The Cheryl Spencer Department of Nursing

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Construction site of the Faculty of Social Welfare & Health Sciences Building. From left to right: Dr Anna Zisberg, Prof. Efrat Shadmi, Prof. Tamar Shochat, Prof. Efrat Dagan, Prof. Dafna Birenbaum-Carmeli, Dr. Maayan Agmon, Prof. Michal Granot and Mrs. Dalit Wilhelm.

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The Cheryl Spencer Department of Nursing Faculty of Social Welfare & Health Sciences University of Haifa, Haifa, Israel



Message from Prof. Efrat Dagan, Chair of the Department of Nursing

Dear Friends and Colleagues,

This year our annual Newsletter from the Cheryl Spencer Department of Nursing at the University of Haifa is devoted to innovations, creative methodologies to improve and enhance nursing practice and research, and

projects to reduce disparities among diverse cultural communities in Israel.

Our two new faculty members came to us after completing their post-doctorates at Harvard University's Medical School. Dr. Topaz completed his doctorate at the University of Pennsylvania, which was supported by the Cheryl Spencer Scholarship. Dr. Topaz's innovative research focuses on health informatics and data mining. This unique methodology enables quantification of the words and phrases from medical charts, which are used to clarify our understanding of the patient's condition. Dr. Treister works in translational research to develop innovative technologies for pain assessment. We are proud of the accomplishments and innovative contributions of Drs. Topaz and Treister, and are pleased to have them as part of our faculty.

Furthermore, this newsletter presents special activities contributing to the diverse communities comprising Israeli society. Raifa Jabareen, one of our doctoral candidates, is working with the Arab community, both professional and lay participants, to promote the health and well-being of Arab-Israeli youth by gaining a better understanding of their intimate relationship habits. For this project, Ms. Jabareen was awarded a European Union grant. Other projects conducted by master's degree students benefiting our communities include "Nurses Leading Change", taking place in our ultra-orthodox master's degree programs in Bnei Brak and Haifa University campuses; and the Flagship university initiative course titled: "From Active Aging to Activist Aging", targeting our elderly population. And last but not least is the collection of studies conducted by Prof. Anat Drach-Zahavy on nursing handovers, a process that is central to the 24/7 nursing profession.

In line with the directive of the Higher Education Council, this year we closed our B.A. completion programs for RNs. We wish to extend our sincere gratitude to Dr Amal Khazin, Director of Nursing Education at the School of Nursing in the Nazareth English (EMMS) Hospital, and to Rabbi Meir Ya'acobovitz and Mrs. Brachi Guterman at the Mavchar Ultra-Orthodox College in Bnei Brak, and to the faculty members and administrative staff at both institutes, for years of productive collaborations in these satellite programs.

Finally, our cover page shows a few of our faculty members, assembled on a windy day at the construction site of the new Faculty of Social Welfare and Health Sciences building, which we are expected to populate by 2020.

Warmest regards,

Efrat Dagan, PhD., RN., L.G.C,

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Faculty news

We are pleased to introduce our new faculty members



Maxim Topaz PhD, RN, MA is a health informatician. His work is broadly focused on identifying innovative ways to promote human health through information technology. Maxim completed numerous studies of clinical decision support, focusing on homecare settings, and is now involved in creating natural language processing applications for big data analysis. Specifically, he creates automated tools (based on data and text mining) to extract relevant clinical data from health narratives, such as free text clinical notes, social media or scientific literature to improve clinical practice and conduct large studies. His pioneering work so far focused on several nursing specific domains such as self-

management (https://www.ncbi.nlm.nih.gov/pubmed/27628125) or wound information extraction (https://www.ncbi.nlm.nih.gov/pubmed/27668855).

Alongside his publications on topics related to nursing and health informatics, Maxim serves as a Member-at-large at the Nursing Informatics Working Group with American Medical Informatics Association (AMIA) and was co-creator and chair of a new nursing students' working group with the International Medical Informatics Association (IMIA). He earned his master's and bachelor's degrees from the University of Haifa, Israel, PhD degree as a Fulbright Fellow at the University of Pennsylvania, and a Postdoctoral Research Fellowship at the Harvard Medical School and Brigham Women's Health Hospital (Boston, MA, USA).

Roi Treister, PhD, obtained his Bachelor's degree in psychology from University of Haifa (2006) followed by master's and PhD degrees in pain neurophysiology from the Rappaport Faculty of Medicine, Technion (2011). Subsequently, Dr. Treister completed his first post-doctoral fellowship (2011-2013) at the Human Experimental Pain Research Laboratory in the Cheryl Spencer Department of Nursing at University of Haifa, and a second post-doctoral fellowship (2013-2016) at the nerve injury unit, Neurology Department, Massachusetts General Hospital & Harvard Medical School.

Dr. Treister's ongoing research is translational in nature, with emphasis on improving, developing and implementing novel pain research methodologies. In his newly established Clinical Pain Innovation Laboratory, he plans to conduct research focused on novel methods of pain assessment and monitoring, investigate factors affecting the assay sensitivity of analgesic studies, shed new light on pain mechanisms and assess the efficacy and mechanisms of action of potential analgesic treatments.

Awards

Raifa Jabareen, a doctoral student in the Cheryl Spencer Department of Nursing, was awarded a grant of 1700 Euros from the European Union's COST (Cooperation in Science and Technology) to fund a Short Term Scientific Mission (STSM). The STSM will enable Ms. Jabareen to obtain guidance and consultation from Professor Dieter Ferring at the University of Luxembourg on measurements of self-esteem and intergenerational solidarity. Her two main goals are to: (1) To identify measures of intergenerational family conflict on sensitive issues such as sexuality; and (2) To gain an understanding on the issue of adolescent self-esteem and its influence on intergenerational family solidarity. These topics are central to Ms. Jabareen's doctoral research on the often competing influences of media and parents on adolescents' self-esteem, sexual attitudes, knowledge and behaviors in the very traditional Arablsraeli society. This COST grant gives Ms. Jabareen the unique opportunity to consult with Prof. Ferring, a psychologist and well-known expert on intergenerational solidarity and the impact of intergenerational relationships (among grandparents, parents, adolescents and children) on behaviors, attitudes and beliefs of family members.

COST is a mechanism of the European Union that supports doctoral students and post-doctoral scientists to learn from others researchers at institutions in another country. STSMs involve visits for up to 3 months for capacity building and the development of joint research projects, publications, and preparation of future projects.

Community Based Projects in the Department of Nursing

Health promotion: Nurses Leading Change: Two students' Master's Project

Shlomit Ratzabi, Nechami Becker, & Daphna Carmeli

As part of the Master's Program in nursing, students are required to plan and carry out an intervention project in the healthcare system. Two students, Shlomit Ratzabi, an ICU nurse, and Nechami Becker, a nurse in an emergency (A&E) ward, chose to set up a website for children and youth in need of routine catheterization of the urinary bladder, and for their relatives. The project was supervised by Prof. Daphna Carmeli, the course instructor and the head of the program.

The subject emerged from Shlomit's personal story. Six years ago, Shlomit's daughter was born with Extrophy bladder, a congenital malformation in which the bladder is exposed, located outside the abdominal wall. Children suffering from this condition require self-catheterization from birth onward, throughout their adult lives.

Shlomit recalled how she understood, in the delivery room, that something was wrong with her baby:

"I saw a large pink sac hanging outside, beside the umbilical cord. The neonatal doctor explained that this was the urinary bladder. I have been a nurse for a long time but I've never seen or heard of this problem before. I asked a friend, who was a nurse as well, to look for clinical information about this condition, but all she managed to find was scarce, dated material. The shock of these first hours has accompanied me throughout the years and filled me with desire to help other parents whose children suffer similar bladder disorders. The master's project was a great opportunity for me to materialize my dream."

As part of the project, Shlomit and Nehami mapped out parents' needs and collected up to date professional material about various conditions that require routine urinary catheterization in children and youth. They also communicated with children's hospitals, community clinics and experts in the field in order to construct the website so it includes rich and relevant information in a user friendly manner. The mapping has revealed that the reasons underlying the need for regular urinary catheterization vary greatly and that some children and youth suffer rare disorders on which there is hardly any information, including on daily care and sources of professional guidance and support.

The students' website aims to provide reliable and updated information to the children, youth and their families. To this end, it will include various types of information: scientific background explaining key medical and clinical aspects

of the various disorders; photos, and information clips; practical details essential for the children's daily functioning, e.g., regarding equipment for home treatment. Additionally, the website will offer information regarding financial allowances and benefits that are available to the impaired children and their families, hoping to ease the parents' negotiations with the National Insurance Institute and HMOs, while seeking to materialize their full financial and healthcare rights.

Beyond the information, the students also plan to include in the website an interactive forum for mutual advice and support, in which children and their families will be able communicate and share experiences and ideas with counterparts who deal with similar challenges. The forum will be open to registered members only and will be administered by the students, also beyond the project's course timeframe. The site will be accessible via Google search and through links from experts' and clinics' websites. The site construction will be completed in about three months.

Teaching: The Nurses Leading Care Innovations

Orit Cohen Castel, M.D.

The Nurses Leading Care Innovations (NLCI) is a three- semester course for master's students in the practicum track at the *Cheryl Spencer Department* of Nursing.

Vital elements in the success of health care systems and organizations to address current and future health challenges is the ability to timely respond to patients' and other customers' changing needs by providing novel solutions and adopting a culture of continuous improvement in the quality of care.

Nurses work in all settings with all types of patients, families, communities, and health care personnel. As such, they are critically positioned to provide creative and innovative solutions that make a real difference to the day-to-day lives of patients and their families.

Graduates of our master's degree program in the practicum track are expected to become champions of innovations in the health organizations in which they work, and a fundamental source of progress for the health care system in Israel. The NCLI course aims to provide an academic platform in which students can experience the initiation, planning, implementation, and evaluation of an innovative project focused on improving health care delivery and outcomes of care. The main learning objective of this course is that at the end of the course students will be able to plan, implement and evaluate a quality improvement project in a health care organization.

The learning in the NCLI course is project based and blended, combining class room discussions and on-line learning assignments. Throughout the course timeline, learners design their projects step by step, pilot their project and then implement the change while consulting course instructors and colleagues.

At the end of the course, students present their projects on posters which are evaluated by the faculty. The best innovative projects are awarded with a small scholarship to support students' participation in a national conference. In 2016 two projects won the Best Innovative Project award: "Promoting care coordination between health care providers in the ambulatory oncology center in Rambam Health Care Campus" by Anna Rabinovich and Marina Guriel, and "Improving dialysis patients' central line education in Holy Family hospital in Nazareth" by Vivian Harb.

<u>Teaching</u>: From Active Aging to Activist Aging

Maayan Agmon, PhD

The course "From Active Aging to Activist Aging" is an interdisciplinary collaboration between researchers from the Faculty of Social Welfare & Health Sciences, 16 master's degree students, and 20 community dwelling older adults from under- privileged neighborhoods in Haifa. The course is led by Professor Israel Doron from the Gerontology department and Dr.



Maayan Agmon from Department of Nursing, and is supported by Haifa's flagship project for combating social exclusion.

In the first semester of this year-long course, the students are exposed to cutting-edge lectures about aging and social activism. The diverse lecture program includes: ageism, age and law, physical activity and cognition in old age, activism as therapy for reducing loneliness in the old age, and more. All lecturers contribute voluntarily to this course. In the second semester, the students and older adults are divided into four groups that each include four master's students and five older adults, and together they develop social activist projects. Examples of projects from previous years are: art courses for older adults in Reut, an art middle-school in Haifa, combating environmental hazards, setting up a second-hand clothes store, and wall gardening that is accessible to older adults.

At the end of the course the students present their projects. Some of their impressions include: O., 40 years old, head nurse and master's student: "This is the first time that I have had the chance to meet vital older adults. In my daily routine in the hospital I see only sick and weak elderly. Here I have met active people that still have the motivation to change the world." H, 87 years old, a community dwelling women: "This is my first graduation ever. All my grandchildren acquired college degrees but I didn't have the chance to finish even high school. Now I can tell my grandchildren that I also finished a university course".

Research: Nursing handovers: From standardization to resilience

Anat Drach-Zahavy, PhD

Patient's handover has been declared as an area of considerable vulnerability to patient safety as well as a point of resilience, as it presents opportunities to identify, correct, and 'bounce back' from errors that happened on the last shift (Cohen & Hilligoss 2010). In the search for ways to improve handover safety, two main, somewhat rival, approaches have been suggested: standardization and resilience. Whereas the standardization approach focuses on strict adherence to standardized handover contents, the resilience perspective suggests that where there are high consequences for failure, individuals and organizations develop capabilities to detect, contain and bounce back from unexpected events (Weick et al, 2005). "Resilience involves anticipation and is an active process, which may be a better match for healthcare settings than the principles for standardization, because it more effectively addresses the unique complexities of healthcare" (Jeffcott et al., 2009). To address this issue, this paper describes the resilience strategies nurses develop to maintain patient safety.

Comparing mental models of incoming, outgoing and expert nurses of 40 handovers, Broyer, Drach-Zahavy & Dagan (2015) revealed two seemingly contradictory processes in the shift handover. On one hand, there is a "Chinese whisper effect": while outgoing nurses typically hand over redundant information that, according to expert nurses should not be handed in the handovers, incoming nurses

remembered only 20% of the information handed to them. On the other hand, there is an "information restoration" process where incoming nurses restructure missing information based, perhaps, on their prior knowledge, experience, and unmediated impression of the patient.

Using interviews with 18 nurses, Drach-Zahavy, Goldblatt, & Maizel (2015) found that incoming nurses rely on cross-checking strategies to make sense of the information gained during handovers, comparing the verbal information handed at the handover with: personal impressions gained from independently checking the patient and the equipment around him; with the normative course of care; with written formal



reports; or comparing the information handed with team members' opinions at the handover. These strategies help identify 'red flags' that help them set priorities, and direct their attention to prevent negative outcomes.

Another important resilience strategy, advocated by many safety authorities is to involve the patient during handovers. Drach-Zahavy & Shilman (2015) showed that patients' initiative to participate during handover improved when the head nurse and escorts were present and the unit was less loaded; whereas nurses' initiative to involve the patient was facilitated by the presence of escorts, and low overload. Yet, an interesting finding was that nurses revealed resilience by trying to involve those patients that were less reluctant to participate during handover due to their personality traits.

Notwithstanding, is engagement with resilient handover strategies linked to treatment errors in patient care in the following shift? Drach-Zahavy & Hadid (2016) focused on 200 handovers, and showed that strategies involving face to-face verbal interactive dialogues, and updates from agents other than the outgoing nurse (e.g., physicians,

Table 1: How to promote a resilient handover?

- Standardizing the content of the handover should be accompanied by resilient strategies.
- Lessen the cognitive load on the incoming nurse by assigning nurses to patients prior to the handover.
- 3 Accustoming handovers' standardized checklists and recommendations to the specific context of the ward.
- Providing nurses accessibility for as many sources as information as possible: unmediated impression of the patient, other nurses opinions, written information etc, so that cross checking is facilitated.
- 5 Encouraging discussion between incoming and outgoing nurses during handover.
- 6 Involving the patient in the handover as an additional agent that can signal on potential errors requires educating both nurses and patients in regards with the importance of patient participation and on what contents should be raised by patients during handovers.

patients), were linked to a decreased number of treatment errors.

Thus, a nursing handover should not be viewed as a telegram, where the outgoing nurse provides concise information on the patient, but rather as a dialogue, where the incoming and outgoing nurse share their perceptions on the patient, ask clarification questions, and together discuss their perceptions of the patient.

Table 1 presents important insights for how to structure a nursing handover, based on the above studies.

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- Emotional Intelligence and its application to HR in Nursing

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