Welcome and Greetings

On behalf of the Arthur Labatt Family School of Nursing, we would like to extend a warm welcome to our Legacy Conference. As you may know, last year (2020) was the 100th anniversary of the School and the Year of the Nurse and Midwife. We had planned the research conference to mark these important events. However, COVID-19 intruded and now we are here.

While are all looking forward to a time when we can be together in physical space, we are looking forward to the next best thing in virtual space.

We sincerely thank the members of our conference planning committee: Ryan Chan, Edmund Walsh, James Shelley, Jackie Windsor, and Angela Law. The committee has worked tirelessly to ensure a fabulous and very successful meeting. We wish you all a superb time.

Marilyn Ford-Gilboe, RN, PhD, FAAN, FCAHS, FCAN
Professor and Women's Health Research Chair
Arthur Labatt Family School of Nursing
Conference Co-Chair

Victoria Smye, RN, PhD, FCAN
Director and Associate Professor
Arthur Labatt Family School of Nursing
Conference Co-Chair

Thank you to our Sponsors:

Western Arthur Labatt Family School of Nursing

Sigma Global Nursing Excellence | Iota Omicron Chapter

Western HealthSciences

Conference Schedule At-A-Glance

Day 1
MONDAY, May 3

Dr. Heather Spence Laschinger Lecture
Oral Papers and Symposia

12:00-12:15	Conference Opening and Land Acknowledgement
12:15-1:30	Dr. Heather Spence Laschinger Inaugural Lecture: Dr. Richard Booth
1:45-2:45	Concurrent Session A: Oral Paper Presentations & Symposium I
3:00-4:00	Concurrent Session B: Oral Paper Presentations & Symposium II

Day 2
MONDAY, May 10

Plenary Address and Dialogue
Innovation Forum, Oral Papers

12:00-12:10	Welcome & Announcements
12:10-1:30	Plenary Address & Dialogue: Dr. Nancy Glass Responses: Yolanda Babenko-Mould, Susana Caxaj
1:45-2:45	Innovation Forum LIVE Sessions
2:45-4:00	Concurrent Session C: Oral Paper Presentations

Day 3
TUESDAY, May 25

Oral Papers and Science Pitches

12:00-12:10	Welcome & Announcements
12:15-1:30	Concurrent Session D: Oral Paper Presentations
1:45-2:40	Concurrent Session E: Oral Paper Presentations & Science Pitches
3:00-4:00	Concurrent Session F: Oral Paper Presentations

Day 4
MONDAY, May 31

Oral Papers and Symposia, Closing Plenary Address

12:00-1:00	Concurrent Session G: Oral Paper Presentations & Symposium III
1:15-2:15	Concurrent Session H: Oral Paper Presentations & Symposium IV
2:30-3:45	Closing Plenary: Dr. Lynn M. Nagle
3:45-4:00	Closing

Conference Program At-A-Glance

Day 1: Monday, May 3, 2021

12:00-12:15

Conference Opening with Land Acknowledgement
Myrna Kicknosway, Elder, Indigenous Student Center, Western University

Welcome, Remarks, & Introduction of Speaker
Victoria Smye, Director and Associate Professor & Conference Co-Chair,
Arthur Labatt Family School of Nursing

Jay Laschinger, "proud son of Dr. Heather Laschinger"

Ryan Chan, President-Elect, Iota Omicron Chapter, Sigma Theta Tau International &
PhD Student, Arthur Labatt Family School of Nursing, Western University

12:15-1:30

Dr. Heather Spence Laschinger Inaugural Lecture

What happens now? Nursing, technology, and society in a post-pandemic world
Richard Booth, RN, PhD
Associate Professor
Arthur Labatt Family School of Nursing, Western University

1:30-1:45

BREAK

1:45-2:45

Concurrent Session A: Oral Paper Presentations & Symposium I

A1	A2	A3	A4 - Symposium I
Digital Health & Parenting	Indigenous Health: Programs & Services	Intimate Partner Violence & Women's Health	Developing Patient and Family Caregiver Partnerships in Care: An Organizational Approach

2:45-3:00

BREAK

3:00-4:00

Concurrent Session B: Oral Paper Presentations & Symposium II

B1	B2	B3	B4 - Symposium II
Digital Health: Emerging Technologies	Nursing Leadership: Education & Practice	Substance Use & Harm Reduction	Evolving a Promising Health Promotion Intervention for Women Separating from an Abusive Partner

Conference Program At-A-Glance

Day 2: Monday, May 10, 2021

12:00-12:10	**Welcome & Announcements** Marilyn Ford-Gilboe, Distinguished University Professor, Associate Director, Research, & Conference Co-Chair, Arthur Labatt Family School of Nursing, Western University
12:10-1:30	**Plenary Address & Dialogue** ***"Never let a crisis go to waste": Leading transformative change for gender and health equity globally*** Nancy Glass, PhD, MPH, RN, FAAN Professor and Independence Chair in Nursing Johns Hopkins School of Nursing & Johns Hopkins Bloomberg School of Public Health Associate Director, Johns Hopkins Center for Global Health Responses by: Yolanda Babenko-Mould, Associate Director, Graduate Programs & Associate Professor, Arthur Labatt Family School of Nursing, Western University Susana Caxaj, Assistant Professor Arthur Labatt Family School of Nursing, Western University
1:30-1:45	**BREAK**
1:45-2:45	**Innovation Forum** *Drop-in to virtual exhibit rooms to learn more about research innovations involving the arts or the development and testing of technological innovations.* *View the displays, chat with the research team, see a demo, or test out an innovation of your own.*
2:45-4:00	**Concurrent Session C: Oral Paper Presentations** **C1**: Intimate Partner Violence & Structural Violence **C2**: Chronic & Infectious Disease Management **C3**: Digital Health: Clinical Practice & Education **C4**: Global Health: Education in Rwanda

Conference Program At-A-Glance

Day 3: Tuesday, May 25, 2021

12:00-12:10	**Welcome & Announcements** Edmund Walsh, PhD Student and Conference Planning Committee Member Arthur Labatt Family School of Nursing, Western University			
12:15-1:30	**Concurrent Session D: Oral Paper Presentations**			
	D1	**D2**	**D3**	**D4**
	Violence Against Women: Considerations for Health & Social Services	Chronic Disease & Pain Management	Promoting Practice & Education Across Diverse Contexts	Mental Health & Homelessness
1:30-1:45	**BREAK**			
1:45-2:40	**Concurrent Session E: Oral Paper Presentations & Science Pitches**			
	E1	**E2**	**E3**	**E4**
	Digital Health: Smartphones & Mobile Applications	Policies for Health Care Providers	Science Pitch Session I	Science Pitch Session II
2:40-3:00	**BREAK**			
3:00-4:00	**Concurrent Session F: Oral Paper Presentations**			
	F1	**F2**	**F3**	**F4**
	Mental Health: Suicide & Schizophrenia	Violence in the Workplace	Understanding Health: A Global Perspective	Digital Health: Information & Data Science

Conference Program At-A-Glance

Day 4: Monday, May 31, 2021

12:00-1:00 — **Concurrent Session G: Oral Paper Presentations & Symposium III**

G1	G2	G3	G4 - Symposium III
Substance & Cannabis Use	Interprofessional Practice	Promoting Health Equity: Partnerships & Collaboration	Smart Technologies to Suport Mental Health

1:00-1:15 — **BREAK**

1:15-2:15 — **Concurrent Session H: Oral Paper Presentations & Symposium IV /Workshop**

H1	H2	H3	H4 -Symposium IV
Digital Health: Interventions & Innovations	Accessing Health & Social Services	Transforming Education & Practice: Culture & Shadeism	Research Studies: Using Instruments and Measures

2:15-2:30 — **BREAK**

2:30-3:45 — **Closing Plenary Address**

Leading in a Post-Pandemic World: Nursing at a Crossroad

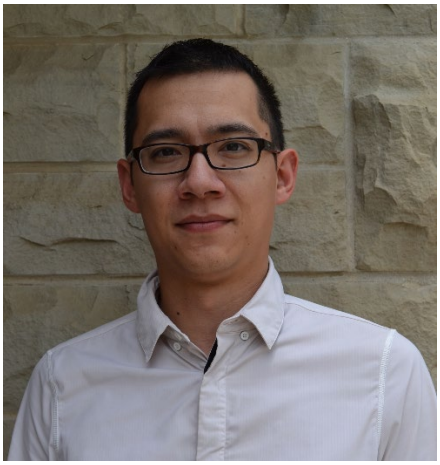
Lynn M. Nagle, PhD, RN, FAAN
Director, Digital Health and Virtual Learning, University of New Brunswick
Adjunct Professor, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto
and Arthur Labatt Family School of Nursing, Western University

Conference Closing Remarks
Victoria Smye, Director, Associate Professor, & Conference Co-Chair,
Arthur Labatt Family School of Nursing, Western University

3:45-4:00

Plenary Addresses for Legacy Research Conference

May 3, Dr. Heather Spence Laschinger Inaugural Lecture



What happens now? Nursing, technology, and society in a post-pandemic world

With the increasing use of technology in all areas of healthcare over the last few decades, combined recent effects of the SARS-CoV-2 pandemic, nursing must look to the future to help plot a course for the profession. To do this, the profession will need to re-image certain processes and roles that leverage the best elements of both humans and technology. To do this, the presentation will explore the various direct and indirect implications of emergent technology in society and upon the nursing profession.

Richard Booth, RN, PhD
Associate Professor
Arthur Labatt Family School of Nursing, Western University

Richard Booth is an Associate Professor at the Arthur Labatt Family School of Nursing (Western University, London, Canada) and a clinician researcher with an active research program exploring technology, data sciences, and psychiatric-mental health nursing. He also conducts research with the Ontarian healthcare administrative data steward (ICES), exploring mental health outcomes related to models of care and health system utilization. From a teaching perspective, he has developed a variety of serious games for use within undergraduate nursing education, including a homecare dementia simulator and electronic barcode medication administration game. He currently holds both provincial and federal grants from the Ontario Ministry of Research, Innovation and the Science Social Sciences and Humanities Research Council of Canada and supervises numerous graduate students at the masters and doctoral levels.

May 10, Plenary Address and Dialogue

Never let a crisis go to waste": Leading transformative change for gender and health equity globally.

With responses by:

Yolanda Babenko-Mould, RN, PhD, Associate Professor, Associate Director Graduate Programs

Susana Caxaj, RN, PhD, Assistant Professor and Arthur Labatt Fellow in Health Equity, Arthur Labatt Family School of Nursing

The Covid-19 pandemic has served as a magnifier of health and gender inequities globally. These inequities can no longer be denied or blamed on unhealthy behaviors of underserved and marginalized populations. The global crisis provides an opportunity to do things we did not think possible. The presentation and dialogue will focus on transformation in health care and other institutions through changes in systems, structure, norms, and management.

Nancy Glass, PhD, MPH, RN, FAAN

Professor and Independence Chair in Nursing Johns Hopkins School of Nursing & Johns Hopkins Bloomberg School of Public Health, Department of International Health Associate Director, Johns Hopkins Center for Global Health

Dr. Glass conducts multidisciplinary projects in partnership with local experts and communities across diverse global settings domestically and globally, including in conflict and post-conflict countries (Somalia, DR Congo, South Sudan). Her federally funded program of research work focusses on evaluating violence prevention, economic empowerment and safety interventions to improve the health, economic stability and well-being of survivors of gender-based violence (GBV) and their families. Dr. Glass has collaborated with global experts and donors (such as UNICEF and World Bank) to implement and evaluate innovative primary prevention programs that challenge social norms that sustain violence against women; examine the prevalence of gender-based violence (GBV) to inform programs and service; and improve health care systems' responses to survivors of GBV. These and other projects use mHealth technologies to deliver programs and to collect confidential and secure data, reach diverse populations, and provide tools and resources to health and social service providers. A past president of NNVAWI, Dr. Glass is committed to collaborating with and mentoring colleagues, postdoctoral fellows, and graduate students globally as well as partnering with community experts and organizations to improve health, safety, and economic stability for women, families, and communities.

May 31, Closing Plenary

Leading in a Post-Pandemic World: Nursing at a Crossroad

In the past year, the pandemic has consumed and transformed our personal and professional ways of being in the world. Despite nurses' invaluable contributions to the management of COVID-19, the future structure and role of the profession remains uncertain. In this session, current and emerging issues of concern for the profession will be highlighted and discussed in the context of society, healthcare, and essential leadership attributes for the future.

Lynn M. Nagle, PhD, RN, FAAN
Director, Digital Health and Virtual Learning, University of New Brunswick
Adjunct Professor, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto
Adjunct Professor, Western University

With more than 35 years of healthcare experience, Dr. Nagle is nationally and internationally known for her work in health and nursing informatics. She brings expertise from many different clinical and academic settings, has participated in and led the development of numerous digital health initiatives, as well as research focused on the adoption of digital health solutions in practice environments. Dr. Nagle teaches in undergraduate and graduate programs focused in nursing, health administration and informatics. Prior to establishing her own health informatics consulting practice, she was the CIO and Senior Vice-President for Technology and Knowledge Management at Mount Sinai Hospital in Toronto. She has numerous professional publications and presentations to her credit and in recognition of her work was named one of the top 10 Women Leaders in Digital Health in Canada in 2017.

Innovation Forum

Access and interact with presentation materials at any time throughout the conference. Meet and interact with the people behind the innovations on May 10, 145-245 in a live session.

Arts-Based Research

A Nurse's Experience of Creating an Arts-Based Social Enterprise to Support Health: A Story of Empowering Marginalized Youth
Jennifer Howard, Yolanda Babenko-Mould

Fostering Youth Engagement in Participatory Action Research: Lessons Learned from the PhotoSTREAM Project
Brianna Jackson, Richard Booth, Kimberley T. Jackson

Mobilizing Narratives for Policy and Social Change: Using Storytelling to Transform Poverty and Inequitable Policy
Amy Lewis, A. Oudshoorn, J. Justrabo, H. Berman, M. Janzen Le Ber

The He-ART-istic Journey, Series 1: Recognition of the Early Warning Signs of Ischemic Heart Disease - An Arts-Based Encounter
Sheila O'Keefe-McCarthy, Karyn Taplay, Lisa Keeping-Burke, Allison Flynn-Bowman, Jenn Salfi

The He-ART-istic Journey Series II: The Tension of Time in the Recognition of the Early Prodromal Symptoms of Heart Disease: An Artistic Interpretation through Thematic Photography
Sheila O'Keefe-McCarthy, K. Taplay, L. Keeping-Burke, A. Flynn-Bowman, V. Sjaarda, R. Moretti, C. Dinnarr

Evidence-Based Technologies and Innovations

Senescence: A Serious Gaming, Dementia Homecare Simulation
Richard Booth, Barbara Sinclair

Developing Smart Homes to Support Health
Cheryl Forchuk, Jonathon Serrato

myPlan Canada: A Personalized Safety and Health App for Women Experiencing Intimate Partner Violence
Marilyn Ford-Gilboe, Kelly Scott-Storey, Colleen Varcoe

Remote Monitoring Home Care Technology Demonstration: Care Link Advantage
Gord Turner, Lorie Donelle

Innovation demonstration of the eShift Model of Palliative Homecare
Hugh MacLaren, Patrick Blanshard, Donna Ladouceur, Lorie Donelle

Detailed Conference Program

Day 1: Monday, May 3, 2021

12:00-12:15

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Myrna Kicknosway, Elder, Indigenous Student Center, Western University

Welcome, Remarks, & Introduction of Speaker
Victoria Smye, Director and Associate Professor & Conference Co-Chair,
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Ryan Chan, President-Elect, Iota Omicron Chapter, Sigma Theta Tau International &
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Dr. Heather Spence Laschinger Inaugural Lecture
What happens now? Nursing, technology, and society in a post-pandemic world

Richard Booth, RN, PhD
Associate Professor
Arthur Labatt Family School of Nursing, Western University

With the increasing use of technology in all areas of healthcare over the last few decades, combined recent effects of the SARS-CoV-2 pandemic, nursing must look to the future to help plot a course for the profession. To do this, the profession will need to re-image certain processes and roles that leverage the best elements of both humans and technology. To do this, the presentation will explore the various direct and indirect implications of emergent technology in society and upon the nursing profession.

1:30-1:45

BREAK

1:45-2:45

Concurrent Session A: Oral Paper Presentations & Symposium I	
A1 – Digital Health & Parenting (Moderator: Keri Durochers)	
1:45-2:00	**An Investigation of the Transition to Parenting Within a Digital Health Context** Lorie Donelle, Jodi Hall, Kim Jackson, Ewelina Stoyanovich, Jessica LaChance
2:05-2:20	**"Let me know when I'm needed": Exploring the Gendered Nature of Digital Technology use During the Transition to Parenting** Bradley Hiebert, Jodi Hall, Lorie Donelle, Danica Facca
2:25-2:40	**Parental Online Information Seeking to Inform Vaccine Decisions in North America: A Scoping Review** Sarah Ashfield, Lorie Donelle

	A2 – Indigenous Health: Programs & Services (Moderator: Penny Tryphonopoulos)	
	1:45-2:00	**Biigajiiskaan: Indigenous Pathways to Mental Wellness** Victoria Smye, Bill Hill - Ro'nikonkatste (Standing Strong Spirit), Arlene MacDougall, Cindy Graeme, on behalf of the Biigajiiskaan Program team
	2:05-2:20	**Reforming Maternity Services for Indigenous Mothers and Newborns: A Scoping Review of Challenges and Successes Across Geographical Regions of Circumpolar Nations** Crystal McLeod
	2:25-2:40	**Exploration of Existing Integrated Mental Health and Addictions Care for Indigenous Peoples** Jasmine Wu, Victoria Smye, Arlene MacDougall
	A3 – Intimate Partner Violence & Women's Health (Moderator: Karen Campbell)	
	1:45-2:00	**EMBRACE: Engaging Mothers in a Breastfeeding Intervention to Promote Relational Attachment, Child Health, and Empowerment** Emila Siwik, Samantha Larose, Tara Mantler, Kimberley Jackson
	2:05-2:20	**Sharing Personal Experiences of Accessibility and Knowledge of Violence: A Qualitative Study** Tara Mantler, Kimberley T. Jackson, Edmund J. Walsh, Selma Tobah, Katie Shillington, Brianna Jackson, Emily Soares
	2:25-2:40	**The PATH to Knowledge Mobilization: Expanding our Reach using the ABELE Method** Kimberley T. Jackson, Tara Mantler, Sheila O'Keefe-McCarthy
	A4 – Symposium I (Moderators: Ryan Chan & Victoria Smye)	
	1:45-2:45	**Developing Patient and Family Caregiver Partnerships in Care: An Organizational Approach** Karen Perkin, Roy Butler, Jacobi Elliott, Elizabeth McCarthy, Michelle Mahood, Carol Riddell Elson
2:45-3:00	**BREAK**	
3:00-4:00	**Concurrent Session B: Oral Paper Presentations & Symposium II**	
	B1 – Digital Health: Emerging Technologies (Moderator: Heather Sweet)	
	3:00-3:15	**The Integration of Digital Health Technologies in the Clinical Environment and its Influence on Nurses' Care Delivery Process** Ryan Chan, Richard Booth

3:20-3:35	**Exploring Social Robots' Influence on Human Behaviours in Domestic Environments and its Potential Role in the Delivery of Homecare Nursing Services** Justine Gould, Richard Booth, Josephine McMurray, Gillian Strudwick, Ryan Chan
3:40-3:55	**The Application of Drones in Healthcare and Health-Related Services in North America: A Scoping Review** Bradley Hiebert, Vyshnave Jeyabalan, Elyseé Nouvet, Lorie Donelle
B2 – Nursing Leadership: Education & Practice (Moderator: Katie Shillington)	
3:00-3:15	**Integrating Leadership Development Across Nursing Programs** Carole Orchard
3:20-3:35	**The Influence of Authentic Leadership and Workplace Bullying on the Mental Health of Experienced Registered Nurses** Edmund J. Walsh, Alexis Smith, Carol Wong
3:40-3:55	**Examining Critical Care Nurses' Affective Organizational Commitment: The Influence of Authentic Leadership** Alexis Smith, Edmund J. Walsh, Carol Wong
B3 – Substance Use & Harm Reduction (Moderator: Amanda McIntyre)	
3:00-3:15	**The Use of Photo Narratives to Capture the Every Day Experiences of Overdose Prevention Site Clients** Shamiram Zendo, Melissa McCann, Abe Oudshoorn, Michelle Sangster Bouck, Marlene Janzen Le Ber, Zayya Zendo, Helene Berman, Jordan Banninga
3:20-3:35	**Use of Peers in Substance Use Harm Reduction Initiatives: Literature Review and Application to Northern Contexts** Amanda Ruck, Deborah Scharf
3:40-3:55	**A Better Way: Transforming Our Language and Perceptions of Substance Use** Abe Oudshoorn
B4 – Symposium II	
3:00-4:00	**Attending to Context and Complexity: Evolving a Promising Health Promotion Intervention for Women Separating from an Abusive Partner** Marilyn Ford-Gilboe, Kelly Scott-Storey, Colleen Varcoe, for the iHEAL Team

Day 2: Monday, May 10, 2021

12:00-12:10	**Welcome & Announcements** Marilyn Ford-Gilboe, Distinguished University Professor, Associate Director, Research, & Conference Co-Chair, Arthur Labatt Family School of Nursing, Western University
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2:45-4:00	**Concurrent Session C: Oral Paper Presentations**
	C1 – Intimate Partner Violence & Structural Violence (Moderator: Karen Campbell)
2:45-3:00	**Promoting Safety, Hope and Healing for Women with Histories of Intimate Partner Violence though the Intervention for Health Enhancement and Living (iHEAL): Short-Term Effectiveness and Insights for Nursing Practice** Marilyn Ford-Gilboe, Colleen Varcoe, Kelly Scott-Storey, for the iHEAL Team
3:05-3:20	**Understanding Rural Canadian Women who have Experienced Intimate Partner Violence and the Factors that Shape Their Resilience (RISE)** Katie J. Shillington, Tara Mantler, Kimberley T. Jackson, Panagiota "Penny" Tryphonopoulos, Marilyn Ford-Gilboe
3:25-3:40	**Structural Violence: An Evolutionary Concept Analysis** Brianna Jackson
3:45-4:00	**Structural Violence and its Promise in Nursing Research** V. Logan Kennedy, Marilyn Ford-Gilboe
	C2 – Chronic & Infectious Disease Management (Moderator: Bahar Karimi)
2:45-3:00	**Exploring the Experience of Managing Type 1 Diabetes in Canadian Adolescents** Kelly Kennedy, Kimberley T. Jackson, Marilyn Evans

3:05-3:20	**The Development, Refinement, Implementation, and Impact of a Nurse-Led Health Coaching Intervention in Heart Failure Self-Care Management** Maureen Leyser
3:25-3:40	**Chronic Disease Management in a Nurse Practitioner Led Clinic: An Interpretive Description Study** Natalie Floriancic, Anna Garnett
3:45-4:00	**COVID-19 Treatment in Outpatients: A Phase 2, Placebo-Controlled Randomized Trial of Peginterferon-Lambda** Mia J. Biondi, Jordan J. Feld, Christopher Kandel and team
C3 – Digital Health: Clinical Practice & Education (Moderator: Ryan Chan)	
2:45-3:00	**The Power of Partnerships** Julia Marchesan, Amanda Thibeault
3:05-3:20	**Documentation of Best Possible Medication History by Pharmacy Technicians in Ambulatory Care Clinics** MaryBeth Blokker
3:25-3:40	**Evaluating the Effectiveness of an Online Gentle Persuasive Approaches Dementia Education Program on Increasing Staff Knowledge and Confidence Levels on In-Patient Medicine Units** Jacqueline Crandall, Robin Coatsworth-Puspoky, Kimberly Schlegel, Lyndsay Beker, Victoria C. McLelland, Lori Schindel Martin
3:45-4:00	**"In Your Shoes" Web Browser Empathy Training Portal: Work-in-Progress** Michelle Lobchuk
C4 – Global Health: Education in Rwanda (Moderator: Edmund Walsh)	
2:45-3:00	**Clinical Mentorship Model for Nurses and Midwives in Rwanda: Improving Maternal and Neonatal Care** Yvonne Kasine, Yolanda Babenko-Mould
3:05-3:20	**Nurses' and Midwives' Experiences as Mentors in a Clinical Mentorship Model in Rwanda** Marie Chantal Murekatete, Yolanda Babenko-Mould
3:25-3:40	**Translating Teaching Methodology Knowledge into Practice Among Rwandan Nursing and Midwifery Educators** Jean Pierre Ndayisenga, Yolanda Babenko-Mould, Marilyn K. Evans, Madeleine Mukeshimana
3:45-4:00	**Nurses' and Nurse Educators' Experiences of a Pediatric Nursing Continuing Professional Development Program in Rwanda** Amy Olson, Yolanda Babenko-Mould, Donatilla Mukamana

Day 3: Tuesday, May 25, 2021

12:00-12:10	**Welcome & Announcements** Edmund Walsh, PhD Student and Conference Planning Committee Member Arthur Labatt Family School of Nursing, Western University	
12:15-1:30	**Concurrent Session D: Oral Paper Presentations**	
	D1 – Violence Against Women: Considerations for Health & Social Services (Moderator: Logan Kennedy)	
	12:15-12:30	**Violence Against Women Services in a Pandemic: A Multi-Method Research & Knowledge Mobilization Project** Nadine Wathen
	12:35-12:50	**Impacts of COVID-19 Related Changes in Income on Women Experiencing Intimate Partner Violence** Cara A. Davidson, Tara Mantler, Andrew M. Johnson
	12:55-1:10	**Association Between Intimate Partner Violence and Functional Gastrointestinal Disease and Syndrome Among Adult Women: Systematic Review** Ohud Banjar, Marilyn Ford-Gilboe, Deanna Befus, Bayan Alilyyani
	1:15-1:30	**Lifetime Prevalence of Emotional/Psychological Abuse Among Qualified Female Healthcare Providers** Azmat Jehan, Rozina Karmaliani, Tazeen Saeed Ali
	D2 – Chronic Disease & Pain Management (Moderator: Maureen Leyser)	
	12:15-12:30	**Effectiveness of Home-Based Cardiac Rehabilitation and Its Importance During COVID-19** Hannah Pollock, Anna Garnett
	12:35-12:50	**Understanding the Social Determinants of Health from the Standpoint of Patients: An Institutional Ethnography of Mental Health, Addictions and Poverty in the Lives of People with Chronic Pain** Fiona Webster, Laura Connoy
	12:55-1:10	**Exploring Patient Engagement and the Use of Opioids in Managing Chronic Pain: A Scoping Review** Bayan Alilyyani, Ryan Chan, Laura Connoy, Fiona Webster
	D3 – Promoting Practice & Education Across Diverse Contexts (Moderator: Cara Davidson)	
	12:15-12:30	**Midwifery/Nurse Collaborative Approach to Community Genetic Screening in the Old Order Anabaptist Community** Cynthia Soulliere, Jane Leach, Victoria Mok Siu, Julie Van Bakel

	12:35-12:50	**Beyond Inclusion: A Review of Risk Factors of Social Isolation Among Older Adults in Long-Term Care** Sheila A. Boamah, Rachel Weldrick, Tin-Suet Joan Lee, Nicole Taylor
	12:55-1:10	**Enhancing Advanced Practice Nursing: The Value of Role Clarity and Mentorship** Lisa Morgan, Alexis Smith, Amanda Thibeault
	1:15-1:30	**The Challenge and Potential of Trauma- and Violence-informed Care for Nurses Working with Women who have Experienced Intimate Partner Violence** Noël Patten Lu, Marilyn Ford-Gilboe, Lorie Donelle, Victoria Smye, Kimberley Jackson
	D4 – Mental Health & Homelessness (Moderator: Victoria Smye)	
	12:15-12:30	**From Hospital to Homelessness: Preventing Discharge to "No Fixed Address"v2** Cheryl Forchuk
	12:35-12:50	**Mental Health Experiences and Pathways to Homelessness Among Refugee Claimants** Bridget Annor
	12:55-1:10	**Factors Influencing Access and Utilization of Health Service Among Substance Using Homeless Youth: A Scoping Review** Vanisa Ezukuse
	1:15-1:30	**A Scoping Review of Promising Structural Reforms to Support Youth Mental Health** Abe Oudshoorn, Michelle Virdee, Joseph Adu, Ross Norman, Eugenia Canas, Romaisa Pervez, Arlene MacDougall
1:30-1:45	**BREAK**	
1:45-2:40	**Concurrent Session E: Oral Paper Presentations & Science Pitch Sessions**	
	E1 – Digital Health: Smartphones & Mobile Applications(Moderator: Penny Tryphonopoulos)	
	1:45-2:00	**Evolving a Personalized, Online Safety & Health Resource for Women Experiencing Intimate Partner Violence to a Publicly Available App: My Plan Canada** Marilyn Ford-Gilboe, Colleen Varcoe, Kelly Scott-Storey, for the iCAN Team
	2:05-2:20	**Using Snapchat to Promote STI Screening at a Rural Public Health Unit** Bradley Hiebert, Annie O'Dette, Marian Doucette, Rita Marshall, Chisomo Mchaina, Kate Underwood

2:25-2:40	**Nurses' Use of Smartphones and Mobile Phones in the Workplace: A Scoping Review** Andrea de Jong, Lorie Donelle
E2 – Policies for Health Care Providers (Moderator: Nadine Wathen)	
1:45-2:00	**Transforming Education for Health Care and Social Service Providers: Developing Competencies to Advocate for Healthy Public Policy** Amy Lewis, Abe Oudshoorn, Helene Berman
2:05-2:20	**The Environment as Patient: A Content Analysis of Canadian Nursing Organizations and Regulatory Bodies Policies on Nurses' Role in Environmental Health** Courtney Allen, Lorie Donelle
E3 – Science Pitch Session I (Moderator: Fiona Webster)	
1:45-2:40	**Harm Reduction Services in Ottawa: The Culture of Drug Use** Marlene Haines, Patrick O'Byrne **Opioid Crisis: A Qualitative Analysis of Financial Influences and Addiction** Nicole Naccarato, Noah Wacker, Lissa Gagnon **Mental Health and Addictions Care Provided by Nurses in the Emergency Department** Shubhjit Gabhi **Investigating Physiological Determinants of Mental Health in Children with Cerebral Palsy** Daniela Testani, Laura Brunton, Carly McMorris **Implementing Breastfeeding Education in Pediatric Settings** Keri Durocher, Jody Ralph **Promoting Attachment Through Healing (PATH): Results of a Retrospective Feasibility Study** Cara A. Davidson, Tara Mantler, Kimberley T. Jackson, Jessi R. Baer, Sarah Parkinson
E4 – Science Pitch Session II (Moderator: Abe Oudshoorn)	
1:45-2:40	**The Impact of Social Media Use on Youth Self- Perceived Mental Health** Chantal Singh **Meditating in Virtual-Reality: Investigating Affect Responses of Mindfulness Through a Trauma-Informed and Instructor Present Approach** Madison Waller, Paul Frewen

		Intersectoral Collaboration: A Literature Review Patrick Ellis **Examining the Impact of Managers' Authentic Leadership on Long-Term Care Nurses' Job Turnover Intentions** Edmund J. Walsh, Michael S. Kerr, Carol A. Wong, Emily A. Read, Joan Finegan **The Context and Consequences of Being Turned Away from a Domestic Violence Shelter** Rachel Colquhoun **Health-Seeking Behaviour Related to Selected Dimensions of Wellness in Community Dwelling Older Adults** Navjot Gill, Denise Connelly **A Narrative Review of Post-Trauma Resilience and Optimism Frameworks, and Proposal of an Integrated Framework for Musculoskeletal Trauma** Wonjin Seo, Dave Walton, Deanna Befus, Marnin Heisel
2:40-3:00	**BREAK**	
3:00-4:00	**Concurrent Session F: Oral Paper Presentations**	
	F1 – Mental Health: Suicide & Schizophrenia (Moderator: Heather Sweet)	
	3:00-3:15	**Trends and Factors Associated with Suicide Deaths in Older Adults** Eada Novilla-Surette, Richard Booth, Salimah Shariff
	3:20-3:35	**Zero Suicide: St. Joseph's Health Care London and Beyond** Amy Van Berkum, Shauna Graf
	3:40-3:55	**Engagement, Partnership & Participation in Self-Management in Outpatient Services for People with Schizophrenia** Mary-Lou Martin, Susan Strong, Heather McNeely, Lori Letts, Alycia Gillespie
	F2 – Violence in the Workplace (Moderator: Edmund Walsh)	
	3:00-3:15	**Putting the Brakes on Aggressive Behaviours: Empowering Nurses Using the "Traffic Light Process"** Chantal Singh, Karen Laidlaw
	3:20-3:35	**Part of the Job? Gender as a Determinant of Workplace Violence Against Nurses** Andrea Baumann, Sioban Nelson
	3:40-3:55	**Implementing a Workplace Violence Reporting System for Nurses in a Healthcare Setting in Pakistan** Rozina Somani, Carles Muntaner, Edith Hillan, Alisa J. Velonis, Peter Smith

F3 – Understanding Health: A Global Perspective (Moderator: Logan Kennedy)	
3:00-3:15	**Nurses and Midwives' Experience of Providing Fertility Awareness-based Methods including Natural Family Planning Methods in Rwanda** Pauline Uwajeneza, Marilyn Evans, Pamela Meharry, Donatilla Mukamana, Yolanda Babenko-Mould, Agnes Mukabaramba Kanimba, Patrici Munezero
3:20-3:35	**The Correlation Between the Quality of Life and Self-Efficacy of Parents who have Children with Cancer in Turkey** Sibel Kusdemir, Rana Yigit
3:40-3:55	**A Feminist Narrative Inquiry into Being a Child Bride in Nigeria** Olubukola Sonibare, Marilyn Evans
F4 – Digital Health: Information & Data Science (Moderator: Nadine Wathen)	
3:00-3:15	**A Scoping Review: Understanding Health Information Exchange Processes Within Canadian Long-Term Care** Kendra Cotton, Rianne Treesh, Richard Booth, Josephine McMurray
3:20-3:35	**E-health Decision Support Technologies in the Prevention and Management of Pressure Ulcers: A Systematic Review** Justine Ting, Anna Garnett
3:40-3:55	**"You have to be careful": Examining Children's Perspectives Related to Digital Device and Social Media Use Through a Digital Health Lens** Danica Facca, Lorie Donelle, Shauna Burke, Bradley Hiebert, Emma Bender, Stephen Ling

Day 4: Monday, May 31, 2021

12:00-1:00	**Concurrent Session G: Oral Paper Presentations & Symposium III**	
	G1 – Substance & Cannabis Use (Moderator: Amanda McIntyre)	
	12:00-12:15	**Learning from a Study of Substance Use on an Inpatient Youth Mental Health Unit: A Discussion on Measurement-Based Care** Jillian Halladay, Catharine Munn, Laurie Horricks, James MacKillop, Michael Amlung, Katholiki Georgiades
	12:20-12:35	**Cannabis for Chronic Pain: A Rapid Systematic Review of Randomized Control Trials** Riana Longo, Abe Oudshoorn, Deanna Befus
	G2 – Interprofessional Practice (Moderator: Edmund Walsh)	
	12:00-12:15	**Evaluating Interprofessional Models of Care for Sustainable Healthcare Service Delivery** Alexis Smith, Amanda Thibeault, Carmen Marsh Lansard
	12:20-12:35	**Patient Roles on Primary Care Interprofessional Teams: A Framework** Kateryna Metersky, Carole Orchard, Christina Hurlock-Chorostecki
	12:40-12:55	**Why are Patient Teaching Strategies Not Working Effectively? What Needs to Change? A New Proposed Approach** Carole Orchard
	G3 – Promoting Health Equity: Partnerships & Collaboration (Moderator: Marilyn Ford-Gilboe)	
	12:00-12:15	**The Nature of Place and Disadvantage in Home-Visiting: A Critical Exploration of the Impact of Geography on the Nurse-Family Partnership Program** Karen Campbell
	12:20-12:35	**Realist Evaluation of the Locally Driven Collaborative Project Funded Health Equity Indicators** Shamiram Zendo, Anita Kothari, Marlene Janzen Le Ber
	12:40-12:55	**Evaluating the Incorporation of Community Tenants as Key Stakeholders in a Deliberative Dialogue** Tiffany Scurr, Anita Kothari, Rebecca Ganann, Nancy Murray, Gina Agarwal, Amanda Terry, Ruta Valaitis

	G4 – Symposium III	
	12:00-1:00	**Smart Technologies to Support Mental Health** Cheryl Forchuk & Jonathan Serrato, on behalf of the research team
	BREAK	
1:00-1:15	**Concurrent Session H: Oral Paper Presentations & Symposium IV**	
1:15-2:15	**H1 – Digital Health: Interventions & Innovations** (Moderator: Ryan Chan)	
	1:15-1:30	**Caring Near and Far - A Pragmatic Randomized Control Trial (PRCT) of a Remote Monitoring Home Care Innovation: Family Member/Friend Caregiver and Patient Participant Profiles at Baseline** Lorie Donelle, Sandra Regan, Bradley Hiebert, Merrick Zwarenstein, Michael Kerr, Grace Warner, Michael Bauer, Lori Weeks, Aleksandra Zecevic, Emily Read, Richard Booth, Beverly Leipert, Dorothy Forbes
	1:35-1:50	**"VID-KIDS" Video-Feedback Interaction Guidance for Improving Interactions between Depressed Mothers and Their Infants: A Randomized Control Trial (RCT)** Panagiota "Penny" Tryphonopoulos, Nicole Letourneau
	1:55-2:10	**A Digital Innovation to Screen for Early Cardiac Symptoms with the Prodromal Symptoms Screening Scale (PS-SS)** Sheila O'Keefe-McCarthy, Lisa Keeping-Burke, Karyn Taplay, Ian Chalmers, Lauren Levy
	H2 – Accessing Health & Social Services (Moderator: Karen Campbell)	
	1:15-1:30	**Should I Stay or Should I Go? Influential Factors on Non-Emergent, Emergency Department Use** Amanda Houston, Lisa Shepherd, Mickey Kerr, Richard Booth
	1:35-1:50	**The Experiences of Caregivers of Community-Dwelling Stroke Survivors in Accessing and Using Formal Health and Social Services** Anna Garnett, Jenny Ploeg, Maureen Markle-Reid, Pat Strachan
	1:55-2:10	**Experiences of Arabs in Seeking Health Services: A Scoping Review** Selma Tobah, Lorie Donelle, Sandra Regan, Lloy Wylie
	H3 – Transforming Education & Practice: Culture & Shadeism (Moderator: Victoria Smye)	
	1:15-1:30	**Whose Culture is it Anyway? Disrupting Nursing Education Through Cultural Safety** Kathryn Edmunds

	1:35-1:50	**Towards Understanding of Culturally Sensitive Care for Transgender Blood Donors: A Scoping Review of Health Care Provider Knowledge** Terrie Butler-Foster, I. Chin-Yee, M. Huang, K. Jackson
	1:55-2:10	**Sexual Health and Diasporic Experiences of Shadeism** Gayathri Naganathan, Vasuki Shanmuganathan, Sinthu Srikanthan, Abhirami Balanchandran
	H4 – Symposium IV	
	1:15-2:15	**So you want to use Instruments in your Study? Tips from Experience About Selection, Use of, Either Established or your own Self-Developed Mea**sures Carole Orchard, Dianne Allen, Sibylle Ugirase
2:15-2:30	**BREAK**	
2:30-3:45	**Closing Plenary Address** ***Leading in a Post-Pandemic World: Nursing at a Crossroad*** Lynn M. Nagle, PhD, RN, FAAN Director, Digital Health and Virtual Learning, University of New Brunswick Adjunct Professor, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto and Arthur Labatt Family School of Nursing, Western University *Introduction of speaker*: Lorie Donelle Arthur Labatt Family Chair in Nursing & Associate Professor Arthur Labatt Family School of Nursing, Western University	
3:45-4:00	**Conference Closing Remarks** Victoria Smye, Director, Associate Professor, & Conference Co-Chair, Arthur Labatt Family School of Nursing, Western University	

Conference Program
Day 1: Monday, May 3, 2021

12:00-12:15	**Conference Opening with Land Acknowledgement** Myrna Kicknosway, Elder, Indigenous Student Center, Western University **Welcome, Remarks, & Introduction of Speaker** Victoria Smye, Director and Associate Professor & Conference Co-Chair, Arthur Labatt Family School of Nursing Jay Laschinger, "proud son of Dr. Heather Laschinger" Ryan Chan, President-Elect, Iota Omicron Chapter, Sigma Theta Tau International & PhD Student, Arthur Labatt Family School of Nursing, Western University
12:15-1:30	**Dr. Heather Spence Laschinger Inaugural Lecture** ***What happens now? Nursing, technology, and society in a post-pandemic world*** Richard Booth, RN, PhD Associate Professor Arthur Labatt Family School of Nursing, Western University With the increasing use of technology in all areas of healthcare over the last few decades, combined recent effects of the SARS-CoV-2 pandemic, nursing must look to the future to help plot a course for the profession. To do this, the profession will need to re-image certain processes and roles that leverage the best elements of both humans and technology. To do this, the presentation will explore the various direct and indirect implications of emergent technology in society and upon the nursing profession.
1:30-1:45	**BREAK**

1:45-2:45	**Concurrent Session A: Oral Paper Presentations & Symposium I**	
	A1 – Digital Health & Parenting (Moderator: Keri Durochers)	
	1:45-2:00	**An Investigation of the Transition to Parenting Within a Digital Health Context** Lorie Donelle, Jodi Hall, Kim Jackson, Ewelina Stoyanovich, Jessica LaChance
	2:05-2:20	**"Let me know when I'm needed": Exploring the Gendered Nature of Digital Technology use During the Transition to Parenting** Bradley Hiebert, Jodi Hall, Lorie Donelle, Danica Facca
	2:25-2:40	**Parental Online Information Seeking to Inform Vaccine Decisions in North America: A Scoping Review** Sarah Ashfield, Lorie Donelle

	A2 – Indigenous Health: Programs & Services (Moderator: Penny Tryphonopoulos)	
	1:45-2:00	**Biigajiiskaan: Indigenous Pathways to Mental Wellness** Victoria Smye, Bill Hill - Ro'nikonkatste (Standing Strong Spirit), Arlene MacDougall, Cindy Graeme, on behalf of the Biigajiiskaan Program team
	2:05-2:20	**Reforming Maternity Services for Indigenous Mothers and Newborns: A Scoping Review of Challenges and Successes Across Geographical Regions of Circumpolar Nations** Crystal McLeod
	2:25-2:40	**Exploration of Existing Integrated Mental Health and Addictions Care for Indigenous Peoples** Jasmine Wu, Victoria Smye, Arlene MacDougall
	A3 – Intimate Partner Violence & Women's Health (Moderator: Karen Campbell)	
	1:45-2:00	**EMBRACE: Engaging Mothers in a Breastfeeding Intervention to Promote Relational Attachment, Child Health, and Empowerment** Emila Siwik, Samantha Larose, Tara Mantler, Kimberley Jackson
	2:05-2:20	**Sharing Personal Experiences of Accessibility and Knowledge of Violence: A Qualitative Study** Tara Mantler, Kimberley T. Jackson, Edmund J. Walsh, Selma Tobah, Katie Shillington, Brianna Jackson, Emily Soares
	2:25-2:40	**The PATH to Knowledge Mobilization: Expanding our Reach using the ABELE Method** Kimberley T. Jackson, Tara Mantler, Sheila O'Keefe-McCarthy
	A4 – Symposium I (Moderators: Ryan Chan & Victoria Smye)	
	1:45-2:45	**Developing Patient and Family Caregiver Partnerships in Care: An Organizational Approach** Karen Perkin, Roy Butler, Jacobi Elliott, Elizabeth McCarthy, Michelle Mahood, Carol Riddell Elson
2:45-3:00	**BREAK**	
3:00-4:00	**Concurrent Session B: Oral Paper Presentations & Symposium II**	
	B1 – Digital Health: Emerging Technologies (Moderator: Heather Sweet)	
	3:00-3:15	**The Integration of Digital Health Technologies in the Clinical Environment and its Influence on Nurses' Care Delivery Process** Ryan Chan, Richard Booth

3:20-3:35	**Exploring Social Robots' Influence on Human Behaviours in Domestic Environments and its Potential Role in the Delivery of Homecare Nursing Services** Justine Gould, Richard Booth, Josephine McMurray, Gillian Strudwick, Ryan Chan
3:40-3:55	**The Application of Drones in Healthcare and Health-Related Services in North America: A Scoping Review** Bradley Hiebert, Vyshnave Jeyabalan, Elyseé Nouvet, Lorie Donelle
B2 – Nursing Leadership: Education & Practice (Moderator: Katie Shillington)	
3:00-3:15	**Integrating Leadership Development Across Nursing Programs** Carole Orchard
3:20-3:35	**The Influence of Authentic Leadership and Workplace Bullying on the Mental Health of Experienced Registered Nurses** Edmund J. Walsh, Alexis Smith, Carol Wong
3:40-3:55	**Examining Critical Care Nurses' Affective Organizational Commitment: The Influence of Authentic Leadership** Alexis Smith, Edmund J. Walsh, Carol Wong
B3 – Substance Use & Harm Reduction (Moderator: Amanda McIntyre)	
3:00-3:15	**The Use of Photo Narratives to Capture the Every Day Experiences of Overdose Prevention Site Clients** Shamiram Zendo, Melissa McCann, Abe Oudshoorn, Michelle Sangster Bouck, Marlene Janzen Le Ber, Zayya Zendo, Helene Berman, Jordan Banninga
3:20-3:35	**Use of Peers in Substance Use Harm Reduction Initiatives: Literature Review and Application to Northern Contexts** Amanda Ruck, Deborah Scharf
3:40-3:55	**A Better Way: Transforming Our Language and Perceptions of Substance Use** Abe Oudshoorn
B4 – Symposium II	
3:00-4:00	**Attending to Context and Complexity: Evolving a Promising Health Promotion Intervention for Women Separating from an Abusive Partner** Marilyn Ford-Gilboe, Kelly Scott-Storey, Colleen Varcoe, for the iHEAL Team

ABSTRACTS

Concurrent Session A and Symposium I

A1 – Digital Health & Parenting

An Investigation of the Transition to Parenting within a Digital Health Context

Lorie Donelle, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Jodi Hall, Arthur Labatt Family School of Nursing, Western University; School of Nursing, Fanshawe College , London, Ontario
Kim Jackson, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Ewelina Stoyanovich, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Jessica LaChance, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Background: Digital technology use in pre-conception, pregnancy and the postpartum period (referred to as the transition to parenting) is largely understudied. The ubiquity of digital technologies creates the need for a deepened understanding of these technologies and how they contribute to the ecology of the transition to parenting; to understand the role these technologies play in organizing and structuring emerging pregnancy and early parenting practices, and to consider implications for practice. The research question was: What role does digital technology play in the lives of individuals in the transition to parenting?

Methods: This research was a qualitative description study using purposive sampling. Participants were eligible if they were new parents, up to one year postpartum; were aged 16 years and over, and English speaking. Focus groups were recorded and transcribed verbatim concurrently with thematic data analysis.
Results: Data collection is ongoing. Emergent findings included four themes of: (1)Preferred hardware (e.g., smartphone; surveillance and monitoring devices) and software (e.g., Texting, Google, YouTube, Instagram, and specific apps for fertility tracking, prenatal / infant growth and development, baby product purchases); (2)Accessing information that was trustworthy, immediate, and focused on conception/birth control, normal growth and development of foetus and infant, pre and post-natal care; (3)Digitally-informed parenting included posting of baby announcements and monthly growth updates, the development of digital use among infants, real-time and all-time infant monitoring; remote surveillance of baby care interactions, enhanced online shopping of baby products (diapers), access to social network; (4)Reifying gendered roles where online activity changed among mothers who focused on pre/postnatal care whereas fathers online activities were relatively unchanged.

Discussion: These findings have important health implications for pre and post-natal care among parents. Digitally informed parenting practices include enhanced access to information regarding normal infant growth and development. Important implications of this work relate to the need for effective digital health literacy skills. Future research on the gendered use of digital technologies among parents is needed.

“Let me know when I’m needed”: Exploring the Gendered Nature of Digital Technology use During the Transition to Parenting

Bradley Hiebert, Arthur Labatt Family School of Nursing, Western University; School of Nursing
Jodi Hall, Arthur Labatt Family School of Nursing, Western University; School of Nursing, Fanshawe College, London, Ontario
Lorie Donelle, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Danica Facca, Arthur Labatt Family School of Nursing, Western University; School of Nursing

The transition to parenting – the period from pre-conception through postpartum – is marked by significant health information needs for individuals and families. Understanding how digital technologies are used by individuals during their transition to parenting would allow health service providers to tailor health information delivery methods to better meet the needs of new parents. However, there is limited knowledge about the gendered nature of digital technology use for health information seeking during the transition to parenting. This paper presents results of a qualitative descriptive study conducted to understand parents’ experiences with digital technologies during their transition to parenting. Purposive sampling was used to recruit individuals in southwest Ontario who had become a new parent within the previous 24 months to participate in a focus group or individual interview. Participants were asked to describe the type of technologies they/their partner used during their transition to parenthood, and how such technologies were used to support their own and their family’s health. Focus groups and interviews were audio recorded, transcribed verbatim, and subjected to thematic analysis using inductive coding. 10 focus groups and three individual interviews were conducted with 26 heterosexual female participants. Participants primarily used digital technologies to 1) seek health information for a variety of reproductive health issues – e.g. ovulation, fetal development, infant feeding, infant health and developmental milestones, and maternal health – and 2) establish social and emotional connections. The nature of such health information work was markedly gendered and was categorized by 2 dominant themes. First, “‘Let me know when I’m needed’”, characterizes fathers’ apparent avoidance of health information seeking and resultant creation of mothers as lay information mediaries. Second, “Information Curation”, captures participants’ belief that gender biases built-in to popular parenting apps and resources reified the gendered nature of health and health information work during the transition to parenting. Overall, findings indicate that digital technology tailored to new and expecting parents actively reinforced gender norms regarding health information seeking, which creates undue burden on new mothers to become the sole health information seeker and interpreter for their family.

Parental Online Information Seeking to Inform Vaccine Decisions in North America: A Scoping Review

Sarah Ashfield, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Lorie Donelle Arthur Labatt Family School of Nursing, Western University, London, Ontario

Background: Vaccination is a core mandate of public health in Canada and the United States. However, vaccination rates of North American children fall below the minimum vaccination levels required to prevent outbreaks of communicable diseases. Maintaining childhood vaccination levels helps minimize the spread of communicable diseases and reduce associated morbidity and mortality. Parents are looking online to locate information to aid in decisions about vaccinating their children. Examining where parents are looking online and how social media is utilized may help health care providers and researchers further understand the decision-making process focused on childhood vaccinations.

Purpose: Assess the current state of research literature of parent's online health information-seeking behavior to inform vaccination choices for their children and to identify gaps in the literature around parents' use of online health information resources and their vaccination choices.

Methods: A scoping review was conducted to identify relevant research literature published between January 2010 and December 31, 2020. The databases PubMed, CINAHL, Nursing & Allied Health Database, Scopus, PsycINFO, and Proquest Dissertation & Theses Global were utilized in this search. Included literature focused on parent's use of social media and the internet, parental decisions related to their child's primary immunization series, online vaccination information seeking, and social media and childhood vaccines.

Findings: A total of 34 articles were included in the review. The majority, 82% of the literature is from the United States, and 18 % is from Canada with 58% of the literature qualitative in nature, 32% quantitative, and 9% mixed methods. Four broad themes were identified in the reviewed literature: information seeking, online information sources, online vaccination information content, and trust in health care providers.

Conclusion: Parents are currently seeking vaccination information online regardless of their vaccination choices. Parents are utilizing online search engines such as Google and Yahoo as well as popular social media sites such as Pinterest, Instagram, Facebook, YouTube and Twitter as online resources for vaccination information. Information seeking online has implications for the way that parents perceive the health and safety consequences of vaccination. The influence of online misinformation may have implications for vaccine decision making. Trust in healthcare providers remains a fundamental part of parental vaccine decision making.

Significance: Findings from this review summarize the current state of literature in North America and gaps related to digital vaccination information seeking and how information sources impact parental vaccination decisions.

A2 – Indigenous Health: Programs & Services

Biigajiiskaan: Indigenous Pathways to Mental Wellness

Victoria Smye, Arthura Labatt Family School of Nursing, Western University, London, Ontario
Bill Hill – Ro'nikonkatste (Standing Strong Spirit), Arlene MacDougall, Cindy Graeme, on behalf of the Biigajiiskaan Program team

Indigenous communities experience inconsistent and inequitable access to health services through mainstream systems of care. The impact of inequitable access to care is especially profound as it relates to mental illness and substance use issues. Despite interventions at the individual- and clinical-level, critical incidents continue (e.g., high suicide rates), suggesting the need for a clearly defined, Indigenous-led model of mental wellness to address structural barriers and offer culturally safe, consistent and high-quality care.

Biigajiiskaan: Indigenous Pathways to Mental Wellness, is a partnership between St Joseph's Healthcare London and Atlohsa Family Healing Services. The intention of this program is to create series of 'pathways' to support mental health and addictions within a family-based and community-oriented approach to care that integrates Traditional Indigenous healing modalities with bio-medical care. This system of care is designed to respond to the needs of Indigenous peoples experiencing serious mental illness including co-morbid substance use disorder (concurrent disorders) by connecting community services and hospital-based care, and integrating Indigenous Healing and clinical supports to advance equity-oriented health care (EOHC); i.e., services and supports tailored to the needs of individuals, families, and communities and underpinned by the key dimensions of EOHC – cultural safety, trauma- and violence-informed care and harm reduction. It is expected embedding EOHC at all levels of participating organizations will result in equitable and timely access to a higher level of coordinated, culturally-safe care for Indigenous peoples.

In this presentation, we will share the stories of how Biigajiiskaan came to be, including ongoing community consultation, program design, research and process evaluation findings, and the unforeseen challenges and opportunities along the way. These stories provide a glimpse into the journey, which has required making a space for ongoing learning and growth and a commitment to live the messiness of creating cutting-edge programs and services for Indigenous people in the context of a colonial past and neocolonial present.

Reforming Maternity Services for Indigenous Mothers and Newborns: A Scoping Review of Challenges and Successes Across Geographical Regions of Circumpolar Nations

Crystal McLeod, Arthur Labatt Family School of Nursing

Aims: This two part literature review, acknowledging differences in health services can be dictated by geographic location, seeks to understand the challenges and successes of childbirth maternity services for Indigenous mothers and newborns in both rural and remote, and urban settings.

Background: Inequalities in health and healthcare service delivery have prompted decades-long calls for the reformation of childbirth maternity services for Indigenous mothers and newborns of circumpolar nations. Researchers, assisting stakeholders, have generated a large quantity of literature to assess the value of past and emerging practices within these maternity services. To make sense of this large quantity of literature dispersed across several countries, findings have been brought together in this literature review. Reviews of Indigenous maternal-newborn health have been performed in the past, but have been restricted to one nation or a specific area of study.

Design: Arksey and O'Malley's (2005) scoping literature review framework and subsequent enhancements guided all stages.

Data Sources: Eight electronic databases and five journals were hand searched for relevant primary studies published between 2000 and 2019, including Access Medicine, CINHAL, EMBASE (Medline), ProQuest (Nursing & Allied Health Database), Pubmed, Scopus, and Google Scholar. Research solely conducted in Australia, Canada, New Zealand, and United States was included for review.

Results: A total of 60 studies were included and thematically analyzed based on geographical location (36 rural and remote, 14 urban, and 10 mixed settings). Majority of studies were conducted under a qualitative focus, utilized a multidisciplinary research team, and sought to understand the birth experiences of Indigenous mothers. Collation of included studies identified 14 unique themes, geographic trends, and several international research recommendations. Policy was also considered to aide reform efforts.
Conclusion: Reformation of childbirth maternity services for Indigenous mothers and newborns is ongoing throughout the world's circumpolar nations. This review serves as a starting point for healthcare systems seeking to improve relationships, better support, and empower Indigenous mothers and newborns during childbirth.

Exploration of Existing Integrated Mental Health and Addictions Care for Indigenous Peoples

Jasmine Wu, Department of Neuroscience, Western University, London, Ontario
Victoria Smye, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Arlene MacDougall, St. Joseph's Health Care, London, Ontario

Due to the persistent impact of colonialism, Indigenous peoples of Canada face higher rates of mental health and substance use disorders, and systemic barriers to accessing 'mainstream' mental health and addiction services. Moreover, these services are often unsuitable for Indigenous peoples due to embedded Eurocentric biases, such as the exclusion of Indigenous understandings of mental health in favour of Western biomedicine.

The need to better address Indigenous mental health has led to integrated care programs: services that incorporate both Indigenous and Western practices into their care delivery. Such a transition facilitates the Truth and Reconciliation Commission of Canada's Calls to Action by increasing collaboration with Indigenous peoples to meet their own mental health needs. As this research explores the inner workings of implementing the integrated care approach, it is a resource for future integrated care programs.

In terms of addressing research questions, this study describes common lessons, disjunctures, and solutions experienced by existing integrated mental health and addictions programs for Indigenous adults across Canada. This study also explores the particular challenges that these programs are facing due to the COVID-19 pandemic.

This study uses a postcolonial framework and narrative inquiry informed by Margaret Kovach's conversational method (2010) and Kincheloe & McLaren's reconceptualized critical theory of power (1994). In keeping with the premise of the integrated approach, an Indigenous Knowledge Keeper/Thought Leader was consulted in designing this study. The sample consists of mental health and substance use programs found on the Government of Canada website that work with Indigenous adults; however, only programs with an integrated care delivery were included.

With the study currently in progress, the preliminary results and discussion will be available for presentation in May 2021. The sample data is being collected through online surveys of factual questions administered to program staff. Moreover, key informants (e.g. Program Managers, Directors of Care, etc.) who have knowledge of the relational processes of their care delivery are being interviewed over the telephone. Finally, the data will be analyzed through collaborating with Indigenous Elders, practitioners, Thought Leaders, and Knowledge Keepers to highlight Indigenous values and interpretations, and knowledge co-production.

A3 – Intimate Partner Violence & Women's Health

EMBRACE: Engaging Mothers in a Breastfeeding Intervention to Promote Relational Attachment, Child Health, and Empowerment

Emila Siwik, School of Health and Rehabilitation Sciences, Western University, London, Ontario
Samantha Larose, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Tara Mantler, School of Health Studies, Western University, London, Ontario
Kimberley Jackson, Arthur Labatt Family School of Nursing, Western University, London, Ontario

The promotion of breastfeeding is a public health priority. Breastmilk is universally recognized as the superior and most cost-effective form of human infant nutrition, with health benefits to both infants and women. While the World Health Organization recommends exclusive breastfeeding to 6 months of age, most mothers wean their infants earlier due to perceived difficulties, rather than by choice. Infant feeding practices are intimately tied to health inequities and are strongly influenced by social determinants of health. Studies have reported that women who are least likely to sustain breastfeeding tend to be young, of low income, have a history of intimate partner violence, and perceive a lack of social support. As such, community health care support is an important, modifiable variable to breastfeeding success. Effective and tailored support during the early postpartum period, such as scheduled visits by a health care provider, may be highly effective in breastfeeding promotion when there is prenatal intention to breastfeed. The Thompson Postnatal Wellness Clinic in London, Ontario, is a community-based team of family physicians whose mission is to provide trauma-and-violence-informed care (TVIC) to postpartum women without a primary care provider in the early postpartum period. This novel approach to early postpartum management has not been evaluated with respect to improving breastfeeding outcomes among a population of urban, at-risk women. As such, the goal of this mixed-methods study is to conduct a program evaluation of a community-based physician team providing TVIC-postpartum care in the first days postpartum, with specific attention being focused on its impact on breastfeeding outcomes, attachment, and mental health among at-risk women.

Sharing Personal Experiences of Accessibility and Knowledge of Violence: A Qualitative Study

Tara Mantler, School of Health Studies, Western University, London Ontario
Kimberley T. Jackson, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Edmund J. Walsh, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Selma Tobah, School of Health and Rehabilitation Sciences, Western University, London, Ontario
Katie Shillington, School of Health and Rehabilitation Sciences, Western University, London, Ontario
Brianna Jackson, School of Nursing, Yale University, New Haven, Connecticut
Emily Soares, Arthur Labatt Family School of Nursing, Western University, London, Ontario

In Canada, the most common societal response to intimate partner violence (IPV) has been the establishment of women's shelters for temporary housing and security. Rurality further compounds the challenges women experiencing IPV face, with unique barriers from their urban counterparts. This study sought to explore the intersection of rural women's health care experiences within the context of IPV. Eight rural women living in Southwestern Ontario who had experienced IPV, had used women's shelter services, and who had accessed health care services in the preceding six months were interviewed. Using a feminist, intersectional lens, we collected and analyzed qualitative data using an interpretive description approach. Findings demonstrated that women were able to identify strengths and opportunities from their experiences, but significant challenges also exist for rural women seeking health care who experience IPV. Our findings underscore the need for filling of policy gaps between health care and the services women utilize. We propose that further research is needed on alternative, integrated models of shelter services that address health care needs for women experiencing IPV.

The PATH to Knowledge Mobilization: Expanding our Reach using the ABELE Method

Kimberley T. Jackson, Arthur Labatt Family School of Nursing, Western University, London Ontario
Tara Mantler, School of Health Studies, Western University, London, Ontario
Sheila O'Keefe-McCarthy, Brock University, St. Catharines, Ontario

Problem Statement
Despite growing recognition of the intersection of pregnancy and intimate partner violence (IPV) that threaten women's health and wellbeing, interventions designed to support those belonging to this social location remain largely underexplored. Promoting Attachment Through Healing (PATH) is a mixed-methods study evaluating the effect of CBT using a trauma and violence-informed lens (TVICBT) among pregnant women with a history of IPV on infant-maternal attachment and maternal mental health. Case study findings suggest that TVICBT during pregnancy may enhance maternal coping and the development of positive maternal-infant attachment.

Purpose
Illuminating the influence of tailored interventions such as TVICBT on maternal and child outcomes may contribute to the enhancement of care for women. As such, novel and diverse approaches to mobilize key findings from this research may assist in raising awareness of the unique challenges faced by pregnant women with histories of violence, while stimulating attention of key stakeholders and decision makers. Our project aims to do just this. The PATH to Knowledge Mobilization presents science and art together in what promises to be a unique, transformative, and embodied glimpse into the lives of pregnant women who live(d) with IPV.

Study Design, Data Collection and Analysis
We employed an arts-based creative research analysis – the ABELE method (Arts-Based Embodied Layered Exploration) to translate the journeys of three women through their pregnancy and postpartum care while receiving TVICBT. Women's experiences informed four works of poetry reflecting the themes of: 1) black deep corners, 2) triggering my thoughts, 3) breaking through the brokenness, and 4) perfectly imperfect. From here, volunteer artists recreated the poetry in works of art through a variety of mediums, to symbolically represent the women's journeys.

Results/Implications
The works of poetry and art have been shared at knowledge mobilization events, where various artistic interpretations of the women's experiences with TVICBT were on display. It is hoped that this arts-informed research dissemination will provide an empathic and embodied introspection and reflection of the women's experiences. We hope this has the power to engage attendees to help these stories be heard, visualized, felt, and contemplated – to raise awareness and understanding.

A4 – Symposium I

Developing Patient and Family Caregiver Partnerships in Care: An Organizational Approach

Karen Perkin, Arthur Labatt School of Nursing, Western University, London, Ontario; St. Joseph's Health Care London, London, Ontario
Roy Butler, St. Josephs Health Care London, London, Ontario
Jacobi Elliott, St. Joseph's Health Care London, London, Ontario; School of Public Health and Health Systems, University of Waterloo, Waterloo, Ontario
Elizabeth McCarthy, St. Joseph's Health Care London, London, Ontario
Michelle Mahood, St. Joseph's Health Care London, London, Ontario
Carol Riddell Elson, Patient Family Caregiver

Patient, resident and family caregiver engagement is essential for improving health outcomes and experiences (Carmen et al., 2013). St. Joseph's Health Care London is a leading organization dedicated to providing exemplary care for patients, residents and family caregivers. The development of a corporate Care Partnership Framework, partnership with The Change Foundation, adoption of an experience-based co-design approach and co-developed resources and care processes were implemented and evaluated in multiple care settings using pre and post qualitative and quantitative evaluation measures. The involvement of leadership, from the Board to frontline, has been pivotal for organizational change and sustaining outcomes. This symposium will describe the journey of leadership engagement, the development of structures and processes to sustain efforts, specific examples of co-design methodology in practice and the evaluation measures used to determine outcomes in a multi-site, clinically diverse care environment.

Concurrent Session B: Oral Paper Presentations & Symposium II

B1 – Digital Health: Emerging Technologies

The Integration of Digital Health Technologies in the Clinical Environment and its Influence on Nurses' Care Delivery Process

Ryan Chan, Arthur Labatt Family School of Nursing, Western University, London Ontario
Richard Booth, Arthur Labatt Family School of Nursing, Western University, London Ontario

Background: Although the rapid integration of digital health technologies in the clinical environment was intended to optimize the efficiency of nursing care and to promote patient safety, technologies' growing presence within the clinical environment (e.g., electronic medical/medication administration records, smart sensors/trackers, advanced monitoring/notification systems, and decision-support systems) has simultaneously generated multiple challenges. Despite extensive literature that identified many of the unintended challenges associated with increased digitalization and technology adoption in the clinical environment, such as the lack of system interoperability and disruption to existing workflow, as well as the introduction of artificial intelligence- and machine learning-based "smart" technologies, there continues to be a sizable gap of theoretical work to examine the care delivery process experienced by nurses and other healthcare workers.

Purpose: The purpose of this proposed study is to explore and develop theoretical insights related to the integration of advanced digital technology in the clinical environment and its influence on nurses' and healthcare workers' clinical practice.

Methodology/Methods: Guided by Constructivist Grounded Theory, a purposive sampling of nurses and healthcare workers who are currently employed in an acute care setting with a wide-scale implementation of technology in the clinical environment will be invited to participate in this study. A sample size of 30-35 participants is proposed and anticipated, and data will be collected via semi-structured and open-ended interviews. Further, the final sample size will be ascertained through data and theoretical saturation. As theoretically dense data is collected, the researcher will engage in constant comparative analysis where sampling, data collection, and analysis will occur simultaneously.

Results: The anticipated findings of this proposed study will provide valuable insights related to how the nursing and healthcare provider role has been influenced given the technological advances and integration within the clinical environment. In addition, findings and themes that emerge from the data will support the development/refinement of existing theories related to nurses' and healthcare workers' care delivery process within a technology-intense clinical environment. Further implications for nursing research, practice, and leadership related to the delivery of nursing care in technology-intense clinical environments will also be identified and discussed.

Exploring Social Robots' Influence on Human Behaviours in Domestic Environments and its Potential Role in the Delivery of Homecare Nursing Services

Richard Booth, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Justine Gould, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Ryan Chan, RN, MScN, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Josephine, McMurray, Business Technology Management/Health Studies, Wilfrid Laurier University, Waterloo, Ontario
Gillian Strudwick, Centre for Addiction and Mental Health, Toronto, Ontario

Background: A recent report by the International Federation of Robotics estimated that more than 30 million social/automated robots are used within the domestic household environment in 2019. Given the continuous penetration of artificial intelligence-enabled technology in the domestic environment, such as the use of social robots, further exploration is warranted due to a current gap in the literature related to the integration of social robots in the domestic setting and the subsequent effects on human behaviour. Furthermore, the potential role and use of social robots within a domestic environment has yet to be explored through a healthcare lens.

Purpose: The purpose of this proposed study is to explore how humans conceive the presence, role, and behaviours of social robots in a domestic environment, and to develop additional insights related to the potential use and integration of social robots to facilitate the delivery and management of homecare nursing services for homecare recipients.

Methods: A purposeful sampling approach will be used to obtain a broad representation of participants who possess current/past experience with social robots and will be able to share their insights related to the presence and integration of social robots in their home. Approximately 30 participants will be recruited to participate in this study, and data will be collected via semi-structured, in-depth interviews guided by Fink's guide of social robot usage in domestic settings. Data analysis will occur simultaneously during both sampling and data collection to align with the tenants of Grounded Theory which will serve as the theoretical underpinning of this study.

Results: The anticipated findings of this study will provide meaningful insights into the presence and role of social robots within the domestic environment, as well as the impact and complexities of the human-robot relationship. The findings may also deepen our understanding and conceptualization of the common challenges that have surfaced from the integration of social robots in the domestic environment (e.g., issues related to trust, privacy, interpersonal dynamics, and communication). Further, potential opportunities for social robots to assist in the facilitation, delivery and management of homecare nursing services for homecare recipients will also be identified.

The Application of Drones in Healthcare and Health-Related Services in North America: A Scoping Review

Bradley Hiebert, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Vyshnave Jeyabalan, Faculty of Information & Media Studies, Western University, London, Ontario
Elyseé Nouvet, School of Health Studies, Western University, London, Ontario
Lorie Donelle, Arthur Labatt Family School of Nursing, Western University, London, Ontario

The use of drone aircraft to deliver healthcare and other health-related services is a relatively new application of this technology in North America. For health service providers, drones represent a feasible means to increase their ability to provide healthcare and health-related services to individuals in difficult to reach locations. However, aside from the use of drones to improve access times to care, there is limited knowledge about the effectiveness of drones to deliver healthcare and health-related services in North America. This paper presents the results of a scoping review of the research literature that was conducted to determine how drones are used for healthcare and health-related services in North America, and how such applications account for human operating and machine design factors. Data were collected from Pubmed, CINAHL, Scopus, Web of Science, and IEEE using a block search protocol that combined 13 synonyms for “drone” and eight broad terms to capture the theme of healthcare and health-related services. A total of 4655 documents were retrieved from the five databases; following a title, abstract, and full-text screening procedure 29 documents were retained for analysis.

The most common healthcare and health-related service applications covered in documents retained for analysis included: reduction of emergency response times in urban and rural settings, delivery/transportation of medical supplies, treatments, and biological samples, and natural disaster/health hazard monitoring. In studies that assessed the drone technologies, measured outcomes included viability of biological samples and treatment supplies post-flight, security of drone payloads, time to access drone-provided services compared to existing best practice, and quality of images produced by drone-mounted cameras. In studies that assessed the drone operators, measured outcomes included operators’ speed and accuracy in identifying items through a drone-mounted camera, and the operators’ ability to navigate a drone over various terrains. A single document focused on information privacy considerations when using drones for healthcare-related applications. Overall, findings indicate that drones may promote healthcare and health-related service accessibility for those in difficult to reach areas, and that drones may be most successfully integrated into healthcare teams in North America if they are operated by specially trained drone pilots.

B2 – Nursing Leadership: Education & Practice

Integrating Leadership Development Across Nursing Programs

Carole Orchard, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Leadership has long been relegated to formal positions in organization such as health agencies and post-secondary education. Globalization with its foci on both increasing productivity and decreasing costs has impacted on how healthcare agencies need to find more effective means to guide and deliver their care and services often using team-based approaches. Leadership research is also being challenged as no longer solely focused on individual formal roles as decision makers in organizations but a combining of vertical (Pierce & Sims, 2002) leadership within teams using innovative collaborative thinking to address shared decision making around patient's complex issues needed in today's healthcare. Thus a shift in thinking of leadership as associated with the individual, but in a shared relationship with staff working in collaborative teams.

Healthcare organizations are seeking innovative leaders from our health professional education programs to meet these changes. In nursing education opportunities abound with current small group learning orientations to integrate leadership across courses. This presentation will provide an overview of new leadership studies and a theorized integrated model of this form of leadership (Orchard, & Rykhoff, 2014), and an introduction to constructs associated with collaborative leadership implementation (symbiotic relationships, mindfulness, shared assets, and capacity to lead) (Orchard & Sinclair, 2018). A beginning discussion on potential learning strategies for integration within existing courses will be provided. These strategies are theorized to guide student preparation as both team members who lead in collaborative practice as well as within informal leader positions (eg. project coordinator, in-charge nurse etc.) as they evolve towards entry into their graduate practice.

The Influence of Authentic Leadership and Workplace Bullying on the Mental Health of Experienced Registered Nurses

Edmund J. Walsh, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Alexis Smith, St. Joseph's Health Care, London, Ontario
Carol Wong, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Purpose
This study's purpose was to assess the relationship between authentic leadership (AL) and mental health of experienced nurses and examine the role of workplace bullying as a mediator of this relationship.

Background and Significance
Nurses' mental health is an important determinant of their ability to provide high-quality patient care in the context of growing complexity in healthcare demands. To empower nurses to cope with the challenges of increasing patient acuity, decreasing length of stay, and substantial fiscal constraints, significant emphasis has been placed on the work environment in which nurses work. Leadership is proposed as an important factor in cultivating positive work environments in which nurses experience positive outcomes. AL specifically has been associated with many positive work environment outcomes and positive impacts on nurses' personal well-being. This study is the first known published study to explore the relationship between AL and mental health outcomes in experienced registered nurses with workplace bullying as a mediator.

Methods
This study used a non-experimental, correlational study design and is a secondary analysis of data collected in 2015 for the AL for New Graduate Nurse Success study. Participants were mailed survey packages using a modified Dillman (2007) method. This study analyzed a sample of nurses working in direct care mental health settings with three or more years of nursing experience (n = 478). It was hypothesized that AL is positively linked to better mental health and that this relationship is mediated by less frequent workplace bullying. Analysis was conducted using SPSS and Hayes' (2018) PROCESS macro was used to test the hypothesized mediation model.

Conclusions
The authors found that AL was positively associated with nurses' mental health and negatively associated with workplace bullying. Furthermore, workplace bullying was negatively associated with mental health and was a significant mediator of the relationship between AL and mental health. In this model, AL and workplace bullying accounted for 13.5% of the variance in mental health. The findings of this study support the importance of organizations working to address and prevent workplace bullying and employ policies and actions to promote the mental health of their experienced nursing workforce.

Examining Critical Care Nurses' Affective Organizational Commitment: The Influence of Authentic Leadership

Alexis Smith, St. Joseph's Health Care, London, Ontario
Edmund J. Walsh, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Carol Wong, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Purpose: The authors sought to understand how affective organizational commitment is influenced by authentic leadership among experienced critical care registered nurses. Another aim of this study was to assess whether and to what extent that relationship is mediated by (i) emotional exhaustion (a component of burnout) and/or (ii) professional practice environment.

Background: Achieving a heightened understanding of affective organizational commitment among critical care nurses is an imperative undertaking. Turnover is a serious issue in the nursing profession, for instance, because of the costs associated with hiring and training replacement nurses. This is especially challenging in critical care settings, where higher than average rates of turnover have been reported and where training can be more costly and care more highly specialized. Relational leadership styles, such as authentic leadership, have been shown to be positively influential on nursing workforce and work environment outcomes. Authentic leaders role model self-awareness, moral actions, and objective decision-making, which can lead to positive changes in their employees' work attitudes and behaviours.

Methods: The design of this study was non-experimental, correlational, and cross-sectional. Four hundred experienced (greater than 3 years of service) registered nurses were randomly sampled from each of Alberta, Ontario, and Nova Scotia for a total of 1,200 potential participants. Four hundred seventy-eight nurses participated in the primary study, and this secondary analysis involved a subsample of 138 critical care nurses. Data were collected through standardized self-report questionnaires mailed to the nurses' home addresses using a modified Dillman (2007) method. Hayes' (2018) PROCESS macro for SPSS was used to test the hypothesized double mediation model.

Results: Authentic leadership, emotional exhaustion, and professional practice environment accounted for 24.7% of the variance in affective organizational commitment. Authentic leadership was positively related to affective organizational commitment, and the relationship was mediated by lower emotional exhaustion and higher professional practice environment.

Conclusions: This study (1) provides support for healthcare organizations to adopt authentic leadership to guide their human resources processes, including annual performance reviews as well as manager training; and (2) helps healthcare organizations in developing strategies to promote higher commitment among the registered nurse workforce in critical care.

B3 – Substance Use & Harm Reduction

The Use of Photo Narratives to Capture the Every Day Experiences of Overdose Prevention Site Clients

Shamiram Zendo, Faculty of Information and Media Studies, Western University, London, Ontario
Anita Kothari, School of Health Studies, Western University, London, Ontario
Marlene Janzen Le Ber, Leadership Studies, Brescia College, London, Ontario

The Middlesex London Health Unit (MLHU) and Regional HIV/AIDS Connection (RHAC) opened Ontario's first legally sanctioned supervised consumption site (formerly known as The Temporary Overdose Prevention Site - TOPS) in February 2018. This was done to address the opioid crisis, which is a complex public health issue impacting many communities and taking the lives of many people. Following an initial evaluation, a need was identified to conduct more in-depth qualitative research with site users. A partnership between MLHU and the Centre for Research on Health Equity and Social Inclusion (CRHESI) was established to address this gap.

The research question that guided this evaluation was: How has the TOPS changed the lives of those who have accessed the site? The research team deliberately chose photo narrative as a method to add depth of understanding and visual images to the experiences of people who use this type of facility and how that use has influenced them.

Participants engaged in two interviews to answer the research question. In the first interview, participants were asked questions that captured the influence that the site had on their day-to-day life. At the end of this interview, participants were provided with a camera and asked to take photos that reflected their feelings and experiences in relation to the site. During the second interview, participants were asked to share the meaning of the photos to help researchers understand how the site had impacted their lives.

The intent was to produce photo-based narratives to share with the community to deepen the community's understanding of the experiences of people who use the site. The hope is that increased understanding may bring about transformative societal change. These sites were established to prevent overdoses and reduces harms associated with drug use, the findings demonstrate that they are also enhance clients' self-worth and self-value. These findings offer important implications for transformative changes in other health and social services.

The research team aims to showcase the findings from this study, including photos, and illustrate to the audience the value of using photo narratives as a method for knowledge exchange purposes. We will also share our social media and website strategy.

Use of Peers in Substance Use Harm Reduction Initiatives: Literature Review and Application to Northern Contexts

Amanda Ruck, School of Nursing, Lakehead University, Thunder Bay, Ontario
Deborah Scharf, Department of Psychology, Lakehead University, Thunder Bay, Ontario

Problem Statement: Northwestern Ontario (NWO) is facing a public health crisis due to increasing rates of opioid related morbidity and mortality. In response, a community health-centre developed a peer-delivered harm reduction program: Harm Reduction by Peer Mentorship (HRxPM). Peers (individuals with lived substance-use experience) are well suited to work in these programs given their knowledge and relationships that can engage otherwise hard-to-reach populations. Like many northern communities, NWO has a diverse population yet limited resources for health care programs. Peers might help fill staffing shortages in norther communities, yet, little research describes barriers and facilitators to employing peers in this unique context.

Purpose: The purpose of this research is to update and extend the current literature on the roles and experiences of peers in substance-use harm reduction initiatives through a review of recent literature (last 5 years) and critical application to the NWO context.

Method: We searched databases (PUBmed, PSYCHinfo, CINAHL, and Proquest) using the following terms: peer, peer mentorship, peer support, harm reduction, people with lived experience, substance use, and addiction. We then use HRxPM as a case study to provide illustrative examples of how the literature might apply or not to a northern context. Case study data come from a program evaluation project and include interviews with project coordinators, peer outreach workers, and volunteer peers.

Analysis: Interviews were transcribed and analyzed for themes.

Results: Recent literature defined peers, described their training and experiential knowledge, what they do (activities/role expectations), and how they are affected by their work. Overall, we found that HRxPM services aligned with recent peer definitions, the importance ascribed to experiential knowledge, and motivations for pursuing peer work. In contrast, peer requirements, training programs, and workplace tasks may be evolved differently in northern contexts. For example, given the small program and wide range of lived experience among peers, staff work closely with peers to determine learning goals, peer work activities and provide training on an as needed basis.

Implications: This research suggests avenues for aligning northern peer harm reduction programs with existing best practices and extending empirical research to reflect the realities of northern community contexts.

A Better Way: Transforming Our Language and Perceptions of Substance Use

Abe Oudshoorn, Arthur Labatt Family School of Nursing, London, Ontario

The purpose of this presentation is to suggest an ongoing evolution as to how nurses speak to and perceive the issue of substance use. The re-framing of addiction/problematic substance use/substance use disorders as a disease has served its purpose of highlighting the biological complexities of substances and substance use. This has pushed the narrative away from individual choices to factors beyond personal control. However, this biomedical grounding creates new challenges as perceivably normal human behaviours are deemed as requiring medical correction. Little room is left for human experiences such as trauma.

In this presentation I will explore some of the historical conceptualizations of substances and substance use. I will look at the varying ways that language has shaped our role as a profession in considering substance use. Consideration will be given to current “best practices” in addiction medicine and mental health nursing, including both congruencies and inconsistencies with how individuals with lived experience of drug use speak to addiction. This will lead into a consideration of the current ‘moment’ of responses to substance use such as supervised consumption, the declaration of an opioid crisis, and prescription of a safe supply. Ultimately, I will propose a pathway forward for Nursing to take the lead on more effective and pragmatic ways to respond to substance use that incorporate harm reduction as a philosophy across all domains of practice. Participants will be challenged to consider both the professional and the policy implications of such a transformation.

B4 – Symposium II

Attending to Context and Complexity: Evolving a Promising Health Promotion Intervention for Women Separating from an Abusive Partner

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

The negative effects of Intimate Partner Violence (IPV) are broad, linked, and often continue after separation, impacting women's safety, mental and physical health, social relationships, economic situation, and parenting. Women's differing needs, priorities, resources, and living conditions affect how they seek help and the types of support that might be helpful. As such, comprehensive interventions that consider the context and complexity of women's lives and are tailored to their unique circumstances, priorities and needs are most likely to show benefits. These types of interventions are congruent with relational nursing practice approaches and can provide a way of operationalizing research evidence and theory, including concepts such as Trauma- and Violence-Informed Care (TVIC). Importantly, evaluations of 'complex' interventions should retain a focus on complexity and context; that is, they should be designed to capture more than group differences on main outcomes, but also account for who benefits, how, and why. However, few such nursing interventions have been developed and tested, particularly in the context of separating from an abusive partner.

To address these gaps, we developed *i*HEAL, a comprehensive, trauma- and violence-informed intervention for women who are in the transition of separating from an abusive partner. Supported by a Clinical Supervisor, community health nurses, who have completed standardized *i*HEAL Education, work in partnership with women for ~ 6 month (10-18 sessions) to address a broad range of issues that affect women's safety, health and well-being. iHEAL is tailoring iHEAL to woman's priorities, needs and context, and to the community in which she lives, and *woman-led,* with a strong focus on complementing and extending, rather than duplicating, existing services. These features make it flexible enough to fit the with needs of *all* women, with potential to reduce inequities.

In 3 separate studies using before-after designs (including one with Indigenous women), women found *i*HEAL safe and acceptable; substantial improvements in women's mental health, quality of life, confidence and control were maintained 6 months after *i*HEAL ended. The effectiveness and cost-effectiveness of a revised version of *i*HEAL is being tested in a randomized controlled trial of 331 Canadian women from 3 provinces conducting using the CONSORT Guidelines. Eligible women were randomized to either iHEAL nurse visits or to receiving information about community services. Outcomes were assessed using online surveys at 4 points in time (baseline/pre-intervention, 6, 12, 18 months). Using data from women's surveys and qualitative interviews with women and nurses, we are also exploring who benefits from *i*HEAL and why, how *i*HEAL education and experience shape the nurses' practice, and the conditions needed to support effective implementation and sustainability of iHEAL.

Aims: In this session, we draw on over two decades of research to:

- describe the theoretical and empirical foundations of *i*HEAL and its' unique delivery model, summarizing key lessons from research to date
- illustrate the principles, strategies and processes used to develop, test, adapt and evolve *i*HEAL in ways that attend to complexity and context
- explore how insights from this research could strengthen interventions and services for women experiencing IPV and complex interventions more generally

Content Outline: This session includes brief presentations addressing: a) initial development of iHEAL and adaptation for Indigenous women, along with 'lessons' from 3 initial studies; b) an overview of the current version of *i*HEAL, including expanded theoretical grounding to incorporate relational practice and TVIC; principles, delivery model and resources; c) our approach to evaluating the process and impacts of iHEAL in ways that consider complexity and context, along with selected trial results; d) current planning to implement iHEAL in real world health care settings in ways that maintain fidelity and effectiveness. Participants will be invited to consider how our processes and 'lessons learned' might apply to their own work, particularly methodological decisions in intervention research and practice implications.

Conference Program
Day 2: Monday, May 10, 2021

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

	The He-ART-istic Journey, Series 1: Recognition of the Early Warning Signs of Ischemic Heart Disease - An Arts-Based Encounter Sheila O'Keefe-McCarthy, Karyn Taplay, Lisa Keeping-Burke, Allison Flynn-Bowman, Jenn Salfi **The He-ART-istic Journey Series II: The Tension of Time in the Recognition of the Early Prodromal Symptoms of Heart Disease: An Artistic Interpretation through Thematic Photography** Sheila O'Keefe-McCarthy, K. Taplay, L. Keeping-Burke, A. Flynn-Bowman, V. Sjaarda, R. Moretti, C. Dinnarr **Evidence-Based Technologies and Innovations** **Senescence: A Serious Gaming, Dementia Homecare Simulation** Richard Booth, Barbara Sinclair **Developing Smart Homes to Support Health** Cheryl Forchuk, Jonathan Serrato **myPlan Canada: A Personalized Safety and Health App for Women Experiencing Intimate Partner Violence** Marilyn Ford-Gilboe, Kelly Scott-Storey, Colleen Varcoe **Remote Monitoring Home Care Technology Demonstration: Care Link Advantage** Gord Turner, Lorie Donelle **Innovation Demonstration of the eShift Model of Palliative Homecare** Hugh MacLaren, Patrick Blanshard, Donna Ladouceur, Lorie Donelle
2:45-4:00	**Concurrent Session C: Oral Paper Presentations**
	C1 – Intimate Partner Violence & Structural Violence (Moderator: Karen Campbell)
2:45-3:00	**Promoting Safety, Hope and Healing for Women with Histories of Intimate Partner Violence though the Intervention for Health Enhancement and Living (iHEAL): Short-Term Effectiveness and Insights for Nursing Practice** Marilyn Ford-Gilboe, Colleen Varcoe, Kelly Scott-Storey, for the iHEAL Team
3:05-3:20	**Understanding Rural Canadian Women who have Experienced Intimate Partner Violence and the Factors that Shape Their Resilience (RISE)** Katie J. Shillington, Tara Mantler, Kimberley T. Jackson, Panagiota "Penny" Tryphonopoulos, Marilyn Ford-Gilboe
3:25-3:40	**Structural Violence: An Evolutionary Concept Analysis** Brianna Jackson
3:45-4:00	**Structural Violence and its Promise in Nursing Research** V. Logan Kennedy, Marilyn Ford-Gilboe

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

ABSTRACTS

Concurrent Session C: Oral Paper Presentations

C1 – Intimate Partner Violence & Structural Violence

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

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

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

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

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

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

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

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Tara Mantler, PhD, School of Health Studies, Western University, London, Ontario
Kimberly T. Jackson, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Panagiota Tryphonopoulos, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Marilyn Ford-Gilboe, Arthur Labatt Family School of Nursing, Western University, London, Ontario

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

Structural Violence: An Evolutionary Concept Analysis

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

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

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

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

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

Structural Violence and its Promise in Nursing Research

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

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

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

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

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

C2 – Chronic & Infectious Disease Management

Exploring the Experience of Managing Type 1 Diabetes in Canadian Adolescents

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Mia J. Biondi[1], Jordan J. Feld*[1], Christopher Kandel*[2], Robert A. Kozak[3], Muhammad Atif Zahoor[1], Camille Lemieux[4], Sergio M. Borgia[5], Andrea K. Boggild[4], Jeff Powis[6], Janine McCready[6], Darrell H. S. Tan[7], Tiffany Chan[8], Bryan Coburn[4], Deepali Kumar[9], Atul Humar[9], Adrienne Chan[3], Braden O'Neill[10], Seham Noureldin[1], Joshua Booth[1], Rachel Hong[1], David Smookler[1], Wesam Aleyadeh[1], Anjali Patel[1], Bethany Barber[1], Julia Casey[1], Ryan Hiebert[3], Henna Mistry[3], Ingrid Choong[11], Colin Hislop[11], Deanna M. Santer[12], D. Lorne Tyrrell[12], Jeffrey S. Glenn[13], Adam J. Gehring[1], Harry L.A. Janssen[1], Bettina E. Hansen[1,14.]

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

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

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

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

C3 – Digital Health: Clinical Practice & Education

The Power of Partnerships

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

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

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

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

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

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

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

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

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

Quality: Since July 2, 2019 Technicians have documented approximately 1500 BPMHs. Since then we have received approximately 6 notes from physicians: 3 requested that the Technicians obtain BPMHs on follow up visits in addition to initial visits; 3 questioned inaccurate medication entries. All concerns were followed up and corrective action taken.
Quality: A quality audit was conducted in August 2020. Results confirmed a 96% concurrence between the Pharmacy Technicians and Pharmacy Students trained and certified to document BPMHs.

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

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

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

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

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

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

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

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

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

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

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

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

C4 – Global Health: Education in Rwanda

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

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

The Training, Support, and Access Model (TSAM) for maternal, newborn, and child health (MNCH) in Rwanda is a four-year (2016-2020) $10.5 million-dollar health development project that was funded by Global Affairs Canada in 2015. The TSAM project aims at contributing to the reduction of maternal, neonatal, and child mortality in the Northern and Southern provinces of Rwanda. To this end, a clinical mentorship program for health professionals was initiated in 2017. To date, about 80 nurses and midwives working in ten district hospitals (DHs) have participated as mentees in the TSAM mentorship program.
The purpose of this interpretive phenomenological study was to explore nurses' and midwives' lived experience of participating as mentees in the TSAM mentorship program in Rwanda. Data was collected using semi-structured individual interviews which were audio-recorded, transcribed verbatim, and translated from Kinyarwanda to English as required. van Manen's (1997) guidelines for thematic analysis were used for this study.

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

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

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

Clinical mentorship (CM) has been an essential strategy by which an experienced HCP (mentor) guides a less experienced HCP (mentee) to strengthen their ongoing professional development (Rwanda Ministry of Health, 2015. Maternal and neonatal mortality (MNM) remain an issue of concern worldwide (United Nations [UN], 2015). According to WHO (2015) and [UN] Children's Fund (2017), the MNM worldwide, are estimated around 216 per 100 000 live births and 19 per 1,000 live births respectively. Ninety nine percent of these deaths occur in developing countries (WHO, 2018).The rates of MMR are 239 per 100,000 live births compared to 12 per 100000 live births in developed countries (Ameh et al., 2012). Further, 66% of these deaths occur in Sub-Saharan Africa (WHO, 2018). In Rwanda, MNM is 210 per100,000 live births and 18 per 100,000 live births respectively (The United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), 2018). Besides, 61% of MMR are attributed to inadequate skills of HCP in managing the pregnancy related complications (WHO, 2015).

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

A descriptive qualitative study was conducted to understand the experiences of nurses and midwives engaged in a clinical mentorship model (CMM) as mentors in Rwanda. Fifteen among 60 mentors, participated in face to face interviews using a semi structured interview guide. Interviews were audio recorded, transcribed verbatim, and analyzed using an inductive content analysis.
Participants highlighted facilitators that enabled them to engage in their role like Support from TSAM and conducive environments, and challenges encountered while engaged in the role with TSAM CMP. To enhance the future implementation of mentorship, there is a need for the mentorship implementers to emphasize on the strategies that promote the successful implementation by trained mentors.

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

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Yolanda Babenko-Mould, Arthur Labatt Family School of Nursing, Western University, London, Ontario
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Aim and objectives: Nursing and midwifery educators play a vital role in nursing and midwifery students' professional development as soon-to-be clinicians by enabling them to gain essential competencies in perinatal and neonatal care. To enhance the quality of pre-service education of nursing and midwifery students in Rwanda, nursing and midwifery faculty participated in continuous professional development (CPD) educational workshops about teaching methodologies. The study's aim was to explore nursing and midwifery faculty's experiences of translating the knowledge and skills acquired from the workshops about teaching methodologies into their teaching practice in academic and clinical practice contexts.
Methodology: A qualitative descriptive design was used with a purposive sample of 15 nursing and midwifery educaators from six private and public schools. Participants were involved in semi-structured individual interviews. Inductive content analysis was used for generating themes.
Results: Five themes emerged: enhanced competencies about teaching practices, application of knowledge and skills into the classroom and clinical teaching, collaboration and teamwork, facilitators and challenges to applying knowledge and skill into practice, and indirect outcomes to maternal and child health care.
Discussion and recommendations: Although educators' knowledge, skills, and confidence for teaching practice increased after participation in CPD, the application of new skills was often hampered by insufficient resources and heavy workloads. The results support ongoing CPD programs for nursing and midwifery faculty members to increase their competencies around the classroom and clinical teaching practice which can create a positive learning environment for students. The findings of this study highlighted that the application of competencies acquired from CPD workshops into teaching practice was perceived to ultimately contribute to improved student learning outcomes, and thus, enhanced maternal and child health care in Rwanda.

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

Amy Olson, Arthur Labatt Family School of Nursing, Western University, London, Ontario, Canada
Yolanda Babenko-Mould, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Donatilla Mukamana, University of Rwanda, College of Medicine and Health Sciences, Schools of Nursing and Midwifery, Kigali, Rwanda

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

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

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

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

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

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

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

Conference Program
Day 3: Tuesday, May 25, 2021

12:00-12:10	**Welcome & Announcements** Edmund Walsh, PhD Student and Conference Planning Committee Member Arthur Labatt Family School of Nursing, Western University	
12:15-1:30	**Concurrent Session D: Oral Paper Presentations**	
	D1 – Violence Against Women: Considerations for Health & Social Services (Moderator: Logan Kennedy)	
	12:15-12:30	**Violence Against Women Services in a Pandemic: A Multi-Method Research & Knowledge Mobilization Project** Nadine Wathen
	12:35-12:50	**Impacts of COVID-19 Related Changes in Income on Women Experiencing Intimate Partner Violence** Cara A. Davidson, Tara Mantler, Andrew M. Johnson
	12:55-1:10	**Association Between Intimate Partner Violence and Functional Gastrointestinal Disease and Syndrome Among Adult Women: Systematic Review** Ohud Banjar, Marilyn Ford-Gilboe, Deanna Befus, Bayan Alilyyani
	1:15-1:30	**Lifetime Prevalence of Emotional/Psychological Abuse Among Qualified Female Healthcare Providers** Azmat Jehan, Rozina Karmaliani, Tazeen Saeed Ali
	D2 – Chronic Disease & Pain Management (Moderator: Maureen Leyser)	
	12:15-12:30	**Effectiveness of Home-Based Cardiac Rehabilitation and Its Importance During COVID-19** Hannah Pollock, Anna Garnett
	12:35-12:50	**Understanding the Social Determinants of Health from the Standpoint of Patients: An Institutional Ethnography of Mental Health, Addictions and Poverty in the Lives of People with Chronic Pain** Fiona Webster, Laura Connoy
	12:55-1:10	**Exploring Patient Engagement and the Use of Opioids in Managing Chronic Pain: A Scoping Review** Bayan Alilyyani, Ryan Chan, Laura Connoy, Fiona Webster
	D3 – Promoting Practice & Education Across Diverse Contexts (Moderator: Cara Davidson)	
	12:15-12:30	**Midwifery/Nurse Collaborative Approach to Community Genetic Screening in the Old Order Anabaptist Community** Cynthia Soulliere, Jane Leach, Victoria Mok Siu, Julie Van Bakel
	12:35-12:50	**Beyond Inclusion: A Review of Risk Factors of Social Isolation Among Older Adults in Long-Term Care** Sheila A. Boamah, Rachel Weldrick, Tin-Suet Joan Lee, Nicole Taylor
	12:55-1:10	**Enhancing Advanced Practice Nursing: The Value of Role Clarity and Mentorship** Lisa Morgan, Alexis Smith, Amanda Thibeault

	1:15-1:30	**The Challenge and Potential of Trauma- and Violence-informed Care for Nurses Working with Women who have Experienced Intimate Partner Violence** Noël Patten Lu, Marilyn Ford-Gilboe, Lorie Donelle, Victoria Smye, Kimberley Jackson
	D4 – Mental Health & Homelessness (Moderator: Victoria Smye)	
	12:15-12:30	**From Hospital to Homelessness: Preventing Discharge to "No Fixed Address"v2** Cheryl Forchuk
	12:35-12:50	**Mental Health Experiences and Pathways to Homelessness Among Refugee Claimants** Bridget Annor
	12:55-1:10	**Factors Influencing Access and Utilization of Health Service Among Substance Using Homeless Youth: A Scoping Review** Vanisa Ezukuse
	1:15-1:30	**A Scoping Review of Promising Structural Reforms to Support Youth Mental Health** Abe Oudshoorn, Michelle Virdee, Joseph Adu, Ross Norman, Eugenia Canas, Romaisa Pervez, Arlene MacDougall
1:30-1:45	**BREAK**	
1:45-2:40	**Concurrent Session E: Oral Paper Presentations & Science Pitch Sessions**	
	E1 – Digital Health: Smartphones & Mobile Applications(Moderator: Penny Tryphonopoulos)	
	1:45-2:00	**Evolving a Personalized, Online Safety & Health Resource for Women Experiencing Intimate Partner Violence to a Publicly Available App: My Plan Canada** Marilyn Ford-Gilboe, Colleen Varcoe, Kelly Scott-Storey, for the iCAN Team
	2:05-2:20	**Using Snapchat to Promote STI Screening at a Rural Public Health Unit** Bradley Hiebert, Annie O'Dette, Marian Doucette, Rita Marshall, Chisomo Mchaina, Kate Underwood
	2:25-2:40	**Nurses' Use of Smartphones and Mobile Phones in the Workplace: A Scoping Review** Andrea de Jong, Lorie Donelle
	E2 – Policies for Health Care Providers (Moderator: Nadine Wathen)	
	1:45-2:00	**Transforming Education for Health Care and Social Service Providers: Developing Competencies to Advocate for Healthy Public Policy** Amy Lewis, Abe Oudshoorn, Helene Berman
	2:05-2:20	**The Environment as Patient: A Content Analysis of Canadian Nursing Organizations and Regulatory Bodies Policies on Nurses' Role in Environmental Health** Courtney Allen, Lorie Donelle

	E3 – Science Pitch Session I (Moderator: Fiona Webster)	
	1:45-2:40	**Harm Reduction Services in Ottawa: The Culture of Drug Use** Marlene Haines, Patrick O'Byrne **Opioid Crisis: A Qualitative Analysis of Financial Influences and Addiction** Nicole Naccarato, Noah Wacker, Lissa Gagnon **Mental Health and Addictions Care Provided by Nurses in the Emergency Department** Shubhjit Gabhi **Investigating Physiological Determinants of Mental Health in Children with Cerebral Palsy** Daniela Testani, Laura Brunton, Carly McMorris **Implementing Breastfeeding Education in Pediatric Settings** Keri Durocher, Jody Ralph **Promoting Attachment Through Healing (PATH): Results of a Retrospective Feasibility Study** Cara A. Davidson, Tara Mantler, Kimberley T. Jackson, Jessi R. Baer, Sarah Parkinson
	E4 – Science Pitch Session II (Moderator: Abe Oudshoorn)	
	1:45-2:40	**The Impact of Social Media Use on Youth Self- Perceived Mental Health** Chantal Singh **Meditating in Virtual-Reality: Investigating Affect Responses of Mindfulness Through a Trauma-Informed and Instructor Present Approach** Madison Waller, Paul Frewen **Intersectoral Collaboration: A Literature Review** Patrick Ellis **Examining the Impact of Managers' Authentic Leadership on Long-Term Care Nurses' Job Turnover Intentions** Edmund J. Walsh, Michael S. Kerr, Carol A. Wong, Emily A. Read, Joan Finegan **The Context and Consequences of Being Turned Away from a Domestic Violence Shelter** Rachel Colquhoun **Health-Seeking Behaviour Related to Selected Dimensions of Wellness in Community Dwelling Older Adults** Navjot Gill, Denise Connelly **A Narrative Review of Post-Trauma Resilience and Optimism Frameworks, and Proposal of an Integrated Framework for Musculoskeletal Trauma** Wonjin Seo, Dave Walton, Deanna Befus, Marnin Heisel
2:40-3:00	**BREAK**	

3:00-4:00	**Concurrent Session F: Oral Paper Presentations**	
	F1 – Mental Health: Suicide & Schizophrenia (Moderator: Heather Sweet)	
	3:00-3:15	**Trends and Factors Associated with Suicide Deaths in Older Adults** Eada Novilla-Surette, Salimah Shariff, Britney Le, Richard Booth
	3:20-3:35	**Zero Suicide: St. Joseph's Health Care London and Beyond** Amy Van Berkum, Shauna Graf
	3:40-3:55	**Engagement, Partnership & Participation in Self-Management in Outpatient Services for People with Schizophrenia** Mary-Lou Martin, Susan Strong, Heather McNeely, Lori Letts, Alycia Gillespie
	F2 – Violence in the Workplace (Moderator: Edmund Walsh)	
	3:00-3:15	**Putting the Brakes on Aggressive Behaviours: Empowering Nurses Using the "Traffic Light Process"** Chantal Singh, Karen Laidlaw
	3:20-3:35	**Part of the Job? Gender as a Determinant of Workplace Violence Against Nurses** Andrea Baumann, Sioban Nelson
	3:40-3:55	**Implementing a Workplace Violence Reporting System for Nurses in a Healthcare Setting in Pakistan** Rozina Somani, Carles Muntaner, Edith Hillan, Alisa J. Velonis, Peter Smith
	F3 – Understanding Health: A Global Perspective (Moderator: Logan Kennedy)	
	3:00-3:15	**Nurses and Midwives' Experience of Providing Fertility Awareness-based Methods including Natural Family Planning Methods in Rwanda** Pauline Uwajeneza, Marilyn Evans, Pamela Meharry, Donatilla Mukamana, Yolanda Babenko-Mould, Agnes Mukabaramba Kanimba, Patrici Munezero
	3:20-3:35	**The Correlation Between the Quality of Life and Self-Efficacy of Parents who have Children with Cancer in Turkey** Sibel Kusdemir, Rana Yigit
	3:40-3:55	**A Feminist Narrative Inquiry into Being a Child Bride in Nigeria** Olubukola Sonibare, Marilyn Evans
	F4 – Digital Health: Information & Data Science (Moderator: Nadine Wathen)	
	3:00-3:15	**A Scoping Review: Understanding Health Information Exchange Processes Within Canadian Long-Term Care** Kendra Cotton, Rianne Treesh, Richard Booth, Josephine McMurray
	3:20-3:35	**E-health Decision Support Technologies in the Prevention and Management of Pressure Ulcers: A Systematic Review** Justine Ting, Anna Garnett
	3:40-3:55	**"You have to be careful": Examining Children's Perspectives Related to Digital Device and Social Media Use Through a Digital Health Lens** Danica Facca, Lorie Donelle, Shauna Burke, Bradley Hiebert, Emma Bender, Stephen Ling

ABSTRACTS

Concurrent Session D: Oral Paper Presentations

D1 – Violence Against Women: Considerations for Health & Social Services

Violence Against Women Services in a Pandemic: A Multi-Method Research & Knowledge Mobilization Project

Nadine Wathen, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Services for women experiencing violence are always tightly squeezed – the COVID-19 pandemic has made this worse. On the one hand, they are an essential service, often making the difference between safety and severe injury or death; on the other, they've had to account for coronavirus-related health risks to women, their children, staff and volunteers. Throughout the pandemic and as recovery begins, they actively implemented new protocols for physical distancing, knowing the toll this would take on women, children and staff in the context of their compassion-centric, high-touch work. We collected data to understand these changes, and their impact, on the violence against women (VAW) service ecosystem, both to feed data back into services, and also to support future planning for a stronger, more resilient sector.

In partnership with five VAW services in Ontario, Canada we conducted a multi-component, mixed method study to examine: 1) the direct impact on women using these services, and on staff, of physical distancing and new technology-mediated service protocols; 2) existing and emerging physical space planning, service design and other structural factors that enable or impede COVID-19 (and future) protocols; and 3) the evolving impact of rapid change and decision-making on service mandates, mission and consideration of these in light of the traditional values of women-serving organizations.

This paper will report on selected findings from the six sub-studies, as well as ongoing knowledge mobilization efforts.

Impacts of COVID-19 Related Changes in Income on Women Experiencing Intimate Partner Violence

Cara A. Davidson, School of Health Studies, Western University, London, Ontario
Tara Mantler, School of Health Studies, Western University, London, Ontario
Andrew M. Johnson, School of Health Studies, Western University, London, Ontario

Problem: Public emergencies are well-evidenced to result in increased intimate partner violence (IPV); COVID-19 is no exception according to crisis line use and police reports. IPV is any form of physical, sexual, or emotional abuse within the context of coercive control perpetrated by an intimate partner. Financially dependent women are particularly vulnerable, including those facing the pandemic's economic repercussions. In combination with stay-at-home measures, abusers have unfettered access to their partners while women may be unable to leave because they lack financial resources.

Purpose: The objectives of this project are threefold:
(1) To provide evidence of the anticipated increase in abuse experienced during COVID-19 by women who experience violence at home;
(2) to determine how personal income loss during COVID-19 is related to an increase in abuse for women who experience violence at home;
and, (3) to identify whether the Canadian Emergency Response Benefit (CERB) had a health-protective effect for women who experience violence at home.

Hypotheses: It is hypothesized that because of COVID-19, (1) IPV has increased; (2) personal income loss is responsible for increased abuse; and, (3) the CERB was health protective. This research aims to quantify the impacts of income on experiences of IPV during COVID-19 for Canadian women.

Proposed Methods: A quantitative survey will be administered to 95 women using Qualtrics to collect demographics, experiences of IPV, and income data. IPV will be assessed using the validated Abuse Assessment Screen (AAS) and Composite Abuse Scale (CAS) and scored according to protocol. Measures of central tendency and dispersion for demographics and income will be computed. A one-way dependent t-test will compare pre-COVID total CAS scores to during-COVID total CAS scores and repeated for each subscale, inclusive of corresponding effect sizes and confidence intervals. A linear regression analysis will determine whether loss in income can predict experiences of abuse during COVID-19. An independent sample t-test will determine if CERB was health protective, by comparing the CAS total scores during COVID-19 for CERB-accepting and CERB-non-accepting women.

Future Directions/Implications: This research will inform economically and socially empowering policy and institutional responses for women who experience IPV during public emergencies.

Association between Intimate Partner Violence and Functional Gastrointestinal Disease and Syndrome among Adult Women: Systematic Review

Ohud Banjar, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Marilyn Ford-Gilboe, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Deanna Befus, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Bayan Alilyyani, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Functional gastrointestinal disorders (FGIDs) and symptoms have been identified as possible health consequences of intimate partner violence (IPV). However, whether specific types of abuse (i.e., psychological, physical and sexual) affect the health of women in different ways, and the mechanisms that explain how these forms of abuse affect their health and quality of life (QOL) are not well understood. The aims of this systematic review were to examine the association between the different types of IPV and the risk of FGIDs and symptoms among adult women, identify the factors that mediate and/or moderate these health effects, and assess the impact of FGIDs and symptoms on women's QOL. Seven electronic databases were searched using the following criteria: English language studies of adult women (15 years or older) who had experienced IPV and reported FGIDs and symptoms; both quantitative descriptive and qualitative studies were included, and the timeline search was based on the first record from each included database until December 31, 2019. A quality assessment of each included study was completed using either published guidelines from Hoya et al. (2012) for quantitative studies or the Critical Skills Appraisal Program (CASP; 2010) tool for qualitative studies. A total of 15 studies satisfied our inclusion criteria. Results suggest that there is an association between various types of IPV and FGIDs and symptoms but none of the included studies examined factors that might mediate and/or moderate this association. Further, limited attention was given to examining the association of FGIDs and QOL in the context of IPV. The findings of this study emphasize the importance of adapting nursing practice, education, and research to improve care for women who have experienced IPV and are suffering from FGIDs.

Lifetime Prevalence of Emotional/Psychological Abuse among Qualified Female Healthcare Providers

Azmat Jehan, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Rozina Karmaliani, University of Minnesota, U.S.
Tazeen Saeed Ali, Medical Science, Karolinska Institute, Sweden

Purpose: The purpose of this study was to determine the lifetime prevalence of emotional/psychological abuse among married female healthcare providers in tertiary care hospitals in Karachi, Pakistan.

Methods: A descriptive cross-sectional study was conducted in a sample of 350 married female nurses and doctors, recruited from three tertiary healthcare hospitals (one public and two private). This study used the self-administered modified truncated WHO multi-country questionnaire. Descriptive and univariate analysis was performed.

Results: Of the total sample of 350 female married healthcare providers, 97.7% (n = 342) were reported with one or more forms of domestic violence at some point in their married life, whereby 62.6% (n = 214) lifetime prevalence of emotional abuse was found due to any forms of violence. The univariate analysis showed that those female healthcare providers who had done their diploma were more prone to emotional abuse 46.7% (n = 100). And, nurses experienced more emotional abuse 57.9% (n = 124) in their life than doctors. Moreover, there was a significant difference in emotional abuse among those participants' husband who used and do not use alcohol (p = .009). The most common study participants responses against emotional abuse were: 62% (n = 212), verbally fighting back, 15.2% (n = 52) keeping quiet, 27.2% (n = 93) talking to husband, family/friends, 7% (n = 24) returning to parents' home and 5.8% (n = 20) attempting suicide.

Conclusion: Domestic violence leads to emotional scars and should be considered an inhuman act. However, its prevalence exists in every culture and more so in underdeveloped, economically challenged cultures. Emotional abuse is frequent among nurses and doctors. Socio-demographic factors of women have been identified as one of the determinants of emotional abuse among healthcare professionals. Future research should investigate emotional abuse patterns not only for professional women but also for housewives.

D2 – Chronic Disease & Pain Management

Effectiveness of Home-Based Cardiac Rehabilitation and Its Importance during COVID-19

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

Background: Cardiac rehabilitation is a critical disease management and health promotion intervention for individuals recovering from cardiac events and living with heart disease, proven to reduce the risk of mortality, morbidity, and hospitalizations. The current COVID-19 pandemic has caused disturbances in every aspect of life including the postponement or cancellation of many health services, including 41% of cardiac rehabilitation programs in Canada. Without access to cardiac rehabilitation, individuals face many challenges trying to recover from cardiac events and improve their health and well-being. Education, resources and support normally provided in a traditional centre-based program are limited due to COVID-19 closures, placing participants in a potentially risky situation to suffer adverse health outcomes.

Purpose: This position suggests that transitioning from a centre-based cardiac rehabilitation program to a home-based program during the COVID-19 pandemic and the foreseeable future is a more effective health strategy to provide continuous care to cardiac patients.

Evidence: Home-based cardiac rehabilitation programs have been utilized in Canada prior to the pandemic but vary in structure and function. They are typically defined as those in which the majority of exercise is performed without direct, hands-on, line-of-sight supervision. Programs utilize a variety of resources, including technology, to regularly monitor participants and allow them to engage in education and counselling resources remotely. The program's flexibility and convenience overcome many of the multi-level barriers which normally impede participants from accessing centre-based programs. Home-based programs have proven to be equally effective, if not more effective than centre-based programs in improving mortality, cardiac events, exercise capacity and modifiable risk factors.

Implications: Home-based cardiac rehabilitation programs are a valid alternative to support and protect a vulnerable population, especially those at high risk of complications if diagnosed with COVID-19. Transitioning to a home-based platform may be a challenge, however, home-based rehabilitation is better than none at all. The Canadian Cardiovascular Society has provided some practical approaches to support programs in their shift towards home-based programs. Adapting current plans and developing new ones, utilizing appropriate resources, having a conservative exercise program, monitoring clients, emphasizing education, being flexible and enhancing safety are key steps for a successful transition.

Understanding the Social Determinants of Health from the Standpoint of Patients: An Institutional Ethnography of Mental Health, Addictions and Poverty in the Lives of People with Chronic Pain

Fiona Webster, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Laura Connoy, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Chronic pain (CP) is a significant health problem and is the most prevalent chronic condition in Canada. Increased rates of opioid prescribing have followed this high prevalence of CP, contributing to an increase in opioid-related deaths. Based on our previous research, which examined CP care in Ontario from the perspective of primary care providers, many patients who suffer from CP also suffer from poverty, poor mental health, and addiction – particularly to opioids.

The goal of this presentation is to highlight how we can and why we must aim to understand the experiences of patients with CP who are also living with low socio-economic status (SES). We do this by detailing the importance of institutional ethnography (IE), an ethnographic approach that entails multiple methods like observations, interviews, and textual analysis, to explore the invisible social relations that shape the daily lived experiences of patients. This in turn offers a novel approach in that it aims to describe the work that patients with CP, as well as antecedent issues (i.e. mental health, addiction and poverty), undertake in order to manage both their medical and social issues.

This discussion of IE is contextualized within our current research project—Understanding the social determinants of health from the standpoint of patients: an institutional ethnography of mental health, addictions and poverty in the lives of people with chronic pain (COPE II)—which aims to understand the experiences of patients with CP and low SES so as to explicate and draw attention to the existing gaps between clinical understandings of medical complexity and the social complexity of patients' lives. Understanding the social determinants of health from the standpoint of patients: an institutional ethnography of mental health, addictions and poverty in the lives of people with chronic pain.

Exploring Patient Engagement and the Use of Opioids in Managing Chronic Pain: A Scoping Review

Bayan Alilyyani, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Ryan Chan, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Laura Connoy, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Fiona Webster, Arthur Labatt Family School of Nursing, Western University, London, Ontario

With chronic pain a key research topic in the health sciences, our interest lies in the role of patient engagement in managing chronic pain. To document and classify current research trends in this area, we conducted a scoping review as part of a larger study aimed at understanding the experiences of patients of low socio-economic status (SES) with chronic pain. Our primary research question for the scoping review is: what frameworks and other tools have been developed in relation to patient engagement in relation to chronic pain management among low SES patients who are using opioids?

Conducted between March and July 2019, our search strategy included 7 electronic databases (PubMed, CINAHL, Embase, Education Database, PsycINFO, Scopus, and ProQuest Dissertations & Theses) which yielded 483 titles and abstracts. After removal of duplicates, a total of 425 titles and abstracts were screened using inclusion and exclusion criteria, resulting in 41 studies as eligible for full-text screen. After final full text review, 34 studies were included in this review.

Following the Arksey and O'Malley (2005) and Levac, Colquhoun, and O'Brien (2010) framework, findings of this review were analyzed through description and themes. The description element includes study selection, study characteristics, and study design. The themes that came to define our findings include: 1) Patient engagement is poorly defined; 2) Increased focus on opioids through a medical lens; 3) Negative/narrow characterization of patients; and 4) a focus on biomedical aspects of chronic pain.

Findings of this review suggest a need for studies that address patient engagement in relation to people living with low SES (in addition to other marginalized and oppressed groups) and that define operational definitions for patient engagement and patient engagement in chronic pain management specially. Lastly, findings of this review suggest much more attention is needed on the structural or social issues that come to define and shape experiences of chronic pain.

D3 – Promoting Practice & Education Across Diverse Contexts

Midwifery/Nurse Collaborative Approach to Community Genetic Screening in the Old Order Anabaptist Community

Cynthia Soulliere, Countryside Midwifery Services, Milverton, Ontario
Jane Leach, Perth District Health Unit, Stratford, Ontario
Victoria Mok Siu, Western University, London, Ontario
Julie Van Bakel, Perth District Health Unit, Stratford, Ontario

The Amish newborn screening program has evolved over 20 years from an initiative to test for a small number of genetic conditions common in the Millbank Amish community to a full service population genetic screening program for Old Order Anabaptist (Mennonite and Amish) families across Southwestern Ontario. This successful collaborative project in community genetic screening has involved: community leaders, midwives, and public health nurses working alongside specialists in London, Ontario. This program brings specialty genetic screening for rare disorders directly into client homes improving health access and outcomes for a paediatric rural population. It has transformed understandings of rare conditions and has evolved as community members have requested broader services that are provided in culturally-appropriate ways close to home.

Midwives and nurses who work in the community have been vital to this process, by using their local knowledge and community connections to build and expand this program with a focus on: culturally-competent care, identifying and removing access barriers, forming relationships with Church leaders, and knowing what is important to families.

This presentation will chart the evolution of the Amish newborn screening program and how the relationships between public health nursing and midwifery has built and maintained a successful program. It offers a model for the ways interprofessional collaboration can transform health care services.

Beyond Inclusion: A Review of Risk Factors of Social Isolation Among Older Adults in Long-Term Care

Sheila A. Boamah, School of Nursing, McMaster University, Hamilton, Ontario
Rachel Weldrick, Department Health Aging and Society, McMaster University, Hamilton, Ontario
Tin-Suet Joan Lee, Faculty of Health Sciences, McMaster University, Hamilton, Ontario
Nicole Taylor, School of Rehabilitation Science, McMaster University, Hamilton, Ontario

Objectives: A wealth of literature has established risk factors for social isolation among older people, however much of this research has focused on community-dwelling populations. Relatively little is known about how risk of social isolation is experienced among those living in long-term care (LTC) homes. We conducted a scoping review to identify possible risk factors for social isolation among older adults living in LTC homes. Methods: A systematic search of five online databases retrieved 1535 unique articles. Eight studies met the inclusion criteria. Results: Thematic analyses revealed that possible risk factors exist at three levels: individual (e.g., communication barriers), systems (e.g., location of LTC facility), and structural factors (e.g., discrimination). Discussion: Our review identified several risk factors for social isolation that have been previously documented in literature, in addition to several risks that may be unique to those living in LTC homes. Results highlight several scholarly and practical implications.

Enhancing Advanced Practice Nursing: The Value of Role Clarity and Mentorship

Lisa Morgan, St. Joseph's Health Care London, London, Ontario
Alexis Smith, St. Joseph's Health Care London, London, Ontario
Amanda Thibeault, St. Joseph's Health Care London, London, Ontario

Problem Statement: Advanced practice nurses (APN), defined by clinical nurse specialist and nurse practitioner roles, have become vital to meet the needs of our growing health care system (Canadian Nurses Association, 2019). There are several documented challenges faced when implementing APN roles, including lack of role clarity and professional boundary-setting, unsupportive leadership, and reduced job satisfaction, which contribute to variable role optimization and retention (Contandriopoulos et al. 2015; Kilpatrick et al. 2016). Evidence supports that successful APN role implementation requires strong support from operational leadership, and formalized on-boarding processes including a comprehensive mentoring framework, however this type of formalized support is often not adopted within healthcare organizations (Canadian Nurses Association, 2019; Winnipeg Regional Health Authority, 2016; Goldschmidt & Torowicz, 2011).

Purpose: To address these challenges and cultivate a strong APN professional practice environment, St. Joseph’s Healthcare London designed a toolkit to facilitate successful APN role development and implementation, to support APN practice to meet the specific needs of the patient population, and working to their optimized scope of practice. This project incorporated the development of this toolkit and process, along with the evaluation of implementation with new/revised APN roles.

Study Design: This quality improvement project is designed using the Deming Plan-Do-Study-Act Cycle. The project included: literature review, facilitated engagement of APN staff and clinical leadership, development tools to support needs-based role design, role implementation, learning plan development, and mentoring relationship development, along with a comprehensive evaluation plan.

Sample: The toolkit and evaluation plan will be implemented with all open APN roles in a 12-month period.

Data Collection Approach: Evaluation data will be collected through semi-structured interviews with the APN, mentor APN, and clinical leader at two time points.

Analysis: A qualitative analysis of interview data will be completed to identify themes to inform ongoing APN onboarding support.

Results: This research is in progress. Results from an expected sample of 2-4 APNs will be available for presentation.

Implications: The findings from this project are important in understanding the influence of role clarity and mentorship in facilitating successful APN role implementation. This will support a strong professional practice environment for APN leadership.

The Challenge and Potential of Trauma- and Violence-informed Care for Nurses Working with Women who have Experienced Intimate Partner Violence

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Background and Purpose: Intimate partner violence (IPV), one of the most common forms of violence against women, is a serious public health issue that affects 1 in 4 women in Canada. As the first and possibly only point of contact in the healthcare system for women who have experienced IPV, nurses can have profound effects (positive and negative) on women's health, safety, and how they engage with health services. However, healthcare providers, including nurses, often lack appropriate training to deal with IPV, which can contribute to further harms and re-traumatization. One possible path to better care is to support nurses to take up trauma- and violence-informed care (TVIC), a promising approach that has yet to be extensively studied or widely implemented. Consequently, its potential for nursing practice with women who have experienced interpersonal and structural violence is not well understood. This study endeavours to fill this gap by examining how nurses experience, understand, and take up the concept of TVIC in the context of practice with women who have experienced IPV.

Methodology: In this critical ethnography, key informants are 12 nurses hired and trained to offer the Intervention for Health Enhancement and Living (iHEAL), a community-based health promotion intervention for women in the transition of separating from an abusive partner. As part of their role, these nurses received standardized education about TVIC and how to integrate it into practice, along with support from a clinical supervisor. Repeat, in-depth qualitative interviews were conducted with participants at 3 points in a 20-month period in order to capture their experiences over time. Transcribed interviews were analyzed using inductive thematic analysis informed by post/decolonial theory.

Findings and Implications: Preliminary findings suggest that, despite recognizing the potential of TVIC, nurses experience multiple tensions and challenges in adopting it in the context of practice norms that emphasize efficiency, individualize problems, and overlook structural factors that shape women's health. This research offers insights into the complexity of TVIC, and suggests strategies that could support the successful adoption of this exciting approach to care.

D4 – Mental Health & Homelessness

From Hospital to Homelessness: Preventing Discharge to "No Fixed Address"v2

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The discharge of psychiatric patients from the hospital into homelessness is a prevalent issue despite research indicating social, safety, health and economic detriments on both the individual and community level (Forchuk et al., 2008; Gaetz, 2012). Lack of stable housing for discharged inpatients results in long-term consequences including exacerbation of health problems and costly health care service use and hospital readmission (Mikkonen & Raphael, 2010; Munn-Rivard, 2014). Patients experiencing homelessness are four times more likely to be readmitted within a month of discharge and hospitals must spend $2,559 more per client (Hwang et al., 2011; Saab et al., 2016). Finding safe housing for these individuals is imperative to their recovery and transition back to the community.

The "No Fixed Address" version 2 (NFA v.2) project has tested the efficacy of a potential best practice program that finds safe housing for inpatients, preventing discharge from hospital into homelessness. Forchuk and colleagues developed a system that streamlines housing and social supports using on-site access. Housing Stability Workers and Ontario Works are brought directly into hospital, allowing inpatient access via drop-in or by appointment.

Findings of the NFA v.2 project will be discussed. In a previous pilot project, Forchuk et al., (2006) found that all seven participants randomly assigned to the intervention remained housed at 3 and 6 months' follow-up, while individuals in usual care were unhoused or had entered the sex trade. In a following scaled-up phase of the project involving 219 acute psychiatric clients and 32 tertiary care clients (Forchuk et. al, 2008), 92.5% of those who accessed the service and were at risk of homelessness were connected with affordable accommodation.

Since homelessness has a detrimental effect on recovery, client and community safety, and healthcare expenditure, locating safe housing for psychiatric patients may have a positive impact on treatment, rehabilitation, and the system as a whole. The findings of this project may offer safe policy alternatives for the prevention of homelessness for at risk individuals.

Mental Health Experiences and Pathways to Homelessness Among Refugee Claimants

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BACKGROUND: Canada remains a global destination of choice for refugees and asylum seekers, yet many refugees especially refugee claimants experience homelessness upon arrival into Canada. Refugees are particularly at risk of experiencing mental health challenges, and this risk may both be aggravated in the context of homelessness or increase the risk of experiencing homelessness. However, to date, very few studies have examined the link between mental health and pathways to homelessness for refugees most especially refugee claimants.This study therefore explored how mental health challenges among refugees influence their pathways to homelessness.

METHODOLOGY: Positioned within the critical theoretical perspective and using an intersectional lens, this study is a qualitative secondary analysis of a primary study exploring the pathways into homelessness for refugees in Canada. Analysis involved a thematic analysis approach (Braun & Clarke, 2006) of 15 in-depth interviews with participants purposefully sampled and recruited through emergency shelters in London and Toronto.

FINDINGS: In noticeable contrast to Canadian citizens experiencing homelessness, refugees in this study did not consider mental health challenges to be a cause or a pathway to homelessness. Rather, they identified the lack of financial resources and housing options as leading them to utilizing emergency shelter. Participants also indicated that being homeless decreases their sense of mental well-being.

FUTURE DIRECTIONS: This study highlights that homelessness diversion and prevention will differ from population to population. Whereas mental health supports might be of high priority for homelessness prevention among the Canadian population, for refugees, qualitative reports demonstrate other areas of higher priority.

Factors Influencing Access and Utilization of Health Service among Substance Using Homeless Youth: A Scoping Review

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In Canada an estimated 35,000 to 40,000 youth (ages 13-24) experience homelessness yearly (Gaetz et al., 2014). As a diverse population with numerous stressors, stigmatization transient housing, homeless youth often use substances as a form of coping. Despite the higher rates of physical illness and mental disorders prevalent among homeless youth they have been shown to have lower utilization of and access to healthcare. (Abel-baki et al., 2019; Karabanow et al., 2018). As a result, it is critical to recognize and understand the factors that influence service use among this population.

The purpose of this paper is to: (1) Review the literature on substance using homeless youth's access to health care services, (2) Identify and synthesize factors that influence health service access and use, and (3) Discuss and make recommendations regarding practical interventions that will increase the access and use of health services. The method used was a scoping review according to the PRISMA-ScR standard. The databases searched were Google Scholar, CINAHL, SCOPUS, PubMed, and PsycINFO (ProQuest). Out of 306 identified studies, 6 articles were chosen for full data extraction after title, abstract, and full article review.

The common themes that arose as barriers to access and utilization of health services (including medical, mental health, and drug treatment) are: financial costs, stigmatization, organization of services, lack of tailored care, perception of compromised confidentiality, and social isolation related to drug use. The facilitators and motivators to accessing health services include: availability of free, flexible, culturally competent, confidential, timely, harm-reduction focused, and nonjudgmental services. Strategies to reduce barriers and support facilitators include: structural changes, promoting the pairing of a mentor or peer navigators, and increasing policy that accommodate for the nature of transient living.

A Scoping Review of Promising Structural Reforms to Support Youth Mental Health

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The purpose of this presentation is to share the findings of a scoping review on structural reforms to support youth mental health. The mental health experiences and needs of transitional age youth has been identified as a priority both for research and for clinical interventions. While promising programs are being enacted globally, these are often delivered in the context of systems that are not functioning optimally, thus being a form of down-stream response. Therefore, true transformation of youth mental health supports needs to come for structural reforms rather than simply “working around the margins”. As part of a larger social innovation lab aimed at shifting mental health outcomes for transitional age youth, this scoping review was designed to provide an evidence-based foundation for considering structural reforms. The search included EMBASE, CINAHL, PsychInfo, Medline, Socialogical Abstracts, Proquest Dissertations and Theses, and the Nursing and Allied Health Database. Search terms focused on interventions at the structural, system, or policy level, anywhere in the world, and including both empirical and theoretical work. A team of 6 researchers worked through an initial pool of 5,652 articles through title, abstract, and full text screening. Ultimately, 61 articles were included in the data extraction with priority put on articles that scored high in a rating of congruence, relevance, innovation, feasibility, and clarity. This presentation will focus on key findings from the review, highlight potential opportunities for structural reforms in a Canadian context to enhance youth mental health.

Concurrent Session E: Oral Paper Presentations & Science Pitch Sessions

E1 – Digital Health: Smartphones & Mobile Applications

Evolving a Personalized, Online Safety & Health Resource for Women Experiencing Intimate Partner Violence to a Publicly Available App: My Plan Canada

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for the myPlan Team

Personalized, online interventions have potential to reduce barriers to support for women experiencing intimate partner violence (IPV) and may have other benefits for women, including enhancing health, safety and well-being. We developed iCAN Plan 4 Safety as the first interactive, online health and safety resource for Canadian women experiencing IPV. By completing a series of questions and activities, the online tool helps a woman weigh the risks in her relationship, reflect on her priorities and then provides a personalized action plan with strategies and resources (e.g. services and online information) she can use to promote safety, health and well-being for herself and (where applicable) for her children.

Initially, we adapted and extended a US-based online tool to fit the varied needs and living situations of diverse groups of Canadian women, including increasing attention to women's physical and emotional safety, health and well-being. A randomized controlled trial testing the effectiveness of ICAN with 462 Canadian women living in 3 provinces (BC, ON, NB) produced encouraging results. Over a 12-month period, women who completed both the personalized ICAN and a generic online tool both improved on most outcomes (e.g. mental health, feelings of coercive control) and reported high acceptability, fit with needs and no evidence of harms. The tailored online tool was more beneficial for 4 specific groups; qualitative interviews provided insights about varied ways women used the online tool and the importance of the affirming, non-judgmental tone.

Working with partners in the U.S., we drew on lessons from the trial to shift the online resource to a new mobile first APP (myPlan Canada) that is publicly available at no cost to Canadian women in both English and French (https://myplanapp.ca/en/). We are now studying how this app can complement the work of service agencies and focusing on broad dissemination and sustainability planning. In this session, we present initial findings from our current research and discuss lessons and challenges encountered in this process, highlighting implications for scale up and sustainability of effective interventions more generally.

Using Snapchat to Promote STI Screening at a Rural Public Health Unit

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Annie O'Dette, Huron County Health Unit
Marian Doucette, Huron County Health Unit
Rita Marshall, Huron County Health Unit
Chisomo Mchaina, Huron County Health Unit
Kate Underwood, Huron County Health Unit

BACKGROUND & OBJECTIVES: Since 2013 in Huron County (a predominantly rural region), males under 30 years old have had the highest positivity rates for gonorrhea and chlamydia compared to any other age-sex group. Evidence suggests that rural males under 30 years old may access and engage with health information regarding STIs, STI screening, and STI prevention, when it is located on social media platforms, when the content is engaging and entertaining, and when the messages are embedded within a photo. Based on this, the Huron County Health Unit (HCHU) Sexual Health Team and Communications Team designed a set of health information-based Snapchat advertisements containing a brief message about STI screening embedded in an image. The advertising campaign ran in Huron County from October to December 2019. The Snapchat advertising campaign will be evaluated to determine how sexual health information directed at rural males under 30 years old affects the number of individuals attending the HCHU sexual health drop-in clinics for STI screening.

METHODS: A mixed-methods design was used to determine the scope and reach of the Snapchat advertisements and the effect that advertising STI screening on Snapchat had on clinic visits for Huron County males 30 years old or younger. User traffic data collected from the Snapchat advertisements will include user demographics, number of impressions and interactions, and number visits to the sexual health drop-in clinic website that occurred because of the advertisements. Anonymous clinical data will for the 3-month advertising campaign will be analyzed and compared to the 3-month period preceding the advertising campaign and the same 3-month period in 2018 to estimate how the advertisements influenced visits to the HCHU drop-in clinics.

RESULTS: Findings will present the first known application of Snapchat to disseminate sexual health information to a predominantly rural population. In doing so it will provide a baseline understanding of how rural males under 30 engage with sexual health information on Snapchat, which can in turn inform their future sexual health programming and health information dissemination strategies. As rural males are a known difficult-to-reach population, these findings may inform how health service providers understand the health information needs and preferences of their rural male populations.

Nurses' Use of Smartphones and Mobile Phones in the Workplace: A Scoping Review

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Introduction: There has been a significant increase in technological infrastructure of many healthcare organizations to support the practice of healthcare providers; however, many nurses are using their personal digital devices, smartphones and mobile phones while at work for personal and professional purposes. Despite the proliferation of smartphone use in the healthcare setting, there is limited research available on the clinical use of these devices by nurses. This study aimed to understand the current breadth of research on nurse's personal smartphone use in the workplace and identify implications for research, practice, and education.

Methods: A scoping review was conducted and the following databases were used in the literature search: CINHAL, PubMed, Dissertations and Theses, EMBASE, MEDLINE, Nursing and Allied Health Database, Scopus, Web of Science, and Cochrane Reviews. Search terms used were: Nurs* AND (personal digital technology OR smartphone OR cellphone OR mobile phone OR cellular phone).

Results: Sixteen of 1765 articles met inclusion criteria. All but three articles focused on personal device use in acute care settings. Three main themes from the thematic analyses of the reviewed literature included: personal smartphone use for patient care, personal smartphone use for personal reasons, and implications of personal smartphone use. Nurses used their smartphones to locate information about medications, procedures, diagnoses, and laboratory tests. Nurses reported improved communication between health team members and used their personal devices to communicate patient information via text messaging, calling, and picture/video functions. Yet, nurses expressed insight into personal smartphone use and challenges related to distraction, information privacy, organizational policies, and patient perception.

Conclusion: Nurses are bringing their smartphones to work and see these devices as an efficient method to gather patient care information and to communicate with the healthcare team. This review highlights knowledge gaps regarding nurses' personal device use and information safety, patient care outcomes, and communication practices among healthcare teams. The current breadth of research is focused on acute care, with little to no research focus in other practices settings. Research initiatives are needed to explore personal device use across the continuum of workplace settings, such as homecare, long-term care, and public health.

E2 – Policies for Health Care Providers

Transforming Education for Health Care and Social Service Providers: Developing Competencies to Advocate for Healthy Public Policy

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The ability to advocate for healthy public policy is an entry-to-practice competency that is expected of graduates from health care and social service programs. However, the academic literature, as well as students, faculty, and professionals in the field, reveal that they lack the knowledge and skills to engage in policy advocacy work. Competencies in policy advocacy are infrequently taught in professional programs to the extent where they can be practiced without additional education, and a lack of curricular guidance interferes with effectively teaching policy advocacy in these programs. Overall, the lack of standards to support students, providers, and professors to learn, understand, and actively engage in policy advocacy in real-world settings can lead to significant errors in practice, or no participation at all.

This research is a subset of the broader research study, Mobilizing Narratives for Policy and Social Change. The purpose of this current study was twofold: to identify the knowledge and skills that healthcare and social service providers require to engage in public policy advocacy, and to translate this knowledge and these skills into educational competencies for university curricula in Ontario. The following research questions were asked: a) How do health care and social service providers from community-based organizations conduct public policy advocacy? b) What knowledge and skills do health care and social service providers from community-based organizations identify as key to being effective in public policy advocacy? and c) How can the knowledge and skills for public policy advocacy identified by community-based organizations be translated to enhance or support competencies for undergraduate education?

Using a qualitative, exploratory case study methodology, semi-structured interviews were completed with staff from community-based organizations who were participating in the larger study, Mobilizing Narratives for Policy and Social Change, and who regularly engaged in public policy advocacy. Comparative case analysis is being used to synthesize findings across cases. Preliminary findings will be presented. The core knowledge and skills identified here will serve as building blocks for creating evidence-based competencies and learning activities for educators teaching public policy advocacy in health care and social service programs.

The Environment as Patient: A Content Analysis of Canadian Nursing Organizations and Regulatory Bodies Policies on Nurses' Role in Environmental Health

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Individual, community, and societal health is impacted by the environment which is impacted by pollution of air, water and soil, and climate change. Poor environmental health conditions have been associated with various illness exacerbations. While global nursing organizations have increased their environmental health focus, evidence is lacking that Canadian nurse leaders/ organizations are similarly supportive.

The aim of this analysis was to explore the extent to which Canadian nursing regulatory bodies and associations have created policies advocating for nursing practice in environmental health.
A content analysis of nursing focused position statements and competency documents was conducted to assess Canadian nurse leadership in environmental health. Publicly available position statements and competency documents regarding health and the environment were retrieved from the websites of nursing regulatory colleges and nursing associations across Canada, the Canadian Nursing Association, and from the International Council of Nurses. All documents were coded inductively and thematically analyzed.

Twenty-two documents were retrieved which consisted of twelve policy statements from nursing associations and ten competency documents from nursing regulators and national associations. Four themes were generated; Collaboration, Language of Engagement, Nursing Actions and Social Justice. Environmental health and sustainable health care practices were identified to be within nurses' scope of practice.

Nursing policies and competencies directing nursing action and care of the environment are absent within most Canadian provinces and territories. Nursing leaders appear to have missed an upstream opportunity to acknowledge the impact of the environment on human health. Research implications include studies to understand nursing students' perspective on environmental sustainability as part of their scope of practice. Further research implications include exploring how nurses engage in environmental activism and advocacy. Educational implications from this research include improving ecoliteracy in Canadian undergraduate and graduate nursing curriculums though knowledge and skill development in environmental health, advocacy and health activism.

E3 – Science Pitch Session I

Harm Reduction Services in Ottawa: The Culture of Drug Use

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Between January 2016 and June 2019, there were over 13,900 apparent opioid-related deaths in Canada, solidifying the need for appropriate and effective services for people who use drugs (PWUD). Within government initiatives and policies, PWUD are often inappropriately considered a homogeneous group of individuals, with implementation of services nationally often being guided by these governmental bodies without meaningful consultation and collaboration with PWUD. However, recent harm reduction research and best practice guidelines have emphasized the importance of tailoring services to local drug scenes. Despite this, very little research on the cultural norms of PWUD exists in the literature. In an attempt to explore the local culture of drug use in Ottawa, a literature review ultimately uncovered very few articles on this topic. However, by expanding the search beyond Ottawa and using a social determinants of health framework, the factors of culture, income and social status, physical environment, and access to services were revealed as unique experiences for PWUD. Further, through four in-depth interviews with current harm reduction providers in Ottawa, the themes of 1) uncertainty and concerns surrounding the overdose crisis; 2) lack of flexibility in resources and access issues; and 3) diversity in the culture of drug use in Ottawa were explored. Recommendations surrounding partnering with PWUD, policy changes, and a safer supply were subsequently discussed. These findings helped to validate the reality of the unique drug-use culture in Ottawa, and the requirement for harm reduction services to be adapted to the local needs of PWUD.

Opioid Crisis: A Qualitative Analysis of Financial Influences and Addiction

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Noah Wacker, Laurentian University, Sudbury, Ontario
Lissa Gagnon, Laurentian University, Sudbury, Ontario

The province of Ontario is currently engaged in a public health crisis centered around the use of prescription and non-prescription opioids. According to Public Health Ontario (2018), the number of harms related to opioid misuse has risen steadily for over a decade. Opioid overdose has claimed the lives of over 8000 Canadians and has been predicted as the leading cause of death among Canadians aged 30 to 39 in the years to come (Government of Canada, 2019). Considerable evidence in healthcare literature proves that providing deeper understanding of the motives of opioid use is essential in developing effective prevention and treatment strategies. In review of the literature, there were scant frameworks on the proposed topic for study. However, the literature identifies a conceptual framework (Jones, Spradlin, Robinson, & Tragesser, 2014) which describes a four-factor model for the motives of opioids. Although the model provides general insights on why individuals are using opioids, it fails to isolate the different motives in terms of different demographics (age and gender) and reason for initial contact (prescribed versus recreational). Therefore, the proposed study will examine the differences in motives for opioid use among different age groups, genders, and circumstances for initial use. The research team is curious to determine how the results of the proposed study will complement the identified framework.

Mental Health and Addictions Care Provided by Nurses in the Emergency Department

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Seminal pieces of literature from various countries throughout the world including Canada, Australia and the United States of America report that Emergency Departments (ED) are not suitable for people with specialized Mental health and addictions (MHA) needs and that ED nurses do not feel well-equipped to care for this patient population (Fleury et al., 2020; Innes et al., 2014; Marynowski-Traczyk & Broadbent, 2011; Reed & Fitzgerald, 2005; Thomas et al., 2018; Wolf et al., 2015; Zolnierek & Clingerman, 2012; Zun, 2012). A valid reason as to why nurses feel this way may be related to a gap in nursing education and training. Many nursing regulators in Canada including the College of Nurses of Ontario take a generalist approach to nursing education required to practice as a Registered Nurse (RN) or Registered Practical Nurse (RPN) (College of Nurses of Ontario, 2019). Generalist prepared nurses have the knowledge, skill and judgement to provide safe care to people of all ages and genders in a wide variety of practice settings (CNO, 2019). This means that nursing students receive some exposure to theoretical knowledge and clinical practice in the area of MHA; yet this may not be sufficient in preparing future nurses to care for this population in the settings where they are now receiving care. I propose enacting a qualitative research methodology to engage emergency nurses to describe their mental health practices. Recognizing that nursing curricula are already packed, the goal of this research will be to develop practical, structured education and training programs for ED nurses that can be completed by practicing nurses.

Investigating Physiological Determinants of Mental Health in Children with Cerebral Palsy

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Background
Fifty-seven percent of children with cerebral palsy (CP) experience mental health symptoms including anxiety and depression.1 Although CP is non progressive, the development of secondary conditions can have progressive effects on an individuals' functional abilities. Particularly, untreated mental health symptoms can have a negative effect on children's quality of life. Children with CP are more likely to experience fatigue, chronic pain and sleep disturbances. Identifying modifiable risk factors that contribute to the progression of depressive and anxiety symptoms can be vital in preventing lifelong challenges into adulthood. While it is theorized that the combined presence of these secondary symptoms may worsen the effects of mental health, that is yet to be systematically examined.

Objectives and Hypotheses
My objective is to better understand the relationship between fatigue, pain and sleep on mental health symptoms for children with CP. In addition, as a secondary objective we are observing the relationship between physical activity and its association with mental health. We hypothesize that moderate to severe levels of pain and/or fatigue, as well as sleep difficulties will be associated with the presence of anxiety and depressive disorders and/or symptoms.

Proposed Methods
I will conduct an observational study to measure physiological factors including fatigue, pain and sleep and physical activity in children with CP. To objectively measure these daily risk factors, participants will respond to different questionnaires and visual analog scales. In addition, participants will wear an accelerometer around their waist for 7 days and nights to provide non-invasive data on physical activity patterns and sleep cycles of these children. Using pairwise correlations and hierarchical logistic regression analyses, we will examine the relationships between secondary conditions in those participants who meet criteria for anxiety or depression compared to those that do not.

Future Applications/ Directions
This will be the first study to systematically investigate the relationships between these physiological factors and co-morbid anxiety and depression symptoms. By understanding their associations, this study will be able to provide recommendations for the development and implementation of evidence-based interventions to treat these factors. In addition, the results of this study have the potential to inform clinicians on the determinants of mental health and provide a starting point for individualized treatment of modifiable factors that threaten the health and wellbeing of children with CP and their families.

Implementing Breastfeeding Education in Pediatric Settings

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Breastfeeding adherence rates in community and acute hospital settings are substandard across many developed nations, despite the development of programs to support them. For example, the Baby-friendly Hospital Initiative program was developed by the World Health Organization to enhance breastfeeding success. Based on a narrative review of the literature relevant to community and acute pediatric healthcare settings, it is evident that enhanced education for interdisciplinary team members needs to be implemented to support breastfeeding. Findings from twenty-eight articles are included in this practice initiative, including systematic reviews, randomized control trials, case control, cohort, descriptive, and qualitative studies, as well as opinion articles. After synthesizing the study results into content themes, it is evident that initiation and management of breastfeeding within these settings can be improved through increased healthcare provider knowledge. A narrative summary of the evidence reveals that issues related to breastfeeding promotion in community and acute pediatric settings are due to complacency with early cessation, inadequate healthcare provider knowledge, and overreliance on Internationally Board-Certified Lactation Consultants® (IBCLCs). Innovative recommendations from gathered studies include educational approaches that can be implemented through managerial and clinical strategies, structured breastfeeding education programs, and module-based learning. Hands-on learning of healthcare professionals with assistive devices to troubleshoot breastfeeding issues will also assist with breastfeeding success in pediatric settings. If pediatric healthcare leaders can adopt the outlined strategies to their organizational needs, breastfeeding success will be enhanced in the future.

Promoting Attachment Through Healing (PATH): Results of a Retrospective Feasibility Study

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Intimate partner violence (IPV), broadly defined as any act of coercive control within the context of an intimate relationship, is a pervasive public health concern that impacts one in three women worldwide. The positive correlation between IPV and the prevalence of post-traumatic stress disorder (PTSD), depression, and anxiety is well-documented, with some research suggesting that such diagnoses are intensified perinatally due to the unique pressures of pregnancy. Unfortunately, therapeutic interventions targeted towards specialized perinatal mental health care for women who have experienced IPV are under-explored.

The Promoting Attachment Through Healing (PATH) intervention compared the effects of trauma and violence-informed cognitive behavioural therapy (TVICBT) with standard care on mental health, coping, and maternal-infant attachment among pregnant women with a history of IPV. A mixed-methods, retrospective medical chart audit used inductive content analysis, measures of central tendency and dispersion, and Fisher's Exact Test to compare the intervention group who received TVICBT (n = 37) and standard care group (n = 32).

The analyses revealed that women who receive TVICBT are more empowered to articulate their needs and concerns during the prenatal period and cope more effectively during labour and delivery. Additionally, when examining the impact of TVICBT exclusively among women with PTSD, only 8% of women in the intervention group displayed inappropriate attachment compared to 50% in the control group. These findings build upon existing nursing and allied health literature that support the positive impact of TVICBT for women who have experienced IPV and are living with mental illness.

E4 – Science Pitch Session II

The Impact of Social Media Use on Youth Self-Perceived Mental Health

Chantal Singh, London Health Sciences Centre Children's Hospital, London Ontario

In a digital age, the use of social media has infiltrated our daily lives and the way in which we connect with one another in a societal context. The creation of social media platforms such as Facebook, Instagram, Snapchat and Twitter have changed the way we communicate, reducing challenges with other forms of communication such as geographical location and response time. Social media allows for discussion among individuals and facilitates the sharing of content and media in a timely manner worldwide.

Children and adolescents are especially immersed in the culture of social media use as many are exposed to technology from early on in life, due to current societal practices. In parallel, youth populations also encounter many challenges through their stages of growth and development around self-image, self-esteem and perception by their peers. Youth populations are particularly influenced by how they believe they are perceived by their peers namely in terms of appearance and popularity. Social media platforms facilitate connection with other youth on a constant basis, and generate a sense of “immediate feedback” among peer groups. While interactions among social media users can positively influence the mental health, these platforms also have the potential to negatively affect youth in the context of negative interactions online, causing feelings of anxiety, negative self- image, and low self esteem.

This presentation will outline current available literature on this topic, and a current study to inform paediatric nursing practice and develop appropriate health promotion resources for this population to enhance health and support youth through these critical years of growth & development.

Meditating in Virtual-Reality: Investigating Affect Responses of Mindfulness through a Trauma-Informed and Instructor Present Approach

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Mindfulness meditation (MM) as a therapeutic intervention is increasingly being investigated as a possible treatment for a variety of psychological disorders, including depression, anxiety, and most prominently, posttraumatic stress disorder (PSTD). One form of MM that has received little empirical attention, however, is virtual reality (VR) based MM interventions. For treating PTS symptoms, VRMM interventions may be a potential alternative to standard trauma-focused treatments, like VR-exposure therapy, given MM possesses higher compliance rates and similar desired effects, while still being a more feasible and accessible VR option to that of in-vivo therapy. Recent research, however, has only conducted tests using VR-based MM applications that neglect the presence of the instructor (Navaro-Harro, 2017; Mistry, Zhu & Frewen, in submission) which could affect user's meditative experience, especially for novice meditators.

Therefore, the present study aims to assess a didactic, trauma-informed care approach to mindfulness meditation (MM) by comparing affective and meditative responses to a 360 video of a MM to an in-vivo MM. We also intend to be the first study to create and explore 360 guided MM video with an instructor present, using the Meditation Breath Attention Scores (MBAS) as the meditation exercise. Participants are recruited through an online research pool for undergraduate students studying at Western University in London, Ontario, in which they experience the VR exercise, and then are randomly assigned to either the tablet or the in-vivo condition while controlling for order effects. Positive affect, negative affect, and mindfulness experience will be recorded in addition to the self-reported levels of focused attention participants experience throughout the exercise.

We hypothesize that 1) participants when experiencing VR will report similar, if not greater levels of positive affect and meditative experiences as compared to experiencing in-vivo; and 2) during an open-response discussion, individuals will report feelings of closeness, comfort or general positive affect when being asked about the instructor.

Intersectoral Collaboration: A Literature Review

Patrick Ellis, Arthur Labatt Family School of Nursing, Western University, London, Ontario

With the introduction of the Ontario Health Teams model, there exists a need to understand the level of importance that teamwork will have across healthcare agencies. The new model is proposed to introduce improved continuity of care with increased patient involvement. Although there is discussion over implementation of this system, organizations have not focused on how teamwork surrounding intersectoral collaboration will improve. Intersectoral collaboration "occurs when all parties across a 'community' gather together with a clients to design the means for clients to create their own environment that supports their management of their activities of daily living and interactions with others in a meaningful way" (Orchard, 2012).

Changing the structure of healthcare delivery without improving the collaborative teamwork seems to be a limited approach. There is little discussion on how intersectoral collaboration can make a difference in this model. Consequently, the question of what is known in the literature about success factors related to intersectoral collaboration and how these factors should be applied to healthcare must be addressed. To address the question a literature review was undertaken using the stages suggested by Rowley & Slack (2004) including: scanning, making notes, structuring the review, writing the review and building a bibliography on the topic.

An extensive review of journal articles, books, and web-based resources was undertaken for this review. The goal of this presentation is to analyze the steps taken to utilize better intersectoral collaboration by, what Rowley & Slack refer to as "[building] an understanding of theoretical concepts and terminology" surrounding this topic (p. 32). Furthermore, the insights gained from this review will likely function to inform future academic work. The findings will be used to develop a continuing education module on intersectoral team collaboration

Examining the Impact of Managers' Authentic Leadership on Long-Term Care Nurses' Job Turnover Intentions

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Emily A. Read, Faculty of Nursing, University of New Brunswick, Fredericton, New Brunswick
Joan Finegan, Faculty of Social Science, Western University, London, Ontario

Purpose: The purpose of this proposed study is to attain an understanding of whether and to what extend the job turnover intentions of long-term care registered nurses and registered practical nurses are influenced by managers' authentic leadership, structural empowerment, workplace bullying, and job satisfaction.

Background: Turnover is an issue that is problematic for long-term care organizations for a variety of reasons, including the substantial costs (e.g., hiring/training new staff) associated with replacing nurses who leave the organization as well as the negative impact of nursing turnover on resident outcomes. Moreover, turnover is an issue that deserves attention because of Canada's shifting demographics; Canada's population is aging, and it is anticipated that more long-term care beds and more long-term care RNs and RPNs will need to be educated, hired, and retained. In previous research, nursing staff work attitudes and behaviours have been impacted in a positive manner by authentic leadership, a leadership style that involves managers being self-aware, moral, ethical, and willing to listen to the thoughts of people with various viewpoints.

Proposed methods: Design: Nonexperimental, correlational, and cross-sectional. Setting/sample: Registered nurses (n = 1,200) and registered practical nurses (n=1,200) will be randomly sampled from the College of Nurses of Ontario's database. Data collection: These potential participants will receive a study package containing a standardized self-report questionnaire, a $2 gift card incentive, and a return-addressed envelope. Follow-up mailings will be used to promote a higher response rate as per Dillman (2007). Data analysis: The structural equational model will be assessed using Mplus while the univariate and bivariate analyses will be understanding using SPSS.

Anticipated outcomes: It is anticipated that higher authentic leadership is associated with higher structural empowerment and, in turn, less frequent workplace bullying, higher job satisfaction, and lower job turnover intentions. Findings from this study, if significant, may provide support for authentic leadership as a guide for how senior leaders in long-term care organizations can prepare their managers to create a work environment where nurses may be less likely to turnover.

The Context and Consequences of Being Turned Away from a Domestic Violence Shelter

Rachel Colquhoun, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Domestic violence (DV) shelters provide a wide range of supports for women experiencing violence, yet fewer than 20% of Canadian women access these services. Many do seek help from shelters but are turned away. Women's Shelters Canada (2019) reports that the turn-away rate in Canada is 79% and current research does not capture the unique challenges of women who are turned away. Little is known about the characteristics of women who are turned away; the context that shapes this experience; or the consequence for their health, well-being and safety. The purpose of this study is to understand variations in women's experiences of being turned away from a DV shelter in the context of shelter service delivery, and the impacts on women's future help seeking in both urban and rural communities, with particular attention given to how women's varied social locations affects the pathways that women navigated.

Study Design: This qualitative interpretive descriptive research study is guided by an intersectional perspective. A purposeful, convenience sample of between 20-30 English speaking women who have experienced IPV and have been turned away from accessing shelter services at any point in the previous five years will be recruited. Executive Directors (ED) and administrators of DV shelters in Ontario will be invited to participate.

Data collection: The first phase of this study involves semi-structured interviews with women who have experienced IPV and attempted to access shelter services at any point and have been turned away for any reason. Arts-based mapping strategies of the women's choice will engage women to create a help-seeking map and to further understand turn-away context and experience(s). The second phase will attempt to understand the perspective of shelter EDs and the context that shapes shelter responses. Data analysis will occur concurrently with data collection using principles of thematic analysis and ID to understand relationships and associations.

Health-Seeking Behaviour Related to Selected Dimensions of Wellness in Community Dwelling Older Adults

Navjot Gill, Health and Rehabilitation Sciences Program, Western University, London, Ontario
Denise Connelly, School of Physical Therapy, Western University, London, Ontario

Background
Older people generally prefer to ‘stay-put' in their own home. Informed by the Seven Dimensions of Wellness, a component of the International Council on Active Ageing (ICAA) Model, measures of physical function (i.e. physical), fall risk (i.e. environmental), and psychosocial factors (i.e. emotional, spiritual and social) related to health have been selected with the assumption that they intersect to influence health-seeking behaviour of older adults and ageing-at-home.

Objective and Hypothesis
The objective of the study is to investigate the relationship among dimensions of well-being, including physical function, fall risk, psychosocial factors and awareness of community-support services, with health-seeking behaviour in community-dwelling older adults.

Null Hypothesis
The scores obtained on health dimension outcomes will not predict health-seeking behaviour in community-dwelling older adults

Alternate Hypothesis
The scores obtained on health dimension outcomes will predict health-seeking behaviour in community-dwelling older adults.

Proposed Methods
This project will use correlational design. A sample size of 98 subjects will be recruited. Subjects will be older adults living independently at home in the city of London, ON, aged ≥ 65 years, ambulatory (with/without gait aid) and without executive function impairment. The sample size will be 98 subjects calculated with the formula for minimum sample size by Green (1991). Data will be analyzed using multiple linear regression.

Future Implications
The lack of awareness about community-support services becomes challenging when trying to access these community-support services. The resulting information may assist and/or guide the efforts to better help older adults age-in-place.

A Narrative Review of Post-Trauma Resilience and Optimism Frameworks, and Proposal of an Integrated Framework for Musculoskeletal Trauma

Wonjin Seo, Faculty of Health Sciences, Western University, London, Ontairo
Dave Walton, School of Physical Therapy, Western University, London, Ontario
Deanna Befus, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Marnin Heisel, Department of Psychiatry, Western University, London, Ontario

Resilience is generally defined as a capacity to maintain or bounce back to normal conditions/functionings in the face of adversity. However, because it is an abstract concept, researchers should specify an operational definition of resilience tailoring their research purpose (e.g., pain-resilience). This presentation focuses on resilience in a traumatic context. Although many studies investigated resilience in traumatic situations, there has not established a post-traumatic resilience; most of them used 'general resilience' concept. In addition, many researchers who examined post-traumatic resilience employed the Connor-Davidson Resilience Scale (CD-RISC) which is not related to post-traumatic resilience directly. One poster presentation was made with this issue using COSMIN Checklist (for scrutinizing psychometric properties) in the American Psychological Association 2019, indicating that the CD-RISC is not sufficient in measuring a 'post-traumatic resilience.' Since trauma-related attention and issues are increasing, and paramount, this presentation is to present: a new concept, post-traumatic resilience and optimism, using a narrative review.

Concurrent Session F: Oral Paper Presentations

F1 – Mental Health: Suicide & Schizophrenia

Trends and Factors Associated with Suicide Deaths in Older Adults

Eada Novilla-Surette, Western University, London, Ontario
Salimah Z. Shariff, ICES Western, London, Ontario
Britney Le, ICES Western, London, Ontario
Richard Booth, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Suicide in older adults is a significant problem that is overlooked worldwide, especially in Canada where a national suicide prevention strategy has not yet been established. Due to this practice and policy gap, factors related to older adult suicide require further evaluation. The aims of this study are to better understand risks and preventive factors related to suicide in the older adults (aged 65 years and older) living in Ontario, Canada. In order to accomplish this, we completed a population-level analysis using linked administrative health care databases available at ICES (formerly referred to as the Institute for Clinical Evaluative Sciences) to (1) describe the incidence of older adult suicide in Ontario, Canada from 2011 to 2015; (2) develop profiles of older adult suicide and non-suicide deaths; and (3) identify factors associated with suicide deaths in older adults.

Our findings suggest that suicide remains a persistent cause of death in older adults in Ontario, Canada (with an average annual suicide rate of 0.1 per 1000 people over the 5-year study period); the risks include being male, living in rural areas, having a mental illness, having a new diagnosis of dementia, and increased emergency department visits; while the preventive factors include increased age, living in long-term care, having chronic health conditions, and increased interactions with primary health care.

The insights from this study could potentially generate evidence-informed suicide prevention programs/policies for older adults in Canada.

Zero Suicide: St. Joseph's Health Care London and Beyond

Amy Van Berkum, St. Joseph's Health Care London, London, Ontario
Shauna Graf, St. Joseph's Health Care London, London, Ontario

St. Joseph’s Health Care London (St. Joseph’s) is leading the way in the implementation of Zero Suicide across Canada. On average, ten Canadians die by suicide each day, making suicide the ninth leading cause of death in Canada. Suicide impacts those across the lifespan and is a major public health concern. St. Joseph’s Zero Suicide program involves reducing stigma around suicide; building a “just culture” within organizations; educating staff on assessment, management, and treatment of suicide; and developing a system of support for patients during their mental health care and before and after transitions. In this way, we are guiding the way to suicide awareness, education, and support.

For the purpose of this presentation we will briefly introduce the overall framework for Zero Suicide and discuss St. Joseph’s’ experience with intra-organizational implementation (i.e. Phase 2). We will discuss organizational culture, patient populations, and how our decisions were made regarding tools and processes, training, education, and change management. As we transition to Phase 3 of the Zero Suicide program, we are planning to promote spread of this initiative within our local and regional community. In particular, we will identify core community partners in transitions of care, and those working alongside high risk populations. St. Joseph’s is striving to transform systems of care to develop a suicide safe community, province and nation.

Audience engagement will be incorporated throughout the presentation and the conferences structured question and answer period will allow for further topic discussion.

Engagement, Partnership & Participation in Self-Management in Outpatient Services for People with Schizophrenia

Mary-Lou Martin, St. Joseph's Healthcare Hamilton/McMaster University, Hamilton, Ontario
Susan Strong, St. Joseph's Healthcare Hamilton/McMaster University, Hamilton, Ontario
Heather McNeely, St. Joseph's Healthcare Hamilton/McMaster University, Hamilton, Ontario
Lori Letts, McMaster University, Hamilton, Ontario
Alycia Gillespie, St. Joseph's Healthcare Hamilton, Hamilton, Ontario

Project Goal & Description: To operationalize, implement and evaluate SET for Health, a model of self-management support within the case management care process of specialized outpatient services for people with schizophrenia.

Methods: A mixed method feasibility study examined to what extent SET for Health: added value from clients' and providers' perspectives; and influenced individuals' engagement in treatment, participation in self-management, symptom distress, hope, and quality of life. Facilitation tools/procedures operationalize the intervention derived from standardized self-management programs. 10 case managers (registered nurses, social workers, occupational therapists) are delivering the intervention to 50 clients.

Phases of the project: Clients, families and staff are involved in the evaluation and giving recommendations.

Results: At 75% retention, SET for Health offered mechanisms for client participation, engagement and voice; self-management discussions of illness and health; and provider recovery orientation. Delivery variations were noted across case managers related to challenges in changing usual practices, particularly client directed goal-setting, problem-solving and review.

Lessons Learned: Self-management support can be delivered and benefit clients with complex living challenges. Support (institutional, education, environmental) was needed to integrate self-management into routine care. The ability to engage and work together with clients and deliver an accessible, feasible model of self-management support valued by clients and providers, coupled with Health Quality Ontario's 2018 standards and Lean and colleagues meta-analysis (2019) findings make a case for this type of partnership and routine delivery. Self-management commands attention as an intervention option for high risk clients with limited insight, negative symptoms and medical co-morbidities. Significant pre-post paired measures of self-management, social and occupational functioning, and illness severity need replication in a controlled study.

Sponsors: Dr. Ian & Shirley Rowe Research Award, Research Institute of St. Joseph`s Healthcare Hamilton.

F2 – Violence in the Workplace

Putting the Brakes on Aggressive Behaviours: Empowering Nurses Using the "Traffic Light Process"

Chantal Singh, London Health Sciences Centre Children's Hospital, London, Ontario
Karen Laidlaw, London Health Sciences Centre Children's Hospital, London, Ontario

Due to a documented increase in instances of both verbal and physical aggression, the PCCU Patient safety team was tasked with developing management strategies to address concerns around these incidents. A survey distributed to staff yielded an overwhelming response that staff often feel unsafe and unprepared to deal with these conflicts due to gaps in communication amongst staff and subsequent management. Based on these survey results, the "Traffic Light Process" was developed and launched in Spring 2019, providing a concrete tool to facilitate objective communication within care teams, facilitating patient and family centered care and safe work environments. This presentation/poster will explore this pilot project as well as concurrent education to support staff provide high quality and family centered care.

Part of the Job? Gender as a Determinant of Workplace Violence Against Nurses

Andrea Baumann, University of Toronto, Lawrence S. Bloomberg Faculty of Nursing, Toronto, Ontario
Sioban Nelson, University of Toronto, Lawrence S. Bloomberg Faculty of Nursing, Toronto, Ontario

The problem of workplace violence against nurses is well documented in the academic and policy literatures. However, existing studies tend to conceptualize violence as a problem between individual health care workers and patients, largely failing to examine underlying power structures that may be contributing to nurses' exposure to workplace violence. As a result, interventions tend to focus on individual behaviour or organizational policy-level solutions. My doctoral research examines the broader social relations that precipitate violence in health care settings, including gender relations. As a predominately female workforce, nursing has historically been overshadowed by medicine and nursing work has been devalued, leading to lower status and less autonomy. Gendered assumptions about care work and its value can lead to normalization of violence in health care settings where it becomes accepted as 'part of the job'. In this presentation, I will share the preliminary findings of a scoping literature review that maps the available evidence and provides an overview of what is currently known about impact of gender on workplace violence against nurses. The scoping review will also help identify gaps in the literature in order to guide future research. Given the importance of the nursing workforce in providing health care to the public, nurses' exposure to workplace violence is a significant problem that we cannot afford to misunderstand or ignore. By applying a gender-focused analysis to the problem of workplace violence against nurses, the findings of this scoping review will contribute to a fuller understanding of its root causes, including the extent to which gender is a determinant of risk for workplace violence, and will inform solutions through collective action and changes to public policy.

Implementing a Workplace Violence Reporting System for Nurses in a Healthcare Setting in Pakistan

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Carles Muntaner, Lawrence S. Bloomberg, Faculty of Nursing and Dalla Lana School of Public Health, University of Toronto, Toronto, Ontario
Edith Hillan, Lawrence S. Bloomberg, Faculty of Nursing, University of Toronto, Toronto, Ontario
Alisa J. Velonis, School of Public Health, University of Illinois, Chicago, Illinois
Peter Smith, Institute for Work & Health, Toronto, Ontario

Background: Workplace violence (WPV) is a serious occupational problem in any society. The magnitude of WPV is high in hospitals, due to a stressful environment and the nature of the work. Nurses are prone to WPV as they work closely with patients and their family members. Implementing interventions to reduce WPV have remained challenging for healthcare organizations due to the under reporting of incidents of WPV.

Primary Objective: To establish a WPV reporting system for nurses in a healthcare setting in Karachi, Pakistan. Secondary Objectives: (a) To assess nurses' understanding of, and ability to recognize WPV, as well as their level of awareness surrounding the importance of reporting WPV incidents, (b) To identify both potential barriers and facilitators around the implementation of a WPV reporting system by considering the impact of all stakeholders, (c) To explore the mechanisms for the sustainability of the WPV reporting system for nurses in the healthcare setting in Karachi, Pakistan.

Methodology: This study will follow the implementation science approach. To achieve this purpose, the study will utilize a qualitative exploratory design for the data collection.

This study will be guided by the Active Implementation Frameworks (AIFs), which is recommended by National Implementation Research Network (2005). Implementation stages include in this study are: (a) Exploration, (b) Installation, (c) Initial implementation, (d) Full Implementation. Online In-depth Interviews (IDIs) will be conducted with nurses and nursing supervisors during the exploration phase. The interventions that will be utilized in this study are: (a) The introduction of the Violence Incident Form (VIF), by Arnetz, 1998, and (b) Training (champions, nurses, supervisors). After the initial implementation, IDIS will be conducted with nurses, nursing supervisors and hospital administrators.

Conclusion: Interventions to reduce WPV will only be achieved if hospital management is aware of the severity of the issue and are involved in creating a violence-free environment for healthcare providers. Overall, a safe work environment encourages nurses to remain in the nursing profession and provide quality care to patients, which will lead to a positive impact on health within society.

F3 – Understanding Health: A Global Perspective

Nurses and Midwives' Experience of Providing Fertility Awareness-based Methods including Natural Family Planning Methods in Rwanda

Pauline Uwajeneza, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Marilyn Evans, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Pamela Meharry, Human Resources for Health: School of Nursing and Midwifery, University of Rwanda, Kigali, Rwanda; and University of Illinois, Chicago, USA
Donatilla Mukamana, University of Rwanda, School of Nursing and Midwifery, Rwanda
Yolanda Babenko-Mould, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Agnes Mukabaramba Kanimba, School of Health Sciences, University of Rwanda
Patrici Munezero, Ruli Higher Institute of Health, North Province, Rwanda

Purpose: Access to effective family planning (FP) services is an important reproductive health intervention to reduce maternal and neonatal deaths and prevent unwanted pregnancies. The purpose of this study was to gain an in-depth understanding of nurses and midwives' experiences of offering FP services and teaching fertility awareness- based methods (FABM) including natural family planning (NFP) to clients in Rwanda.

Methodology: A descriptive qualitative design was used with a purposeful sample of 10 nurses and midwives, who provided FP services at the health centers of Kicukiro district in Kigali, Rwanda. Face-to-face individual interviews were conducted using a semi-structured interview guide. All interviews were conducted in Kinyarwanda and lasted approximately 45 to 90 minutes. The interviews were audiotaped, transcribed verbatim into Kinyarwanda and then translated to English. Inductive content analysis was used for data analysis. The coding process included open coding and the development of a coding guide that served to generate categories and final themes. To assure the trustworthiness of this study, the criteria of credibility, dependability, transferability, and conformability were used.

Results: Three themes were identified: 1) FABM/NFP Facilitators and Barriers, 2) Advantages of FABM/NFP Methods, and 3) Nurses' and Midwives' Attitude and Teaching of FABM/NFP Methods. Our findings indicate that FP services are provided by faith-based health centers and public health centers, with the former only offering NFP. FABM/NFP preservice education and training are superficial, resulting in health care providers' inadequate knowledge and skills in teaching FP, particularly on FABM/NFP methods. The time required to effectively teach FABM/NFP method to clients, health care providers' limited knowledge of and negative attitude towards FABM/NFP, lack of both partners buy-in, and limited public awareness about FABM/NFP were revealed as key barriers to FABM/NFP service delivery.

Conclusion: Our results suggest that superficial training about FABM/NFP in pre-service nursing/midwifery education, and the lack of in-service FABM/NFP training contribute to nurses/midwives limited knowledge of and attitudes towards FABM/NFP methods. Nursing/midwifery schools need to improve the way they teach FABM/NFP, and health centers need to provide ongoing FABM/NFP training in-service education.

The Correlation between the Quality of Life and Self-Efficacy of Parents who have Children with Cancer in Turkey

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Rana Yigit, School of Health, Mersin University, Mersin, Turkey

Cancer diagnosis for a child is one of the major life-changing experiences which is difficult and painful for the entire family. The negative effects of cancer on the child and the family lead to discuss the quality of life of the cancer child and the family. Parents' perception of self-efficacy in providing care and comfort for the child is valuable for nurses and other healthcare professionals involving in the treatment and care.

The study was conducted to search the relationship between quality of life (QOL) and general self-efficacy (GSE) of parents who have children diagnosed with cancer. It was run in Mersin University Research and Training Hospital Pediatric Oncology, Pediatric Hematology Polyclinics and Clinics between October 20, 2017and August 02, 2019, and the sample included 85 parents whose children were diagnosed with cancer in at least three months ago. The data was collected by using “Parental Demographic Information Form’’, “Quality of Life Scale – Family Version’’ and ’General Self-Efficacy Scale”. Descriptive statistics such as mean, percentage, frequency, independent sample t-test, one-way analysis of variance, and Pearson correlation coefficient were used to analyze data. In terms of statistical significance, the results were evaluated at the 95% confidence interval at the level of $p < 0.05$. The average QOL score of the parents was 108.30 ± 34.92 (min = 0, max = 310) and the average score of GSE score was 30.74 ± 4.96 (min = 10, max = 40).

It was revealed that there was a positive and statistically significant relationship between quality of life and general self-efficacy. In conclusion; the quality of life of parents who have a child with cancer will increase when they provide mental well-being services and psychosocial support. Providing educational programs or group therapies to increase self-efficacy can be helpful for this population. It may improve their quality of life when they receive substantial support from a non-profit organization for caregivers (i.e., caring for healthy siblings, house works). Moreover, creating an environment to express themselves plays an important role in increasing self-efficacy.

A Feminist Narrative Inquiry into Being a Child Bride in Nigeria

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

Background: Child Early Forced Marriage (CEFM) is globally recognized as a pressing health issue that is associated with high maternal child morbidity and mortality rates as well as trauma. In Northern rural Nigeria, female children are betrothed at an early age and have been known to start giving birth as early as 9 years. These young girls have little access to health care, and the majority experience various birth complications. Studies have reported that the utilization of health services among women is higher in urban compared to rural areas. However, little is known about child brides' experiences of accessing reproductive health services and managing their health in an urban setting.

Purpose: To conduct a retrospective exploration of women's experience with managing their health and decision making as child brides living in urban areas of southern Nigeria.

Design/Methodology: The study used a narrative inquiry approach framed within a feminist intersectionality lens to further analyze structural, social, cultural and political realities that co-construct the child brides storied experiences of managing their health and use of health services. A purposeful sample of 15 northern Nigerian women who were child brides and now reside in urban setting participated in audio-recorded semi structured interviews. Data analysis was guided by the three-dimensional space (place, sociality, temporality) approach described by Cladinin and Connelly (2000).

Result: Preliminary findings reveal six storied patterns of socio-cultural factors sustaining CEFM as a social norm and gender inequality in an urban setting. (1) Age at marriage (2) traditional beliefs (3) essence of generational ethos as barrier (4) Faith (5) Low education (6) Social gender roles.

Conclusion: The narratives gave opportunity to broaden and make connections about how the women expressed preference of home birth and traditional care despite urbanization, modernization and proximity to health facilities. The study contributes to public policies to focus intervention on culturally sensitive programmatic development that would increase the use of health care services within this ethnic group.

F4 – Digital Health: Information & Data Science

A Scoping Review: Understanding Health Information Exchange Processes within Canadian Long-Term Care

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Rianne Treesh, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Richard Garnett Booth, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Josephine McMurray, Lazaridis School of Business & Economics, Health Studies, Wilfrid Laurier University, Brantford, Ontario

The care complexity to support the health of LTC residents naturally generates substantial amounts of health information, including the need for this information to be documented, shared, and acted upon by the various care providers within the circle of care. The purpose of this scoping review is to describe the current health information exchange (HIE) processes used to provide healthcare within Canadian LTC facilities so that research priorities to improve HIE are identified, especially around the increasing adoption of health information technologies. This scoping review analyzed 41 articles based on Arksey and O'Malley's (2005) scoping review methodology. Communication and collaboration are essential to LTC providers in the provision of safe and quality care; therefore, information exchange, or lack of, can mean the difference between safe and unsafe healthcare in LTC. Formal and informal health information exchanging processes are used by both regulated and unregulated care providers to observe, collect, exchange, document, coordinate, and pursue action on health information to fulfill their role. The reviewed literature reveals gaps between the expectations of HIE required for quality healthcare and the realities of HIE processes that influence the provision of care in LTC. Improvement in provider engagement and efficiency of HIE processes is strongly supported by the reviewed body of literature to have positive implications for the safety and quality of healthcare within LTC.

E-health Decision Support Technologies in the Prevention and Management of Pressure Ulcers: A Systematic Review

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

Background: Pressure ulcers are problematic across clinical settings, negatively impacting patient outcomes while resulting in substantial costs to the healthcare system. E-health clinical decision support technologies can play a key role in improving pressure ulcer-related outcomes.

Purpose: The aim of this systematic review was to assess the impact of e-health decision support interventions on pressure ulcer management and prevention.

Methods: This review utilized the systematic review protocol outlined by the Joanna Briggs Institute Manual for Evidence Synthesis. The research question guiding this inquiry was: What is the impact of e-health decision support technologies on the prevention and management of pressure ulcers? This systematic review located 19 studies from January 2010 to October 2020 and identified a range of e-health clinical decision support technologies.

Results: Most interventions were integrated in electronic health records and were implemented primarily in long-term care and hospital settings. E-health clinical decision support interventions performed a variety of functions, including: generating tailored recommendations for care planning, creating automated pressure ulcer reports, and providing cues to promote adherence to practice standards. Image-processing software to generate measurement and staging recommendations was also identified as an emerging area of research. The findings of this review revealed promising results regarding the usability and accuracy of e-health clinical decision support tools. Results of the review also indicated improved adherence to pressure ulcer prevention practices and clinician staging accuracy. However, the studies included in this review did not consistently show reductions in pressure ulcer prevalence, incidence, or risk.

Implications: More high-quality studies are needed to establish the types of e-health clinical decision support tools that can drive sustainable improvements to pressure ulcer-related patient outcomes. These may include randomized controlled trials, large-scale studies spanning multiple institutions, or targeted studies exploring the applications of e-health decision support tools for specific patient populations. Qualitative studies may clarify how clinicians perceive and apply clinical decision support tools in their practice. Such research would be well-placed to identify some of the implementation issues encountered by studies in this review. These issues may diminish the expected positive patient safety outcomes of e-health clinical decision support systems.

“You have to be careful”: Examining Children’s Perspectives Related to Digital Device and Social Media Use through a Digital Health Lens

Danica Facca, Faculty of Information and Media Studies, Western University, London, Ontario
Lorie Donelle, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Shauna Burke, School of Health Studies, Western University, London, Ontario
Bradley Hiebert, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Emma Bender, School of Kinesiology, Western University, London, Ontario
Stephen Ling, Faculty of Science, Western University, London, Ontario

Children are becoming regular users of digital devices and, by extension, social media. This pilot study used a cross sectional survey design to explore how 42 young children (aged six to ten years) in Ontario, Canada perceived their access to, use of, and privacy associated with digital device and social media at home and school. From a digital health perspective, it is important for parents, educators, and researchers to understand children’s digital practices in order to best support their learning, growth, and wellbeing within the digital age.

Conference Program
Day 4: Monday, May 31, 2021

12:00-1:00	**Concurrent Session G: Oral Paper Presentations & Symposium III**	
	G1 – Substance & Cannabis Use (Moderator: Amanda McIntyre)	
	12:00-12:15	**Learning from a Study of Substance Use on an Inpatient Youth Mental Health Unit: A Discussion on Measurement-Based Care** Jillian Halladay, Catharine Munn, Laurie Horricks, James MacKillop, Michael Amlung, Katholiki Georgiades
	12:20-12:35	**Cannabis for Chronic Pain: A Rapid Systematic Review of Randomized Control Trials** Riana Longo, Abe Oudshoorn, Deanna Befus
	G2 – Interprofessional Practice (Moderator: Edmund Walsh)	
	12:00-12:15	**Evaluating Interprofessional Models of Care for Sustainable Healthcare Service Delivery** Alexis Smith, Amanda Thibeault, Carmen Marsh Lansard
	12:20-12:35	**Patient Roles on Primary Care Interprofessional Teams: A Framework** Kateryna Metersky, Carole Orchard, Christina Hurlock-Chorostecki
	12:40-12:55	**Why are Patient Teaching Strategies Not Working Effectively? What Needs to Change? A New Proposed Approach** Carole Orchard
	G3 – Promoting Health Equity: Partnerships & Collaboration (Moderator: Marilyn Ford-Gilboe)	
	12:00-12:15	**The Nature of Place and Disadvantage in Home-Visiting: A Critical Exploration of the Impact of Geography on the Nurse-Family Partnership Program** Karen Campbell
	12:20-12:35	**Realist Evaluation of the Locally Driven Collaborative Project Funded Health Equity Indicators** Shamiram Zendo, Anita Kothari, Marlene Janzen Le Ber
	12:40-12:55	**Evaluating the Incorporation of Community Tenants as Key Stakeholders in a Deliberative Dialogue** Tiffany Scurr, Anita Kothari, Rebecca Ganann, Nancy Murray, Gina Agarwal, Amanda Terry, Ruta Valaitis
	G4 – Symposium III	
	12:00-1:00	**Smart Technologies to Support Mental Health** Cheryl Forchuk & Jonathan Serrato, on behalf of the research team

1:00-1:15	**BREAK**	
1:15-2:15	**Concurrent Session H: Oral Paper Presentations & Symposium IV**	
	H1 – Digital Health: Interventions & Innovations (Moderator: Ryan Chan)	
	1:15-1:30	**Caring Near and Far - A Pragmatic Randomized Control Trial (PRCT) of a Remote Monitoring Home Care Innovation: Family Member/Friend Caregiver and Patient Participant Profiles at Baseline** Lorie Donelle, Sandra Regan, Bradley Hiebert, Merrick Zwarenstein, Michael Kerr, Grace Warner, Michael Bauer, Lori Weeks, Aleksandra Zecevic, Emily Read, Richard Booth, Beverly Leipert, Dorothy Forbes
	1:35-1:50	**"VID-KIDS" Video-Feedback Interaction Guidance for Improving Interactions between Depressed Mothers and Their Infants: A Randomized Control Trial (RCT)** Panagiota "Penny" Tryphonopoulos, Nicole Letourneau
	1:55-2:10	**A Digital Innovation to Screen for Early Cardiac Symptoms with the Prodromal Symptoms Screening Scale (PS-SS)** Sheila O'Keefe-McCarthy, Lisa Keeping-Burke, Karyn Taplay, Ian Chalmers, Lauren Levy
	H2 – Accessing Health & Social Services (Moderator: Karen Campbell)	
	1:15-1:30	**Should I Stay or Should I Go? Influential Factors on Non-Emergent, Emergency Department Use** Amanda Houston, Lisa Shepherd, Mickey Kerr, Richard Booth
	1:35-1:50	**The Experiences of Caregivers of Community-Dwelling Stroke Survivors in Accessing and Using Formal Health and Social Services** Anna Garnett, Jenny Ploeg, Maureen Markle-Reid, Pat Strachan
	1:55-2:10	**Experiences of Arabs in Seeking Health Services: A Scoping Review** Selma Tobah, Lorie Donelle, Sandra Regan, Lloy Wylie
	H3 – Transforming Education & Practice: Culture & Shadeism (Moderator: Victoria Smye)	
	1:15-1:30	**Whose Culture is it Anyway? Disrupting Nursing Education Through Cultural Safety** Kathryn Edmunds
	1:35-1:50	**Towards Understanding of Culturally Sensitive Care for Transgender Blood Donors: A Scoping Review of Health Care Provider Knowledge** Terrie Butler-Foster, I. Chin-Yee, M. Huang, K. Jackson
	1:55-2:10	**Sexual Health and Diasporic Experiences of Shadeism** Gayathri Naganathan, Vasuki Shanmuganathan, Sinthu Srikanthan, Abhirami Balanchandran

	H4 – Symposium IV	
	1:15-2:15	**So you want to use Instruments in your Study? Tips from Experience About Selection, Use of, Either Established or your own Self-Developed Mea**sures Carole Orchard, Dianne Allen, Sibylle Ugirase
2:15-2:30	**BREAK**	
2:30-3:45	**Closing Plenary Address** ***Leading in a Post-Pandemic World: Nursing at a Crossroad*** Lynn M. Nagle, PhD, RN, FAAN Director, Digital Health and Virtual Learning, University of New Brunswick Adjunct Professor, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto and Arthur Labatt Family School of Nursing, Western University *Introduction of speaker*: Lorie Donelle Arthur Labatt Family Chair in Nursing & Associate Professor Arthur Labatt Family School of Nursing, Western University	
3:45-4:00	**Conference Closing Remarks** Victoria Smye, Director, Associate Professor, & Conference Co-Chair, Arthur Labatt Family School of Nursing, Western University	

ABSTRACTS

Concurrent Session G: Oral Paper Presentations & Symposium III

G1 – Substance & Cannabis Use

Learning from a Study of Substance Use on an Inpatient Youth Mental Health Unit: A Discussion on Measurement-Based Care

Jillian Halladay, Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Ontario
Catharine Munn, McMaster University Department of Psychiatry, Hamilton, Ontario
Laurie Horricks, McMaster Children's Hospital, Hamilton, Ontario
James MacKillop, McMaster University Department of Psychiatry, Hamilton, Ontario
Michael Amlung, McMaster University Department of Psychiatry, Hamilton, Ontario
Katholiki Georgiades, McMaster University Department of Psychiatry, Hamilton, Ontario

The CAMP (Cannabis, Alcohol, Mental health, and Patterns of service use) study was a study on an inpatient youth mental health unit in a tertiary care hospital, which assessed cannabis, alcohol and other substance use among youth, and their influence on severity, impairment and complexity of clinical presentation on admission to the hospital for mental health concerns. The study consisted of four parts including: (1) a self-reported electronic clinical assessment of youth substance use and mental health completed during psychiatric hospitalization; (2) a 6-month follow-up assessment; (3) retrospective (3 years) and prospective (6 months) chart reviews; and (4) frontline Nurse and Child and Youth Workers surveys related to perceptions around assessing and addressing substance use on the unit, including importance, facilitators, barriers. The youth sample included 100 youth (average age 15.4, 78% response rate), who were admitted to a youth inpatient psychiatric unit between September and November 2019. The staff sample included 37 (response rate 86%) frontline staff. Overall, the CAMP study provides preliminary evidence of the feasibility and importance of standardized substance use and mental health assessments during youth psychiatric hospitalizations and identifies considerations for transitioning standardized assessments from being research led to staff led. This presentation will discuss the importance of and next steps for combining research and clinical practice in this clinical area to enable us to bridge current policy and clinical gaps while efficiently addressing and mitigating critical research gaps.

Cannabis for Chronic Pain: A Rapid Systematic Review of Randomized Control Trials

Riana Longo, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Abe Oudshoorn, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Deanna Befus, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Background: The high prevalence of inadequately managed chronic pain indicates the need for alternative and multimodal treatment options. Use of cannabinoids in medicine is becoming a growing area of interest, specifically in the context of chronic pain. The efficacy of cannabinoids for the treatment of chronic pain is not well established.

Aims: The objectives of this rapid systematic literature review are to summarize the efficacy and secondary effects of cannabinoids for chronic pain management.

Design: Rapid systematic review of randomized control trials.

Participants: Individuals with chronic pain (n = 1352).

Methods: Embase, Cochrane, PubMed, and CINAHL databases were searched. Inclusion criteria included cannabis of any formulation used to treat chronic pain of any origin.

Results: Thirteen randomized controlled trials met the inclusion criteria. Five demonstrated moderate analgesic effects of cannabis for chronic pain, and eight concluded there were no significant impacts on pain in the cannabis-treated group versus the control group.

Conclusions: Evidence on the efficacy of cannabinoids for chronic pain shows patient-perceived benefit but inconsistent other treatment effects. These findings indicate cannabinoids may have a modest analgesic effect for chronic neuropathic pain conditions, and that the use of cannabinoids is relatively safe, with few severe adverse events. This review concludes that cannabinoids may have a potential role in chronic pain management. Inconsistent evidence on the efficacy of cannabis to treat chronic pain indicates the need for more studies on a larger scale. Clinicians should draw on available evidence and consider cannabinoids as a potential approach to chronic pain management.

G2 – Interprofessional Practice

Evaluating Interprofessional Models of Care for Sustainable Healthcare Service Delivery

Alexis Smith, St. Joseph's Healthcare London; Western University, London, Ontario
Amanda Thibeault, St. Joseph's Healthcare London; Western University, London, Ontario
Carmen Marsh Lansard, St. Joseph's Healthcare London, Ontario

Purpose
St. Joseph’s Healthcare London has endeavored to develop a process by which interprofessional models of care are reviewed across clinical areas on an ongoing basis. This novel review process includes an evaluation of both nursing and allied health models of care, with the goal of identifying models delivery that provide high quality patient care services, while being efficient and sustainable in the current and future healthcare landscape.

Methods
This review is the first known pilot of an established review process that incorporates nursing, alongside allied health, and is collaborative with a finance department. Evaluation of allied health models of care were identified as a gap in the literature such that clear processes and toolkits had not been established or trialed in the clinical setting. Developing this process and the review tools to be used to collect data has engaged a number of stakeholders from the organization, including direct care providers, patients/caregivers, and physicians, and employed modified Delphi techniques for instrument development.

Results
The model of clinical practice review process that has been developed is multi-faceted and includes; an opportunity to explore current state of service delivery, evaluation of financial outcomes, and engagement of peer organizations in benchmarking. This review allows organizational leadership to work collaboratively alongside professional practice, finance, and other clinical areas to develop a model of care delivery that meet patient care needs, optimize scopes of practice, are fiscally responsible, and employ evidence informed decision making.

Conclusions
This model of clinical practice review process has been piloted in two clinical settings, one in mental health care, and the other in a rehabilitation care setting. This presentation will describe the learnings from the pilot process, and will share our progress to date. These tools and processes may be relevant to other healthcare organizations to implement this methodology to review models of care through an interprofessional lens.

Patient Roles on Primary Care Interprofessional Teams: A Framework

Kateryna Metersky, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Carole Orchard, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Christina Hurlock-Chorostecki, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Since the early 2000's, across Canada, a real emphasis was being placed on creation of interprofessional teams in all healthcare settings. These teams, comprised of at least two or more different healthcare providers, often did not and do not include patients as part of team membership. The basis of these teams, however, is the enhancement of patient-centered care delivery and patient healthcare experience. A transformation of these teams is needed if the goals of interprofessional care are to be realized. Currently, there is a paucity of research available on how patients can become members of such teams in terms of what roles they can enact within them. The purpose of this study was to develop a framework, using Charmaz's constructivist grounded theory approach, providing a theoretical explanation into patient roles in primary care interprofessional teams. A total of 10 patients and 10 healthcare providers were recruited from two family health teams in Ontario, Canada to undergo a two-step data collection process: an individual interview and a follow-up focus group. Data were analyzed as being collected. The data underwent a triangulation process to see what was similar, different or missing between the patients and healthcare providers' perceptions of patient roles in teams. This resulted in three patient roles being identified: (1) expert of own health; (2) (co) decision- maker; (3) self- manager. Along with these, the processes, comprised of five parts, and the conditions, comprised of four parts, required for patients to take on such roles in teams will be presented. This study can provide an understanding of what is needed by patients and healthcare providers to transform current practice towards patient inclusion on interprofessional teams in primary care.

Why are Patient Teaching Strategies Not Working Effectively? What Needs to Change? A New Proposed Approach

Carole Orchard, Arthur Labatt Family School of Nursing, Western University, London, Ontario

The current focus on patient teaching for quite some time has been assessing the patient's readiness to learn. However this approach was premised on patients changes in practices to regain their health. Today patients are transitioning across health sectors with shortened times for nurses to integrate patient teaching into their care. Many of these patients are then receiving home care funded by the Ontario Ministry of Health. However, in this funding home care nurses are provided with a one-hour assessment visit that includes teaching patients and or their informal caregivers to carry out the procedures and treatments following a short demonstration by the nurses uses a readiness to learn approach. In this presentation a new approach to patient teaching that used a patient/informal caregiver partnering model will be presented. This model integrates Meleis' Transition Theory and its situational and developmental transitioning, properties, conditions, patterns, and outcomes shaped by collaborative patient/informal caregiver centred care, Kline's Naturalistic Decision-making model (2006), Jarvis' Theory of Learning to Be in Society (, D'Zurilla's Social Decision-making (D'Zurilla, Nezu, & Maydeu-Olivares, (2004) within development of home care nurse's relationship building with patients and their informal caregivers.

G3 – Promoting Health Equity: Partnerships & Collaboration

The Nature of Place and Disadvantage in Home-Visiting: A Critical Exploration of the Impact of Geography on the Nurse-Family Partnership Program

Karen Campbell, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Background: Nurse-Family Partnership (NFP) is a health equity intervention for pregnant and parenting young women and girls experiencing economic and social disadvantage. Public health nurses (PHNs) visit first-time mothers, providing care and support to improve health outcomes. The purpose of this study was to examine how home visiting is influenced by geographical environments.

Methods: Using interpretive description methodology, we explored how PHNs delivered NFP across different geographical contexts. Over 2 years, 10 focus groups were conducted with NFP PHNs. An intersectionality lens was applied to critically explore the influence of geography on NFP delivery.

Results: Health and place are intrinsically linked. Participants indicated that clients' place intersected with circumstances that interfered with their wellbeing. Rural disadvantage is easily discernable, however, geography across all contexts compounded disadvantage for mothers in the NFP program. Clients in rural settings had limited available and accessible health services, whereas urban-dwelling mothers were overburdened by services. The ability to access space in rural communities restricted home-visiting but was a supportive factor in urban areas despite the frequency of homelessness. Travel time was a significant issue for nurses across all contexts and PHNs were more likely to cancel visits to clients living in hard to access areas, particularly when clients did not confirm appointments.

Conclusions: All types of geography has a significant impact on NFP program delivery for clients who were living with multiple forms of marginalization intersects to reinforce disadvantage. Over/under-servicing may lead to negative program outcomes and should be urgently addressed as to utilize resources appropriately.

Realist Evaluation of the Locally Driven Collaborative Project Funded Health Equity Indicators

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Anita Kothari, School of Health Studies, Western University, London, Ontario
Marlene Janzen Le Ber, Leadership Studies, Brescia College, London, Ontario

Background:
The Locally Driven Collaborative Project (LDCP)-funded health equity indicators are an evidence-based tool designed to be used as an internal assessment tool that guides Local Public Health Agencies (LPHA) in Ontario, Canada, in the delivery of equitable programs and services. In this realist evaluation, which was part of a doctoral thesis project, the aim was to explore if and how these indicators were implemented.

Methods:
A realist evaluation, of the LDCP-funded health equity indicators was conducted to answer the following questions: For which LPHAs do the indicators work? Why do the indicators work, and under what specific context(s)? And, what mechanism(s) facilitate the intended outcome(s) of the indicators? Data collected to inform the realist evaluation cycle was done in three phases. Phase 1included the following sources: a. Rapid realist review of existing literature, b. Secondary data analysis of data collected through a pilot case study of the indicators; phase 2 included the following sources: c. Two rounds of semi-structured interviews with 22 public health practitioners from 17 LPHAs across Ontario; and phase 3 included the presentation of the theories at The Ontario Public Health Convention (TOPHC 2019) in a 90 minute panel presentation to an audience of approximately 100 public health practitioners, who were given an the opportunity to provide their feedback on the theories presented.

Results:
Creating an organizational context where health equity work is supports requires continuous support from organizational leadership, and allocation of monetary resources and staff time to address health inequities experienced by the local population. It is also critical to develop and maintain working partnerships with other organizations and priority populations. The implementation of the indicators is also dependent on the organization's capacity to integrate health equity as a foundational organizational value.

Conclusion:
The use of realist evaluation adds valuable insight and knowledge about the use of the indicators, and provides evidence generated at a local level which can be used to inform and design policy interventions. This realist evaluation contributes to the emerging and vibrant dialogue around the operationalization of 'equity' as a core value in health, but more specifically in public health.

Evaluating the Incorporation of Community Tenants as Key Stakeholders in a Deliberative Dialogue

Tiffany Scurr, Faculty of Information and Media Studies, Western University, London, Ontario
Anita Kothari, School of Health Studies, Western University, London, Ontario
Rebecca Ganann, School of Nursing, McMaster University, Hamilton, Ontario
Nancy Murray, School of Nursing, McMaster University, Hamilton, Ontario
Gina Agarwal, Department of Family Medicine, McMaster University, Hamilton, Ontario
Amanda Terry, Centre for Studies in Family Medicine and Department of Family Medicine, Epidemiology, and Biostatistics, Western University, London, Ontario
Ruta Valaitis, School of Nursing, McMaster University, Hamilton, Ontario

Background: Deliberative dialogues (DDs) are a collaborative tool used in policy making and healthcare research to enhance knowledge exchange and research implementation strategies. They allow organized dissemination and integration of relevant research, contextual consideration, and input from a variety of stakeholder perspectives on the issue. Despite recent interest in involving consumer, patient, and the public's perspectives in the healthcare research process, DDs typically involve only professional stakeholders and the literature has yet to appropriately explore DDs that include affected community members. This study evaluated a DD that took place in May 2019 involving affected community members in both the planning of and participation in the DD. As part of a larger two-step project to improve neighbourhood health, this community-led DD was developed to improve the social environment and decrease social isolation in a subsidized apartment complex in South Western Ontario. During the DD tenants, public health (PH), primary care (PC), and service providers collaborated to produce actionable solutions to four specific issues: 1) communication between service providers and tenants; 2) engaging tenants in decision-making; 3) social inclusion; and 4) mental health and addiction.

Objective: To determine how the inclusion of community tenants as stakeholders impacts the planning, execution, and feasibility of a deliberative dialogue.

Methods: Collaboration on the development of the DD was assessed using the agendas, meeting minutes, field notes, and researchers' observations collected throughout the planning process leading up to the DD. All stakeholders' contributions to and satisfaction with the DD was assessed using transcripts from the DD, participant observation, and key participant survey and focus group responses.

Results: All stakeholder groups rated the overall DD experience positively and valued the large number of tenants involved. Suggestions to improve the experience for community members were identified through participant feedback and researcher observations. Significant influence of the community tenants on the planning process and decisions about key features of the DD were identified.

Implications: The findings of this study demonstrate the viability of and provide recommendations for DDs involving community members. Participants' ratings of key features can be compared to previous, similarly-assessed DDs to contribute to the overall literature.

G4 – Symposium III

Smart Technologies to Support Mental Health
Cheryl Forchuk & Jonathan Serrato, on behalf of the research team

TELEPROM-Y: Improving Access and Experience of Mental Healthcare for Youth through Virtual Models of Care

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Jeffrey Reiss, Department of Psychiatry, London Health Sciences Center, London, Ontario
Sandra Fisman, Department of Psychiatry, St. Josephs' Healthcare, London, Ontario
Kerry Collins, Department of Psychiatry, London Health Sciences Center, London, Ontario
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Abraham Rudnick, Department of Psychiatry and School of Occupational Therapy, Dalhousie University
Wanrudee Isaranuwatchai, St. Michael's Hospital and Centre for Excellence in Economic Analysis Research, University of Toronto, Toronto, Ontario
Xianbin Wang, Faculty of Engineering, Western University, London, Ontario
Jeffrey Hoch, Department of Economics, University California Davis
Daniel Lizotte, Computer Science & Epidemiology & Biostatistics, Western University, London, Ontario
Richard Booth, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Background: About 1 in 5 youth have a mental illness, with 75 percent of all mental illnesses having their onset in childhood or adolescence (Kim-Cohen et al., 2003). In Ontario, 157,900 youth rated their mental health as fair or poor, a significant increase from 2007 (Boak et al., 2014). Not only do mental health concerns cause difficulties at onset, they can also disrupt important life transitions and developmental milestones, as well as being burdensome throughout the individual's lifespan (Ratnasingham et al., 2012). Consequently, new care approaches are needed. TELEPROM-Y project will evaluate outpatient health care delivery using an electronic Collaborative Health Record (CHR) at three local hospitals and two local community agencies.

Methods: 120 youth (ages 14-25) will be recruited from the caseloads of 46 staff/care providers. Participants will use a smartphone application (app) to connect to the CHR. Semi-structured interviews will be conducted at baseline, 6, and 12 months. This is a participatory action research project utilizing a pre-post, mixed methods design. A standardized evaluation framework will be instituted to facilitate systematic effectiveness, economic, ethics, and policy analyses. The primary outcome measure for effectiveness will be the Community Integration Questionnaire – Revised. Some of the functions of the app include: making/cancelling appointments; text messaging; emailing; and filling out questionnaires. If the youth are unable to attend a scheduled appointment in person, the care-provider and youth can have a virtual visit. Virtual visits should reduce missed appointments.

Results: Focus group feedback found that the youth appreciated having the data plan and app and used it for a variety of purposes including managing potential employment, and securing housing as well as their mental health. Concerns centered on the login process which they wanted simplified. We anticipate that the participant and care-provider experience will be enhanced, leading to: 1) improved healthcare outcomes and patient quality of life; and 2) reduced healthcare costs by preventing hospitalization and reducing the need for outpatient visits. Each of these aspects will help ensure that our program results speak to as many participants, agency staff, health care professionals, and policy- and decision-makers as possible.

Smart Technology for Individuals with Severe Mental Illness in a Variety of Community Homes

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Abraham Rudnick, Dalhousie University, Halifax, NS, Canada.
Deborah Corring, Western University, London, ON, Canada.
Dean Astolfi, Canadian Mental Health Association, London, ON, Canada.
Norman Turner, London-Middlesex Community Housing, London, ON, Canada.
Dan Lizotte, Western University, London, ON, Canada.
Jeffrey Hoch, University California Davis, California, United States of America.
Rupinder Mann, Lawson Health Research Institute, London, ON, Canada.
Barbara Frampton, CONNECT For Mental Health, London, ON, Canada.
Wanrudee Isaranuwatchai, University of Toronto, St. Michael's Hospital, Toronto, ON, Canada.
Jeffrey Reiss, Lawson Health Research Institute & Western University

Introduction: Many people experiencing severe mental illness remain in hospital or are readmitted because appropriate home care in the community is not readily available. However, the implementation of smart technology into community residences is a potential solution in supporting individuals with mental illness and comorbidities.

Objective: The objective of this study is to evaluate the use of smart technologies for individuals with severe mental illness residing in the community.

Methods: The study is currently recruiting 13 participants in community homes (aged 18-85). Participants are offered screen devices such as smartphones and touch-screen monitors. These enabled video-conferencing, prompts/reminders, and transmission of formal and informal questionnaires to their care-providers through the Collaborative Health Record software. Wireless health-monitoring devices such as weigh-scales, smartwatches and automated medication dispensers are provided as needed. The data from these are exported to the Lawson Integrated DataBase for care providers to track participant health. Participants will complete interviews at baseline as well as 6-month and 12-month follow-ups. Focus groups with participants and care providers will be conducted at 6-months and 12-months. The primary outcome measure is community integration. Focus groups will be analysed through an ethnographic qualitative approach.

Results: Participants and care providers have been positive towards the technology so far. It is anticipated that participants will demonstrate greater levels of community integration, housing stability and self-care for mental health and chronic illnesses.

Discussion: This technological innovation could reduce care provider burnout by reducing the number of psychiatric emergency room visits, travel times, and undesirable police and ambulance service interactions. It is envisaged that the implications of this study may lead to a revision of the Assistive Devices Program in Ontario.

Concurrent Session H: Oral Paper Presentations & Symposium IV/Workshop

H1 – Digital Health: Interventions & Innovations

Caring Near and Far - A Pragmatic Randomized Control Trial (PRCT) of a Remote Monitoring Home Care Innovation: Family Member/Friend Caregiver and Patient Participant Profiles at Baseline

Lorie Donelle [1], Sandra Regan[1], Bradley Hiebert[1], Merrick Zwarenstein[1], Michael Kerr[1], Grace Warner[2], Michael Bauer[1], Lori Weeks[2], Aleksandra Zecevic[1], Emily Read[3], Richard Booth[1], Beverly Leipert[1], Dorothy Forbes[4],

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[2]Dalhousie University, Halifax, Nova Scotia
[3]University of New Brunswick, Fredericton, New Brunswick
[4]University of Alberta, Edmonton, Alberta

This presentation will provide an overview of a multi-province study examining the use of home-based remote monitoring (RM) technologies intended to support the care of older adults in their home. A RM model of homecare has been implemented in Nova Scotia and Ontario; a composition of passive RM devices (e.g. motion sensors, cameras) are individually tailored to older adult homecare recipients with the goal of linking older adults, family/friend caregivers, and healthcare providers to support older adults' aging in place; to remain safely in their home and avoid or delay higher levels of care. Preliminary (baseline) results will be presented from homecare patients and their family member/friend caregivers related to 1) patient functional status and quality of life, and 2) family/friend caregiver stress and functional health status.

Method: A pragmatic randomized control trial (PRCT) with four participant groups: 1) older adults receiving current standard of home care; 2) older adults receiving current standard of homecare and RM; 3) family member/friend caregivers of older adults receiving current standard of homecare; and 4) family member/friend caregivers of older adults receiving current standard of homecare and RM. Independent t-test and chi-square analyses were conducted on baseline data to determine the similarity of participants in the two patient conditions, and in the two caregiver conditions.

Results: Analyses revealed no statistically significant differences between older adult groups, and minimal statistically significant differences between caregiver groups. There were no significant differences between groups for caregivers' mean scores on the Zarit Caregiver Burden Scale, Positive Aspects of Caring Scale, Stanford Presenteeism Scale, Todtman Financial Impact Scale, or HARP Activities of Daily Living Scale to assess patient risk of hospitalization. Caregivers' assessment of patient risk of hospitalization was significantly greater ($p < .001$) than patients' self-assessment of risk of hospitalization based on the HARP Scale.

Conclusion: At baseline, caregiver participants experience similar levels of caregiver burden, and patient participants experience similar quality of life levels. How the difference in patient and caregiver assessments of risk of hospitalization may be associated with measures of caregiver burden warrants further attention as the study progresses.

“VID-KIDS” Video-Feedback Interaction Guidance for Improving Interactions between Depressed Mothers and Their Infants: A Randomized Control Trial (RCT)

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Nicole Letourneau**,** Faculty of Nursing, University of Calgary, Calgary, Alberta

Background: Postpartum depression (PPD) is 'toxic' to infant development since depressive symptoms impair maternal-infant interaction quality by diminishing mothers' sensitivity and responsiveness toward infant cues. Infants perceive these behaviours as stressful, triggering cortisol release, which, at persistently elevated levels, constrains a critical period of brain development. Interventions focusing exclusively on maternal PPD often improve depressive symptoms but have not consistently improved interaction quality nor children's developmental outcomes. Given the urgent need for interventions that ameliorate the harmful impact of PPD on the developing child, we designed VID-KIDS, a strengths-based parent-training program comprised of 3 nurse-guided video feedback sessions. VID-KIDS maximizes benefits to infants of depressed mothers by targeting maternal sensitivity and responsiveness and promoting "serve and return" interactions (e.g. baby smiles, mom smiles back), which are foundational to healthy brain development. VID-KIDS Phase 1 (n = 12) piloting demonstrated positive, large effects on maternal-infant interaction quality (d =1.43) and infant cortisol patterns (d=.5), suggesting that nurse-guided video-feedback may effectively promote infant development.

Approach: For Phase 2, we are presently conducting a parallel-group RCT evaluating whether the VID-KIDS program can improve: 1) maternal-infant interaction quality, and 2) infant cortisol patterns, infant development, maternal PPD and parenting stress. Mothers randomized to the intervention receive 3 video-feedback sessions during home visits conducted at 3-week intervals, followed by post-test and delayed post-test (2-month) assessments. Recruitment is underway via partnership with Alberta Health Services (Calgary, Canada). To date, 100 mother-infant dyads have enrolled.

Results: Preliminary findings (n=37) for VID-KIDS Phase 2 show a significant improvement in maternal-infant interaction quality favouring the intervention group. Group differences have been observed with respect to maternal sensitivity $t(35) = -2.50$, $p = .017$, $r = .34$, and cognitive growth fostering opportunities in maternal-infant interactions $t(35) = -2.78$, $p = .008$, $r = .42$. Large positive effects were also observed in the intervention group's pre- to post-test scores for maternal sensitivity to infant cues $t(24) = -4.69$, $p = .000$, $r = .71$. Thus, there is growing evidence that VID-KIDS can improve interaction quality in the context of PPD. This presentation will describe the video-feedback protocol and progress to date.

A Digital Innovation to Screen for Early Cardiac Symptoms with the Prodromal Symptoms Screening Scale (PS-SS)

Sheila O'Keefe-McCarthy, Brock University, St. Catharines, Ontario
Lisa Keeping-Burke, University of New Brunswick, Saint John, New Brunswick
Karyn Taplay, Brock University, St. Catharines, Ontario
Ian Chalmers, Pivot Design Group, Toronto, Ontario
Lauren Levy, Pivot design Group, Toronto, Ontario

Background: WOMEN are not equipped to recognize lethal warning symptoms of obstructive cardiac disease because they expect their symptoms to mimic what men experience before a cardiac event. Fifty percent of the time MEN do not experience classic symptoms of chest pain, arm or jaw ache as symptoms of angina prior to a myocardial infarction or diagnosis of coronary artery disease (CAD). Most individuals have described unusual fatigue, nausea and vomiting, bouts of dizziness or shortness of breath as symptoms that have led up to a heart attack. Cardiac disease is the number one killer of men and women. Consistently people delay in getting emergent medical advice and timely treatment for CAD because they do not recognize their early prodromal warning signs. The ability to screen and educate people of the differences and similarities and about sex-specific symptoms of CAD is long over due.

Purpose: The earlier health care providers are able to recognize and screen individuals with serious signs and symptoms indicative of obstructive cardiac disease, the faster they can mitigate and stave off development CAD. That is the premise behind the development of this digital innovation -The Prodromal Symptoms Screening Scale [PS-SS]. The goal is to proactively identify problematic symptoms that people experience months, weeks and days before an acute myocardial event. The PS-SS is a 13-item scale designed for individuals and health care providers to proactively evaluate early warning signs of CAD. The tool accommodates taking a risk factor profile as well and encompasses survey questions based on current evidence-based science of gender specific risk factor differences (i.e. gestational diabetes and hypertension) for targeted screening. This cutting edge-screening tool will help patients, clinicians and the public to identify symptoms of encroaching heart disease, explore problematic symptoms, and assess individuals at risk. Come and find out how you use this digital innovation through this interactive, hands on, orientation to an adjuvant screening tool for women and men at risk for developing heart disease.

H2 – Accessing Health & Social Services

Should I Stay or Should I Go? Influential Factors on Non-Emergent, Emergency Department Use

Amanda Houston, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Lisa Shepherd, Department of Medicine, Division of Emergency Medicine, Schulich School of Medicine and Dentistry, Western University, London, Ontario
Mickey Kerr, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Richard Booth, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Overcrowding in the emergency department presents a serious and growing problem to the health care system. High volumes of individuals entering the emergency department, with few individuals leaving, results in a build-up of people waiting for care. An impressive published literature base exists on the internal, systematic mechanisms of overcrowding; however, less is known about external factors, specifically the ways in which patients decide to enter the emergency department system. Decision-making as it relates to attending the emergency department has not been fully explored in the literature. The proposed study will explore factors involved in decision-making, as it relates to attending the emergency department, and triage acuity. The study will test a model that was informed by two theoretical frameworks, Rational Choice Theory and the Health Belief Model. In addition to two constructs from these frameworks, Health Literacy and Health-Related Personal Beliefs, two others not included in the frameworks, coping and stress, will be assessed. A proposed sample of 150 subjects will be recruited from emergency departments in London, Ontario. Individuals will complete the Health Literacy Questionnaire, Illness Perception Questionnaire Revised, Brief COPE-28 item, and the Perceived Stress Scale. Additional information on sociodemographic (e.g., age, gender) and clinical variables (e.g., reason for visit, presence of family physician) will be extracted from the medical record. A binary regression analysis will be conducted to examine how patient triage acuity can be predicted by the specified decision-making constructs. Finally, to understand reasons for attending the emergency department from both health provider (approximately 30 Registered Nurses and physicians) and patient perspectives, brief interviews will be conducted. Open-ended questions related to factors involved in decision-making will be asked and discussed. Preliminary findings will be discussed.

The Experiences of Caregivers of Community-Dwelling Stroke Survivors in Accessing and Using Formal Health and Social Services

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Background. Stroke caregivers are significantly and negatively impacted by caregiving, particularly from a psychosocial perspective. The negative effects of caregiving may persist despite stable stroke survivor health suggesting the need for focused caregiver supports. However, little is known about caregivers' access to and use of publicly funded health and social support services.

Purpose. To increase understanding of: (a) stroke caregivers' experience accessing and using publicly funded health and social support services; and (b) the gaps in health and social support services from the perspectives of stroke caregivers and health professionals.

Methods. A qualitative study guided by interpretive description. In-depth interviews were conducted with caregivers of community dwelling adults who have experienced a stroke in the past five years, and health professionals who provide support to caregivers and stroke survivors in Ontario.

Outcomes. Interviews were conducted with 22 stroke caregivers and 18 health professionals. Key themes include: (a) caregivers encounter substantial costs when accessing supports (b) the existing formal health and social services are not meeting the needs of caregivers, (c) trust in the quality and suitability of supports strongly impacts caregivers' decision to use services, (d) and the impact of stroke on caregivers' social functioning is underestimated hindering their access to services.

Take Home Messages. Caregivers of stroke survivors experience ongoing challenges accessing and using formal health and social support services. These challenges could be addressed by increasing access and availability of subsidized community-based supports including respite, psychosocial counselling and peer-based mentoring tailored to meet the needs of stroke caregivers.

Experiences of Arabs in Seeking Health Services: A Scoping Review

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Background:
Considering the political climate, the popularized depiction of Arab Orientalist stereotypes, and the impact of racial biases in the provision of health services, the purpose of this scoping review was to understand the experiences of Arabs upon their receipt of health services, as well as the perspectives of service providers of Arab patients, post-September 11, 2001.

Methods:
The databases of PubMed, CINAHL, Scopus, and Embase, Social Work Abstracts, and Social Services Abstracts, were searched for articles conducted in English in Canada, the UK, USA, and Australia, using search terms of: Arabs; healthcare services; access; cultural humility; cultural competence; healthcare; social services; discrimination. These terms were searched using keyword and database specific terms, searching anywhere in the article (ie title, abstract, body of the article). Citation chaining as also conducted using Google Scholar in order to conduct a hand search of any possible relevant scholarly articles

Findings:
After the initial removal of duplicates, title screening, and abstract reviewal, a total of eight articles were found to be relevant with another four articles found from the citation chaining process. This led to a total of 12 sources addressing the research question. Seven articles were from the perspective of Arab patients and 5 from that of service providers. Three major themes emerged: 1) linguistic/cultural differences as a barrier to giving/receiving proficient care, along with the benefits and detriments of using interpreters or service providers of the same linguistic/cultural background; 2) the experience of perceived discrimination and racism; 3) cultural humility and the training of service providers in administering culturally competent care.

Conclusion:
The findings present important considerations for health equity in service provision. The review furthers the conversation on understandings of cultural competency, the risk of stereotyping in using this approach, and the benefits of shifting to 'cultural humility'. Gaps still exist in exploring the impact of perceived discrimination on this population in seeking care.

H3 – Transforming Education & Practice: Culture & Shadeism

Whose Culture is it Anyway? Disrupting Nursing Education Through Cultural Safety

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The Canadian Association of Schools of Nursing and the Canadian Nurses Association now recommend that undergraduate nursing students receive cultural safety education. Yet, despite our attention to culture and good intentions, how "working with culture" is taught, learned, and experienced by students, and ultimately practiced by nurses remains problematic, and there is limited evidence that a cultural safety approach has been implemented in education or practice. The purpose of this presentation is to discuss the opportunities and challenges associated with experiencing and teaching cultural safety for nursing students and faculty. The concept of cultural safety arose in New Zealand, developed by Maori nurses in response to the negative health effects of institutionalized and ongoing discrimination within historical and political contexts. Unlike cultural competence, where the focus has become assessing the skills and knowledge of nurses, culturally safe care is experienced and defined by clients. Cultural safety makes explicit issues of power and systemic inequities. The power to declare what is respectful and appropriate care, or education, and who is the expert in that declaration, is highly disruptive as it no longer resides with care providers, or educators. This means that education that is culturally safe is experienced and defined by our students, not faculty. Cultural safety education is not comfortable. It involves hard conversations about assumptions, privilege, stigma and discrimination in both our academic and everyday lives. We will explore the need for safe spaces, the willingness and processes to be deeply reflective, and the changes required in the structures of our institutions. Students who experience their nursing education as culturally safe will be much better prepared to practice cultural safety with their clients in a variety of settings across levels and sectors. A cultural safety approach provides the means for more honest, authentic and socially just relationships and partnerships with our students, colleagues and clients.

Towards Understanding of Culturally Sensitive Care for Transgender Blood Donors: A Scoping Review of Health Care Provider Knowledge

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Background: Transgender blood donors report distressing donation experiences which may indicate difficulties in culturally sensitive care provision. Negative donation experiences can harm donors and the reputation of blood agencies. Discourse regarding best practices in culturally sensitive care provision for transgender donors is absent in transfusion medicine literature.

Methods: To address this knowledge gap, a systematic scoping review applying Arksey and O'Malley's methodological framework was undertaken to explore and understand the extent and range of research related to culturally sensitive care provision for transgender individuals as investigated in other health care disciplines.

Results: Thematic analysis revealed systemic and practice gaps.
Systemic gaps included rigid binary intake processes, uncertainty regarding how transgender individuals are identified in the practice setting, and difficulties knowing when to ask and use pronouns.

Evidence-based recommendations in this review included a two-step intake process asking all individuals their sex assigned at birth and their gender identity and asking all individuals their pronouns at the outset of the therapeutic relationship.

Practice gaps identified a lack of education to assist in caring for transgender individuals. Frequent confusion and conflating of key terms and pathologizing transgender patients were identified. As well as confusion regarding prevalence of gender affirming surgeries and when discourse with patients was required about such interventions. Moreover, there was a lack of understanding of stigma generated by the health care system for transgender individuals and how stigma can elevate health risks.

Recommendations included institutional and purpose built or job specific training on transgender sensitivity, however, there was no consensus on the optimal medium to deliver this education and further research is required regarding the best way to implement these interventions.

Summary / Conclusions: In the absence of transfusion medicine specific research this scoping review identified key knowledge gaps and highlighted evidence-based recommendations in the literature across several health care disciplines. Systemic and practice gaps were identified that if investigated by blood agencies could improve provision of culturally sensitive care for transgender donors. This review provides a call to action for transfusion medicine research on this topic to improve donor experience and the overall efficacy of the blood program.

Sexual Health and Diasporic Experiences of Shadeism

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Shadeism is the process by which lighter skin is equated with perceived health and social benefits. Studies suggest that racialized women have an additional burden to adhere to Eurocentric beauty standards in order to be seen as employable, attractive, and socially and culturally desirable (Charles & McLean 2017; Veenstra, 2011). However, what remains to be studied are how shadeism mediates: 1) priorities (gender, self-image, lifestyle, social relationships, familial networks, employment, social mobility, class, caste) leading to lightening practices; 2) the narrative of 'looking healthy' to be connected to lighter skin beauty; and 3) the cumulative impacts on women's sexual health and wellbeing. How racialized women treat their skin reveals much about the pressures of societal expectations (Rozen et al., 2012). Through a combination of informant interviews, focus groups with arts-based activities, and one-on-one interviews, this qualitative pilot project led by the Alliance for South Asian AIDS Prevention first aims to examine how racialized women (including transwomen) ages 16-35 from the Caribbean, South Asian, Middle Eastern, and North African (MENA) regions are affected by shadeism and how it impacts their sexual health. Second, this project aims to raise public awareness (using community and academic forums, digital venues, and a toolkit) leading towards informed and actionable transformations of sexual health. Through an anti-oppressive, Intersectional Feminist analysis, we will call attention to the complex ways in which shadeism, gender, sex, caste, race, class, location, religion, and age inequities create societal pressure for women.

H4 – Symposium IV

So you want to use Instruments in your Study? Tips from Experience About Selection, Use of, Either Established or your own Self-Developed Measures

Facilitators:
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Dianne Allen, Arthur Labatt Family School of Nursing, Western University, London, Ontario; Conestoga College, Waterloo, Ontario
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Goal: To provide a forum for discussion on the tips in quantitative studies using measures

Workshop Plan:

2.1 Explore what to look for in selecting instruments for use in studies: focus on validity and reliability
2.2 Determine when, how and when not to modify an existing instrument or choosing to use only selected dimensions in the instrument
2.3 What to do when no instrument is found to measure a concept in your study?
2.4 Development and testing of your own instrument
2.5 Normalizing data sets
2.6 EFAs and CFAs; when and when not to use in your study
2.7 Carrying out a CFA for model fit
2.8 Interpreting findings

Each topic will have a short introduction to key points, followed by small group discussion as related to planned studies.