

ABSTRACTS

The following are abstracts from the papers that will be presented orally at the 1988 ARN Annual Educational Conference, October 12-16, 1988, in Dallas, TX. Presentations will be made Thursday, Friday, Saturday, and Sunday at the Hyatt Regency Dallas at Reunion. Day and time of each presentation are included in parentheses immediately after the paper's title.

Anderson, C. (Sister Kenny Institute/Abbott Northwestern Hospital, Minneapolis, MN), DIET PRESCRIPTION IN DYSPHAGIA BASED ON PATIENT CHARACTERISTICS AND FOOD PROPERTIES. (Friday, 2:15 p.m.)

In spite of the fact that diagnosis and treatment of patients with dysphagia has become widespread in rehabilitation settings, little attention has been paid to the nutritional management of this population. Emphasis on the team approach to dysphagia management includes protocols established by physicians, nurses, dietitians, and speech pathologists. A nutritional management program has been established in an acute rehabilitation facility based on this team approach. This program incorporates patient characteristics (cognition, function of the oral phase of the swallow, swallow reflex delay, efficiency of the pharyngeal stripping wave, and presence or absence of aspiration) and rheological properties of food (viscosity, elasticity, and particulateness). The goal of this program is to optimize nutrition in dysphagic patients throughout their rehabilitation program.

Avillion, A.E., & Mirgon, B.B. (Montebello Rehabilitation Hospital, Baltimore, MD), NURSING QUALITY ASSURANCE: STRATEGIES FOR SUCCESS. (Saturday, 2:30 p.m.)

The purpose of this paper is to offer guidelines for the successful development of a rehabilitation nursing quality assurance program. There are multiple resources concerning the formulation of acute care programs, but very few address the unique needs of rehabilitation. Rehabilitation nursing QA strategies must consider lengths of stay, interdisciplinary team involvement, and the need for in-depth patient education. Nurses working on a rehabilitation unit within an acute care facility must integrate rehabilitation standards into a program primarily designed to meet the needs of acute care.

The major objective of QA is to enhance program effectiveness. Patient outcomes, such as functional status measures and accreditation by appropriate professional organizations, are indicators of program success. Nursing QA should have a positive impact on nursing care. Regardless of design, the outcome of a nursing QA program can only be measured by documented improvement in both patient care and nursing practice.

Armstrong, L.C. (Mennonite College of Nursing, Bloomington, IL), PET-FACILITATED THERAPY. (Sunday, 8:30 a.m.)

An increasing body of knowledge supporting the theory that the companion animal bond has many physical and emotional benefits serves to provide the basis for the use of service animals and companion animals for selected clients. Rehabilitation nurses should familiarize themselves with the concepts and the possibilities found in pet-facilitated therapy (PFT) in order to maximize the potential for increasing the quality of life for the disabled. The purpose of this paper is to introduce rehabilitation nurses to the uses of animals as therapeutic agents and to provide them (nurses) with the necessary information to develop and implement structured PFT programs in a variety of nursing settings according to established guidelines and protocols.

Blum, D.A. (Schwab Rehabilitation Center, Chicago, IL), ALTERNATIVE DISCHARGE PLANNING - THE VIDEO. (Friday, 2:15 p.m.)

Much attention and study has been given in recent years to provide the family, home health agency and/or alternate setting, necessary information needed to continue the rehabilitation process after discharge. Since rehabilitation is a specialty field, that not all facilities are familiar with, video taping of patients' therapies, procedures and special programs has gained increased popularity over the last few months at Schwab. This method of discharge planning is offered to assist the rehabilitation nurse in developing innovative approaches for discharging the complex patient.

The focus of this presentation will be nursing but will cover all aspects of the multidisciplinary team. I will use segments of a patient's video to illustrate the effectiveness of video programs for discharge.

Bugel, M.J. (Children's Specialized Hospital, Mountainside, NJ), PATIENT CLASSIFICATION: CAN IT CAPTURE THE SPIRIT OF PEDIATRIC REHABILITATION NURSING? (Thursday, 11:05 a.m.) The challenge to capture the spirit of rehabilitation nursing in a patient classification system was undertaken by Children's Specialized Hospital in 1986. Ideally, this system would be able to match perceived patient care needs with the available resources and be sensitive to a wide range of acuity. In addition, the system would provide information about the quality of nursing care as per the hospital's Pediatric Rehabilitation Nursing Standards of Care.

Following exploration and review of the existing system, a consulting firm was retained to assist in the development of a computerized system. Hospital administration and the nursing department managers participated in the initial design, however, all levels of nursing staff contributed to the development of this system. Evaluation to the present date supports the system's ability to predict staffing needs and validate budget requirements. Additionally, the ability to review the quality of nursing care in relation to selected variables and the cost of nursing services is present. The development of such a system is an ongoing effort directed not merely toward the accurate identification of patient needs but toward insuring the quality of nursing care provided to meet those needs.

Cowley, C. (Children's Hospital & Medical Center, Seattle, WA), DESIGNING A SOCIAL SKILLS TRAINING PROGRAM FOR HEAD-INJURED ADOLESCENTS. (Friday, 3:05 p.m.)

Head trauma can be especially damaging when it occurs during an already tumultuous developmental stage such as adolescence. Current rehabilitation efforts have placed greatest emphasis on physical and vocational rehabilitation, and not on social behavior. This paper addresses the problem of chronic alterations in social behavior resulting from head injury in adolescence. Problem analysis was undertaken to examine this area of need, and to develop an intervention program which might be utilized to augment current rehabilitation efforts. Dimensions examined included defining and measuring social behavior, the development of social skills, and the impact of HI on adolescent social development and behavior. Intervention and behavioral theories were also examined. These theories make up the framework which is the basis for the nursing program. An intervention program was designed to be utilized by the pediatric rehabilitation nurse and is presented. A research methodology which could be utilized to evaluate the program is described.

Craig, D.I. (Point Loma Nazarene College, Sharp Memorial Hospital, San Diego, CA), SPINAL CORD INJURED WOMEN'S ADAPTATION TO PREGNANCY. (Thursday, 10:15 a.m.)

A retrospective study was performed to ascertain the SCI woman's perception of both psychological and physiological occurrences of the perinatal period.

A questionnaire was sent to ten SCI women, who were or had been pregnant. The areas covered included psychosocial and physiological adaptations such as bowel and bladder programs, skin integrity, mobility, role adaptation, responses of others, and feelings regarding control. Accounts of labor experiences were included.

Pregnant women, whether spinal cord injured or not, experience similar complaints during the perinatal period. Literature suggests a potential breakdown in skin integrity and increased rates of prematurity. This study did not support the predictions. Psychological responses were not documented in literature. The women experienced concerns regarding their performance during labor, their ability to care for their child, and feelings of loss of control and powerlessness.

Cyr, L.B. (Bangor District Nursing Association, Inc., Bangor, ME), **THE ROLE OF A REHABILITATION CLINICAL NURSE SPECIALIST IN A COMMUNITY SETTING.** (Thursday, 11:05 a.m.)

The expansion and complexity of healthcare delivery systems has created many changes within the nursing profession. Proliferation of medical knowledge has created a trend toward specialization where hospitals have employed the greatest number of CNSs. The utilization of a CNS in a home healthcare agency (HHA) is a new concept.

The literature recommends employing several CNSs within an institution in order to facilitate networking, productivity, and utilization of CNSs in a combination of line and staff positions. This strategy is not feasible in a HHA. In a HHA, consideration must be given to the placement of usually one CNS within the organizational hierarchy. This will facilitate the optimal implementation of all role functions. Certain organizational designs may enhance effective utilization of a rehabilitation CNS in a HHA and eliminate certain conflicts.

This presentation will examine the utilization and responsibilities of a rehabilitation CNS in a HHA, the applicability of certain organizational designs to the role of a rehabilitation CNS, and present recommendations for effective utilization of a rehabilitation CNS in a HHA.

D'Amico-Panomeritakis, D. (Rusk Institute of Rehabilitation Medicine-NYU, New York, NY), **COMMUNITY REINTEGRATION: NURSING STRATEGIES TO PROMOTE SUCCESS PART I.** (Sunday, 8:30 a.m.)

Assisting the spinal cord impaired person in successful reintegration with his community offers a never-ending challenge for nursing. How do we best prepare this often overwhelmed and frightened patient, who frequently feels a loss of control with himself and his surroundings? Education, self-responsibility, active participation, reorientation, realistic evaluation and community connections are components that may facilitate this regaining of control. At Rusk Institute of Rehabilitation Medicine, the nursing department has implemented two phases of strategies for meeting this challenge. Part One of this two-part presentation will focus on nursing's role in the initial phase of education and evaluation of newly learned skills. Strategies which promote this are the educational series, Independent Living Experience and Therapeutic Pass. These strategies facilitate an opportunity for the patient and family to learn, practice, and evaluate the success of their preparation for the transition from hospital to community.

Daniels, S. (Moss Rehabilitation Hospital, Philadelphia, PA), **QUALITY ASSURANCE: A MULTIDISCIPLINARY APPROACH IN REHABILITATION.** (Thursday, 10:15 a.m.)

Quality assurance activities, like so much in health care, have evolved over time to keep abreast of all accrediting standards and regulatory requirements. Systems based on hospital audits, chart reviews, and department-specific policies and procedures have been implemented

and cast aside in light of new ideas.

Further influencing quality management is the advent of a highly competitive rehabilitation environment, PPO/HMO affiliations and the growing level of consumer sophistication of health care.

To address these organizational realities and in support of the Joint Commission's Agenda for Change, a multidisciplinary effort to monitor, evaluate and market the quality of care offered by program/product lines is timely.

This presentation will use the experience at this institution as a creative stimulant for further exploration.

Dean-Baar, S. (Rush-Presbyterian-St. Luke's Medical Center, Chicago, IL), **THE EFFECTS OF A TRAINING PROGRAM ON NURSES' FUNCTIONAL PERFORMANCE ASSESSMENTS.** (Saturday, 9:20 a.m.)

This study tested methods to teach nurses to assess functional performance. Training, practice, and collaboration training sessions were given to 23 gero-rehabilitation nurses. Despite small sizes and the impact of uncontrollable variables, some statistically and clinically significant findings emerged from this study. Results of the posttest only control group design showed that training was associated with significantly greater agreement on status ($p=0.012$) and goal ($p=0.036$) scores. Adding practice was not associated with increased interrater agreement. Nurses in the treatment group estimated discharge goals with greater consistency after collaborating than the control group ($p=0.018$). Follow-up showed that nurses' confidence in the tool was enhanced, and incorporation of the functional performance data into plans for patient care increased.

It is recommended that training programs for nurses and other members of the interdisciplinary team be developed for use of functional assessment tools. In addition, independent learning modules and standardized simulated clinical situations may be useful for strengthening the effects of training programs.

Derstine, J.B., & Mandzak-McCarron, K.M. (Thomas Jefferson University, Philadelphia, PA), **THEORY-BASED PRACTICE IN THE WORKPLACE: THE NEXT STEP.** (Saturday, 1:25 p.m.)

This paper will address the process of ensuring that nursing practitioners are using a conceptual base in the clinical practice area. An educator and a clinician will address issues involved in assisting rehabilitation nurses to bridge the critical link between theory and practice. Reed's Process Model of borrowing concepts from extant nursing models and constructing a usable framework was applied to clinicians of various levels practicing in a rehabilitation setting. The presenters utilized a combination of strategies including presentation of didactic material, assignment of readings, case studies and exercises to encourage the rehabilitation nurses to begin to incorporate a conceptual base into their daily practice. A mentoring system was set up where the clinical specialist and others knowledgeable in theory worked closely with those who were not. Critical aspects of this ongoing project will be shared with the audience. This paper will be of interest to practitioners and clinicians involved in rehabilitative care in any setting.

Drayton-Hargrove, S., & Mandzak-McCarron, K. (Thomas Jefferson University Hospital, Philadelphia, PA), **A PROJECT IN AUTONOMY: A REHABILITATION UNIT'S EXPERIENCE.** (Sunday, 8:30 a.m.)

As highly specialized rehabilitation nurses emerge, the demands for control over daily professional practice and decision-making ability surfaces. The current literature documents that certain "magnet" hospitals that prioritize the issues of autonomy, accountability and shared governance have low turnover rates and high staff satisfaction.

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A satisfaction survey administered to our rehabilitation nursing staff identified issues of powerlessness and lack of decision-making ability in the area of unit staffing. As a result of this data, a pilot unit autonomy proposal was developed in which the staff nurses would assume more control over staffing and daily practice.

This paper will examine the key elements in the process of establishing an autonomous unit utilizing a participatory management model. It will include the survey results as well as observations of the professional staff and the management team. Factors that enhance and impede the autonomy model will also be discussed.

Drew-Cates, J. (University of Rochester School of Nursing, Rochester, NY), **HELPFUL AND UNHELPFUL BEHAVIORS IN HEALTH-CARE PROVIDERS WHO TREAT SPINAL CORD INJURY.** (Saturday, 2:30 p.m.)

During a qualitative study on adjustment in spinal cord injury (SCI), in-depth home interviews were conducted with 52 SCI individuals, between one and five years post-injury. Subjects were asked two specific questions: "What nursing actions have you found most helpful since your injury?" and "What suggestions do you have for health care providers?" In addition to the analysis of these two questions, data presented included issues regarding hospitalization. Helpful nursing action categories included primary nursing systems, nurse teaching behaviors, and attitude toward SCI. Unhelpful nursing action categories included privacy, equipment at discharge, and bowel routines. General suggestions for health care provider categories were role clarification, control, hope, independent living, accessibility, and allowing failure. Implications for nursing practice are presented.

Drew-Cates, J. (University of Rochester School of Nursing, Rochester, NY), **A COMPARISON OF QUALITATIVE AND QUANTITATIVE COPING STRATEGIES IN SCI.** (Saturday, 8:20 a.m.)

During a study on adjustment in spinal cord injury (SCI), in-depth home interviews were conducted with 52 SCI individuals who were between one and five years post-injury. In addition, at the end of the interview, subjects were asked to fill out a modified 43-item, Lazarus and Folkman Ways of Coping Checklist (WCC), using a specific stressor related to their injury that occurred in the last week. Specific coping strategies that emerged during the qualitative analysis included social comparison, social support, and distraction. Other early strategies were coping day-by-day, and substance abuse. In later years, planning, humor and activities emerged. The qualitative strategies were then compared to the WCC strategies cited in 10 different stressor categories, and the differences in the WCC strategies over time since SCI. Implications for nursing practice are presented.

Duchene, P. (Rush Presbyterian-St. Luke's Medical Center, Chicago, IL), **CHRONIC PAIN MANAGEMENT PROGRAMS: A REVIEW OF PROGRAM STRATEGIES AND DESIGNS.** (Saturday, 2:30 p.m.)

Not simply a stimulus and response, pain is a phenomenon incorporating anatomical, physiological, psychological and cultural aspects. The problem of pain becomes even more complex when it becomes chronic. Approximately 30 years ago, the concept of addressing the multifocal needs of people in chronic pain with an interdisciplinary team developed. Pain clinics vary extensively in philosophy, quality and quantity of services available. A nationwide survey of pain clinics was conducted. This paper will present an overview of pain clinics, with a discussion of their purpose, structure, accreditation and reimbursement issues. Pain clinics involve rehabilitation nurses in the provision of direct inpatient and outpatient care, and through the insurance industry. It is imperative that rehabilitation nurses be aware of the varying styles, methods, and

qualities of the differing chronic pain management programs.

Flather, J. (Flather Rehabilitation Consultation & Management Services Inc., North Vancouver, B.C., Canada), **THE REHABILITATION NURSE AND THE ARCHITECT WORKING TOGETHER TO CAPTURE THE SPIRIT OF INDEPENDENCE ON THE HOME FRONT.** (Sunday, 8:30 a.m.)

Providing an aesthetically pleasing home environment designed to maximize the functional potential of a disabled family member is possible by utilizing the expertise of a rehabilitation nurse and an architect familiar with the needs of the disabled population.

The nurse identifies abilities and limitations, considering that these can change over time. The architect then modifies existing home environment, utilizing the concept of adaptable housing to meet identified needs.

Together they plan a home environment that allows the disabled family member to maximize potential over time, rather than be limited by design and a restrictive physical environment.

Fuentes, J., & Tosch, P. (Parkland Memorial Hospital, Dallas, TX), & Lorimer, M. (University of Texas Southwestern Medical Center, Dallas, TX), **REHABILITATION OUTCOMES OF EPILEPSY SURGERY.** (Saturday, 1:25 p.m.)

Uncontrolled seizures severely impair individuals' social and vocational lives. Approximately 30% of persons with medically refractory partial seizures may benefit from epilepsy surgery. At Parkland Memorial Hospital, 20 patients have undergone temporal lobectomy in the past two years. The aim of this surgery was to eliminate or decrease the frequency of seizures, making possible psychosocial/vocational rehabilitation. We reviewed our patient's progression toward a functional life using a nurse-conducted telephone survey. Patients contacted were 1 to 26 months post-operative and 90% have experienced a significant decrease in partial seizures. Half the patients surveyed reported were advanced in school and/or work. While the other half maintained their prior school/employment status, many are planning further education. None reported decline in functioning. The benefits reported, increased self-confidence (40%), freedom (30%), and personal control (30%), may have been motivating factors. It appears that epilepsy surgery has had positive medical and vocational outcomes. The role of the epilepsy nurse in this rehabilitation process is expanding and invites further exploration. The surgical process, study results, and nursing implications will be presented.

Gender, A.R. (Sharp Rehabilitation Center, San Diego, CA), **LEADERSHIP STYLE AND JOB SATISFACTION IN A REHABILITATION NURSING SETTING.** (Saturday, 9:20 a.m.)

A nonexperimental ex-post facto study was undertaken to explore the relationship between leadership style and job satisfaction in rehabilitation nursing settings. The study sample consisted of staff RNs employed in 10 inpatient physical rehabilitation units located in Arizona and Southern California. One hundred eight volunteers responded by completing a demographic data sheet and two research instruments. Three hypotheses were tested and supported. Staff nurses who have immediate supervisors who are high in the leadership styles of consideration and initiating structure have higher job satisfaction scores than staff nurses who have supervisors who are low in these characteristics.

Implications for rehabilitation nursing include the need to assess and educate nurse managers in developing consideration and initiating structure traits. This will improve recruitment and retention of nurses and decrease absenteeism and employee grievances, all of which are costly to a nursing department and affect patient care.

Glenn, N.H. (Morristown Memorial Hospital/Mt. Kemble Division, Morristown, NJ), RESEARCH ON THE LEARNING NEEDS OF CAREGIVERS IN THE COMMUNITY. (Saturday, 1:25 p.m.)

Increasing numbers of rehabilitation clients receive long-term care in the community. Concurrently, community resources, including availability of and supervision by professional nurses, are decreasing. Ultimately, many caregivers—e.g., home health aides, personal attendants, or family members with varying educations and rehabilitation experiences—have the daily responsibility for care.

This research investigates whether traditional adult learning concepts are effective for educating caregivers about long-term rehabilitation home care and identifies caregivers' perceptions of their own learning needs.

Structured questionnaires with open-ended questions and content-controlled checklists were administered to 40 caregivers from a home care agency. Findings suggest that traditional adult learning concepts and teaching methods may require modifications, and that caregivers do not self-select learning needs. Implications and recommendations are indicated for content and structure of caregiver training.

Gray, J. (Mount Vernon Hospital, Alexandria, VA), AUGMENTING DISCHARGE TEACHING WITH THE USE OF AUDIOVISUAL AIDS. (Sunday, 8:30 a.m.)

Severely impaired patients who are discharged from a rehabilitation setting to home often require highly specialized and individualized care. The families often experience increased anxiety which can interfere with the training process. In addition, there is a high turnover rate among home health aides, further burdening the family. As a result, consistency and follow-through of care are interrupted during the transition from hospital to home.

Traditionally, documentation of home care programs is provided to the families in written form only. However, it is well understood that teaching is more effective when augmented by audiovisual aids. It is, therefore, the purpose of this paper to present videotaping as a method of training caregivers of severely impaired patients in specialized and individualized home care programs.

Greenspan, R., & Amos, S. (Schwab Rehabilitation Center, Chicago, IL), THE NURSE AS THE PROGRAM COORDINATOR. (Friday, 3:05 p.m.)

With the current emphasis on specific programs and product line management in rehabilitation, nursing at Schwab Rehabilitation Center has developed a system to enhance each program. A program coordinator uses the case manager approach to facilitate the program from pre-admission to post-discharge.

The program coordinator is responsible for pre-admission screening, beginning the process with the possibility of on-site visits and setting up team meetings to identify and evaluate the appropriateness of the program and to communicate necessary changes. We have found this to result in a more effective patient response.

The program coordinator collaborates with the team to identify weekly goals and then disseminates the information. This enhances communication, is cost-effective, and improves relationships with third-party payors and referral sources by decreasing lengths of stay.

Habel, M. (Rancho Los Amigos Medical Center, Downey, CA), REHABILITATION NURSING NOVICES: BREAKING THE ACUTE CARE MIND SET. (Sunday, 8:30 a.m.)

Like many rehabilitation facilities, the majority of nurses we recruit come from an acute care practice setting. Additionally, rehabilitative nursing concepts are not part of undergraduate nursing curricula. Transforming acute care nurses into rehabilitation nurses requires the

development of many strategies during the induction phase of employment.

This paper will address a two-stage orientation, including staff expectations at each stage. Unfreezing strategies used to emphasize key differences between acute care and rehabilitation are stressed. The use of a tool which helps novice rehabilitation nurses to focus goals and interventions toward rehabilitative rather than acute care outcomes will be highlighted.

Hamilton, V.Y. (National Rehabilitation Hospital, Washington, DC), PREPARING THE PARAPROFESSIONAL AS AN ASSISTANT, NOT A PSEUDO-NURSE. (Thursday, 10:15 a.m.)

As we continue to face a nurse shortage, more and more institutions have had to hire paraprofessional personnel. Having instituted a primary nursing model in our facility when this became our option for staffing, the challenge for nursing education was three-fold. The first challenge was to identify the skills appropriate for this staff without compromising the role of the RN while maintaining the primary nursing model. The second was to prepare the staff to competently perform the designated task, and the third was to assess ongoing educational needs and develop continuing education programs for the paraprofessional staff. Within one year, all three challenges were successfully met. This paper will describe how this was accomplished by paraprofessionals' assumption of additional tasks without compromising the primary nursing model.

Harris, J., & Williams, L. (National Rehabilitation Hospital, Washington, DC), SELECTING AND IMPLEMENTING A COMPUTERIZED STAFFING SYSTEM. (Friday, 2:15 p.m.)

Two years ago, our rehabilitation hospital opened. Early in our start-up phase, we recognized a need to explore varying staffing options to attract nurses during a period when the supply of available nurses was rapidly declining.

A decision was made to offer flexible scheduling options to our current nursing staff and to all future hired staff. When we made this decision, we recognized it would be difficult and complex to manually maintain. Therefore, our second decision was to purchase an automated staffing system to assist with daily and long-term scheduling activities.

Selecting and purchasing a staffing system required a great deal of time and energy. Certain critical elements were considered. The purpose of this presentation is to present the key elements we considered in purchasing and implementing a computerized staffing system.

Hartwig, D.M. (Rehabilitation Institute of Chicago, Chicago, IL), THE NURSE'S ROLE IN A SEXUAL DYSFUNCTION CLINIC. (Saturday, 12:35 p.m.)

The purpose of this presentation is to describe the role of the nurse in facilitating adjustment to sexual dysfunction associated with spinal cord injury. Specifically, the goals and functions of nurses working in a sexual dysfunction clinic will be described. The primary aims of the clinic are to improve erection capability and fertility. Injections, vibration, and electrical stimulation are methods used, and both the patient and significant other participate in clinic visits. Assessment (including the sexual history), teaching, and evaluation are the nurse's key activities. Recommendations are provided that will increase the effectiveness of nurses working with patients with SCI and sexual dysfunction.

Herzfeld, S.T. (Rancho Los Amigos Medical Center, Downey, CA), PEER STUDY GROUPS IN PREPARATION FOR REHABILITATION CERTIFICATION. (Friday, 2:15 p.m.)

Supportive and educational peer study groups were identified as a way

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to enhance participation in the ARN certification process. This paper will describe a strategy for the development of peer study groups and the results obtained. Over the 10 weeks that the study groups met, between 25 and 30 nurses actively participated and 15 sat for the CRRN examination.

The purposes of the study groups were to help direct the study efforts of nurses preparing for the CRRN examination and to equip participants with test-taking skills. By preparing in a group, peer support was facilitated.

Principles of adult learning were used in the design of this innovative program. There was a commitment among participants that individual expertise would be shared with all. There were no formal lectures. Each week a specific topic was the study focus. Sample questions, handouts and guest "experts" provided the structure for each session.

The results far exceeded our expectations, both in terms of certification and in demonstrated changes in collegial behavior.

Hoffman, S.A. (New England Rehabilitation Hospital, Woburn, MA), **DEVELOPMENT AND IMPLEMENTATION OF A PROBLEM/PROGRESS-ORIENTED INTERDISCIPLINARY TEAM CONFERENCE SYSTEM BY A REHABILITATION NURSE.** (Saturday, 9:20 a.m.)

This paper describes the development and implementation of a rehabilitation interdisciplinary team conference system by a rehabilitation nurse. The author will define various steps involved with modifying a team conference system with special emphasis on decreasing status focused reporting and increasing problem/progress focused reporting. The overall goal is to integrate the needs and requirements of varied team members, federal regulating agencies, insurance companies and the hospital utilization review department into an efficient and effective communicative format.

Orientation to the new team conference system was accomplished through the use of an in-house developed videotape. The hospital's goal was to orient all disciplines using a team rather than discipline focused approach.

This paper will be of interest to any rehabilitation nurse who actively participates in a team conference system.

Holland, N.J. (National Multiple Sclerosis Society), **A VOCATIONAL REHABILITATION MODEL FOR INDIVIDUALS WITH MULTIPLE SCLEROSIS.** (Friday, 3:05 p.m.)

Freud capsulized the criteria against which he measured success in daily living: the ability to work and to love. These outcomes remain relevant today within the rehabilitative process.

Focusing on the "to work" aspect, a federally funded program for individuals with multiple sclerosis will be described. Known as JCB RAISING, the program deals with both job retention and job acquisition. It represents a new model of collaboration among voluntary organizations, business and industry, government and the medical/vocational rehabilitative system. The following general format is utilized:

1. Recruitment of participants through local chapters of the National Multiple Sclerosis Society.
2. Recruitment of volunteers from the business/labor community to consult with the participants and assist with networking.
3. Provision of opportunities for participants to refine the skills needed to obtain or retain a job in the competitive market.
4. Utilization of group process and peer dialogue to enhance favorable attitudes and behaviors by participants.

The rehabilitation nurse is in a unique position to affect attitudes of individuals with disabling conditions regarding employment and also to influence family members, other service providers and policy makers.

The JOB RAISING model provides a basis for these counseling and advocacy processes relative to multiple sclerosis and for groups with similar impairments.

Jacelon, C.S. (Mt. Ascutney Hospital and Health Center, Windsor, VT), **THE SCIENCE OF UNITARY HUMAN BEINGS: A MODEL OF SYMPHONIC INTERACTION.** (Saturday, 9:20 a.m.)

Nursing is the science of cooperation between human beings and the environment. Martha Rogers uses many terms associated with music to describe the concepts of man and environment. This presentation defines the paradigm of nursing according to Rogers, using music as a vehicle to "visualize" the concepts.

Using analogies to music, the assumptions of unitary man, the environment, and the term health are presented. Nursing is presented as a science and an art. The art is practiced using the principles of homeodynamics to facilitate symphonic cooperation between human beings and the environment. This model can be useful in rehabilitation. The last selection of music is a duet. The piano represents human beings, the synthesizer the environment. The selection affords each instrument to take the lead, one never surpassing the other, but evolving in complementarity, synchrony, helicity, and resonancy throughout to demonstrate symphonic cooperation.

Jones, S.A. (University of Akron, Akron, OH), **CRITICAL THINKING IN REHABILITATION NURSING.** (Saturday, 1:25 p.m.)

The purpose of this paper is to examine the discipline of nursing through the creative utilization of critical thinking processes and their application to rehabilitation nursing practice. Actual clinical decision-making in rehabilitation nursing is substantially composed of value judgments in an environment of ambiguity and relativity, yet academic preparation primarily stresses the application of scientific bases for decision-making. Critical thinking's most notable characteristic is the judicious application of reflective skepticism. Its value to rehabilitation nursing lies in its tolerance for ambiguity, creativity, and its consideration of alternative possibilities.

A model that celebrates nursing's essential feminine being will be proposed. The model depicts the synchrony between critical thinking and feminine-based learning patterns as they apply to rehabilitation nursing practice.

Kane, K.M. & Nissim, L.G. (Blythedale Children's Hospital, Valhalla, NY), **NURSING STANDARDS-IMPLEMENTATION OF THE "MARKER MODEL" IN A PEDIATRIC REHABILITATION SETTING.** (Saturday, 2:30 p.m.)

The "Marker Model" provides an ideal framework for the development and implementation of nursing standards in the pediatric setting. The speakers will discuss structure, process and outcome standards in the light of regulatory agency requirements and quality assurance monitoring and evaluation activities.

Standards of care, in the form of standardized nursing care plans for nursing diagnoses common in the rehabilitation setting for both inpatient and outpatient areas, will be discussed and shared.

Kotecki, J.M. (The Children's Hospital, Denver, CO), **TRAUMATIC BRAIN INJURY AMONG CHILDREN.** (Saturday, 12:35 p.m.)

A Technical Advisory Committee was developed by the Colorado Head Injury Foundation and the Colorado Board of Health. The subcommittee on children and Traumatic Brain Injury (TBI) investigated the services that are available for children who suffer a TBI in Colorado. The group developed four surveys and gathered information from Colorado hospitals, school systems, and institutions of higher learning. The results suggest there is a large population of children who suffer

yearly from a TBI in Colorado. TBI students are being absorbed in existing programs within school districts without being allotted additional funding for educational management. Training programs for those professionals who are likely to be involved in the chronic rehabilitation of children with TBI rarely prepares them for such a role. The rehabilitation nurse plays an integral role in developing and providing knowledge and information regarding TBI to agency administrators, educators, service providers, legislators, and the general public.

Larsen, P.D. (University of Northern Colorado, School of Nursing, Greeley, CO), **COPING STRATEGIES OF THE CHRONICALLY ILL.** (Saturday, 12:35 p.m.)

The purpose of this qualitative research study was to identify coping strategies used by hospitalized chronically ill adults. A literature review demonstrated that most studies of coping strategies use quantitative methodology. To obtain actual patient responses, grounded theory was the conceptual framework used. Subjects consisted of 11 patients on the rehabilitation unit of an acute care hospital. A 13-question interview schedule was developed for the study. Two broad categories of coping strategies emerged and were titled active and passive. Active strategies were identified as use of social support, active distraction, problem solving and religiosity. Passive coping strategies included passive distraction, passive participation and passive religiosity. Eight of the 11 participants used both active and passive coping strategies. Each patient was asked about the importance of the nurse in the coping process. The majority of patients did not see the nurse as having a role in this process.

Luginbuhl, D. (Mount Sinai Hospital, Hartford, CT), **SHARED GOVERNANCE: A PILOT PROGRAM.** (Friday, 3:05 p.m.)

Shared Governance is an alternative management style for the progressive nurse. The Rehabilitation Unit at Mount Sinai Hospital in Hartford, CT recently completed a one and a half year pilot. Staff nurses planned, implemented and evaluated a Shared Governance Model. This model included three councils: Clinical Practice, Education and Quality Assurance, and Management. Staff nurses volunteered or were elected to participate in one of the three councils. A Coordinating Council assisted in communication and evaluation. Each council had accountability in its specific area of nursing practice. The goal of Shared Governance was to make the staff nurse more autonomous and provide him/her with an opportunity for increased control over the work environment. The resultant increase in job efficiency and satisfaction was the impetus which led the Department of Nursing to implement the model on a hospital wide basis.

Lyons, J.A. (Blythedale Children's Hospital, Valhalla, NY), **GETTING THE LEARNER INVOLVED IN LEARNING.** (Friday, 3:05 p.m.)

Education should be both fun and interesting. Many times the learner sits passively by in the teaching situation, while the educator presents the information. Neither one has a very good or productive time.

This presentation will introduce you to a variety of ways to increase learner involvement. The ideas and games can be used by staff development educators as well as patient teaching educators.

Active learner participation, reducing classroom stress, and fun during education will be explored.

Creative teaching techniques will be used as part of the presentation to introduce their use to the participants and to get you involved.

Ma, C. (Casa Colina Hospital for Rehabilitation Medicine, Pomona, CA), **RECRUITMENT AND RETENTION STRATEGIES OF REHABILITATION NURSES.** (Thursday, 10:15 a.m.)

Like any healthcare facility, we are faced with the nurse shortage

dilemma. To compound the problem, we are located 40 miles away from metropolitan Los Angeles and our salaries and benefits are not competitive with the metro Los Angeles healthcare facilities. In addition, we utilized 50% agency nurses three years ago, before the real nurse shortage crunch. Nevertheless, we have been able to fill 95% of our open positions and reduce agency usage to less than 7% per year. We are obligated and committed to providing continuity and the highest quality of care delivered by nurses who are familiar with rehabilitation concepts and philosophy. This presentation will share with the participants our successful experience and strategies in recruitment and retention. Our success was accomplished without disruption of the overall hospital system or the development of special systems such as career ladder, child care programs or increased salary and benefits over and beyond the norm.

Maier, L., Morton, G.A., & Patrick, C.H. (HCA West Paces Ferry Hospital, Atlanta, GA), **THE EMORY CUBICLE BED: AN ALTERNATIVE TO RESTRAINTS FOR AGITATED TRAUMATIC BRAIN-INJURED CLIENTS.** (Saturday, 9:20 a.m.)

As the traumatic brain-injured (TBI) client emerges from coma, he may engage in a transitory period of agitation. The client pulls at feeding tubes and intravenous catheters and thrashes about in the hospital bed, placing himself at high risk of injury. With safety utmost in mind, the staff have traditionally turned to restraints. However, chemical restraints may actually be detrimental to cognitive recovery and physical restraints may actually be detrimental to cognitive reserve to increase agitation and foster dependence. A different approach in managing agitation is to modify the environment. The Emory Cubicle Bed, a modification of the Craig Bed used at Craig Hospital in Colorado, is one such example. The bed, resembling a large padded playpen, allows for freedom of movement while blocking the client's field of vision. In reducing both tactile and visual stimulation, the agitation is also reduced. The Emory Cubicle Bed has been successfully used in managing TBI clients for over two years at Emory University Hospital, Center for Rehabilitation Medicine.

Mangold, T. (Thomas Jefferson University, Philadelphia, PA), **NURSING RECRUITMENT AND RETENTION: MEETING THE CHALLENGE TO RECAPTURE THE SPIRIT OF NURSING.** (Saturday, 1:25 p.m.)

The Department of Health and Human Services estimates that by the year 2000, 1,371,500 nurses with bachelor's and higher degrees will be needed, while the supply of such nurses will be only 752,400. As the year 2000 rapidly approaches, the pool of those individuals who can be influenced to choose nursing is getting smaller. Nursing schools nationwide are experiencing significant decreases in enrollment; this in turn affects the supply of nursing professionals who can be employed, especially in the rehabilitation and long-term delivery systems.

The presenter will discuss the issues of the nurse shortage and offer innovative methods and ideas essential to developing an effective recruitment program—a program that will enable educators and administrators to increase enrollments of bright individuals in nursing schools.

Preparation for the challenge of the nurse shortage will help avoid the issues that are now present in terms of declining interest in nursing, especially rehabilitation nursing.

Massat, N. (Schwab Rehabilitation Center, Chicago, IL), **CAPTURING THE SPIRIT OF THE STUDENT NURSE.** (Saturday, 2:30 p.m.)

Current nursing program enrollments are down, and the effect will be far reaching. Focusing our interests on our student nurses will recapture the spirit of nursing. We can facilitate early development of the needed

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proficiency by mentoring the novices of today into the experts of tomorrow.

This presentation will outline the application of Patricia Benner's theory to the student in a clinical setting. The novice functions at a stimulus-response level requiring the close attention that is provided by a preceptor and other program alternatives.

At Schwab Rehabilitation Center, we have built the student nurse affiliate role within the clinical ladder to coordinate and monitor the program. We feel that by involving the student nurse in the mainstream of our professional rehabilitation nursing, with the benefits of our expert staff, we can provide a positive learning experience as well as improve the quality of nursing.

Mansoori, A.M. (Community Hospitals-Indianapolis Hook Rehabilitation Center, Indianapolis, IN), **DYSPHAGIA AND THE NEUROLOGICALLY IMPAIRED PATIENT.** (Saturday, 12:35 p.m.) Ineffective swallowing is common among neurologically impaired patients. Cognitive and perceptual, as well as physical, interruptions may lead to choking and aspiration. Nursing history and physical examination are useful in determining patients with dysphagia. The primary tool, however, is the modified barium swallow. Through this study rehabilitation nurses work with the multidisciplinary team to formulate a plan of care that will best serve the dysphagic patient. Included in this plan is nursing care, postural adjustments and dietary management. At Community Hospital, this implementation pivots on the care rehabilitation nurses provide.

Matheny, M.A. (Kaiser Foundation Hospitals, Clackamas, OR), **THE CLINICAL NURSE SPECIALIST IN A HEALTH MAINTENANCE ORGANIZATION: A BENEFICIAL OPTION FOR BOTH.** (Friday, 3:05 p.m.)

The Kaiser Permanente Health Care Program seeks to improve and maintain the health of its members by providing accessible, affordable, comprehensive health care of high quality on a prepaid basis. This is the mission statement of a large Pacific Northwest health maintenance organization. In these times of diminished economic growth and budget constraints how does one justify the "luxury" of a clinical nurse specialist while endeavoring to provide affordable health care? Since the hiring of a rehabilitation CNS in 1986, this healthcare system has seen many improvements in its rehabilitation services. The quality of rehabilitation care has improved through the leadership and coordination of services by the rehabilitation CNS. Members are more satisfied and experience fewer complications with individualized case management. Acute inpatient length of stay has been reduced by more effective discharge planning that addresses rehabilitation needs. Additionally, the nursing staff benefits from the presence of a clinical and educational resource.

McBride, S. (Magee Rehabilitation Hospital, Philadelphia, PA), **UNDERSTANDING FEDERAL CATASTROPHIC HEALTH INSURANCE.** (Thursday, 10:15 a.m.)

While providing services to the rehabilitation patient population, the rehabilitation nurse becomes acutely aware of the financial burden incurred.

Adequacy of health insurance has become a focus of recent legislative efforts, as basic shortcomings of both private and public health insurance coverage for catastrophic costs have become apparent. The definition of catastrophic is important because it affects how much federal money is to be spent and who qualifies for such aid. This paper highlights three federal catastrophic health insurance proposals, and illustrates the limitations of coverage of less than comprehensive care.

McHugh, B.A. (Alfred I. duPont Institute, Wilmington, DE) & Wright, C.J. (Children's Hospital National Medical Center, Washington, DC), **TRANSITION FROM TRAUMA TO REHABILITATIVE CARE.** (Sunday, 8:30 a.m.)

Traumatic injury is today's greatest health threat to children. With improving technology and increasing sophistication of acute management, the survival rate after neurotrauma has increased significantly during this decade. Survival rates are particularly high in children, who along with young adults constitute the highest risk age group for spinal cord and brain injury. With the regionalization of trauma care, severely injured children are transported to hospitals further from home for specialized acute care. Rehabilitation programs for children and adolescents with neurotrauma are newer and fewer in numbers than adult programs and frequently serve a regional population. Coordinating services for the child and the family is a complicated process involving multiple disciplines and careful planning of time and resources from acute trauma and rehabilitation facilities. This presentation focuses on the continuum of care model that has been developed collaboratively by a pediatric trauma service and a pediatric rehabilitation service to facilitate transition between services.

McNett, S.C. (Indiana University, School of Nursing, Indianapolis, IN), **EFFECTS OF SOCIAL SUPPORT, THREAT, AND COPING RESPONSES ON COPING EFFECTIVENESS IN A FUNCTIONALLY DISABLED POPULATION.** (Saturday, 2:30 p.m.)

The theoretical relationships among social support, threat, coping responses, and coping effectiveness as proposed by Lazarus (1966) have not been empirically tested in a functionally disabled population. An understanding of these relationships may provide a basis for formulating effective nursing interventions that facilitate reintegration of a functionally disabled person into the community.

Data from 50 functionally disabled, wheelchair bound individuals discharged within three years from two rehabilitation facilities were analyzed using path analysis. The model fit the data, and accounted for 61% of the variance in coping effectiveness.

Findings indicated that perceived availability of social support, but not the use of social support, was significantly and positively related to coping effectiveness through the mediating variables of problem- and emotion-focused coping. In contrast to the relationship of marital status to coping effectiveness usually found in the literature, non-married subjects coped more effectively and perceived less threat.

Mills, J.M. (Lithotripter Service St. Joseph's Medical Center, Burbank, CA), **EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY: LIFE-SAVER FOR THE DISABLED?** (Saturday, 9:20 a.m.)

Extracorporeal shock wave lithotripsy, while a well-established procedure for use with kidney stones in the able-bodied, has had little documentation of use in the disabled population. At our center, we have had more than 50 clients with a variety of disabling conditions—spinal cord injury, ALS, Guillain-Barré, etc. - undergo this procedure with quality results that have eliminated the need for potential surgical intervention. There are, however, important considerations in this population that differentiates them from the able-bodied and requires nursing knowledge of both urology and rehabilitation to avoid life-threatening consequences. It is important for rehabilitation nurses to be aware of this procedure as a potential for their clients and how to collaborate with the nurse in the lithotripsy center to maximize the client outcome.

Moranec, R.M., & Tomaszewski, D.D. (Rehabilitation Institute, Detroit, MI), **POSITIVE VALUING—PSYCHIC INCOME.** (Saturday, 12:35 p.m.)

How do people in organizations get things done? Why do they come to the workplace to do what they do? How can we as managers and directors increase their competence and achieve excellence?

This paper explores the management strategy of positive valuing—the systematic perception and expression of positive forces in individuals and the organization. This is a “high touch” style of management, where caring about people becomes the foundation of organizational strength and success.

Translated into practical issues, interviews, evaluations, and staff retention can be strongly influenced by this management style. Managers who practice positive valuing increase employee self-esteem and self respect and thereby promote excellence throughout the organization—with positive bottom-line results.

Namey, M. (Mellen Center for Multiple Sclerosis Treatment and Research, The Cleveland Clinic Foundation, Cleveland, OH), **THE CLINICAL NURSE SPECIALIST AS PREDICTOR OF PATIENT NEED FOR REHABILITATIVE SERVICES.** (Saturday, 1:25 p.m.) Rehabilitation has long recognized that addressing problems of chronic illness effectively requires integrated efforts and expertise by several disciplines. Most people with problems of chronic illness need the interdisciplinary and comprehensive contributions which characterize rehabilitation.

A variety of services are made available to patients. But is there an effective way to determine what specific services each individual patient needs? Is there an effective mechanism to triage patients so they receive the services that would be most beneficial?

A study was completed to determine if patients could be triaged effectively. As a result of the study it was determined that in this setting (not unlike other rehabilitation settings) that the clinical nurse specialist was the best predictor of services needed by patients.

A review of the study, results of data analysis and implications for nursing will be presented.

Neal, M.E. (Community Hospitals -Indianapolis Hook Rehabilitation Center, Indianapolis, IN), **MATTRESS OVERLAY STUDY FOR PRESSURE RELIEF.** (Saturday, 12:35 p.m.)

The clinical specialists at Community Hospitals of Indianapolis determined effectiveness of mattress overlays using an ordinary bed mattress as a control. Interface pressure over the trochanter was used to evaluate the amount of pressure present, using a transducer. Over 650 pressure measurements were obtained from 25 healthy volunteers. The methods demonstrated that the two mattress overlays were extremely effective in reducing pressure and therefore preventing skin trauma from bedrest. There was no statistical difference in pressure readings of the overlays (sofcare and waffle), but they were both significantly different than the regular mattress. Using this information, an inexpensive pressure-relieving device was selected for short-term use.

Nusbaum, N. (Centre for Neuro Skills-Texas), **PREVENTION, CONTROL AND TREATMENT OF GINGIVAL HYPERPLASIA IN THE PHENYTOIN (DILANTIN) DEPENDENT ADULT: A NURSING PERSPECTIVE.** (Thursday, 10:15 a.m.)

It is estimated that currently 2 million people are taking Dilantin. Approximately half of these individuals will experience Dilantin's most common side effect, gingival hyperplasia. A direct-dose hyperplasia relationship has been shown, rather than duration of treatment. Early dental prophylaxis and nursing management are necessary components in the rehabilitation/community setting. Compliance with prudent oral hygiene practices is thought to be the key to prevention and control. Compliance is facilitated through an educational process that begins ideally when the Dilantin is initially

prescribed, and addresses the patient's cognitive and functional limitations. Research indicates hyperplasia generally occurs within the first six months of Dilantin therapy. Often, such as in traumatic head injury cases, the nurse is the main source of a patient's oral care. It is the intent of this paper to identify the areas in which a rehabilitation nurse can have an impressive impact upon the clinical problem of gingival hyperplasia.

O'Toole, M. (Thomas Jefferson University, Philadelphia, PA), **ATRADITIONAL TEACHING IN REHABILITATION.** (Saturday, 9:20 a.m.)

This paper will present the results of a two-year experience in altering the teaching methodology on two rehabilitation units. As the faculty member assigned to guiding the student's learning experiences was often off-site, the student's role models and mentors were carefully selected and trained staff. The orientation program for the staff and the students will be discussed in-depth. The statistical data compiled on the learning activities of the entire group will be shared by the project directors. The specific benefits of this program for rehabilitation will be addressed in relation to continuity of care and the benefits to the units in terms of recruitment.

In addition to all of the benefits, the problems in implementation of the project will be presented. Perceptions of the staff on the rehabilitation units will be discussed, as well as the faculty and student's view.

Suggestions for the implementation of this program in other rehabilitation settings will be offered.

Parker, B.J., Norton, L., & Laughlin, C. (Harris Methodist, Fort Worth, TX), **DO YOU KNOW WHERE YOUR HEAD-INJURED PATIENTS ARE?** (Thursday, 11:05 a.m.)

If staff nurses caring for head-injured clients were asked, “What is your single greatest difficulty in providing care?” the answer overwhelmingly would be “keeping track of wandering clients!” Lower level clients, such as levels 4-5 on the Rancho Scale, pose particular problems if there are limited or no physical disabilities. Restraints, regardless of type, often increase agitation, leading to greater behavioral problems. Harris Methodist, Fort Worth has found a solution to this difficulty. Six rooms have been specially equipped with continuous, closed circuit monitoring systems to increase patient safety without the use of restraints. Due to the access of the camera to the entire room, patients may be on a regular hospital bed or matted on the floor for additional safety.

Pasquarello, M.A. (Parkland Memorial Hospital, Dallas, TX), **MEASURING THE IMPACT OF AN ACUTE STROKE PROGRAM ON PATIENT OUTCOMES.** (Thursday, 11:05 a.m.)

This study will measure the impact of a nurse managed acute stroke program on patient outcomes. Components of the program include admission assessment and daily evaluation, patient teaching, support group, staff education, family discharge planning and telephone follow-up post discharge. The patient outcomes to be measured are length of stay, compliance factors and readmission. Although several studies have been done on the efficacy of stroke programs, none have been done by nurses. The research design is an ex post facto, utilizing a chart review tool which will examine all the variables. Charts of patients admitted during a six-month period prior to the stroke program will be reviewed. Charts of patients admitted into the stroke program during the six-month period of October 1, 1987 through March 31, 1988, will be reviewed and analysis of variance will be done on the data. Implications for nursing will be discussed. Findings reflect a positive impact of support group on patient outcomes.

Pearce, K. (Casa Colina Hospital for Rehabilitation Medicine, Pomona, CA), **MANDATORY TRANSFER CERTIFICATION PROGRAM.**

(Thursday, 11:05 a.m.)

Back injuries attributed to improper transfer techniques are recognized as a major cause of hospital staff sick leave and Worker's Compensation claims. At our facility, 47% of work-related injuries between 1982 and 1985 were related to patient transfer. In response to this problem, we developed an annual mandatory transfer certification program. Reduction in transfer-related staff injuries, increased patient safety, and an acceptance of accountability for injuries by the staff are the most significant results. The program is under the direction of an interdisciplinary faculty responsible for instructing the classes and for modifying the content in accordance with changes in the rehabilitation field. The classes consist of lecture and demonstration of proper body mechanics, as well as learner demonstration of seven types of patient transfers. The purpose of this presentation is to provide a rationale and general introduction to the transfer certification curriculum.

Pellegrino, C.M. (Greater Pittsburgh Rehabilitation Hospital, Pittsburgh, PA), READABILITY OF PATIENT CARE LITERATURE FROM TEN NATIONAL HEALTHCARE AGENCIES AND ITS IMPLICATIONS FOR REHABILITATION NURSING. (Saturday, 12:35 p.m.)

Throughout the field of health care, patient literature is widely used as a major source of communication for educating patients. Printed materials are frequently distributed to patients to supplement verbal instructions. The nature and readability of patient care literature may be an unsuspected barrier to progress if patients are unable to read the materials.

The ability to read and to comprehend printed material is a functional life skill. However, the magnitude of illiteracy in the United States is overwhelming. A need exists for additional studies to explore the coordination of reading levels of patient care literature with reading abilities of patients. The present study was designed to further examine readability in healthcare literature. A sample of 92 patient care brochures was collected from 10 well-known voluntary health organizations. In order to obtain approximate reading levels, the Berta-Max Micro School (1985) software program for readability estimation was used for each brochure.

Six research questions were considered within this study. The most remarkable finding was an average reading level across all 10 agencies of 12.06, as compared to the national reading average of 8th grade or below. This finding can have profound effects on the education of rehabilitation clients.

Pierson, J.M., & Werns, T. (Rusk Institute of Rehabilitation Medicine, New York, NY), CLINICAL EXCHANGE PROGRAM. (Saturday, 12:35 p.m.)

The rehabilitation process begins with the initial day of hospitalization in the acute care setting. It is ongoing as the client works toward reintegration into society. A better understanding of this continuum of care by the acute care and rehabilitation nurse clinician is fostered by their participation in a clinical exchange program.

The clinical exchange program between Rusk Institute of Rehabilitation Medicine and NYU's University Hospital began in September, 1987. Developed as a means of acknowledging clinical expertise, the program offers the experienced acute care nurse and rehabilitation nurse the opportunity to exchange environments by means of a preceptor guided program. By identifying patient care needs in each phase of hospitalization during this two-week program, the clinician can develop a more holistic approach to care upon return to his/her clinical unit.

The clinical exchange program offers the opportunity to develop resource potential, expertise, and better quality patient care.

Pietsch, T.M. (St. Lawrence Rehabilitation Center, Lawrenceville, NJ), PRODUCT-LINE MANAGEMENT FOR BRAIN INJURY PROGRAMS. (Friday, 2:15 p.m.)

Rehabilitation facilities are initiating product-line management as a means to contain costs while remaining competitive in health care. This concept has an intricate relationship to rehabilitation nursing, offering a challenging opportunity for future rehabilitation products. This presentation will critique the effects of product-line management to the delivery of care for brain injury clients. St. Lawrence Rehabilitation Center employed this management concept on its brain injury unit. The needs assessment of the community indicated limited availability of rehabilitation services. An analysis was then conducted for resources, staff mix and estimated cost. During the developmental stage structural changes were completed to support and maintain the milieu. The marketing stage included professional and community education, fund-raisers, and media releases. The key advantage to this management philosophy is the inclusion of the rehabilitation nurse from the conception of its product. Product-line management supports our capturing clinical issues with economics, directing the future of nursing practice.

Powell, E.V.D. (University of Missouri/Columbia Hospital & Clinics, Columbia, MO), USE OF MUSIC AS A NURSING INTERVENTION FOR RESTLESS BRAIN INJURED PATIENTS. (Friday, 3:05 p.m.)

There is much information in nursing and medical journals describing the benefits of music as a therapy for a wide variety of purposes. There is very little information, however, about the use of music as an activity in which restless brain injured patients can participate with specific beneficial results. Patients were chosen whose needs included a calming therapeutic activity on the nursing unit due to their difficulty dealing with free, unstructured time. Goals included increasing attention span, decreasing restlessness, improving short-term memory, improving ability to follow directions, improving hand-eye coordination, enjoying a structured social activity and using free time in a therapeutic way. Music sessions were scheduled three times/week to daily. Techniques included using resonator bells, Casiotones, xylophones and other instruments in such a way that a patient with very limited abilities could participate successfully. The stated goals were met in these selected patients.

Riccardi, M. (Pinecrest Rehabilitation Hospital, Delray Beach, FL), EXPLORING SEXUALITY AND ALTERED SEXUAL FUNCTIONING IN THE DISABLED. (Friday, 3:05 p.m.)

Persons living with a chronic disability or who have suffered a traumatic experience rendering them disabled often have altered sexual functioning. Despite increased understanding and education regarding sexuality of the able bodied and disabled alike, society continues to treat any person who physically deviates from the accepted "norm" as asexual. Healthcare professionals in the rehabilitation field, especially rehabilitation nurses, work very closely with their clients and may be openly approached by them regarding their sexuality and sexual functioning. One's own level of comfort with sexuality has an impact on the effectiveness of intervention. Not only must rehabilitation nurses assess their feelings regarding their own sexuality, but they also should be familiar with factors that often affect the sexual functioning as well as options available to persons with altered sexual abilities.

Ricci, J., Strobel, S., & Tollefson, T. (Rehabilitation Institute of Chicago, Chicago, IL), SELECTIVE POSTERIOR RHIZOTOMY FOR SPASTICITY: CLINICAL MANAGEMENT AND OUTCOMES. (Thursday, 11:05 a.m.)

Selective posterior rhizotomy (SPR) is a promising approach to the reduction of hypertonicity and spasticity in patients with neuromuscular

disorders. The purpose of this paper is to describe the procedure, problems confronting patients/families, the interdisciplinary approach to problem management and achievement of maximal functional outcomes. The SPR technique involves electrical stimulation of posterior nerve rootlets associated with spasticity and division and severing of only those rootlets found to contribute to abnormal motor responses. Sensation, therefore, is preserved. Nursing is an integral part of comprehensive, intensive rehabilitation therapy that follows the SPR procedure to: 1) facilitate more normal movement patterns; 2) increase strength and endurance; 3) maximize functional outcomes. The role of the nurse with patients/families/other staff will be described and outcomes for patients who have gone through the program will be summarized.

Russell, R.C. (Patricia Neal Rehabilitation Center, Knoxville, TN), & McKinney, S.H. (Fort Sanders Regional Medical Center, Knoxville, TN), **THE CHALLENGING SPIRIT—COMPUTERS AND REHABILITATION NURSING.** (Sunday, 8:30 a.m.)

In the rapidly changing healthcare industry, new roles and role functions for rehabilitation nurses are emerging. Computer skills development must be a continuing focus for the individual practitioner and should be nurtured by the employing agency.

A nursing computer software package was implemented in a rehabilitation setting in a major Southern city to provide for increased compliance in care plan development.

In this session, the presenters will identify how the idea for the project developed; how rehabilitation nursing at one agency was impacted and relevance for practice elsewhere based on resultant changes.

Computer usage is a challenging spirit awaiting capture by the innovative rehabilitation nurse. The rapidly changing healthcare system demands new and innovative nursing approaches. Computers offer a new dimension for achievement.

Ryzewski, J. (Yale-New Haven Hospital, New Haven, CT), **SKIN BREAKDOWN IN SPINAL CORD INJURED INDIVIDUALS.** (Saturday, 1:25 p.m.)

The purpose of this descriptive study was to identify factors related to the development of skin breakdown in spinal cord injured adults who were at least two years post-injury. Data was collected from a convenience sample drawn from two groups of spinal cord injured individuals: 1) those admitted to Yale-New Haven Hospital for treatment of pressure ulcers between January 1986 and March 1987, and 2) those living in the community who received care related to their spinal cord injury at Yale-New Haven Hospital between 1975 and 1984. Thirty-nine subjects were interviewed and then rated on the degree of current skin breakdown. Relationships were sought between this dependent variable and the following independent variables: nutrition, bowel and bladder continence, skin care practices, psychosocial factors, and selected demographic factors. Objective data analyzed included serum albumin, total protein, hemoglobin, hematocrit, lymphocyte count, pressure readings, Beck Depression Inventory Index. The data collected are being analyzed to determine which of these factors may place the spinal cord injured adult at risk for development of skin breakdown; research findings will be available at the conference.

Sabin, S. (The First Consulting Group, Roseville, CA), **REHABILITATION NURSING: A COST-BENEFIT ANALYSIS.** (Thursday, 11:05 a.m.)

As concerns mount about the cost of acute medical rehabilitation, nursing administrators must be able to precisely identify and justify the cost of rehabilitation nursing care. Nursing resources management systems provide an excellent methodology for integrating clinical and

financial data.

Selected complications common to rehabilitation patients have been "costed out" using this methodology, and the corresponding costs for rehabilitation nursing care to prevent these complications have been determined. An analysis of these costs demonstrates the very real dollar value of rehabilitation nursing.

Schmitt, N. (Rehabilitation Institute, Detroit, MI), **LAUGHTER AS A THERAPEUTIC NURSING INTERVENTION IN A REHABILITATION SETTING.** (Saturday, 2:30 p.m.)

The scientific community is leaning toward an affirmation that "A merry heart doeth good like a medicine" (Proverbs, 17:22), with documented studies of the physiological benefits of laughter. Nursing journals are encouraging its use as a therapeutic intervention with patients. A review of nursing literature, though, has uncovered a gap between what we know about the benefits of laughter and the appropriateness of such an intervention in the patient's perception.

Does the patient see laughter as an option in dealing with catastrophic illness? What effect does laughing and joking have on the patient's perception of the nurse as caregiver? Is the patient willing or able to participate in or utilize laughter in a rehabilitation setting? This study illustrates a positive view of laughter by patients who indicated that laughter is welcome even in the face of permanent disability, and that the experience of laughter is not only appropriate in the rehabilitation setting, but also that nurses should encourage it.

Silaghi, P.K. (Jackson Memorial Hospital, Miami, FL), **NURSING MANAGEMENT OF THE PROBLEM EMPLOYEE.** (Thursday, 11:05 a.m.)

Once an employee has been integrated into the work forces of a facility the employer has made a great investment. There are times when the most likable or productive employee becomes a problem employee. This occurs when the employee fails to meet the expectations of the job description—hence the gap. Bridging this gap is the focus of this presentation.

Several methodologies will be explored via discussion of perplexing situations encountered by the participants. A model for effective disciplinary action will be described, and effects on staff turnover based on job description expectations will be analyzed. Performance evaluation pros and cons with definite steps to the "no surprise" strategies will be presented.

Sills, F.W. (University of Texas School of Nursing, Houston, TX), **THE CHALLENGE OF EXCELLENCE: DEVELOPING A PROFESSIONAL NURSING STAFF.** (Friday, 2:15 p.m.)

In today's healthcare environment, the nurse's ability to practice as a professional is dependent, in part, on that environment.

The environment that is committed to excellent and professional practice must possess a variety of characteristics, many of which are described in current literary offerings that focus on excellence in organizations. Managers who are enthusiastic, provide a nurturing climate, and trust the abilities of their staff play a significant role in setting such a climate.

Now, more than ever, nursing leaders are obligated to create organizational climates in which staff members thrive and mature professionally. This paper examines professional concepts that must be present in an organization for nurses to achieve professional growth.

Steele, N.F., Griener, M.M. (Children's Hospital of New Orleans), & Byerly, A. (F. Edward Hebert Hospital, New Orleans), **REHABILITATION OR ACUTE INPATIENT CARE FOR VENTILATOR ASSISTED YOUTH.** (Saturday, 1:25 p.m.)

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Traditionally recipients of intensive care unit services only, ventilator-assisted children served as the prototype to formalize an interdisciplinary approach to promote comprehensive care for technology-assisted youth at the one regional referral center. As the number of patients increased, needs had to be addressed. Criteria for inpatient admission and transfer as well as protocols for complex discharge preparation and follow-up procedures were developed and implemented.

Levels of care based on child, rather than mechanical, requirements were defined. Comprehensive guidelines which included consideration of liability concerns were outlined. The process for implementing training protocols and starting case management services for both hospital and community settings is described. Effectiveness of this approach has been demonstrated with cost, hospital utilization, referral, and psychosocial data collected based on experience with 43 subjects over a three-year period.

Sypolt, E.J. (University of Cincinnati Hospital, Cincinnati, OH), FOCUS CHARTING IN REHABILITATION. (Thursday, 10:15 a.m.)

Focus charting was developed at Eitel Hospital in Minneapolis by nurses who were looking for a way to make patient care notes relevant. This paper will show how this system of documentation is especially effective in rehabilitation nursing practice. Information recorded is easily retrievable to evaluate the response of patients to nursing treatments or for audits, quality assurance, program evaluation and accreditation. Focus charting prevents meaningless documentation that is unrelated to the care plan or to the patient's problems and progress. It can also help identify problems that might be overlooked in the care plan. In an interdisciplinary team, focus charting provides useful communication among disciplines. Participants will also be given an opportunity to use the system with a care plan and compare it to their system of documentation.

Thomsen, G.L. (Patricia Neal Rehabilitation Center, Knoxville, TN), COMMUNITY REINTEGRATION: THE MISSING LINK? (Friday, 2:15 p.m.)

The success of a patient's rehabilitation program is increasingly being measured by functional gain and the degree of success the patient enjoys after discharge. Tremendous resources are poured into the acute rehabilitation phase to assure achievement of these goals. Unfortunately, many times patients and families are not prepared to return home and experience disappointment and failure. This workshop will explore methods of community reintegration that will enhance a patient's success in returning home. Such methods might include (a) community reintegration classes during the acute phase of rehabilitation; (b) therapeutic home passes; (c) apartment training with family and patient; (d) transitional living arrangements; and (e) independent living arrangements.

Rehabilitation nursing emphasizes maximum educational interaction with patient and family. Program success is dependent on skills the patient can acquire through the various modes of community reintegration training with the rehabilitation nurse.

Vaughn, B., & Johnson, R. (The Institute for Rehabilitation and Research, Houston, TX), NURSING IMPLICATIONS FOR THE PATIENT WITH THE BACLOFEN INFUSION PUMP. (Saturday, 2:30 p.m.)

Spasticity can be the cause for much pain and suffering with the SCI. Researchers continue to try and find palliative measures for control of spasms with this population. The nursing staff became involved with a study of the Baclofen Infusion Pump. The nurses' involvement with the study indicated the need for team development early on with an interdisciplinary study. The nursing staff was educated about the

Baclofen pump and the type of patients who could benefit. Nursing care was developed by the nursing staff and included some unexpected complications. Psychosocial needs of the patients were of paramount importance with the nursing care. The need for future nursing studies was identified in several areas to include comparisons of nursing interventions with other methods of spasticity relief and more understanding of the types of patients to be served.

Weinberg, L.K., & Bottcher, C. (National Rehabilitation Hospital, Washington, DC), NURSING ROLE CLARIFICATION AND JOB DESCRIPTION GENERATION USING A MODIFIED DELPHI TECHNIQUE IN A REHABILITATION SETTING. (Friday, 2:15 p.m.)

We identified areas of role duplication and job expectation confusion in various levels of the nursing staff. Roles needed to be clarified. Job description content and performance evaluation cues needed to be revised.

This paper will present the participatory process employed to resolve concerns. A modified Delphi technique, job comparison matrix and group process helped assign accountability designations, clarify individual/organization roles. A job analysis and performance evaluation cue list was developed to guide discussion and direct the agenda. Positions were compared and contrasted according to the organizational chart and perceived overlap.

The results included increased staff awareness of roles, resolution of role duplication, assignment of accountability and allocation of nonassigned functions.

The project's organizational impact includes improved role interaction/communication/consultation, operationally accurate job descriptions, job performance evaluation tool congruency.

White, M.J. (University of Texas Health Science Center, Houston, TX), BLENDING OF SERVICE AND EDUCATION FOR MUTUAL PROFESSIONAL BENEFITS. (Thursday, 10:15 a.m.)

The emergence of skilled competent nurses practicing with cost-effectiveness as a goal has resulted in the profession exploring new alternatives for practice. One method for achieving this goal is through a joint appointment between service and education. This dual role has advantages for both sides. One, it helps bridge the gap between service and education. The faculty's expertise can be drawn upon in the hospital to stimulate research and increase the knowledge base of the nursing staff. Recruitment is often a viable by-product in that the students see the faculty member as an integral, participating team member and not an outsider with limited information of the hospital.

The healthcare industry will increasingly view the professional nursing staff as the key to quality patient care and cost control. Research is showing us that knowledgeable bedside nurses are clearly linked to profits in the organization. Dual roles can be utilized in many ways to enhance the nursing effectiveness in practice.