Congratulations to Award Winners from the School of Nursing!

1st Place: Ashley James, BSN, RN and Julie Vereen, BSN, RN
Title of Poster: Implantable Cardioverter Defibrillators: Their Impact on Quality of Life

2nd Place: Matt Ellis and Troy Faulkner
Title of Poster: Corneal Abrasion Management Guidelines

3rd Place: Elana Sherwood and Janelle Calloway
Title of Poster: Best Practice: Adolescent Substance Abuse Disorder

Thank you to all judges who participated: Cathy Lovett, Ann Hagstrom, Amy Boothe, and Patti White

INSIDE THIS ISSUE:
1.....Student Research Week
5.....Message from the CRI Office
6.....Spring Qualtrics Workshop
7.....Faculty Accomplishments
Implantable Cardioverter Defibrillators:
Their Impact on Quality of Life
Ashley James, BSN, RN and Julie Vereen, BSN, RN
Texas Tech University Health Sciences Center

Introduction

The purpose of this research is to evaluate end support multiple studies with various levels of evidence to determine if an implantable cardioverter defibrillator is effective in improving quality of life in older adults with ischemic heart disease. Our research was guided by the following PICO (patient: in older adults with ischemic heart disease, intervention: an ICD}, question: how does the implantable cardioverter defibrillator (ICD) [I] compared to medical treatment without an ICD (C)] improve quality of life (QOL) [O] in geriatrics [G]?

Background Questions:
- What are the recommendations needed to determine candidacy for an ICD?
- How does an ICD impact QOL?
- How does alternative medical treatment without an ICD improve QOL?
- What is the preferred method of treatment to improve QOL for ischemic heart disease?

Foreground Questions:
- In older adults, how does an ICD compared to alternative medical therapies impact QOL? In older adults with ischemic heart disease, what is the best approach to improve QOL?
- Our literature search identified four different studies to best answer the PICO question: a randomized control trial (RCT) [Level I], a qualitative study [Level V], a clinical practice guideline [Level VII], and a systematic review [Level I].

Apraisal of the Evidence

Consistency

- All four research studies discussed QOL for patients with an ICD, but not all compared ICDs and alternative medical therapies.
- A common theme or intervention compared QOL in patients receiving a shock to those who did not.
- In the RCT, a web-based intervention was used to compare shock-related anxiety in ICD patients and improve QOL, as compared to usual care [Hardec and Mert, 2017].
- The qualitative study evaluated the lived experience in patients with an ICD [Humphreys, Hewitt, and Bennett, 2016].
- The objective of the systematic review was to explore the QOL in patients with an ICD compared to those receiving medical treatment; however, ICDs provide survival advantage over medical treatment, and randomization allocation of implementation of an ICD and medical treatment may be unethical (Tortorich, Khera, Zabel, Willrich, and Rainhold, 2015). The systematic review and clinical practice guideline were consistent in concluding that there are no common trends or significant impacts of ICDs improving QOL.

Effectiveness

- Interventions for ICDs include: education on use of device, shock fence, lifestyle modifications, physical appearance, and psychological support. These interventions can decrease anxiety and better prepare individuals who require an ICD.
- In the RCT, there was no overall significant difference in QOL scores in the intervention and control groups from a web-based intervention [Hardec and Mert, 2017].
- In the qualitative study, all participants reported experiencing multiple losses leading to anxiety and depression from a cardiac arrhythmia resulting in an ICD [Humphreys, Hewitt, and Bennett, 2016].

Recommendations for Best Nursing Practice

- According to the evidence-based practice guideline, an ICD is recommended if chance of survival is greater than one year in patients who have a left ventricular ejection fraction of 35% or less from ischemic heart disease, 40 days post myocardial infarction, 90 days post revascularization and have a function status of New York Heart Association classification of IV or III extent of heart failure [Ali-Khateeb et al., 2018].
- ICDs have not shown a significant impact on improving QOL in RCT studies [Ali-Khateeb et al., 2018].
- Selection for an ICD must be individualized to the patient and education on positive and negative effects is needed [Ali-Khateeb et al., 2018].

Patient Preferences and Values

- There is no discussion by the authors of patient preferences and values across all research studies.
- Patient preferences were not discussed due to ICDs providing survival advantage over medical treatment and would be unethical to randomize individuals from implementation of ICD and medical treatment [Tortorich et al., 2015].

References


2nd Place Winners:

Corneal Abrasion Management Guidelines
Matt Ellis & Troy Faulkner
Texas Tech University Health Sciences Center

Introduction

Plaguing for corneal abrasions has been a treatment for decades. Is this the practice published in a widely held an effective treatment method for eye injuries?

PICOT Question: Is adult with corneal abrasions (IA) does the use of an eye patch (AC) and antibiotic ointment (PC) compared to using antibiotic ointment (C) for corneal abrasions healing faster and (D) within a 72 hour period (T)?

PICO: Patients with corneal abrasion are able to use eye patch and antibiotic ointment to heal faster and better than using antibiotic ointment alone?

Consistency

Consistency

Convincing

Mephrin (2015)

No difference in patch and no patch group.

Favorable to patient needs and preferences.

Patient (NC), (N=129), (Ross, 2017)

Recommend use of antibiotic

Patient preferred practice and may delay healing time.

Recommendations: consistent across all studies.

All four articles suggested patching is inadequate current practice.

No contradictions identified.

Effectiveness

Effectiveness

Results & Findings

Level of evidence adequate for practice adjustments.

Eye Patch + Antibiotic

No increased benefits of patching.

Patching increases risk for infection.

Increased corneal temperature

Delay healing process.

Decrease corneal oxygenation.

Antibiotic Only

Healing time decreased.

Antibiotic: complete integration.

Easy access to eye

Patient comfort increased.

Patient Preference and Values

Kewer, (1996), (Lim, 1999), (Ross, 2017)

Indirect patient comfort as direct for treatment.

Patients prefer no patch

Easy access to eye

No inflammatory reactions with patch

Direct patient comfort with patch

Most patients complained of foreign body sensation.

Increased amount of 1/2 removed patches due to discomfort or wear complications.

Ross, (2017)

Eye patch use dependent on needs & preferences of patient.

Protecting visual axis from airborne foreign objects and scratching exposure.

Recommendations for Best Nursing Practice

PICOT Result: Patching the affected eye for corneal abrasion injuries does not heal the abrasion faster, and may actually lead to increased pain and increased probability of complications in the healing process.

- Avoid using eye patch
- Antibiotic drops for antibiotics, not recommended.
- Bandage contact lens for pain control.
- Ophthalmology consult recommended for deep abrasion, recurrent erosion episodes, or signs of infection.
- Good ocular health status.
- Prescribe antibiotic: 2nd gen.
- Prescribe topical antibiotic without ocular contact sensor.
- 4th gen. Fluoroquinolone: drops for contact lenses.
- Patient education.
- Seek medical attention if symptoms persist for fewer than three days. Increased drainage, vision loss, pain out of proportion to injury, or signs of worsening condition.
- Use only oculists when driving vehicles or operating machinery.
- Avoid scratching or touching the eye and contact lenses until approved by physician.
- Use eye protection glasses as necessary.
- May have increased depth perception.
- Administer prescribed medicines as directed.

References

3rd Place Winners:

Best Practice: Adolescent Substance Abuse Disorder
Elana Sherwood and Janelle Calloway
Texas Tech University Health Sciences Center

Introduction

**Title:** Substance Abuse Disorder (SAD) is a chronic condition that affects millions of people worldwide. In young people, substance abuse can arise from a variety of factors, including peer pressure, stress, and mental health issues. This chronic condition can lead to physical, emotional, and social problems, affecting the individual’s ability to function normally and maintain a healthy lifestyle.

**Objective:** The objective of this project is to improve the detection, prevention, and treatment of Adolescent Substance Abuse Disorder (SAD). The project will develop a comprehensive intervention program to address the unique needs of adolescents suffering from substance abuse.

**Methods:** The project will use a multi-disciplinary approach involving healthcare professionals, educators, and community leaders. The intervention program will involve early detection, education, and counseling services, as well as support groups and peer mentoring programs.

**Results:** The project will evaluate the effectiveness of the intervention program through pre- and post-intervention assessments. The results will be used to improve the program and guide future interventions.

**Conclusion:** The project aims to reduce the incidence of Adolescent Substance Abuse Disorder (SAD) and improve the quality of life for those affected. The intervention program will be tailored to meet the specific needs of adolescents, ensuring effective prevention and treatment strategies.

**References**


Special Message from TTUHSC Clinical Research Institute (CRI)

Catherine Lovett, MSN, RN, Managing Director, TTUHSC CRI Office

With restrictions that have been put into place due to COVID-19, the Clinical Research Institute (CRI) personnel are required to work from home. However, while clinical research recruitment for prospective studies has been temporarily put on hold, all of the CRI’s other services are unaffected by this crisis. We are still available to help you design your study and prepare your study protocol and other documents. Our biostatisticians are also still hard at work doing data analyses, helping with design, and finalizing publications.

You will follow the same process to access our services that you normally have, starting with submitting a CRI Work Order at this site: https://app4.ttuhsc.edu/CRIWorkOrders/ and attaching your study documents (i.e. draft copy of the protocol, data sheet, survey) or your de-identified data set if you want statistical support. Once the study PI and their Chair (Dr. Ashcraft for all of School of Nursing) sign off on the work order, the CRI will receive it and get to work. You’ll be contacted with any question/suggestions we may have regarding the project. If you want the CRI to do your IRB work, once the documents are finalized, we’ll get started on that for you.

All of this will happen electronically via computer, e-mail, phone, and iRIS. Zoom is also a great option for meetings to be held where we can discuss ideas “face to face,” share documents and answer questions. So, if you find that you have extra time on your hands during this period, why not start to work on that research project you’ve been thinking about? Go on, you can do it, and the CRI will help!

CRI Contact information:
Website: https://www.ttuhsc.edu/clinical-research/
Email: clinicalresearch@ttuhsc.edu
On-call phone: 806-543-8994

Reminder: APA Style 7th Edition released in October 2019

See specific guidance for Reference Examples in Chapter 10:

→ Journal Articles – See pp. 316-321

→ Conference Sessions and Presentations – See pp. 332-333

→ Books and Reference Works – See pp. 321-325, special emphasis on #20 (Omit “Retrieved from”):
https://doi.org/10.1037/0000092-000

→ Edited Book Chapters – See pp. 326-329, special emphasis on #39 (Omit the publisher location):

Reminder: iRIS website has changed

Please note that the website link for iRIS has changed. The new url is https://ttuhsc.imedris.net. Please discard your old link, as it will no longer work.
Spring Qualtrics Training

Join us in the Spring for quick Zoom learning sessions on the topics listed below:

<table>
<thead>
<tr>
<th>Session</th>
<th>Session Title</th>
<th>Date</th>
<th>Time</th>
<th>Instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerPoint</td>
<td>How to access Qualtrics and an overview of some of the basic features</td>
<td>Monday, March 30</td>
<td>Recording</td>
<td>Christy Simpson</td>
</tr>
<tr>
<td>Session #2</td>
<td>Creating a project (types of surveys/forms) and collaborating with others in Qualtrics</td>
<td>Monday, April 13</td>
<td>12:00p – 1:00p</td>
<td>Christy Simpson</td>
</tr>
<tr>
<td>Session #3</td>
<td>The most commonly used types of questions in Qualtrics and how to create/edit them (Basic)</td>
<td>Monday, May 11</td>
<td>12:00p – 1:00p</td>
<td>Christy Simpson</td>
</tr>
<tr>
<td>Session #4</td>
<td>The most commonly used types of questions in Qualtrics and how to create/edit them (Advanced)</td>
<td>Monday, June 8</td>
<td>12:00p – 1:00p</td>
<td>Christy Simpson</td>
</tr>
<tr>
<td>Session #5</td>
<td>Downloading the data from a survey (project) for analysis</td>
<td>Monday, June 22</td>
<td>12:00p – 1:00p</td>
<td>Christy Simpson</td>
</tr>
<tr>
<td>Session #6</td>
<td>Tips and tricks to make everything work well (adding page breaks, how to ensure things will look good on a phone or tablet, etc.)</td>
<td>Monday, July 13</td>
<td>12:00p – 1:00p</td>
<td>Christy Simpson</td>
</tr>
<tr>
<td>Session #7</td>
<td>Logics and scoring</td>
<td>Monday, July 27</td>
<td>12:00p – 1:00p</td>
<td>Kyle Johnson</td>
</tr>
</tbody>
</table>

Zoom recordings and handouts will be available 2-3 days after each session.

**REQUIRED:** Attendees must contact Adam Wood at adam.wood@ttuhsc.edu to set up a Qualtrics account before Session #1.

If you have questions, contact christy.simpson@ttuhsc.edu or heather.russell@ttuhsc.edu

Note: All Qualtrics training materials and recordings will be available on the Box drive in the Research Faculty Collaboration Group folder.
Spring 2020 Journal Publications, Presentations, Honors, & Awards

Journal Publications:


**Books:**


**Podium and Poster Presentations:**


Johnson, B. K. (2020, March 26-28). *Observers learn the same as participants throughout simulation, debriefing, and over time: The evidence* [Conference session]. Nursing Education Research Conference, Washington, DC, United States. (Conference cancelled).


Yoder-Wise, P. S. (2019, July 30-August 1). From one academy to another. [Conference session]. International Academy of Nursing Editors 38th Annual Meeting, Reno, NV, United States.

Blogs:


Podcast Presentations:


Honors/Awards:


Grants:


Dent, B., Boswell, C. A., Silpo, V., Del Bosco, N., Taylor, K., & Bejil, A. (2019). Workplace Violence Against Nurses Prevention Grant, $65,000.00, Texas Department of State Health Services.

Celebrations: Recent Grant Submissions

- Drs. Donna Owen and Alyce Ashcraft submitted three grants: an R03 grant to NIH-NIA, one to the CH Foundation, and one to the Garrison Institute on Aging. They received the grant from the Garrison Institute on Aging.
- Drs. Linda McMurry, Christina Esperat, and Huaxin Song submitted a grant to HRSA.
- Dr. Huaxin Song was included on a grant with the TTUHSC School of Public Health that was submitted to CPRIT.
- Dr. Pat Allen submitted a grant to Texas Nurses Foundation.
- Drs. Yondell Masten and Kathy Sridaromont submitted two grants: one to the CH Foundation and one to the Sid Richardson Foundation.
- Dr. Debbie Sikes submitted a grant to HRSA.

Who’s Working on What?

- Ashcraft and Owen (LTC)—NIH R03 Grant Resubmission and Garrison Institute Grant for Workflow Study
- Ashcraft, Rogge, Andersen, and Opton (Tenure-article being revised)
- Boswell, et al (Impact of DNP Education)—Funded by Team Texas
- Boswell, et al (Rural Nurse Leadership Initiative)—Funded by Team Texas
- Boswell, et al (Workplace Violence)—Funded by DHHS
- Calloway (Mental Health)
- Collins and Thomas (Foster Care Children)
Cannon, et al (Education of Diabetes Educators in Rural Health)—Fundied by PB Advisory Board
Cannon, et al (Telemedicine and IP Collaborative Care in Mental Health)—Funded by PB Advisory Board
Masten and Sridaromont (Parent Child App)—The Gerber Foundation
Owen and Esperat (Critical Consciousness)
Rogge and Gautam (Obesity)
Sun, Shen, St. John, Punyanunt (CAM)

Upcoming Meetings:

Monthly Research Faculty Collaborative Meetings – Spring Schedule

Meetings are the 2nd Tuesday of each month unless otherwise noted.

2020:
Tuesday, May 12, 2020 – 11:00a – 12:30p
Tuesday, June 9, 2020 – 11:00a – 12:30p
Tuesday, July 14, 2020 – 11:00a – 12:30p
Tuesday, August 11, 2020 – 11:00a – 12:30p

All meetings are available by Zoom at the following link: https://ttuhscson.zoom.us/j/629352537