented using John Kotter's model of change, in which a team of researchers will learn about the culture of the NICU, interview and shadow the nurses, and create a trial bereavement team. The target audience for this change project will be the SickKids NICU managers and the foundation.</p>	<h3>Implementation (John Kotter Theory)</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Increase Urgency</td> <td>Increase NICU Burnout Knowledge A team of researchers, social workers, and other healthcare workers will be recruited and hired for this change project.</td> </tr> <tr> <td style="text-align: center;">Build a Team</td> <td>The main research topics the team would focus on would be on the NICU culture at the Hospital of Sick Children, current bereavement support provided to caregivers, and caregiver attitudes on bereavement.</td> </tr> <tr> <td style="text-align: center;">Create a Vision for Change</td> <td>The research team will speak with the NICU nurses, with their permission, on their experiences with bereavement. If a nurse never had previous experience with bereavement, they would ask them what their expectations are in regards to the support they would receive.</td> </tr> <tr> <td style="text-align: center;">Communicate</td> <td>Change will be empowered through shadowing shifts the team will have within the NICU. They will discuss with the nurses when it would be appropriate to approach them if a patient were to pass away to best support them.</td> </tr> <tr> <td style="text-align: center;">Empower Action</td> <td>The research team will bring their knowledge to the bereavement team at SickKids and create a support team for the NICU. This team will continue to work closely with the unit for 6 months.</td> </tr> <tr> <td style="text-align: center;">Quick Win</td> <td>The researchers will speak with the NICU nurses to have open discussions regarding the support provided from the trial bereavement support team. The feedback from this will help with the implementation of a permanent team.</td> </tr> <tr> <td style="text-align: center;">Implement Change</td> <td>The research team will bring the feedback back to the trial bereavement support team and implement change. This can lead to a one trial case as a permanent extension to the already established bereavement team at SickKids.</td> </tr> <tr> <td style="text-align: center;">Build on Change</td> <td></td> </tr> </table>	Increase Urgency	Increase NICU Burnout Knowledge A team of researchers, social workers, and other healthcare workers will be recruited and hired for this change project.	Build a Team	The main research topics the team would focus on would be on the NICU culture at the Hospital of Sick Children, current bereavement support provided to caregivers, and caregiver attitudes on bereavement.	Create a Vision for Change	The research team will speak with the NICU nurses, with their permission, on their experiences with bereavement. 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This can lead to a one trial case as a permanent extension to the already established bereavement team at SickKids.	Build on Change		<h3>Feasibility</h3> <p>There is an already established bereavement team at SickKids that works with the caregivers of palliative patients. This team creates the belief that the hospital would also have the resources to curate a similar team for nursing support. The change project supports the integration into the NICU through its consistent collaboration with the nurses on the unit. It may be difficult to shadow the unit for 6 months considering the critical environment. There can be shifts that the trial bereavement team conducts that best fit the units schedule, and updates can be made via phone calls and video calls when appropriate. The team also needs to understand how different cultures can impact bereavement outcomes, which should be established when researching.</p> <h3>Significance</h3> <p>The potential impact this project will have on the NICU nurses would be an increase of perceived support from the organization after a bereavement. It is better to acknowledge the stressors in NICU nurses' lives as it will equip providers to minimize negative impacts, such as burnout and job dissatisfaction, and maintain adequate care (Mills & Cortezzo, 2020). This can then correlate with decrease in compassion fatigue in regards to bereavement management. This project should also advocate for nurses and prevent them from increasing their workload after a bereavement (admitting a new patient, taking over another nurse's assignment, etc.). There was a study that showed that nurses ranked having a heavy workload while having a palliative patient as a high stressor (Kim & Kim, 2022). Kim & Kim (2022) also touched on the difficult conversations nurses they have with caregivers while caring for a patient who is on perinatal bereavement support. This is why the outcome of this study will help with the advocacy of nurses and their workload, along with the support they should be receiving from their organization.</p>	<h3>Ethical Considerations</h3> <ul style="list-style-type: none"> Personal biases <ul style="list-style-type: none"> There are cultural and religious differences on how bereavement is handled and portrayed. This should be researched prior to arriving onto the unit to prevent discrimination and biases from occurring. Coping Mechanisms <ul style="list-style-type: none"> Studies have shown that nurses handle patient deaths differently from one another which can be due to multiple factors. There was a study that noticed a difference between married and single nurses (Omid et al., 2023), and one between senior and newer nurses (Rodriguez et al., 2020). Researchers need to understand that everyone goes through the stages of grief differently before speaking to the nurses. Team's Wellbeing/Time Dependent <ul style="list-style-type: none"> This is a timely study which requires the dedication of many disciplines, and the requirement of following up after a patient's death. All researchers and healthcare workers working on this project must also get compensation, credibility, and wellness checks.
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<h3>Evaluation Plan</h3> <p>Researchers and social workers who are interested in this topic will be hired for this project. They will invest time into researching how bereavement is managed in the NICU at SickKids. A questionnaire will be created from their research to come up with appropriate questions to discuss. This team will then interview nurses who experienced a patient death in the past 6 months. This team will then take this knowledge and shadow the unit for another 6 months following up with nurses after a patient has passed. The researchers will follow up with the primary nurse, when appropriate, for each case to discuss how they were supported and any impacts on their lives outside of work. The researchers will then take this knowledge connect with the already established SickKids bereavement team to create a trial nursing specific support team. The researchers will interview the members of the trial team along with the nurses after the 6 months are completed to inquire about any changes needed to be made. From here an actual bereavement team will be created, or a permanent extension to the bereavement team at SickKids will be formulated. Three success indicators that show the goal was achieved will be from nursing feedback, nursing manager feedback, and bereavement team feedback. The limitations from this project relies on the honesty and open mindedness of those who participate.</p>	<h3>Reflection & Conclusion</h3> <p>This change project stemmed from a conversation I had with my preceptor regarding bereavement management. Through my own research I had the opportunity to learn more about how patient death is managed in the NICU and what the hospital resources are provided to caregivers. It was enlightening to see how the hospital supports parents and loved ones. I wanted to create an extension, or potentially a whole separate team, of healthcare workers who can provide the same support to nurses. Nurses make up the largest proportion of healthcare workers (Tanner, 2010). This is why I believe in the importance of continuous support for nurses in all aspects of healthcare. I also see the importance of a bereavement support team as it can further expand to other units in the hospital.</p>																		

Change Project

INTRODUCTION

- Inpatient psychiatric units face significant challenges in ensuring patient safety, with the overuse of restraints being a prominent concern.
- According to Jacob et al. (2016), a community hospital's psychiatric units reported 1753 restraint orders for 455 patients in one year, highlighting the urgency for change.
- This project presents a comprehensive initiative aimed at reducing restraint use and enhancing safety through targeted interventions and strategies.

EVALUATION PLAN

Design:

- Pre- and post-implementation assessments of restraint events and staff proficiency.

Success Indicators:

- 25-30% reduction in restraint events.
- Improved staff competency in de-escalation.
- Decreased incidents of aggression.

FEASIBILITY ASSESSMENT

Resources:

- Availability of training resources and organizational support.

Environment:

- Shifting organizational culture towards safety-centric practices.

Policy:

- Development and implementation of supportive policies and protocols.

Enhancing Patient Safety in Psychiatric Units: A Restraint Reduction Initiative

JENNIFER MEUWISSEN

SUMMARY

GOAL:

Reduce restraint events by 25-30% within inpatient psychiatric units while increasing staff proficiency in verbal de-escalation techniques.

STRATEGIES:

Training Enhancement: Targeted sessions on early agitation recognition, effective communication, and non-verbal de-escalation.

Protocol Implementation: Introduction of evidence-based protocols for assessing and managing aggressive behaviour.

Cultural Transformation: Fostering a safety-centric culture through staff engagement and open communication.

Interprofessional Collaboration: Establishing teams for tailored care plans and cohesive patient management.

SIGNIFICANCE

Impact:

- Enhancing patient safety, improving staff well-being, and elevating overall quality of care.
- Supported by evidence from literature, emphasizing the efficacy of alternative approaches to restraint use.

ETHICAL CONSIDERATIONS

Risks:

- Staff resistance, patient and/or staff harm, unintended consequences.

Mitigation Strategies:

- Comprehensive training, clear protocols, ongoing monitoring.

REFLECTION AND CONCLUSION

Personal Growth:

- Gained insights into complexities and challenges of reducing restraint use.

Optimism:

- Belief in the initiative's potential impact and importance of ongoing improvement in psychiatric care.

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 2. ... (2017). ...
 3. ... (2018). ...
 4. ... (2019). ...
 5. ... (2020). ...

Implementation of a Universal EMR Across Canada

Amanda Boudreau
Scholar Practitioner Program, Nipissing University

Summary of the Change Project	Ethical Considerations	Feasibility
<p>The current placement in the ... (text continues)</p> <p>Desired Outcomes</p> <p>The desired outcomes of the change project include:</p> <ul style="list-style-type: none"> Staff acceptance to implement across Canada. Improved quality of patient care. Increased staff proficiency. 	<p>The following describes the ethical considerations for the proposed change project:</p> <p>Autonomy: Patients and other staff members using EMR ...</p> <p>Beneficence: ...</p> <p>Non-maleficence: ...</p> <p>Justice: ...</p>	<p>The overall feasibility of this change project is dependent on these factors:</p> <p>Resources: ...</p> <p>Environment: ...</p> <p>Culture: ...</p> <p>Policy: ...</p>
Significance	Conclusion	References
<p>The potential impact of this change project would be a positive impact on patient care and staff proficiency, resulting in improved patient safety and staff satisfaction.</p>	<p>My intention for this change project was to improve the efficiency of EMR systems and to enhance patient care. However, the change project presented several challenges, including staff resistance and limited resources. Despite these challenges, the project was successful in implementing the EMR system across the organization. The project was a significant achievement and will have a positive impact on patient care and staff proficiency.</p>	<p>1. ... (2016). ... 2. ... (2017). ... 3. ... (2018). ... 4. ... (2019). ... 5. ... (2020). ...</p>

2024

Change Project

REDUCING THE AMOUNT OF SUGAR CONSUMPTION IN CHILDREN'S HOSPITAL PROVIDED MEALS

Matifadza Chinoda

SUMMARY OF CHANGE PROJECT

Background: Childhood obesity and related health issues are significant concerns, particularly among paediatric patients admitted to hospitals. The excessive sugar content in meals provided to these patients can exacerbate health problems and contribute to poor dietary habits. (Figures 1 & 2). Therefore, there is a critical need to reduce sugar intake in children's hospital provided meals to promote healthier eating habits and improve long-term health outcomes.

Goal and Objective: The goal of the change project is to reduce the sugar content in meals provided to paediatric patients at SokoMitsi by 20% within six months. This will be achieved through targeted interventions aimed at developing low-sugar meal options, implementing menu labeling, and providing education and resources to patients, families, and staff.

Current Knowledge: Several studies emphasize the significance of reducing sugar intake among paediatric populations to enhance dietary quality and mitigate the risk of obesity-related health conditions. Huang et al. (2018) highlight the role of hospital foodservice in providing nutritious meals to paediatric patients, emphasizing the potential impact of sugar reduction initiatives on health outcomes. Rujawan et al. (2016) underscore the detrimental effects of excessive sugar consumption on body weight and metabolic health, emphasizing the importance of reducing sugar intake, particularly among children. (Figure 3). Daniels & Hassink (2015) discuss the role of paediatricians in promoting healthy dietary habits and advocate for policies supporting healthier eating behaviors among children, including those in hospital settings. Additionally, Calceolari et al. (2022) provide evidence linking sugar-sweetened beverages to adverse cardiovascular health outcomes, emphasizing the importance of reducing sugar consumption to prevent chronic diseases among paediatric populations.

Theory Applied: The Translational Model (TDM) is applied to guide the implementation of the change project. By recognizing individuals' varying stages of readiness to change, interventions can be tailored to meet their specific needs and support them in adopting healthier eating behaviors over time.

Target Audience and Organization: The target audience for this change project are hospital administrators, nutritionists, dietitians, food service providers, frontline healthcare staff, patients, and families at SokoMitsi. This is also the organization where I aim to implement the change project even as it is a paediatric hospital committed to providing high-quality care and promoting the health and well-being of paediatric patients.

IMPLEMENTATION

The implementation plan consists of three stages: pre-implementation, implementation, and monitoring and evaluation. The implementation activities focus on building a supportive infrastructure and securing resources, while the implementation stage involves executing targeted strategies to reduce sugar content in hospital meals. Ongoing monitoring and evaluation efforts ensure the sustainability and effectiveness of the interventions over time. By working collaboratively and leveraging evidence-based practices, the project aims to achieve meaningful improvements in paediatric nutrition and health outcomes at SokoMitsi.

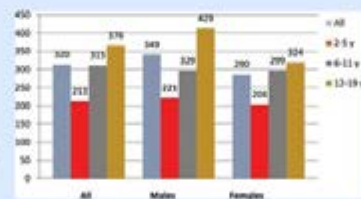


Figure 1. Mean daily kilocalories from added sugars among children and adolescents 2 to 18 years of age, by sex and age group.

EVALUATION PLAN

The evaluation of the change project will utilize a mixed-methods approach, incorporating both quantitative and qualitative measures to assess the effectiveness of sugar reduction initiatives in paediatric hospital meals. Quantitative data will be collected to measure changes in the average sugar content of meals over time, patient satisfaction with meal options, and health outcomes related to sugar intake. Qualitative data will be gathered through surveys, interviews, and focus groups to capture stakeholders' perceptions, experiences, and feedback regarding the changes implemented.

The desired outcomes of the change project encompass three main objectives:

- Firstly, the project aims to achieve a measurable reduction in the average sugar content of paediatric hospital meals. The target is to lower sugar content by at least 20% within the initial six months of implementation compared to baseline measurements. This outcome directly reflects the project's overarching goal of lowering healthier dietary habits among paediatric patients.
- Secondly, enhancing patient satisfaction with meal options is another key objective. Regular patient satisfaction surveys will be conducted to assess perceptions of meal taste, variety, and overall satisfaction following the implementation of sugar reduction initiatives. A substantial increase in patient satisfaction scores would indicate that the changes made have effectively met patients' preferences and dietary needs, aligning with the project's goal of improving the overall hospital experience for paediatric patients.
- Lastly, the project endeavors to improve paediatric patients' health outcomes by reducing sugar intake in hospital meals. This objective will be measured through the monitoring of health indicators such as body mass index, blood sugar levels, and rates of obesity-related complications. Demonstrated improvements in these health metrics over a one-year period would signify the tangible impact of the project on promoting better health outcomes among paediatric patients.

Implementing Strategies to Boost Patient Engagement in Group Therapy Sessions for Individuals Coping with Depression

Thalia Qwel
Scholar Practitioner Program, Nipissing University

Summary

The mental health and recovery journey involves many stakeholders, including patients, family members, and support workers. This project aims to enhance patient engagement in group therapy sessions for individuals coping with depression. The project involves several key components: a needs assessment, a literature review, a target audience analysis, a change theory framework, and a group therapy program. The project aims to address the needs of individuals coping with depression, enhance their engagement in group therapy sessions, and improve their overall mental health and recovery outcomes. The project is a collaborative effort involving various stakeholders, including patients, family members, and support workers. The project is a collaborative effort involving various stakeholders, including patients, family members, and support workers. The project is a collaborative effort involving various stakeholders, including patients, family members, and support workers.

Evaluation Plan

The success indicators I will use for this change project are the following:

1. Patient attendance rates consistent with the group therapy sessions.
2. Increased patient engagement during the sessions. Most patients are willing to talk about their feelings, have positive feedback on the sessions, and actively participate in the group.
3. Increased awareness of the patient's condition, such as depression symptoms, improved communication skills, increased self-esteem and social support skills.

The success indicators will be measured weekly during every 1-hour group therapy session. Patients will be asked to rate their engagement in the sessions on a scale of 1 to 5. The success indicators will be measured weekly during every 1-hour group therapy session. Patients will be asked to rate their engagement in the sessions on a scale of 1 to 5. The success indicators will be measured weekly during every 1-hour group therapy session. Patients will be asked to rate their engagement in the sessions on a scale of 1 to 5.

Feasibility

Locally, in Canada, there are healthcare workers (NPs). Sometimes, this is only the case, and individuals are not of patient, which can be very hard. Assessing the feasibility of the project that aims at enhancing patient engagement with individuals with depression is a complex one as it involves many stakeholders and numerous interventions. Financial resources are a critical factor in the project, as well as the availability of staff and resources. The project is a collaborative effort involving various stakeholders, including patients, family members, and support workers. The project is a collaborative effort involving various stakeholders, including patients, family members, and support workers. The project is a collaborative effort involving various stakeholders, including patients, family members, and support workers.

Significance

The project aims to address the needs of individuals coping with depression, enhance their engagement in group therapy sessions, and improve their overall mental health and recovery outcomes. The project is a collaborative effort involving various stakeholders, including patients, family members, and support workers. The project is a collaborative effort involving various stakeholders, including patients, family members, and support workers. The project is a collaborative effort involving various stakeholders, including patients, family members, and support workers.

Ethical Considerations

Although the project's primary goal is to enhance patient engagement in a group therapy session for patients with depression to help to reduce health outcomes, there may be potential risks and harms that need to be considered.

Target Population:

- Not all patients may benefit from group therapy, as a screening test is implemented in this project to identify a group that will engage positively and consistently in the sessions.
- Patients may feel reluctant to come to group therapy sessions due to privacy concerns or stigma. Patients may feel uncomfortable and afraid of participating and engaging if they know someone else in the group, which is the opposite of the project's goal.

Organization:

- If a group therapy is not available to the project, it can help to plan a group therapy that does not have a group. Individuals involved in the project may have limited resources, such as time, staff, and space availability to conduct the sessions.
- Additionally, there is not enough staff to facilitate the group. In that case, this may cause burnout, which would lead to ineffective sessions and a lack of continuity in the sessions, affecting the engagement and outcomes of the project.

Community Support:

- Group therapy sessions are meant to help patients talk about their feelings and also bring resources to mental health and reduce stigma. Addressing the project may bring resources and reduce stigma and misconceptions about mental health, making individuals with depression and want to participate in the treatment.

Reflection and Conclusion

During my current placement at Thurston General Hospital in a mental health unit, I have realized the need for patient engagement in group therapy sessions. This project aims to address the needs of individuals coping with depression, enhance their engagement in group therapy sessions, and improve their overall mental health and recovery outcomes. The project is a collaborative effort involving various stakeholders, including patients, family members, and support workers. The project is a collaborative effort involving various stakeholders, including patients, family members, and support workers. The project is a collaborative effort involving various stakeholders, including patients, family members, and support workers.

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Artifacts

Sandy Ngyuen - Holland Bloorview Complex Continuing Care (CCC)

RESOURCES: HOLLAND BLOORVIEW HOS REHABILITATION HOSPITAL, (A.P.), SPINAL CORD CARE UNIT, AUTONOMIC DYSREFLEXIA

AUTONOMIC DYSREFLEXIA (AD) KIT

WHAT IS INSIDE?

- AD IDENTIFICATION WALLET CARD
- PORTABLE BLOOD PRESSURE DEVICE
- FOR CIC:
 - URINARY CATHETER
 - LUBRICANT
 - GLOVES
- NIFEDIPINE AS PER MEDICAL PRESCRIPTION
- LIDOCAINE GEL
- 50 CC IRRIGATION SYRINGE
- NORMAL SALINE SOLUTION
- AD DIARY FROM PARALYZED VETERANS OF AMERICA

IT'S IMPORTANT FOR YOU TO BE PREPARED FOR WHEN YOUR CHILD IS EXPERIENCING AD. THIS KIT PROVIDES YOU WITH THE SUPPLIES AND MANAGEMENT REQUIRED TO MANAGE SYMPTOMS OF AD.

WHAT TRIGGERS AUTONOMIC DYSREFLEXIA?

- Bladder**
When the body is unable to urinate on its own, this creates a build-up of urine in the body, causing the body to react. A full bladder is responsible for 85% of AD.
- Bowel**
Similar to the bladder, when the bowel is overly stretched or irritated in the bowel can trigger AD. Examples are fecal impaction, constipation, gas and gas pain, diarrhea, etc.
- Skin**
Common skin irritants that cause AD are, pressure injury, cuts or bruises, rashes, tight/umpy/baggy clothing, and anything that isn't aerosol/scratched, or rubbed on the skin.

HOW IS AUTONOMIC DYSREFLEXIA TREATED?

To treat individuals with AD it is important that they are sitting in an upright position, legs dangling and removing any tight/restrictive clothing. When an episode of AD arises, it's important that the caregiver/parent recognizes the trigger that is causing it. This includes ensuring that the bladder is empty, knowing when the last bowel movement was, and if there are any skin irritants. If all interventions have been completed and the client's blood pressure is still elevated, it's important to seek immediate medical help.

COMMON SYMPTOMS OF AUTONOMIC DYSREFLEXIA

- Hypertension (high blood pressure)
- Bradycardia (low heart rate)
- Excessive Sweating above the level of spinal injury

Other symptoms include:

- Flushed skin above spinal injury, and dry pale skin below level of injury
- Headaches above spinal cord injury
- Cold skin
- Blurry vision
- Nausea and vomiting
- Blurred vision

Keep an eye out for these symptoms!

What is it?

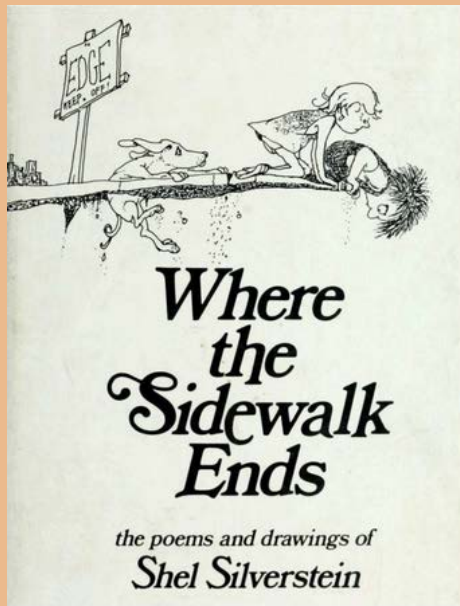
Autonomic dysreflexia occurs in individuals who have had a spinal cord injury above T6. When individuals are experiencing pain below their damaged spinal cord, the sympathetic nervous system interprets the pain stimuli as danger. This causes the vasoconstriction in the lower part in your body, resulting in increased blood pressure.

AUTONOMIC DYSREFLEXIA (AD)

Learn more about it

Artifacts

Jenny Jing - Sickkids Pediatric Intensive Care Unit (PICU)



WHERE THE SIDEWALK ENDS

There is a place where the sidewalk ends
And before the street begins,
And there the grass grows soft and white,
And there the sun burns crimson bright,
And there the moon-bird rests from his flight
To cool in the peppermint wind.

Let us leave this place where the smoke blows black
And the dark street winds and bends.
Past the pits where the asphalt flowers grow
We shall walk with a walk that is measured and slow,
And watch where the chalk-white arrows go
To the place where the sidewalk ends.

Yes we'll walk with a walk that is measured and slow,
And we'll go where the chalk-white arrows go,
For the children, they mark, and the children, they know
The place where the sidewalk ends.

Classification	Medication Name	Mechanism of Action	Therapeutic Effect	Type of Shock	Pediatric Dose Range
Vasopressors	Norepinephrine (Norepinephrine)	Norepinephrine acts primarily as an α -adrenergic agonist, causing vasoconstriction of peripheral blood vessels. It also has some β_1 -adrenergic agonist activity, which increases cardiac contractility and heart rate.	Increases systemic vascular resistance (SVR), thereby improving blood pressure and perfusion to vital organs. It also increases cardiac output (CO) in some cases.	Septic, Distributive	Infusion: 0.01-0.1 mcg/kg/min (max 2 mcg/kg/min)
	Epinephrine (Adrenaline)	Epinephrine acts on both α - and β -adrenergic receptors. It causes vasoconstriction via α -adrenergic receptors and increases cardiac contractility and heart rate through β_1 -adrenergic receptors.	Increases blood pressure, heart rate, and myocardial contractility. It also relaxes bronchial smooth muscles.	Cardiogenic, Anaphylactic	Low dose (1:10000): 0.01mg/kg Arrest dose (1:1000): 0.01mg/kg Infusion: 0.01-1 mcg/kg/min Infuse: ≤ 5 kg 0.5 mcg/kg/ose; > 5 kg 2.5-5 mcg/kg reduced volume to 2.5 or 3 ml in NS for smaller infants
	Phenylephrine	Phenylephrine is a selective α_1 -adrenergic agonist, leading to vasoconstriction of peripheral blood vessels.	Increases systemic vascular resistance (SVR) and blood pressure without significantly affecting heart rate or cardiac output.	Neurogenic, Septic	1-2 mcg/kg Infusion: 0.1-0.5 mcg/kg/min
	Vasopressin (Arginine Vasopressin)	Vasopressin acts on V1 receptors in vascular smooth muscle, causing vasoconstriction. It also has effects on V2 receptors in the kidneys, leading to water reabsorption.	Increases systemic vascular resistance (SVR) and blood pressure. It can be used as an adjunct to other vasopressors.	Septic	Infusion: 0.2-2 microU/kg/min
Inotropic Agents	Dobutamine	Dobutamine is a synthetic catecholamine with predominantly β_1 -adrenergic agonist activity. It increases myocardial contractility and stroke volume.	Increases cardiac output (CO) by enhancing myocardial contractility. It is used primarily in cases of cardiogenic shock.	Cardiogenic, Septic	Infusion: 2.5-15 mcg/kg/min (max 40 mcg/kg/min)
	Milrinone	Milrinone is a phosphodiesterase-3 (PDE-3) inhibitor, leading to increased intracellular cyclic adenosine monophosphate (cAMP) levels in cardiac and vascular smooth muscle cells. This results in positive inotropic and vasodilatory effects.	Increases myocardial contractility and decreases systemic vascular resistance (SVR), leading to improved cardiac output (CO). It is used in cases of heart failure and cardiogenic shock.	Cardiogenic, Septic	Loading dose: 50 mcg/kg over 15 min Infusion: 0.25-0.75 mcg/kg/min
Beta-Blocker	Esmolol	Esmolol is a selective β_1 -adrenergic receptor antagonist (beta blocker), leading to decreased heart rate and myocardial contractility.	Reduces heart rate and myocardial oxygen demand, making it useful for controlling heart rate in cases of tachycardia or hypertension.	Cardiogenic with tachycardia	0.1-0.5 mg/kg Infusion: 100-500 mcg/kg/min (max 1000 mcg/kg/min)
Fluids	Crystalloids (e.g., normal saline, lactated ringer's solution)	Crystalloid solutions provide fluid and electrolyte replacement.	Expands intravascular volume, improving cardiac output and blood pressure.	All types (Fluid resuscitation)	Fluid bolus: 20ml/kg
	Colloids (e.g., albumin)	Colloid solutions contain larger molecules that remain within the intravascular space, exerting oncotic pressure and drawing fluid into the blood vessels.	Expands intravascular volume more effectively than crystalloids, helping to maintain blood pressure and tissue perfusion.	All types (Fluid resuscitation)	For shock: 0.5 to 1 g/kg/ose Do not exceed 1 mL/kg/ose in patients with normal plasma volume 25%. Do not exceed 1 to 2 mL/kg/ose in patients without shock
Steroids	Hydrocortisone	Hydrocortisone is a corticosteroid that has anti-inflammatory and immunosuppressive effects. It modulates gene expression and inhibits the synthesis of inflammatory cytokines.	Used in refractory septic shock to modulate the inflammatory response and improve vascular tone.	Septic	Asthma: 4-6 mg/kg Acute adrenal insufficiency: 50-100 mg/24h, then 25mg/kg/24h Major stress dose/shock: 2 mg/kg (max = 100 mg) then 1 mg/kg
Antiarrhythmic Agent	Amiodarone	Amiodarone is a class III antiarrhythmic agent that prolongs the action potential duration and refractory period of cardiac cells. It also has α - and β -adrenergic blocking properties.	Used to manage various cardiac arrhythmias, including those associated with shock.	Cardiogenic	Rapid bolus: 5 mg/kg (for VSV arrest) Infusion: 5-15 mcg/kg/min
Sedatives & Analgesia	Midazolam	Midazolam is a benzodiazepine that enhances the effect of gamma-aminobutyric acid (GABA) in the central nervous system, leading to sedation and anxiolysis.	Used for sedation and anxiolysis in critically ill patients.	All Types: patient comfort and pain management	Loading dose: 0.15 mg/kg Infusion: 50 mcg/kg/h
	Propofol	Propofol is a short-acting sedative-hypnotic agent that enhances the effect of GABA in the central nervous system, leading to sedation and hypnosis.	Used for induction and maintenance of anesthesia and sedation in critically ill patients.	All Types: patient comfort and pain management	Loading dose: 1-2 mg/kg Infusion/PRI: 0.5-1 mg/kg
	Fentanyl	Fentanyl is a synthetic opioid that binds to mu-opioid receptors in the central nervous system, leading to analgesia and sedation.	Used for pain management and sedation in critically ill patients.	All Types: patient comfort and pain management	0.5-2 mcg/kg Infusion: 0.5-2 mcg/kg/h

UpToDate. (2024). Amiodarone solution. Pediatric drug information. UpToDate. Webpage. Accessed April 1, 2024. Retrieved from <https://www.uptodate.com/health-library/pediatric-drug-information/>

Region General Hospital & Hotel Dieu Hospital Departments of Anesthesiology and Perioperative Medicine. (2025). Pediatric Drug Dose Chart. CHEO. Accessed April 1, 2024. Retrieved from <https://www.healthysystems.ca/sites/default/files/2024/04/2024-Pediatric-Drug-Dose-Chart-2025-03-20-2024.pdf>

Artifacts

Nada Fakir -Credit Valley Hospital Medicine Bay Clinic

Welcome to our guide on fall prevention!

Falls can happen to anyone but are particularly concerning for older adults. In this brochure, we'll explore practical steps you can take to reduce your risk of falls both indoors and outdoors.

Preventing Falls Inside and Outside your Home

Stay Safe and Independent with Simple Steps

Understanding Falls

- Take a moment to assess your surroundings.
- Are there loose rugs, cluttered pathways, or poorly lit areas in your home? Identify potential hazards and make necessary adjustments to create a safer environment.

Creating a Safe Indoor Environment

- Keep pathways clear and free of clutter to prevent tripping hazards.
- Install grab bars and handrails in key areas such as bathrooms and staircases.
- Ensure adequate lighting, especially in hallways, staircases, and outdoor walkways.

Ensuring Safety Outdoors

- Regularly maintain outdoor walkways, driveways, and entrance areas to prevent slips and falls.
- Use non-slip mats or coatings on outdoor surfaces, especially during wet or icy weather.
- Wear sturdy, supportive footwear with good traction when walking outdoors.

Staying Active and Mobile

- Engage in regular exercise to improve strength, balance, and flexibility. Simple activities like walking, swimming, or tai chi can be beneficial.
- Consult with a healthcare provider or physical therapist for personalized exercise recommendations and guidance.

- Recap of key points: "Stay Safe and Independent with Simple Steps"
- Take action today to reduce your risk of falls and enjoy a safer, more independent lifestyle.
- Remember, small changes can make a big difference in preventing falls!

Additional Resources

- **National Institute on Aging (NIA):**
<https://www.nia.nih.gov/>
- **Centers for Disease Control and Prevention (CDC):**
<https://www.cdc.gov/ncjpc/wisqars/default.htm>
- **American Geriatrics Society (AGS):**
<https://www.americangeriatrics.org/>

Medication Management

- Some medications can increase the risk of falls due to side effects such as dizziness or drowsiness. Review your medications with your healthcare provider regularly and discuss any concerns.
- Use pill organizers or medication management apps to help you stay organized and take medications as prescribed.

Seeking Help and Support

- Don't hesitate to reach out for support! Community resources, support groups, and healthcare professionals can provide valuable assistance and guidance.
- Share fall prevention strategies with family members, caregivers, and friends to create a supportive network.

Edited by: Nada Fakir -Pharmacy

Artifacts

Dylan Caetano - SickKids 8B Bone Marrow Transplant

CHEMOTHERAPIES

COMMONLY ADMINISTERED ON 8B

CYCLOPHOSPHAMIDE	THIOTEPA	ATG (ANTI-THYMOCYTE GLOBULIN)	BUSULFAN	METHOTREXATE
Function Prevents the transplanted marrow from being rejected	Function Destroys cancer cells	Function Decreases the body's ability to reject new bone marrow	Function Destroys cancer cells and makes room for new bone marrow to grow	Function Destroys cancer cells and helps prevent graft vs host disease
Considerations Abnormal taste and smell Damage to liver, lungs and heart Abnormal retention of water Blood in urine	Considerations Bronzing and peeling of skin Blisters Skin excretions *must thoroughly bathe patient every 6 hours	Considerations Hives and rashes Allergic reaction Fever and chills *must pre-medicate patient with Tylenol, Benadryl and Decadron	Considerations Scarring of lungs Tongue irritation Seizures Clouding of the lens in the eye	Considerations Liver damage Drowsiness Blurred Vision Skin sensitivity to sunlight

Common Side Effects of Chemotherapy
hair loss
nausea and vomiting
lowered blood counts
mucocitis (sores in mouth and intestinal tract)

Artifacts

Carly Bradshaw – SickKids 8B Bone Marrow Transplant

CVL Dressing Changes

CVL Dressing Changes are done every 7 days. This is a sterile procedure, done to keep the dressing and line cite clean, dry and intact. As well as to help prevent CLABSI.



CLABSI: Central line-associated blood stream infection.

central venous line



Materials

- x3 CHG Swabs
- xl Butterfly Securement Device
- xl Tegaderm Dressing
- x2 Sets of Clean Gloves
- xl Sterile Gloves
- x4 Adhesive Remover Wipes

Steps

1. Remove old dressing with adhesive remover wipes
2. Change into new clean gloves
3. With 1 CHG swab clean around the insertion site in a cross hatch pattern for 30 secs
4. With the remaining CHG swabs clean the line for 30 secs
5. Let dry for 2 mins, in this time get sterile field ready and put on sterile gloves
6. Attach the line to the securement device
7. Apply new dressing
8. Place hand over dressing and press for 30 sec
9. Document dressing change

SickKids. (2020). Changing a Dressing on a Central Venous Access Device (CVAD). SickKids.

WITHDRAWAL ASSESSMENT TOOL

11 item/12-point scale for monitoring narcotic withdrawal symptoms in pediatric patients.

WAT-1

CASE STUDY

You have a patient a 5-year-old male, day +11 post-BMT is currently being weaned off their continuous morphine infusion, meaning a WAT-1 score needs to be completed twice a day until 72 hours after their last dose.

After your 1600hr assessment, you determine that the patient is alert, calm and cooperative. Febrile, Tmax, 38.2 axilla but all VSS, the patient is voiding well but has had 2 loose stools on your shift. Your patient also has a positive line culture and is on Pip-Tazo.

Determine your patient's WAT-1 Score:

Information from patient record, previous 12 hours	
Any loose watery stools	No = 0 Yes = 1
Any vomiting/retching/gagging	No = 0 Yes = 1
Temperature > 37.8°C	No = 0 Yes = 1
2 minute pre-stimulus observation	
State	SBS < 0 or asleep/awake/calm = 0 SBS > +1 or awake/irritated = 1
Tremor	None/mild = 0 Moderate/severe = 1
Any sweating	No = 0 Yes = 1
Uncoordinated/repetitive movement	None/mild = 0 Moderate/severe = 1
Tearing or sneezing	None or < 1 = 0 > 2 = 1
1 minute stimulus observation	
Startle to touch	None/mild = 0 Moderate/severe = 1
Muscle tone	Normal = 0 Increased = 1
Post-stimulus recovery	
Time to gain calm state (SBS < 0)	< 3min = 0 2 - 5min = 1 > 5 min = 2
Total Score (0-12)	

ANSWER

Our patients WAT-1 score for our shift would be 0.

Although our patient has a fever greater than 37.8, it can be attributed to the positive line culture.

Our patient also had 2 loose stools. However, they are on the antibiotic Pip-Tazo which can result in loose stools.

Based on the rest of your assessment the patient is vitally stable, alert and calm.

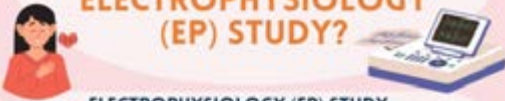
References

Franck, L. S., Harris, S. K., Soetenga, D. J., Amling, J. K., & Curley, M. A. (2008). The Withdrawal Assessment Tool-1 (WAT-1): an assessment instrument for monitoring opioid and benzodiazepine withdrawal symptoms in pediatric patients. *Pediatric critical care medicine: a journal of the Society of Critical Care Medicine and the World Federation of Pediatric Intensive and Critical Care Societies*, 9(6), 573-580. <https://doi.org/10.1097/PCC.0b013e31818c8328>

Artifacts

Taylor Stevens – SickKids Cardiac Diagnostic and Interventional Unit (CDIU)


WHAT IS AN ELECTROPHYSIOLOGY (EP) STUDY?



ELECTROPHYSIOLOGY (EP) STUDY

An EP study is a cardiac catheterization procedure in which the electrophysiologist induces or waits to witness an episode of the alternate pathway (ie, supraventricular tachycardia, AVRT, AVNRT, etc.). Once the alternate pathway is identified, it is then ablated through cryo or radio-frequency ablation. Once the ablation is complete, the patient is induced again, or the electrophysiologist waits to see if another episode will occur. If no other episodes occur, the ablation is complete. If the alternate pathway presents again, more ablation may be required.

COMMON PATHWAYS ABLATED:



SUPRAVENTRICULAR TACHYCARDIA (SVT)


SVT is an arrhythmia beginning from outside or above the atrioventricular (AV) node and has a narrow complex of QRS greater than 100 bpm. This usually occurs through an accessory pathway that travels from the ventricles back up to the atria. SVT usually ranges from 150 to 250 bpm. Common symptoms of SVT include palpitations, chest pain, syncope, sweating, etc. (Mayo Clinic, 2024). Vagal maneuvers can be used such as "bearing down," or with medication, however if the symptoms are too great, cardiac ablation may be required.

ATRIOVENTRICULAR RECIPROCATING TACHYCARDIA (AVRT)

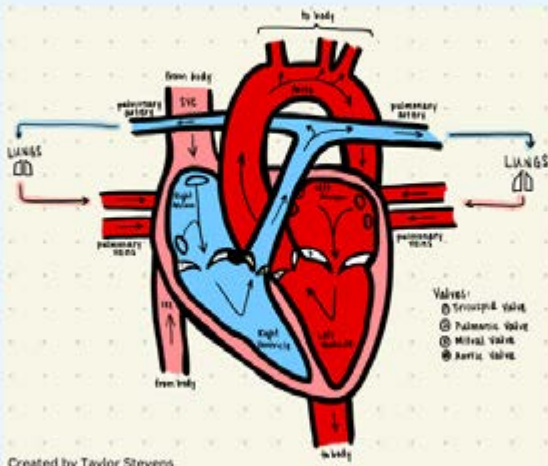
AVRT is a re-entrant tachycardia which uses the normal AV conduction pathway as well as an AV accessory pathway, linked by common proximal (atria) and distal (ventricles) tissues (Blase & Walsh, 2022). AVRT can be diagnosed via an ECG. AVRT typically occurs at 150 to 250 bpm. Symptoms of this pathway include chest pain, shortness of breath, dizziness, etc. (Blase & Walsh, 2022).

ATRIOVENTRICULAR NODAL REENTRANT TACHYCARDIA (AVNRT)

AVNRT is a type of paroxysmal supraventricular tachycardia (PSVT) due to the presence of a re-entrant circuit within or adjacent to the AV node. Can be diagnosed using an ECG. AVNRT typically occurs at 140 to 280 bpm (Hafeez & Armstrong, 2023). Symptoms include palpitations, reduced exercise capacity, weakness, shortness of breath, etc. (WHRA, 2020).



UNDERSTANDING THE CARDIAC SYSTEM



Right Atria

The deoxygenated blood flows in from the body through the superior and inferior vena cava into the right atrium. Once the tricuspid valve opens, the blood flows into the right ventricle.

Right Ventricle

Once the tricuspid valve opens, the deoxygenated blood flows into the right ventricle. It continues to flow until pressure is high enough. The ventricle contracts and the deoxygenated blood is pumped out of the pulmonary valve and into the pulmonary arteries.

Pulmonary Blood Flow

Once the ventricle contracts and the pulmonary valve opens, the deoxygenated blood flows out the main pulmonary artery and splits to the right and left pulmonary arteries. These allow the deoxygenated blood to flow to the lungs to become oxygenated (exchange carbon dioxide for oxygen).

Left Atrium

Once the blood has been oxygenated (turned from blue to red) by the lungs is returned to the left atrium via the pulmonary veins. Oxygenated blood pools in the right atrium until the mitral valve opens.

Left Ventricle

Once the mitral valve opens, blood flows into the left ventricle. Once the pressure in the ventricle is high enough, the aortic valve will open allowing blood to flow into the aorta.

Aortic Blood Flow

Once the aortic valve opens, the oxygenated blood flows through the aorta and is pumped at the rest of the body to supply oxygen and nutrients. Once the blood has supplied the body with oxygen (turns from red to blue) it will return to the right ventricle for another cycle.

Created by Taylor Stevens

<https://www.ncbi.nlm.nih.gov/books/NBK526089/>

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GOOD NEWS

Future Nurses Alert! Aspiring to make a difference while managing student loans? Canada's Student Loan Forgiveness program offers a solution specifically for nurses in rural or remote communities.

Eligibility begins with employment post-July 1, 2011, requiring a minimum of 400 hours of work within a 12-month period. This program is a fantastic opportunity for nursing students to reduce their loan burden while contributing significantly to communities in need. For more information, please click the link and visit the official [Canada.ca](https://www.canada.ca) website.

Newsletter Team

2023-2024



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NIPISSING UNIVERSITY SCHOLAR PRACTITIONER PROGRAM

JANUARY 2024 - APRIL 2024