PRESENTER ABSTRACTS/BIOGRAPHIES

Dr. Marsha Bennett, DNS, APRN, ACRN, CNE
Associate Professor, Louisiana State University Health Sciences Center School of Nursing, New Orleans; Director of the Louisiana Center for Evidence-based Nursing

Diane Cepanec, MA
Senior Research Manager, College of Nursing and Manitoba Centre for Nursing and Health Research
University of Manitoba

In December 2013, the Manitoba Centre for Nursing and Health Research (MCNHR) hosted the Joanna Briggs Institute (JBI) Comprehensive Systematic Review Training and a total of 25 faculty, graduate students and clinicians were trained. Since then, the MCNHR has been supporting 13 collaborative teams in systematic reviews. We have had exceptional and critical support from Queen's Joanna Briggs Collaboration, who have been supporting us since our training by providing expert guidance, methodological feedback and coordination support for JBI reviews. Getting started in this new initiative has been a major learning for the MCNHR. Objectives: The objective of this presentation is to share the key lessons from the Manitoba experiences to date in building capacity and in supporting collaborative teams in systematic reviews. Discussion: The discussion will consider key lessons learned since embarking upon this new initiative in Manitoba. We will consider strategies we used to support sharing and learning among teams to address the issues and solutions teams identified as they worked on their reviews including how to manage review teams and tips for staying organized and successfully completing a review. We will also consider the main barriers and facilitators that Manitoba has encountered as it has sought to establish our expertise in systematic reviews. We will conclude with a discussion of the key challenges and opportunities for growing and sustaining a community of experts in knowledge synthesis in Manitoba.

Silvie Crawford, RN, BHScN, LLM
Executive Vice President and Chief Nursing Executive
Kingston General Hospital

Silvie Crawford joined KGH in May, 2015 as the Executive Vice President & Chief Nursing Executive.

Silvie spent the first 10 years of her career working as an RN in medical and surgical clinical settings at University Health Network, Toronto General and Toronto Western Hospitals. Over the past 20 years she has taken on increasingly complex leadership roles within academic health organizations. She has held leadership positions at both University Health Network and London Health Sciences Centre.

Silvie has an undergraduate degree in Nursing and a Master of Laws specializing in Health Law. Silvie holds an adjunct position at the University of Western Ontario and is also an active member of the Academy of Canadian Executive Nurses and a committee member of their finance committee.

Silvie is an active contributor to the many regional and provincial initiatives that are helping to improve continuity of care and influence healthcare policy. She is passionate and committed to enabling a practice environment that supports a high performance culture that champions patient- and family-centred care.

Dr. Janet Davis, RN, PhD
Assistant Professor, College of Nursing
Purdue University Calumet

Background: In Canada and the United States entry into the workforce as an RN depends on graduating from an approved nursing program and then passing a single licensing exam, the NCLEX-RN®. In stark contrast, every state board of nursing has different standards for approving nursing programs. These standards differ from those from the 12 provincial/territorial bodies that regulate nursing in Canada. Objectives: Our team's goal is to conceptualize issues regarding first time NLCEX pass rates, the public measure of program quality. We will recommend a series of questions for review around rationale for approved program effectiveness in preparing graduates to pass the licensing exam. We will discuss existing systematic reviews and their quality. Our objective is: Determine the relationship between nursing program approval standards for curricula, administrator and faculty qualifications, class, clinical and simulation contact hours and NCLEX first time pass rates in Canada and the United States. Methods: Each member joined the team selected based on dedication to student success strategies, experience and expertise in a specific program standard including curriculum, faculty coaching methods, clinical instruction and simulation lab development. Collaborative roles were defined to facilitate and support proposal development by a multi-campus team of faculty. Implications: Our long term goal is to develop a model of evidence-based exemplar educational practices for NCLEX outcomes that reflect program approval standards. Since passing the NCLEX is required for RN practice, our team's work would be expected to have a potentially important positive impact on increasing the nursing workforce.

Dr. Josephine Etowa, MN, PhD
Professor and Loyer DaSilva Research Chair in Public Health Nursing
University of Ottawa

Recent calls for reform in health policy and health systems have led to a heightened awareness of the need for midwives and nurses to engage more frequently in health policy development. Nurses and midwives, the health providers with the closest proximity to patients, form the largest group of health personnel in most countries, including LMICs. Given their direct interactions with patients and their expertise, midwives and nurses are strategically positioned to facilitate policy implementation geared towards health system strengthening and services delivery. Purpose and Objectives: Our paper will present the process of implementing this JBI systematic review including the challenges encountered and the lessons learned. We will share how the specific project objectives outlined below were addressed: 1. To facilitate a discussion about the role of policy development in the transfer of evidence from synthesis to utilization. 2. To consider the need to focus on the transfer of evidence for utilization. 3. To consider how synthesized evidence about the experiences of policy development may inform

evidence utilization. Methods/Results: Our research team has chosen to focus on the experiences of policy development for midwives and nurses in LMICs. This is consistent with the JBI model of evidence-based care and the cycle of evidence generation, synthesis, transfer, and utilization. Our focus on experiences of policy development in LMICs exemplifies our aim to improve our understanding of the transfer of evidence from synthesis to utilization. Discussion, Implication and Conclusion: By examining the experiences of policy development for among midwives and nurses we aim to gain further insight into how evidence is used to inform policy development for healthcare services in LMICs. The findings of this systematic review have the potential to inform strategies to enhance midwives' and nurses' involvement in policy development and subsequent translation into practice in LMICs.

Dr. Christina Godfrey, RN, PhD
Assistant Professor & Scientific Director, Queen's Joanna Briggs Collaboration

Dr. Christina Godfrey RN, PhD, is an Assistant Professor at Queen's University School of Nursing and the Scientific Director/Methodologist for the Queen's Joanna Briggs Collaboration. As a specialist in research synthesis methodologies, Dr. Godfrey has received formal synthesis training through the Cochrane Collaboration and the Joanna Briggs Institute (JBI), and is a certified as a trainer in the JBI method of synthesis. Dr. Godfrey provides methodological support to faculty, clinicians and graduate students internal to Queen's University and to emerging synthesis groups and centres throughout Canada.

Dr. Ian Graham, MA, PhD, FCAHS
Associate Professor, School of Nursing, Faculty of Health Sciences
University of Ottawa

Ian Graham, PhD, FCAHS, FNYAM is a Professor in the School of Epidemiology, Public Health and Preventive Medicine & the School of Nursing at the University of Ottawa, Adjust Professor in the School of Nursing at Queen's University and Senior Scientist in the Clinical Epidemiology Program of the Ottawa Hospital Research Institute. From 2006-2012 he was on an interchange with the Canadian Institutes of Health Research where he held the position of Vice-President of the Knowledge Translation and Public Outreach. He obtained his PhD in Medical Sociology from McGill University, Montreal.

Ian's research focuses on knowledge translation (the process of research use) and conducting applied research on strategies to increase implementation of evidence-informed practice (including practice guidelines) and policy. He is co-originator of the Ottawa Model of Research Use; the Practice Guideline Evaluation and Adaptation Cycle; the Knowledge to Action framework; and a founding member of the international ADAPTE collaboration. He has published over 275 peer reviewed articles and is co-editor of Turning Knowledge into Action: Practical Guidance on How to Do Integrated Knowledge Translation Research (2014), Knowledge Translation in Health Care (2013, 2nd edition) and Evaluating the Impact of Implementing Evidence-based Practice (2010) and co-author of CAN-IMPLEMENT©: Planning for Best-Practice Implementation (2014). Ian was twice been awarded a Queen Elizabeth II Jubilee Medal.

Dr. Margaret B. Harrison, RN, PhD
Professor Emerita, School of Nursing
Queen's University, Kingston

Margaret Harrison was the first graduate of McMaster University's PhD in Clinical Health Sciences (Nursing) in 1998. After working as a Senior Scientist at the Ottawa Health Research Institute she joined Queen's University (2000-2013) and is now Professor Emerita, Queen's University School of Nursing.

She is a founding member and Senior Scientist with the Queen's Practice and Research in Nursing Group (PRN), an innovative academic-practice partnership to advance practice through research at the point-of-care. In this role she led the development of a Joanna Briggs Centre at Queen's University – the first North American centre of this collaboration to synthesize evidence for practice.

Professor Harrison's research program has been focused on continuity of care for complex health populations and this led her into the field of knowledge translation. Using guidelines and other evidence tools was an instrumental strategy in designing interventions to improve continuity. Her work in evidence-based practice and knowledge translation was recognized with receipt of the Queen's Basmajian medal for research. This research has placed her at the forefront in the field of knowledge translation (KT) as a recognized scholar nationally and internationally.

Eftyhia Helis, MSc
Knowledge Mobilization Officer
Canadian Agency for Drugs and Technologies in Health (CADTH)
Ottawa, ON

Too often, Knowledge Mobilization (KM) strategies in health care are developed without fully understanding the needs of the end-users. Without this important information, KM efforts for uptake of the evidence may not be as impactful as hoped. At CADTH, a pan-Canadian health technology assessment organization, KM aims to create meaningful impact in evidence-informed health care decisions by engaging with knowledge users (KUs) throughout the research and KM planning process. Objectives: This presentation will share CADTH's approach to applied KM for disseminating health research evidence and meeting the needs of various KUs across Canada. Methods/ Results: Applied KM refers to an approach wherein KUs including health care decision-makers, policy-makers, administrators, clinicians, and patients are central to planning and implementation. At CADTH, a committed team of KM professionals works closely with KUs as well as researchers and topic-specific experts, and a relationship between the teams is established at the onset of the project. Communication with KUs is maintained throughout key stages and where warranted, KM initiatives adapt to meet context-specific needs and to maximize impact for the end-user. This presentation will use various CADTH projects to demonstrate the range and possibilities of applied KM. Various ways of working with KUs to learn about needs, knowledge/ practice gaps, and local contexts and KM tools developed to meet these needs will be discussed. Applied KM principles and lessons learned will be shared to be used and built upon by others — across disciplines and settings. Discussion/Conclusion: Collaborative and flexible KM efforts are required to ensure relevant, timely, and impactful evidence uptake by decision-makers. Implications: In the context of a diverse Canadian health care system, understanding the needs of end-users is crucial for health evidence to be used appropriately. Applied KM can help to make that happen.

Dr. Lisa Hopp, PhD, RN FAAN
Interim Dean and Professor, College of Nursing
Co-Director, Indiana Center for Evidence Based Nursing Practice
Purdue University

Lisa Hopp was the founding director of the Indiana Center for Evidence Based Practice and continues as co-director. In that capacity she has lectured extensively on evidence based practice regionally, nationally and internationally. She has led evidence implementation efforts in area hospitals for most of those 10 years and studied the effectiveness of implementation. She has been a member of the Committee of Directors for the Joanna Briggs Collaboration since joining the Collaboration and currently serves on the Institute's Advisory Board. She is certified as a systematic review trainer and contributes to systematic review methodology.

Currently, she is the interim dean of the College of Nursing at Purdue University Northwest where she has taught for 24 years. She spent most of her teaching career in the graduate program where there is a strong curricular thread of patient-centeredness, evidence based practice and the role of shared decision making in evidence based practice. She is a co-author of the text, Introduction to Evidence Based Nursing Practice: A Practical Guide for Nursing and several articles related to evidence based practice including engaging patients in evidence based clinical decisions.

Dr Susie Jones, Ph.D., APRN-CNS, CCNS-P, CCRN-P, FCCM
Director of Research and Quality, INTEGRIS Advanced Cardiac Care, Oklahoma

Dr. Lisa Keeping-Burke, RN, PhD
Associate Professor of Nursing, University of New Brunswick in Saint John
Adjunct Assistant Professor, Queen's University

While the JBI Training Workshop equips reviewers with the necessary knowledge and tools to undertake and conduct a systematic review, it is possible to become lost in a sea of data when a qualitative review gets underway. Such was the case for one team of reviewers in their effort to assess and analyze a well-established body of qualitative research. Reviewers were confronted with the task of organizing the data set while simultaneously learning to monitor their progress in a realistic manner. Management of this large data set was a lived through experience, not something one could read about and learn from the JBI Reviewer's Manual. Objective: We plan to share our experience as novice reviewers when undertaking and conducting a qualitative synthesis, the lessons learned along the way, and practical tips for mastering control of a large volume of data. Methods: Our journey unfolded in two major waves: (1) Initiating the assessment, and (2) Assessing in CREMS. During wave one it was critical that ground rules such as inclusion and exclusion criteria were established and reiterated often, that the review question was frequently revisited, and a choice of software for housing and organizing the articles decided. During wave two, frequent team meetings were critical as was ongoing discussions of the assessment criteria for article selection. Results: Eventually our team found its way and arrived at a place where everyone was confident in the process while staying true to answering the review question. Along the way, we developed several tools that helped impose structure on an otherwise chaotic process. In particular, we will discuss an organizational table that was critical to staying on task. Implications: Processes and insights gained through our experiential learning can be useful to others who are confronting large qualitative data sets when conducting a systematic review.

Dr. Kate Kemplin, DNP, RN, CCEMTP
Assistant Professor of Nursing Research

University of Tennessee at Chattanooga

Historically, medical science has not fully utilized nursing science to improve care outcomes. Despite this disconnect, when deprived of essential assets to evacuate and care for oppressed peoples and wounded warriors due to geopolitics, Special Forces ([SF], aka "green beret") military clinicians approached this civilian nurse scientist in efforts to improve their curricular design and evidence-based practice, to ultimately improve battlefield survivability. Objectives: Engage the audience by presenting the participatory action project resulting in the adoption and uptake of nursing science and practice models by another discipline to improve clinicians' abilities to promote soldier survivability. Innovative use of social media, presentations, and publication is discussed as methods of dissemination to improve evidence-informed practice. Methods/Results: Models and theories assimilated throughout nursing science were translated to SF clinicians' practice to design frameworks for pedagogy and practice: briefly: reflective practice, narrative pedagogy, health disruptions via catastrophic events, care incorporating systems constantly changing from baseline, and care emphasizing nutrition, hygiene, comfort, and sanitation. The designed pedagogical and practice guidelines are immediately identifiable as thoroughly based in nursing science. Discussion/Conclusion: In an all-male military clinical environment composed of independently-practicing Special Forces medic clinicians, previous collaboration with nursing was previously nonexistent. Similar to nursing in its infancy, these medics' advanced-level practice and education is dictated by physicians, and medics struggled to deliver holistic care grounded in evidence to vulnerable populations under that medical model. Implications: This translation of nursing science to another clinical discipline include improved survivability from combat trauma and battlefield illness, substantial changes to policy and practice, enhanced opportunities for women and nurses within Special Operations, curricular revision, and translation of these initiatives and knowledge into actionable options for non-governmental organizations caring for refugees and displaced persons.

Dr. Craig Lockwood, RN, BN, GradDip, MNSc, PhD
Associate Professor, Postgraduate Coordinator,
Director Implementation Science, The Joanna Briggs Institute, Faculty of Health Sciences, The University of Adelaide

Dr Craig Lockwood is Acting Executive Director, and Associate Professor Implementation Science in the Joanna Briggs Institute, The University of Adelaide. Dr Lockwood is responsible for the Institutes global dissemination and implementation strategies and specialist content web based platforms, tools and resources for transferring evidence in to practice at the point of care for the health professions. These are currently utilised by over 9000 health services around the world to facilitate the transfer of knowledge to policy and practice.

His interests include knowledge translation, implementation science and synthesis science. Dr Lockwood has been a long-standing member of Cochrane methods and review groups, and is the current Nursing Care Field Chair. His main interests are in qualitative synthesis methodology, guideline adaptation, international collaboration and studies that enhance our understanding of implementation. He is an Adjunct Associate Professor at the School of Nursing, Queens University, an active participant in the Cochrane Fields Executive group, the Guidelines International Network; and values all forms of practical collaboration.

Dr. Marian Luctkar-Flude, RN, MScN, PhD
Lecturer, School of Nursing
Queen's University

As early-stage breast cancer survivors are transitioned to primary care follow-up, it is important to address known primary care provider knowledge and practice gaps related to evidence-based survivorship care. One solution is to empower breast cancer survivors to self-manage their own survivorship care. One supportive strategy is to provide breast cancer survivors with their own version of the relevant guideline recommendations. Objectives: To describe a research collaboration with a group of breast cancer survivors to repackage content of existing breast cancer survivorship care guidelines into relevant formats that will support them in self-management of their own survivorship care. Methods/results: Breast Cancer Action Kingston (BCAK) members were previously invited to be part of an expert panel engaged in synthesizing breast cancer survivorship care guidelines relevant to primary care practice using a modified Delphi method. Thirty published guidelines on various aspects of breast cancer survivorship care were reviewed and appraised. Potentially relevant guideline recommendations were extracted and mapped to four essential components of survivorship care to create a framework to guide provision of breast cancer survivorship care. The completed framework consisted of a one-page checklist outlining breast cancer survivorship issues relevant to primary care, a three-page summary of key recommendations and a one-page list of guideline sources. Expert panel members and primary care providers recommended that breast cancer survivors should have access to their own version of the guidelines to support them in managing their own care.   Discussion/conclusions: A working group of five to six BCAK members will be meeting monthly with an academic nurse researcher to design, implement and evaluate a knowledge translation intervention to repackage content of the primary care framework for breast cancer survivors. Implications: The proposed survivor version of the framework may serve as a tool to facilitate breast cancer survivors' self-management of their post-treatment survivorship care.

Danielle Macdonald MN, RN(1)
School of Nursing, Dalhousie University
Doctoral Candidate, University of Ottawa

JBI offers a holistic understanding of evidence and includes methods for synthesizing qualitative evidence. This influenced our decision to use the JBI methodology for our qualitative systematic review. Our systematic review contributed to the completion of the first MN thesis using the JBI methodology at the Dalhousie University, School of Nursing. The purpose of using the JBI methodology and methods was to meet the requirements of our MN program. Objectives: 1. To share student and faculty experiences of using the JBI methodology and methods to meet the requirements of a Master of Nursing program. 2. To identify the strengths and challenges of conducting a JBI Systematic Review for a Master of Nursing degree. 3. To facilitate a discussion about using the JBI methodology and methods for a Master of Nursing thesis. Methods/Results: All team members received JBI training; one had extensive JBI experience, one was an information services librarian. The team had a mixture of qualitative and quantitative research experience. Strengths included; all team members were JBI trained, student exposure to peer review, two publications from MN work, development of foundational research skills, and international collaboration with nursing colleagues. Challenges included; intense involvement for co-supervisors as secondary reviewers, balancing methodological and traditional thesis requirements, first JBI SR for several team members. Discussion and Conclusion: The JBI methodology is an appropriate approach for graduate nursing students in thesis-based MN programs due to; an evidence-based focus,

development of foundational research skills, and opportunities for publications. Challenges can be overcome with a collaborative team, open communication, and organization. Implications: JBI is a feasible methodology for a MN thesis. Strategic timing of JBI training is essential for timely program completion. Alignment of traditional thesis requirements with JBI methodology warrants consideration.

Dr. Marilyn Macdonald, BN, MSN, PhD
Professor and Associate Director Graduate Studies, School of Nursing
Dalhousie University

In the conduct of qualitative research, attention is paid to congruency of methodology, methods, theoretical perspectives and the analysis approach. For example, in the conduct of a grounded theory study, the author must be explicit about the grounded theory (GT) tradition employed, demonstrate the use of GT methods in data collection and analysis, and that the criteria for rigor specific to GT are evident. There is considerable overlap in the assumptions underlying qualitative methodologies, however, the theoretical lens of the researcher(s) may vary widely. In the conduct of a Joanna Briggs Institute qualitative systematic review using the Qualitative Assessment and Review instrument (JBI-QARI) the studies included are subjected to JBI critical appraisal to assess credibility. However, once the findings are extracted a thematic or content analysis approach is commonly employed in the analysis of extracted findings. The purpose of submitting this topic for presentation is to conceptually clarify the congruence of the unilateral application of thematic or content analysis in the conduct of qualitative systematic reviews. Discussion: How does the JBI critical appraisal of included studies influence a finding or set of findings? Are extracted findings deemed methodology neutral? Does the application of an analysis approach such as thematic or content analysis matter in the context of a JBI qualitative systematic review? In a GT study is the theory the finding or the concepts that make up the theory?

Dr. Karen MacKinnon, RN, PhD
Associate Professor, School of Nursing
University of Victoria

To have an impact on policy and practice qualitative health researchers have been challenged to discern and describe systematic approaches for synthesizing research findings. Synthesis of qualitative research may support enhanced understanding by summarizing a body of knowledge, or may assist with decision making by contextualizing the evidence including that developed from quantitative systematic reviews and meta-analysis. Ultimately JBI Systematic Reviews identify recommendations for practice or health policy. The Joanna Briggs Institute (JBI) meta-aggregative approach follows a similar process for that used with quantitative reviews. Title and protocol development, in conjunction with developing strategic literature searches to comprehensively and transparently find relevant papers, are initial stages of a JBI review. Abstract screening, full-text review of potentially relevant articles, and subsequent critical appraisal of included articles, are stages that are supported by various JBI tools and resources. Findings and supportive illustrations, identified and entered into JBI software, form the basis from which

categories and synthesized findings are created by JBI reviewers. A full systematic review is subsequently generated and submitted for peer review, prior to being published by JBI.

At the University of Victoria, several research teams are currently engaged in JBI Qualitative Systematic Reviews. Two reviews have just been completed and we will reflect on our experiences with JBI's methodology, share our observations, challenges, and lessons learned and locate JBIs approach within the larger landscape of qualitative meta-synthesis. We invite your questions and anticipate a lively and thoughtful discussion.

Mike McDonald, MPA, BScN
Chief Patient Care and Chief Nursing Officer
Hotel Dieu Hospital, Kingston

Mike is a member of the Senior Leadership Team at Hotel Dieu Hospital. He has worked in Clinical Patient Care, including Cardiac, Urgent Care, Medicine, Mental Health, Onocology (BAP), Paediatrics, and Surgical Perioperative Anesthesiology. He also spends time working in the fields of Laboratories, Respiratory, and Professional Practice.

Dr. Jennifer Medves, RN, PhD
Vice-Dean (Health Sciences), Director of the School of Nursing
Queen's University, Kingston

My research program has evolved over the last fifteen years from Sustaining Rural Maternity Care to Nursing in Healthy Rural Workplaces because of projects I have been involved in and my interest to examine the wider context of nursing in rural health care. Sustaining rural maternity care had four components that were linked back into a model under which I undertook a number of projects. However, maternity care does not happen in isolation and my work with rural health care providers made me recognize that the ability to provide maternity care, particularly intrapartum care in hospitals, is integrated into other acute care services including emergency and surgery. The ability of rural facilities to provide care is reliant on a healthy work environment that values the contribution of all care providers and the acceptance and support of patients, their families and the communities.

Philosophically I conduct research from two paradigms: empirical and critical. The studies I have conducted in the last fifteen years are almost equally balanced between the two. I am not an interpretive researcher but have been lucky to work alongside some very talented interpretive researchers including several at Queen's University. I am most comfortable now in the critical paradigm as I am pragmatic and want to bring about change as a result of the studies. My underlining rationale for every study is 'so what' - that is what would the results of this particular study effect in health care. If there is not a practical application then I seek to find one or alter the protocol, before we start, so that there is a potential outcome that will be useful.

There are five sectors encompassed in the program of research

Safeguarding patients, families, and communities
Nursing beneficence
Interprofessional collaboration
Best evidence for practice

Recruitment and retention

Jennifer is the Director of the School of Nursing and Vice-Dean Faculty of Health Sciences, Chair of Council of Ontario Programs in Nursing, Vice-Chair of Senate and serving on the University Council Executive Committee, Alumni Assembly and Human Rights Legislation committee, Joint Chair of education sub-committee of JPNC and a Member of Joint Provincial Nursing Committee (JPNC), as well as the AMS Phoenix Project.

Dr. Karen Parsons, RN, PhD
Associate Professor, School of Nursing
Memorial University

In conducting our first qualitative systematic review following JBI reviewer training, we faced a number issues where decision-making was not clear cut. The issues we encountered had not been addressed during our training. Objectives   In this presentation we will: 1. Describe the issues related to decision making that we encountered in our systematic review. 2. Discuss the rationale for our decision making using examples from our systematic review. 3. Identify recommendations for qualitative systematic reviews. Methods/Results: Our protocol entitled older nurses' experiences of providing direct care on hospital nursing units: A systematic review of qualitative evidence was published in JBI Database of Systematic Reviews & Implementation Reports in 2015. We identified issues in the critical appraisal checklist for the inclusion of manuscripts. We also identified issues with data extraction, for example findings did not relate to illustrations. This was particularly troublesome when the manuscript included excellent illustrations but no identifiable finding or a finding that did not fit with the illustration. Some of these issues are related to different approaches to known qualitative methodologies. We kept notes of all the issues we encountered as we conducted our systematic review and these will provide clear examples of our quandaries and our decisions. Discussion and Conclusion: We will discuss the value of further refinement of guidelines for qualitative systematic reviews that will ultimately provide these reviews with more rigour. As well, we will relate our issues to those discussed in the literature (e.g., Sandelowski, Leeman, Knafl and Crandell (2012). Implications: The issues we identified along with the decisions we made are the type of examples that need to be included in JBI Systematic Review Methodologies and in training programs.

Caroline Figueira Pereira
Doctoral Candidate
School of Nursing, University São Paulo
The Brazilian Centre for Evidence-based Healthcare: a Collaborating Centre of The Joanna Briggs Institute

Although much has been written about the social problems of alcoholism, little attention has been given to the education of nursing students who care for the patients with the associated health problems. We believe nursing students that had clinical experiences develop better attitudes towards alcoholic and alcoholism. Objective: Identify the effectiveness of clinical experience with alcoholic patients on nursing students' attitudes towards the alcoholic and alcoholism. Methods: Systematic review that it will use the following sources of information: CINAHL, PubMed, BVS, Scopus, Web of Science, MEDLINE, EMBASE, Cochrane, PsycINFO and JBI library. The search for unpublished studies will include OpenGrey and Google Scholar. Initial keywords used will be: attitudes, nursing education, alcoholism and alcoholics. We will include experimental and epidemiological study designs including randomized controlled trials,

non-randomized controlled trials, quasi-experimental, prospective and retrospective cohort studies, case control studies and analytical cross sectional. A three-step search strategy will be utilized in this review. An initial limited search of MEDLINE and CINAHL will be undertaken followed by analysis of the text words contained in the title and abstract, and of the index terms used to describe article. A second search using all identified keywords and index terms will then be undertaken across all included databases. Thirdly, the reference list of all identified reports and articles will be searched for additional studies. Studies published in English, Spanish and Portuguese will be considered for inclusion in this review. Due the shortage of studies on this field we will not limit date for inclusion in this review. The assessment of the methodological quality of the studies will be performed using the instrument MAStARI from Joanna Briggs Institute.

Dr. Caroline Porr, RN, PhD
Assistant Professor, School of Nursing
Memorial University
President of the Canadian Association for Nursing Research

Although assumptions, aims and methods of qualitative inquiry may not fit with the experimental designs or clinical trials deemed the evidentiary gold standard by the originators of evidence-based medicine movement, one should not underestimate the usefulness of qualitative research findings for evidence-based decision-making in health and social care situations. In fact, practitioners are seeking alternate sources of evidence to inform implementation of interventions that have statistically significant effect sizes. Practitioners want to ensure, for example, that complex interventions are amenable to specific organizational dynamics, social contexts, and, client situations and preferences. These alternative sources of evidence include systematic reviews of qualitative research (or what is referred to as meta-aggregation of qualitative findings). While we do not want to debate the relative legitimacy of qualitative inquiry during this presentation, we do want to, first, acknowledge its scientific merit. Objectives: The two-fold purpose of this presentation is to focus on the process of meta-aggregation of qualitative findings which we think is critical to producing valid and valuable evidence, and, to demonstrate the high degree of cognitive astuteness required of reviewers. Discussion: It is our contention that reviewers need an affinity for, and, demonstrated knowledge, skills and expertise of qualitative research methodology to effectively participate in the review process. Implications: The audience will have opportunity to engage in discussion about optimal qualifications of reviewers and propose recommendations to further enhance requisite preparation and abilities for conducting rigorous systematic reviews of qualitative research.

Kendra Rieger, RN, BN, PhD(c)
College of Nursing, Faculty of Health Sciences
University of Manitoba

Systematic reviews are considered the gold standard of research evidence, and doctoral students should graduate with some level of understanding of the systematic review process. Yet, there are numerous challenges when trying to incorporate one into doctoral work, especially as part of a complex paper-based thesis. Objectives: In this presentation we will describe the opportunities and challenges of conducting a JBI comprehensive systematic review within a doctoral program of study. Additionally, we will discuss how we navigated the unique opportunities and challenges that came with the review team members also being the doctoral student's committee members. Methods: As an interdisciplinary team, we analyzed and synthesized both the qualitative and quantitative evidence about the experiences and

effectiveness of arts-based pedagogy for undergraduate nursing students. We then integrated these two components with a narrative synthesis and discussion. In this process, we developed numerous tools and strategies to help us overcome the challenges that we faced. Additionally, this review was integrated into a paper-based thesis consisting of a number of separate, yet connected, manuscripts. We were working within a unique context: our comprehensive review took place in the first paper-based thesis and in the first cohort of a new doctoral program, and was one of the first JBI systematic reviews conducted in Manitoba. Although our experience is distinctive in that we were navigating new terrain on so many levels, we survived and at times, even thrived.   Conclusions: This review produced important evidence about an innovative pedagogical approach in undergraduate nursing education. But the opportunities did not end there. Conducting this review built the research capacity of all involved, resulted in important scholarly outputs, engaged the entire doctoral committee in a meaningful way with the thesis work, and shaped the direction of one doctoral student's future career and program of research.

Dr. Leslie Rittenmeyer, Psy.D., R.N., C.S., C.N.E.
Professor, Purdue University Northwest, Indiana

Maurio Ruffolo, RN MPA
VP Patient/Client Care & Chief Nursing Executive
Providence Care, Kingston

Maurio Ruffolo is currently the Vice President of Patient and Client Care and Chief Nurse Executive for Providence Care in Kingston and has been in this role since the fall of 2009. He is a Registered Nurse, with a Bachelor Degree in Psychology and a Masters Degree in Public Administration from Queen's University.

In his current role, Maurio oversees professional practice, clinical informatics, pharmacy and clinical support services and also provides operational leadership to all six (6) patient and client care programs which includes complex continuing care, specialized geriatrics, physical medicine and rehabilitation, seniors' mental health, adult mental health and forensic mental health.

Maurio began his career as a front line nurse in the Critical Care Unit at Kingston General Hospital from 1983 to 1988. In 1988, Maurio undertook a successful eighteen-year career in clinical management positions at Ongwanada Hospital in Kingston until 2006. He has been with Providence Care since 2006, first as an Administrative Leader for the complex continuing care and palliative care programs and then moved into the position of Vice President, Patient and Client Care and Chief Nursing Executive in the fall of 2009.

Susan W. Salmond, RN, EdD, ANEF, FAAN
Executive Vice Dean, and Professor
Rutgers School of Nursing

Dr. Kim Sears, RN, PhD
Associate Director, Master of Science in Healthcare Quality Program
Deputy Director/Healthcare Quality, Queen's Joanna Briggs Collaboration

Queen's University

The Canadian Nursing Simulation Research Collaboration was created as a result of a Canadian Nursing Think Tank on Simulation Research that took place in November 2015, bringing together five experienced simulation nurse educators and researchers who brainstormed about current trends and gaps in simulation research. All are experienced in the JBI systematic review methodologies. Objectives: (1) To describe the development of a national nursing research collaboration to address gaps in healthcare simulation research relevant to prelicensure nursing and interprofessional education. (2) To outline the challenges and opportunities related to conducting systematic reviews through collaborative distance work. Methods/results: Several key gaps were identified that would benefit from a series of systematic reviews to integrate the evidence that currently informs simulation practices and to direct future research. These topics included: faculty development, virtual simulation, psychological fidelity and safety, and self-regulation and self-assessment. A systematic review on faculty development with regard to simulation preparation and delivery is currently underway. Other areas requiring investigation will be addressed as the research collaborative progresses with their work. Discussion/conclusions: Challenges related to collaborative distance work and refining the research question will be described, such as difficulties organizing face-to-face or teleconference meetings, and setting and meeting target deadlines, as well as a lack of funding to support systematic review research. Strengths and opportunities that have arisen from our national collaboration will also be discussed, particularly the sharing of knowledge, methodological expertise, and resources to support systematic reviews and other research. Implications: Future opportunities arising from a national collaboration are believed to outweigh the challenges and strengthen the quality of simulation research projects.

Dr. Erna Snelgrove-Clarke, RN, PHD
Associate Professor
School of Nursing, Department of Obstetrics and Gynecology
Dalhousie University

Perinatal (maternal and newborn) outcomes are affected by provider' inconsistent clinical management behaviour to use best evidence in areas such as fetal health surveillance, obesity, exclusive breastfeeding, second stage management of labour, and caesarean section rates. Rates associated with the sentinel indicators of perinatal health vary considerably in Canada. The use and translation of evidence is of considerable interest as we move towards bridging the "research to practice" gap and address care-related inefficiencies, inconsistencies, increasing costs, and negative health outcomes. Existing systematic reviews have synthesized evidence about strategies for provider behaviour change, however they have not explored the impact of these different strategies with respect to different perinatal health care provider (single versus interdisciplinary) or different maternal newborn outcomes (e.g. second stage management, caesarean section, breastfeeding).

Given the varieties of issues that influence the outcomes of maternal newborn care, the gap in knowledge of strategies for these health care providers' use of evidence must be addressed. Objective: to identify effective strategies for perinatal provider behaviour change. Methods: This systematic review (SR) will follow a rigorous process for critical appraisal and synthesis of quantitative evidence. The Johanna Briggs (JBI) Systematic Review Methods3 will inform our methodologies. Results: In progress Implications: We anticipate the potential of uncovering studies of challenging methodological aspects (i.e. heterogeneity with various types, populations, and outcomes). This uncovering will illustrate the pragmatic nature of clinical care, the realities of changing provider behavior, and allow us

to work regionally with the IWK Health Centre and NSHRF and nationally with SOGC and CAPWHN for this grant's knowledge activities. Ultimately, review outcomes will address the strategic planning of clinical decision-makers and fill a care gap for patient oriented research that is driven by evidence-informed healthcare practices and efficiencies in practice.

Dr. Daphne Stannard, RN-BC, PhD, CNS.
Director & Chief Nurse Researcher, UCSF Medical Center Institute for Nursing Excellence

Daphne received her BSN at Vanderbilt University and her Masters and PhD in Nursing from the University of California at San Francisco. She has over 25 years of clinical experience in critical care and perianesthesia nursing. Daphne is currently the Director and Chief Nurse Researcher of the Institute for Nursing Excellence at the University of California at San Francisco Medical Center. Additionally, Daphne serves as the Director of the UCSF JBI Centre.

As the Director and Chief Nurse Researcher of the Institute, she is responsible for coordinating nursing education, fostering nursing research, and supporting excellent nursing practice within the UCSF Medical Center. Her research program focuses on evidence based practice and clinical practice issues and her research expertise is in qualitative research methodologies and systematic reviews.

Dr. Beverley Temple, RN, PhD
Associate Dean Research and Associate Professor, College of Nursing
Faculty of Health Science, University of Manitoba

Research surrounding best practices for people with Intellectual or Developmental Disabilities (IDD) has not contained a great deal of high level evidence and many program decisions have been based on trial and error. Background As a result of a close collaborative relationship between the St.Amant Research Centre and the administration of the St.Amant organization several scoping reviews have been completed to inform the work of the organization in supporting people with IDD. Two of the questions recently included: What is known about best practice in assessing pain in people with IDD? And the second was, What is known about respite services from around the world? Two scoping reviews were completed to respond to the concerns related to the provision of service. The importance of collaboration in designing review questions and the organizational response to change practice will be discussed.