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MONA

Caribbean Journal of Nursing



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The University of the West Indies
Faculty of Medical Sciences
The UWI School of Nursing, Mona

PRESENTS

The 27th Nursing and Midwifery Research Conference
&
28th Mary J. Seivwright Day

Transforming Nursing and Midwifery Education and Practice by linking Evidence to Action.

May 25 – May 26, 2017
The UWI School of Nursing, Mona
Kingston 7

Keynote Speaker

Dr. Bernadette Mazurek Melnyk,
PhD, RN, CPNP/PMHNP, FAANP, FNAP, FAAN

The Distinguished Dr. Mary J. Seivwright Lecture

Ms. Nester Edwards,
Chief Nursing Officer,
Ministry of Health, Social Security and International Business, Grenada

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Overview of the Conference

Both international and national nursing organizations emphasize “**Evidence Based Practice as the standard for nursing practice**”. According to the International Council of Nurses (ICN), closing the gap between evidence and action requires stronger emphasis to be placed on implementing strategies to translate knowledge to action.

The objectives of the conference are to:

- Strengthen nurses and midwives capacity to translate knowledge to action
- Enhance nurses and midwives knowledge and skills in evidence based nursing/ midwifery practice and education
- Provide a forum for dialogue, engagement and networking among nursing and midwifery scholars to facilitate collaborative nursing and midwifery research

Event Sponsors

We would like to acknowledge the following companies for their valued support:

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Message From The Head of School



Steve Weaver PhD, MPH, RN

Head of School

The UWI School of Nursing, Mona

Director PAHO/WHO Collaborating Centre for Nursing and Midwifery Development in the Caribbean

It is indeed with great pleasure that I welcome you on behalf of the faculty and staff of the UWI School to the 27th Annual Nursing and Midwifery Research Conference and 28th Mary J. Seivwright Day. This annual event brings together so many of our nurses, midwives and other healthcare workers from various sectors, organizations and countries from around the Caribbean region and indeed from around the world. The main purpose of this conference is to create a forum to renew relationships and establish new social and professional networks for future collaborations as we deal with our health problems nationally and regionally

Our conference theme: *Transforming Nursing and Midwifery education and practice by linking evidence to action* is quite appropriate as we attempt to address the sustainable development goals recently outlined by the United Nations. The sustainable development goal that speaks directly to health demands that we “ensure healthy lives and promote wellbeing for all ages.” This can only be done by an evidence based approach to understand what contribution to healthy lifestyle.

As nurses and midwives we continue to play a pivotal role in promoting health, and research becomes a vital tool in providing vital evidence upon which to make our clinical decisions. This is one of the important regional forums that bring nurses and midwives together to present cutting edge research as we seek to identify the social determinant of health and their impact on people’s daily lives.

I extend a warm welcome to all our colleagues nationally, regionally and internationally as we again come together to show our research. Let me wish you a successful conference period and do enjoy our Caribbean hospitality.

Message from the Conference Chair



Eulalia Kahwa PhD, BScN (Hons), RN, RM,

Senior Lecturer

The UWI School of Nursing, Mona

*Deputy Director, PAHO/WHO Collaborating Centre for Nursing
and Midwifery Development in the Caribbean*

Once again, it is with great pleasure that I welcome you all to the 28th Annual Nursing and Midwifery Research Conference and 27th Mary J. Seivwright Day. Continuing the school's focus on building capacity for "Evidence Based Practice" and "Knowledge Translation" among nurses in the Caribbean, the theme for this year's conference is "***Transforming Nursing and Midwifery Education and Practice by linking Evidence to Action***". Consistent with this theme, the UWI School of Nursing, Mona is continuing on its journey to be designated as the **Best Practice Spotlight Organization (BPSO)**. In an effort to build skills and knowledge in evidence based practice our keynote speaker, an expert in the area of evidence based practice will share "strategies to advance and sustain Evidence-based Practice". I commend all of you for devoting your time to participate in this important event as we seek to transform nursing practice and improve the quality of nursing care we provide by implementing evidence based and effective nursing interventions. Sincere thanks and commendations to the conference planning team as well as sponsors and presenters who made this conference possible.

Keynote Speaker



Dr. Bernadette Mazurek Melnyk
PhD, RN, CPNP/PMHNP, FAANP, FNAP, FAAN

Advancing and Sustaining Evidence-based Practice: Key Tactics for Success.

Although Evidence-based Practice (EBP) is known to improve the quality, safety, and costs of healthcare, implementation among clinicians remains low. This presentation will describe the state of Evidence-based Practice and the Evidence-based Practice competencies throughout the globe. Recent data from a chief nursing executive survey will be discussed. Key strategies to advance and sustain Evidence-based Practice will be highlighted.

Dr. The Hon. Mary J. Seivwright Distinguished Lecture



Miss Nester Edwards, RN
Chief Nursing Officer
Ministry of Health, Social Security and International Business
Grenada

The 21st century has ushered in many challenges and opportunities for Nurses and Midwives. It is a time of major health sector and health systems reform all over the world, including the Caribbean. Health systems reform focuses on changes in health policies and major changes in the structure and processes of health care delivery systems and health care organizations.

In recent years, an important development in nursing education has been the call for a baccalaureate degree as the minimum requirement for entry into the profession. Proponents have argued that a university degree is required to cope with the increasing complexity of contemporary nursing practice resulting from a number of factors, including changes in patient and disease profiles, advances in medical and information technology, the shift to evidence-based practice, the need for lifelong professional development, the challenges of working in health care teams and the demands of ongoing health system reforms.

The shift to a baccalaureate degree as entry to nursing practice is also influenced by the desire to enhance the professional status of nurses, attract high - quality students and allow for more autonomous nursing practice. In the Caribbean, increasing professionalization and a shift from hospital – based Schools of Nursing to college and university education have been important features of the reform of nursing and midwifery education.

Nurses and Midwives are also called upon to be engaged in evidenced – based practice, as this can improve patient care outcomes and reduce unnecessary costs. The idea of sharing clinical experiences to improve patient care is not new to nurses. Florence Nightingale published her observations on cleanliness, nutrition and fresh air in “Notes on Nursing” in 1860. Her work was the start of evidenced-based nursing practice.

Conference Programme

Day One, Thursday May 25, 2017

- 7:30a.m. Registration**
- 8:30 a.m. Welcome & Opening Remarks**
Dr. Steve Weaver, Head of School, The UWI School of Nursing, Mona
- 8:40 a.m. Prayer**
Andrea McPherson, Assistant Lecturer, The UWI School of Nursing, Mona
- 8:45 a.m. Greetings**
- Professor Horace Fletcher, *Dean, Faculty of Medical Sciences*
 - Mrs. Marva Lawson-Byfield, *Chief Nursing Officer, Jamaica*
 - Dr. Norene Jack, *PAHO/WHO Representative, Jamaica*
 - Professor Archibald McDonald, *Pro Vice Chancellor & Principal, UWI Mona*
 - Honorable Ruel Reid, *Minister of Education, Jamaica*
 - Dr. The Honorable Christopher Tufton, *Minister of Health, Jamaica*
- 9:10 a.m. Introduction of the Keynote Speaker**
Sheryl Garriques-Lloyd, Assistant Lecturer, The UWI School of Nursing, Mona
- 9:15 a.m. Keynote Address**
Professor Bernadette Mazurek Melnyk, Dean, College of Nursing, Ohio State University
- 10:00 a.m. Vote of Thanks**
Dawn Munroe, Lecturer, The UWI School of Nursing, Mona

Scientific Session 1

Resolving Nursing Education issues through Evidence Based Practice-1

Chairperson: Veronica Waugh-Brown

10:15 a.m. – 11:30 a.m.

- 10:15 a.m.** Factors related to student centered teaching methodology in an undergraduate nursing programme at two nursing institutions in Kingston, Jamaica.
C Allen, M Walker, D Munroe, R Stennett, S Stanley, K Cascoe
- 10:30 a.m.** Factors associated with critical thinking among baccalaureate nursing students in a Jamaican community college: A descriptive correlational study

L Wright-Blair, D Munroe, M Walker

10:45 a.m. Cultural competence among final year undergraduate nursing students at an urban school of nursing in Kingston

R Desmangles, JLM Lindo

11:00– 11.30 a.m. Discussion

11.30-11.55 COFFEE BREAK

12.00 pm WORKSHOP ON PUBLISHING

Professor Bernadette Mazurek Melnyk, Dean of the College of Nursing, Ohio State University

2.00- 3.15pm LUNCH BREAK

**Scientific Session 2:
Improving clinical outcomes through Evidence Based Practice -1**

Chairperson: Nicola Merrick

3:15 p.m. – 4.30 p.m.

3.15 p.m. Neuroprotective and compensatory strategies in adults with HIV Associated neurocognitive disorder: an on-going literature review.

D E Vance, PL Fazeli

3.30 p.m. Attitudes of midwives towards teenage pregnancy and motherhood in an urban specialist hospital in Kingston

C F Agu, T Rae, C. Pitter

3.45 p.m. Use of Capnography to optimize emergency department pediatric procedural sedation

L Rose Bovino, E Hermann, M Peterson, N Lefurge, K Beaumier, E Mittelstadt, C Brainard, V Concetti, T Wilson

4:00 pm Discussion

4:15 p.m. Summary and Closing Remarks Day 1

Day Two, Friday May 26, 2017

Dr. The Honorable Mary J Seivwright Day

- 7:30 a.m.** **Registration**
- 8:30 a.m.** **Chairperson's Opening Remarks**
Dr. Eulalia Kahwa, Senior Lecturer, The UWI School of Nursing, Mona
- 8:40 a.m.** **Prayer**
Stacy Harvey, Clinical Instructor, The UWI School of Nursing, Mona
- 8:45 a.m.** **Greetings**
Janet Farr, President, Nurses Association of Jamaica
Aseta Edwards Hamilton President, Jamaica Midwives Association
- 9:05 a.m.** **Introduction of the Speaker**
Antoinette Barton Gooden, Lecturer, The UWI School of Nursing, Mona
- 9:10 a.m.** **The Distinguished Dr. the Hon. Mary J. Seivwright Lecture**
Nester Edwards, Chief Nursing Officer, Grenada, Chair, Regional Nursing Body
- 10:00** **Vote of thanks**
Shaulene Stanley, Lecturer, The UWI School of Nursing, Mona

Scientific Session 3:
Improving clinical outcomes through Evidence Based Practice-2

Chair: Joyette Aiken

10:10a.m. – 10:40 a.m.

- 10:10 a.m.** Nutritional factors affecting the quality of life of oncology patients receiving radiotherapy and chemotherapy treatment in a Type A hospital in Jamaica
S James, D Wright-Myrie, E Kahwa
- 10:25 a.m.** Olfactory functioning and everyday outcomes in older African American and Caucasian men with HIV
D E. Vance, P L. Fazeli
- 10:40 am** Screening for depressive symptoms among patients with diabetes in primary care
SD Percy-Smith
- 10:55am** **Discussion**
- 11:00 am** **COFFEE BREAK**

Scientific Session 4
Resolving Nursing Education issues through Evidence Based Practice-2
Chair: Kimarie Brown
11:30 – 12:30pm

- 11:30 am** Ignorance or intent? A case study of plagiarism in higher education among Library Information Students in the Caribbean
R Baker-Gardner, C A Smart
- 11:45a.m.** Simulation in nursing education in Trinidad and Tobago: An evaluation of students' self confidence in administering chemotherapy
P Siewdass
- 12:00m.d.** HIV Treat'n Care[e] Education blended learning for Nurses: Learning about HIV care on time online
J Harley, T Hylton-Kong, J de Lange, N Pakker, F van der Waals
- 12:15** **Discussion**
- 12:30** **LUNCH**

Scientific Session 5
Improving clinical outcomes through Evidence Based Practice -3
Chair: Mauvette Waite
2:00 – 3:15pm

- 2:00 p.m.** Best Practices for Best Outcomes: The UWI School of Nursing, Mona's Progress towards Best Practice Spotlight Organization designation.
Kimarie Brown
- 2:15 p.m.** What Older Adults with HIV Know about Protecting Their Brain Health and Cognition: Results of a Focus Group Study
D E Vance, G Childs, C A Gakumo, C Enah, P L. Fazeli
- 2:30 p.m.** The relationship between Health Literacy Level and Health Outcomes in Patients with Diabetes at a Type V Health centre in Western Jamaica.
S Gordon- Singh, J Aiken
- 2.45pm** Discharge planning and continuity of care practices at a psychiatric hospital and health departments in Kingston and St Catherine
S Morgan, S Percy-Smith
- 3.00pm** Documentation practices of patient teaching and discharge planning on medical wards at a teaching hospital in Jamaica
K Abdul-Kareem, J Lindo, R Stennett,

3:15 pm **Discussion**

3:30 pm **Closing Remarks - *Dr. S Weaver, Head of School, The UWI School of Nursing, Mona***
Dr Steve Weaver and Dr. Eulalia Kahwa

Abstracts

Factors Related to Student-centered Teaching Methodology in an Undergraduate Nursing Programme at two Nursing Institutions in Kingston, Jamaica.

*C Allen, M Walker, D Munroe, R Stennett, S Stanley, K Cascoe
The UWI School of Nursing, Mona
Jamaica*

- Aim:** To determine factors related to student-centred teaching methodology in an undergraduate nursing programme.
- Methods:** This descriptive cross-sectional study included a census of 18 lecturers and a stratified random sample of 92 undergraduate nursing students from two nursing institutions in Jamaica. The Principles of Adult Learning Scale (PALS) was used for data collection. This is a 44-item Likert-type questionnaire which gathers data on the participants overall teaching method through the frequency of which an activity is performed (0=never,5=always).The tool also includes negatively worded items that are reverse coded as 0=Always,5=Never. Data were analysed using the SPSS version 22. Pearson's Correlation Coefficient was used to determine the relationship between the demographic characteristics of lecturers, class size and the teaching methodology. Independent sample *t* test was used to compare means and determine the significance of observed differences.
- Results:** This study achieved a response rate of 79% and 71% from students and lecturers respectively.Majority of students were females (93.5%, n=86) with a mean age of 23.27±4.45. The lecturers' mean age was 46.29±9.28. Fifty percent (50%) of lecturers and students rated the teaching as teacher-centred.There was no significant relationship between age and years of experience and the teaching methodology($p=0.005$). There was a statistically significant , negative relationship between class sizeand the teaching methodology ($r=-.76$; $p<0.001$). There was a statistically significant difference between lecturers' and students' mean scores within the following factors: Learner Centred Activities ($t= -9.267$, $p<0.001$), , Personalizing Instructions ($t=4.063$; $p = <0.001$) , Assessing Students' Needs ($t=-6.24$; $p= <0.001$) and Participation in Learning ($t=-3.384$; $p=0.001$).
- Conclusion:** Both lecturers and students rated the teaching methodology as teacher-centred and findings suggest that class size was the main factor related to student-centredness. These findings highlight the disjunction between lecturers' rating of specific practices and their predominant teaching approaches. Nurse educators need to be innovative and utilize student centred teaching approaches.
- Key words:** *Student-centeredness, Teaching methodology, Undergraduate Nursing Students*

Factors Associated with Critical Thinking among Baccalaureate Nursing Students in a Jamaican Community College: A Descriptive Correlational Study

*L Wright-Blair, M Walker, D Munroe.
The UWI School of Nursing, Mona
Jamaica*

- Aim:** To determine if socio-demographic variables, academic performance, and critical thinking dispositions are associated with critical thinking skills among baccalaureate nursing students at a rural community college in Jamaica.
- Methods:** A quantitative descriptive correlational study design was utilized. First and second year baccalaureate nursing students (n= 52) were selected by census sampling. A socio-demographic questionnaire, a data extraction form, the California Critical Thinking Skills Test and the California Critical Thinking Dispositions Inventory tool facilitated data collection. Data were collected over four days during the month of April 2015. Data were analyzed using SPSS version 20. Descriptive statistics were used to summarize data. Pearson's correlation coefficient, independent T- test and ANOVA, were used to determine the relationship between variables.
- Results:** A total of 49 (94%) students participated in the study; 28 (57%) year one students and 21 (43%) year two students. Majority (95.8%) of participants were females, aged 24 and younger, with past work experience (62.5%). Both year groups obtained weak to strong critical thinking skill test scores (8 to 21) from a maximum of 34 points. Year one students had a mean score of ($M= 11.70$) compared to year two ($M= 13.70$). Although, mean score increased from first year to second year, the difference was not significant ($F= 1.666, p = 0.100$). There was no association between socio-demographic variables (age: $F = 1.580, p = 0.217$; marital status: $F = 0.447, p = 0.605$; years of work experience: $F = 1.813, p = 0.176$) and critical thinking. There was a moderately strong positive linear relationship between Grade Point Average scores and California Critical Thinking Skills Test scores ($r= 0.369, p= 0.648$). Critical thinking dispositions were also significantly related to critical thinking ($p < 0.05$). Majority (73%) of students had positive disposition towards critical thinking.
- Conclusions:** Although socio-demographic variables, academic performance and critical thinking dispositions were associated with critical thinking, the level of critical thinking among the first and second year students was predominantly below the acceptable level. Nurse educators need to develop and implement new strategies to assist nursing students to develop critical thinking skills from the inception of the program.
- Key words:** *Jamaica, baccalaureate nursing students, socio demographic, critical thinking, critical thinking dispositions, academic performance.*

Cultural Competence among Final Year Undergraduate Nursing Students at an Urban School of Nursing in Kingston, Jamaica.

R Desmangles¹, JLM Lindo²

¹Princess Margaret Hospital, Nassau, Bahamas, ²The UWI School of Nursing, Mona

Objectives: To determine the level of cultural competence among final year nursing students at a school of nursing in urban Jamaica and describe the performance of the Inventory for Assessing the Process of Cultural Competence among Healthcare Professionals (IAPCC) in the Jamaican context.

Methods: This quantitative cross-sectional descriptive study used a simple random sampling technique to recruit 80 final year undergraduate nursing students. Data were collected using the 20-item self-administered (IAPCC)-Student Version questionnaire and analyzed using SPSS version 22 for Windows. The IAPCC-SV questionnaire uses a 4-point Likert scale categories of strongly agree (4), agree (3), disagree (2), and strongly disagree (1). Scores from 20-80 indicated cultural proficiency (75-80), cultural competence (60-74), culturally aware (41-59) or cultural incompetence (20-40).

Results: The response rate was 100%; most respondents (92.5%) were females with a mean age of 23.6 ± 3.01 years. The mean cultural competence score among the participants was 57.40 ± 6.20 . The constructs of cultural awareness and cultural desire showed a weak positive relationship with age ($r = 0.24, p = 0.04$) and ($r = 0.26, p = 0.02$) respectively. Exploratory factor analysis revealed that the majority of items from the cultural awareness construct of the tool explained 20.82% of the variance in cultural competence (eigen value of 4.17). The Cronbach's alpha of the tool was 0.76 in the Jamaican context.

Conclusion: The population studied was considered culturally aware, however, they lacked cultural competence. In order to ensure best practice among new graduates cultural competence training should be integrated throughout all the year groups of the school's curriculum. The use of the IAPCC-SV tool among the Jamaican nursing students appears to be reliable and adaptable.

Keywords: *Cultural competence, nursing students, Jamaica, The University of the West Indies.*

Neuroprotective and Compensatory Strategies in Adults with HIV-Associated Neurocognitive Disorder: An On-going Literature Review

DE Vance, PL Fazeli
University of Alabama at Birmingham
USA

- Background:** By some estimates, 52% to 59% of adults with HIV experience HIV-Associated Neurocognitive Disorder (also known as HAND), a classification whereby patients are functioning below 1 standard deviation in at least two cognitive domains such as memory, speed of processing, executive functioning, and psychomotor ability. In 2020, nearly 70% of those with HIV will be 50 and older. Aging itself may exacerbate such neurological and cognitive problems already observed in this population.
- Objective:** The objective of this on-going literature review is to present prevention, remediation, and compensation strategies for such cognitive disorders in HIV and provide nurses strategies to confront such disorders.
- Methods:** Using PubMed as the search engine, IRB-approved studies were identified, selected, and synthesized based on their efficacy and feasibility in preventing, remediating, and compensating for HIV-Associated Neurocognitive Disorder.
- Results:** Several biopsychosocial strategies were identified that may prevent or remediate neurocognitive disorders in adults with HIV including: 1) combination antiretroviral therapy itself; 2) psycho-stimulant and neuroprotective medications; 3) treatment of physical (e.g., diabetes) and psychiatric (e.g., depression) comorbidities; 4) lifestyle factors (e.g., physical activity, mental activity, sleep hygiene, social engagement, nutrition); and 5) computerized brain fitness programs (e.g., speed of processing training). Compensation strategies were likewise identified including: 1) spaced retrieval method; 2) physical reminders and mnemonics; and 3) technological aids. Surprisingly, two strategies were found ineffective in improving brain health and restoring cognition: acetylcholinesterase inhibitors and anti-inflammatory medications.
- Conclusions:** Nurses and allied healthcare providers require the most current evidence of strategies to protect brain health and compensate for such neurocognitive disorders. Although there are clearly ways to help patients maintain or improve brain health and cognition, it is important to continue investigating novel strategies to help this clinical population cognitively age, including: transcranial direct current stimulation; multi-modal approaches (e.g., cognitive prescriptions); and bias attribution modification training.
- Key Words:** *HIV/AIDS; Neuroplasticity; Cognitive Reserve; Neuroprotection; Cognition*

Attitudes of Midwives towards teenage pregnancy and motherhood in an urban Specialist Hospital in Kingston

C F Agu, T Rae, C Pitter
The UWI School of Nursing, Mona
Jamaica

- Objectives:** To explore midwives' attitude towards teenage pregnancy and motherhood and determine demographic characteristics that influence midwives attitudes.
- Method:** A quantitative cross sectional study was conducted between March and July, 2015 among all midwives (n=72) practicing in a maternity hospital in Kingston, Jamaica. Data were collected using the "Positivity Towards Teen Mothers" a self-administered questionnaire. Statistical analysis was done using SPSS version 20. Descriptive statistics were used to summarize data. Pearson's Chi square was used to determine the relationship between variables.
- Results:** Just over forty percent (44.4%) of the midwives had positive attitudes toward teenage pregnancy and motherhood. Twenty eight percent (28.1%) of midwives between 31 – 35 years of age, 50% of midwives with 6 – 10 years of experience and 56.2% of midwives with teen mothers in their family had a positive attitude towards teenage pregnancy and motherhood. Multivariate analysis revealed that years of experience and presence of a teen mother in the family together were significant predictors of midwives attitudes ($p= 0.039$).
- Conclusion:** About half of midwives surveyed had a positive attitude towards teenage pregnancy and motherhood. Years of experience and the presence of a teen mother in the midwife's family were the main predictors of midwives' attitudes. The midwifery curriculum in Jamaica needs to be strengthened to foster professional values, patient-centered and respectful care to this vulnerable group.
- Key words:** *Attitudes, Midwives, Teenage pregnancy, Motherhood*

Use of Capnography to Optimize Emergency Department Pediatric Procedural Sedation

L Rose Bovino, E Hermann, M Peterson, N Lefurge, K Beaumier, E Mittelstadt, C Brainard, V Concetti, T Wilson

Quinnipiac University: Hamden, CT, USA

Background: Hypoventilation in the pediatric population during procedural sedation in the emergency department (ED) may cause rapid decompensation due to a reduced functional residual capacity when compared to the adult population. Data suggest that capnography presents advantages over pulse oximetry in detecting respiratory depression before hypoxemia occurs.

Objective: To evaluate whether in research published between 2006 and 2016, the addition of capnography to standard monitoring during procedural sedation confers a clinical benefit.

Methods: A search for relevant studies was conducted in four databases: Web of Science, PubMed, CINAHL, and Scopus. Titles, abstracts, and full-text content were reviewed to identify appropriate studies. The Cochrane Risk of Bias Comparison tool was used to assess the quality of included studies. Studies were reviewed independently by each reviewer using Covidence© systematic review software that allows for screening, full-text review, resolution of conflicts, obtaining consensus, quality assessment, and data extraction of studies. Of 949 identified studies, one single-center randomized controlled trial (RCT) and two observational studies met criteria for full text review.

Results: In the RCT (N=154), 6 patients received supplemental oxygen for hypoventilation and there was no statistical significant difference ($p=.80$) in the rate of oxygen desaturation between the groups; staff could view the capnography monitor (intervention) or were blinded to it (control). In one observational study, 4 of the 58 enrolled patients received supplemental oxygen for SpO₂ less than 95% and two had repositioning of their airway with a shoulder roll or head tilt. In the second study, adverse respiratory events with intervention occurred in 14 of 125 enrolled children (11%; 95% confidence interval 4.0% to 14%): jaw thrust in 4, supplemental oxygen in 6, and bag-valve-mask ventilation in 4. Although capnography detected apnea before pulse oximetry in all occurrences of patient desaturation in the studies, no serious adverse events were documented.

Conclusions: Capnography can detect hypoventilation that may lead to hypoxia prior to changes in pulse oximetry. However, more data is needed to generate compelling evidence on clinical benefit during procedural sedation in the ED pediatric population.

Key words: *Capnography, sedation, hypoventilation, hypoxia, respiratory depression*

Nutritional Factors Affecting the Quality of Life of Oncology Patients Receiving Radiotherapy and Chemotherapy Treatment in a Type 'A' Hospital in Jamaica

*S James, D Wright-Myrie, E Kahwa
The UWI School of Nursing, Mona
Jamaica*

- Objectives:** To determine the nutrition impact factors affecting oncology patients; examine patients' perceptions of the quality of nutrition counseling and determine the quality of life of oncology patients.
- Methods:** A descriptive cross sectional design was employed. Convenience sampling was used to select 213 patients diagnosed with genitourinary cancers and gynecologic cancers who were receiving radiotherapy and/or chemotherapy treatment. Data were collected using Scored Patient-Generated Subjective Global Assessment; Quality of Life Scale for Cancer patient/Cancer survivor, Clients' Perceptions about Nutrition Counseling instruments to measure nutritional status, quality of life & the effectiveness of nutritional counselling. Statistical Package for Social Sciences version 19 was used to analyze data. Descriptive statistics were used to summarize data.
- Results:** A large proportion of participants (78.3%) reported recent weight loss in the last month and 50.6% in the last two weeks. Eighty three percent (83%) of patients experienced at least one nutrition impact symptom. Overall Quality of Life was rated by 33.7% of participants to be good. Few (37.1%) participants perceived nutritional counselling as good. There was an association between age and quality of life ($p=0.010$); Older adults (68-83 years) reported better Quality of Life compared to younger adults (20-48 years). There was no association between Quality of Life and gender ($p=0.908$), diagnosis ($p=0.463$), date of diagnosis ($p=0.111$) and nutrition impact factors ($p=0.207$).
- Conclusions:** Nutrition impact factors affecting oncology patients include weight loss, nausea, constipation, reduced appetite and alteration in activities. Cancer patients had a good perception of the quality of nutrition counselling and indicated that their Quality of Life was good. Health professionals should perform symptom assessment of oncology patients for early detection and management of nutrition impact factors to prevent malnutrition. Standardized nutrition counseling is recommended to limit nutrition impact factors and maximize Quality of Life.
- Key Words:** *Nutrition Counselling, Quality of Life, Nutrition impact factors, oncology, chemotherapy, radiotherapy, Type A hospital*

Olfactory Functioning and Everyday Outcomes in Older African American and Caucasian Men with HIV

DE. Vance, P L. Fazeli
University of Alabama at Birmingham
USA

- Background:** Olfactory declines are a normal part of aging but may be more severe in adults aging with HIV. Such olfactory declines may compromise food safety, eating habits, cognition, and quality of life. Furthermore, men and African Americans are more predisposed to such olfactory declines.
- Objectives:** To determine whether racial and HIV-serostatus differences were observed in older (50+) African American and Caucasian men with HIV on HIV-negative age-normed measures of olfactory functioning. Likewise, the association between olfactory functioning and food safety, eating habits, cognition, and quality of life were also explored.
- Methods:** In this cross-sectional study, HIV participants were recruited from a university medical center HIV/AIDS clinic using brochures and recruitment flyers. Participants were screened to exclude those with conditions that could adversely affect olfactory functioning (e.g., current nasal/sinus infections, undergoing radiation/chemotherapy). Participants must have been diagnosed with HIV for at least 1 year. To preserve power, only men were recruited as women and men have different olfactory abilities. African American ($n = 33$; $M_{age} = 52.99$ years) and Caucasian ($n = 18$; $M_{age} = 56.16$ years) men with HIV were administered two age-normed measures of olfaction (i.e., University of Pennsylvania Smell Identification Test, Smell Threshold Test) as well as measures of food safety, eating habits, cognition, and quality of life. Data analysis consisted of basic descriptive statistics and correlations between the variables of interest.
- Results:** For both olfactory measures, as a group, these older men with HIV had significantly poorer olfaction compared to their age-matched norm scores. Yet, compared to the Caucasian sample, African American men exhibited poorer olfaction. In the African American sample, those who self-rated that foods taste different than before were more likely to experience more depressive symptomatology ($r = .40, p = .018$) and poorer quality of life ($r = .36, p = .04$). In the Caucasian sample, those who self-rated that foods taste different than before were less likely to experience poorer quality of life ($r = -.50, p = .02$). Marginal associations were detected reflecting that poorer olfaction was associated with poorer cognition.
- Conclusions:** Since the literature suggests African Americans have a stronger affinity for sweet and salty foods than Caucasians, these olfactory deficits may contribute to poor eating habits, contributing to comorbidities (e.g., diabetes, hypertension, heart disease, hypercholesterolemia) already observed in this population. Partial support was found between olfaction and cognition, which supports the Common Cause Hypothesis that suggests the same mechanism underlying sensory declines with aging underlie cognitive declines too.
- Key Words:** *HIV/AIDS; Smell; Taste; Flavor; Nutrition; Olfaction; Cognition*

Screening for Depressive Symptoms among Patients with Diabetes in Primary Care

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- Background:** Co-morbid depression is common in people living with diabetes, although it often goes unrecognized and untreated.
- Objectives:** To explore current practices of family nurse practitioners using the Ministry of Health Case Finding Instrument, the detection and management of depression in patients with diabetes and to determine barriers and facilitators to screening.
- Methods:** A descriptive design was utilized. All family nurse practitioners in three of four health regions in Jamaica were invited to participate in the study, which was conducted during the period May to June, 2013. Data were collected during regional meetings or at their respective health care facilities, using a 37 item self-administered questionnaire. Data were analyzed using Statistical Package for Social Sciences, version 20.0. Descriptive statistics were used to summarize data; Chi-squared tests were done to determine the relationship between nurse practitioners' satisfaction with the Ministry of Health Case Finding Instrument and routine screening.
- Results:** All 42 participating family nurse practitioners were females with an average age of 49 ± 8.96 years. Most had a graduate degree (45.2%), worked in rural areas (52.8%) and had ten or less years of service (45.2%). Although more than half had seen an increase in depressive symptoms recently (57.6), only 17.5% routinely screened for depression. Of the 52.4% who were satisfied with the Ministry of Health Case Finding Instrument, 78.2% did not routinely screen patients for depression. Among the reported barriers affecting depression screening are large patient volume (85.7%), limited time (76.2%), limited staff (59.5%) and lack of resources (45.2%). Majority of family nurse practitioners did not prescribed antidepressants (45%), referred patients with depressive symptoms for psychotherapy (45%), and referred patients to psychiatrists/psychiatric mental health nurse practitioners for management (67.5%).
- Conclusion:** Majority of family nurse practitioners do not routinely screen for depression among patients with diabetes in primary care. Large patient volume, limited time and staff, and lack of resources were identified as barriers to screening. Contrary to established guidelines, nurse practitioners have different approaches to managing depressive symptoms in patients with diabetes; this is of concern and should be further evaluated.
- Keywords:** *Diabetes, depressive symptoms, screening, family nurse practitioners, primary care*

Ignorance or Intent? A Case Study of Plagiarism in Higher Education among Library and Information Studies Students in the Caribbean

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- Objective:** To explore perspectives, understanding, awareness and knowledge of plagiarism among Library Information Studies students
- Methods:** This case study used an explanatory sequential QUAN→QUAL mixed method approach. Nine graduate and 21 undergraduate library and information studies students were selected using purposive sampling. A quantitative survey, the first of two sequential strands, was conducted, followed by a qualitative strand involving a focus group of 7 students. Data was collected over one month. Quantitative data were analyzed using Microsoft Excel while qualitative data were analyzed using Creswell's data analysis spiral and thematically coded using MAXQDA.
- Results:** Students lacked adequate knowledge and awareness of plagiarism (73%), cited lack of instructions at the secondary level, weak writing skills, and insufficient support from faculty as contributing factors. Referencing and citation for diverse forms of scholarly works were also problematic. Electronic works tended to be cited less (83%) than printed works (93%). All participants (100%) were unaware of the University's plagiarism policy. As future library professionals, participants (67%) concluded they were ill equipped to provide instructions on plagiarism. They claimed understanding plagiarism was difficult and more targeted plagiarism instructions need to be provided although there was ambivalence about who should provide this instruction.
- Conclusions:** The study could not definitely prove intent as students were unsure of what constituted plagiarism. More empirical studies need to be conducted into students' cheating behavior in other disciplines. Targeted educational interventions are needed to develop students' writing and information/media literacy skills. Time management tools were suggested as tangible solutions to mitigate against anxiety and stress associated with rushed assignments and a higher tendency to cheat. Coordinated efforts between faculties and the university library are needed to provide long-term, lasting solutions.
- Key words:** *Academic Integrity, Caribbean, Higher Education, Jamaica, Library Information Studies, Plagiarism*

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Simulation in nursing education in Trinidad and Tobago: An evaluation of students' self confidence in administering chemotherapy.

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Background: Simulation allows for the acquisition of clinical skills through practice, and has been found to enhance self-confidence at the undergraduate level.

Aim: To determine if novice students demonstrated increased self-confidence following theory, and simulation in the administration of chemotherapy.

Method: A quantitative descriptive study design was utilized. A convenience sample of 117 nursing students from two nursing schools in Trinidad, participated in the study during the period May 01 to July 31, 2016. Data collection using the Lasater Clinical Judgment Rubric was done at two points: pretest -before the didactic and simulation practice on chemotherapy administration, and a posttest- three weeks later upon completion of three simulation sessions. The Lasater Clinical Judgment Rubric was used to measure self-confidence by observing students. A Likert-type scale with 4 representing exemplary, 3 representing accomplished, 2 representing developing, 1 representing beginning. The confidence score ranges from 33 to 44 (a score of 3 or 4).

Results: The participants were mostly 90% female, 100% in their third year of training, and had completed a course in pharmacology. The results revealed an increase in self-confidence levels following simulation. Calm / confident manner had a pre-test ($M = 2.17$, $SD = .38$) and post- test scores ($M = 3.77$, $SD = .42$). The eta squared statistics (-1.33) indicated a very large effect size. Well-planned interventions/ flexibility had a pre-test ($M = 2.44$, $SD = .49$) and post- test scores ($M = 3.75$, $SD = .45$). The eta squared statistics (-0.90) indicated a very moderate effect size. Evaluation /self-evaluation had a pre-test ($M = 2.51$, $SD = .50$) to post- test scores ($M = 3.68$, $SD = .49$). The eta squared statistics (-1.18) indicated a large effect. Commitment to improve had a pre-test ($M = 2.02$, $SD = .130$) to post- test scores ($M = 3.80$, $S.D = .399$). The eta squared statistics (-4.17) indicated a very large effect size.

Conclusion: Students demonstrated a moderate increase in self-confidence, following theory and simulation. The curriculum should include technology in teaching and learning.

Keywords: *Chemotherapy, Confidence, Nursing Student, Simulation*

HIV Treat'n Care[e] Education blended learning for Nurses: Learning about HIV care on time online

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- Background:** Health[e]Foundation, a nonprofit organization based in Amsterdam partnering with Epidemiology Research Training Unit offered blended learning on HIV for healthcare workers in Jamaica during the period July to November 2016. This course aimed to provide healthcare workers with a comprehensive package of up-to-date information on all aspects of treatment and care of patients with HIV and tuberculosis.
- Objective:** To determine if blended learning is a viable option for in-service training of healthcare workers in Jamaica
- Method:** The course consisted of an introductory one day “Kick-off” workshop followed by self-study of 16-24 modules online over a 3-month period with a concluding one-day workshop. The doctors had to complete all 24 modules while the nurses, pharmacists and counselors completed a minimum of 16, including a tuberculosis module. The modules could be completed offline on a USB stick or online via smart-phone or computer with options to save and upload test scores. Pre- and post- tests for each module were tracked online and participants received regular email reminders by Health[e] Foundation and Epidemiology Research Unit Staff. Monitoring was augmented with phone reminders from the Epidemiology Research Unit. Knowledge gained was tested using a clinical case study at Kick-off and closing workshop and changes in attitude were measured using the Aids Attitude Scale
- Results:** In total 121 healthcare workers participated in the course, most were 20-39 years (62%) and female (87%). Participants were nurses (30%), doctors (25%), counselor/social workers (14%), and pharmacists (5%), other (25%). The pre-test score on all modules was 63% and rose at the post-test to 80%; a knowledge gain of 17%. The learning curve of the clinical case study showed similar results, the score increased from 43% to 60%. There was a 0.05 increase in scores on the Aids Attitude Scale from 3.65 to 3.70, indicating an attitude improvement towards people living with HIV/AIDS. Eighty eight percent 107 (88.4%) of all participants completed the program successfully.
- Conclusions:** Health[e] Foundation blended learning courses are a viable option for providing in-service training to increase knowledge of healthcare workers in Jamaica. Monitoring and correspondence with participants encouraged and motivated completion of modules.
- Key Words:** *Blended learning, HIV training in Jamaica*

What Older Adults with HIV Know about Protecting Their Brain Health and Cognition

Results of a Focus Group Study

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Background: Currently, 52% to 59% of adults with HIV experience HIV-Associated Neurocognitive Disorder (HAND), a cognitive disorder characterized by subtle to more profound deficits in cognitive functioning. With the aging of the HIV population, the prevalence and severity of HAND may also increase as age-related co-morbidities and changes in lifestyle may contribute to such cognitive deficits.

Objectives: To determine what older adults (50+) with HIV know about the effects of lifestyle on brain health and cognition, and solicit feedback on the Cognitive Prescription protocol that may be used in intervention research and clinical practice.

Methods: This IRB-approved study recruited 30 older African American and Caucasian men and women. Four separate focus groups were conducted. Each focus group was asked open-end questions about: 1) their knowledge of how each lifestyle factor (i.e., physical activity, mental activity, nutrition, sleep, social engagement, mood, substance use) affects brain health and cognition, and 2) likes/dislikes about the proposed intervention. Focus groups were digitally audiotaped and then transcribed at a later date to be analyzed using open-coding qualitative techniques.

Results: For physical activity, mental activity, nutrition, social engagement, sleep hygiene, and substance use, there was at least a cursory understanding and acceptance that they are related to brain health and cognition in some way. Yet, for several of these lifestyle factors, details concerning how exactly they affect brain health and cognition were lacking. As for the acceptance and delivery of the proposed Cognitive Prescription intervention, participants were more or less very receptive to it, especially if it is adapted to their particular individual wants and needs.

Conclusion: Participants appeared to enjoy the relative simplicity of the Cognitive Prescription protocol as it seemed adaptable to their lifestyle. Yet, providing further education to patients about the relationship between lifestyle and brain health and cognition is clearly needed, especially as this may impact their motivation to participate in such an intervention or clinical treatment.

Key Words: *HIV/AIDS; behavior modification; lifestyle; neuroprotection; cognition; brain health; Cognitive Prescription*

Health Literacy and Health Outcomes in Patients with Diabetes at a Type V Health centre in Western Jamaica.

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Objective: To determine health literacy levels and health outcomes in patients with diabetes at a Type V health centre in Western Jamaica.

Method: A correlational survey employing random sampling of 88 consenting adult diabetics was done. Data were collected using the Newest Vital Sign tool to assess health literacy levels and an 18 item questionnaire assessing demographic characteristics and knowledge of diabetes management. Docket reviews using a data extraction form were done to assess health outcomes which included diabetes control and the presence of acute/chronic complications of diabetes mellitus. Data were analyzed using the SPSS version 18. Descriptive and inferential statistics including Pearson's correlation coefficient was utilized in analysis.

Results: Participants were predominantly female (77.3%); aged 51-70 years (61.4%); married (44%); employed (46%); and diagnosed with diabetes >10 years (42%). Only 13.6% of the study sample was adequately health literate. There was no significant difference in health literacy scores between males and females ($p=0.84$). Both older adults and those with less than secondary level education had significantly lower health literacy levels ($p<0.001$). Pearson's Correlations revealed no linear relationship between health literacy scores and health outcome scores ($r=.185$, $p=.084$).

Conclusion: Low health literacy levels were predominant in this sample. Health literacy levels were related to age and education. Findings suggest no relationship between health literacy level and diabetic health outcomes. Research findings highlight the need for health care providers to identify low health literate diabetic clients, keeping in mind the challenges of the ageing population and the undereducated, and adjust health communication methods to improve the outcome of required self-management by diabetic patients.

Keywords: *Health literacy, Health Outcome, Diabetes Mellitus*

Discharge Planning and Continuity of Care Practices at the Bellevue Hospital, St Catherine, Kingston and St Andrew Health Departments.

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- Background:** Continuity of mental health care is instrumental in better patient outcomes and quality of life. Clients with serious mental illnesses can be assisted with reintegration within their communities through comprehensive discharge planning to reduce the risk of relapse and frequent re-hospitalization.
- Objective:** To determine if discharge planning and continuity of care is implemented for severely mentally ill patients who are discharged from a psychiatric hospital to outpatient mental health clinics.
- Methods:** A cross-sectional exploratory design was utilized. A sample of 162 medical records of clients aged 18-65 years, diagnosed with mental disorders, discharged to health centers from the acute and sub-acute units of the psychiatric hospital within the six month period (May-Oct 2015) were audited. Hospital records were identified using systematic sampling. Management of these patients was tracked over a period of 9 to 14 months to the time of data collection in June 2016. The audit tool was developed using the discharge process outlined in the Ministry of Health Nursing Policy Manual. Data analysis was done, using SPSS version 23. Descriptive statistics were used to summarize data. Chi-squared tests were done to determine the relationship between discharge planning and adherence to outpatient treatment.
- Results:** Majority of patients were single (86.4%), males (70.4%), aged 18-47years (84.6%) and diagnosed with schizophrenia (71%). Of 162 discharged patients, only one (0.6%) received full discharge planning interventions. Of the patients who made no contact with the referred health center (71.6%), approximately one fifth were readmitted (19.8%). A significantly higher proportion (75.9%) of patients with previous admissions was more likely to be readmitted ($p < 0.05$).
- Conclusions:** Full discharge planning was uncommon among patients discharged from this hospital. Patients who received inadequate individualized discharge planning were less likely to adhere to outpatient treatment and more likely to be readmitted. Adherence to the Nursing Policy Manual discharge planning guidelines is critical in the transitioning of patients and the quality of continuity of care between hospital and community mental health departments.
- Key words:** *Discharge planning, continuity of care, mental disorders*

Documentation practices of patient teaching and discharge planning on medical wards at a teaching hospital in Jamaica

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- Objectives:** To determine nurses' documentation practices of client teaching and discharge planning on medical wards in an urban hospital.
- Method:** This cross- sectional quantitative study used the Blake -Mowatt et al. 2013 audit instrument developed based on the 2008 Ministry of Health Jamaica guidelines to objectively evaluate eligible records. The instrument appraised four main areas: completeness of assessment, use of the nursing process, patient teaching and discharge teaching. The study was guided by the Nursing Process and Dorothea Orem's 1959 to 2001 Theory of Self-care Deficit. A list of patients discharged during the period January to May 2015 was taken from the log books of six medical ward and records retrieved. Records meeting the inclusion criteria were conveniently selected to meet a recommended sample size of 109 records. The Statistical Package for Social Sciences (SPSS) version 22 facilitated data analysis which primarily included descriptive statistics and differences were determined using the Chi Square Test.
- Results:** A total of 131 records were audited, (medical 66.7% (88), pediatric 33.1% (43). Physical assessments methods were completed in 15.3% (20) of the records reflecting poor use of the nursing process. Documentation of client teaching in the first 72 hours was identified in 20% (8) of male cases, 19.1% (9) of female cases and in 16.3% (7) of pediatric cases ($\chi^2 = 0.214$, $p = 0.899$). Discharge planning among pediatric and adult cases on the day of discharge was found in 18.6% (8) and 13.8% (12) of the records respectively. Pearson $\chi^2 = 0.512$, $p = 0.477$). Documentation of client teaching within 72 hours of admission was found on five of the six wards audited. There were no significant differences in recorded documentation of client teaching and discharge planning between adult and pediatric clients.
- Conclusion:** There are low levels of documentation of patient teaching and discharge planning at the teaching hospital studied. Immediate corrective measures are imperative and should be guided by relevant nursing theory/ framework
- Key terms:** Documentation, client teaching, discharge planning, nursing process and nursing

Notes



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