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Improving screening rates for metabolic syndrome in patients taking second generation antipsychotic medications (SGAs)

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Background: Metabolic syndrome continues to be a leading cause of morbidity and mortality in the US in those with serious mental disorders. The five major features of metabolic syndrome include obesity, insulin resistance, dyslipidemia, impaired glucose tolerance and hypertension. Metabolic syndrome is more likely to occur in individuals with mental illnesses who are prescribed second generation anti-psychotic medications (SGAs) to manage their psychiatric symptoms. The American Diabetes Association (ADA) and American Psychiatric Association (APA) guidelines for metabolic screening allow health care providers the opportunity to focus on patients prescribed SGAs who are at higher risk. However, rates of metabolic screening for patients prescribed SGAs remains low. Strategies are needed to increase yet simplify regimens to increase adherence to guideline recommendations.

Methodology: A quality improvement strategy (QIS) to increase rates of metabolic screening.

Results: The initiation of an EMR prompting tool increased clinician adherence to the ADA/AHA guidelines on metabolic screening in patients prescribed SGAs. Post test scores for knowledge of metabolic effects of SGAs increased in both healthcare personnel and patients following the QIS. Similar to other studies, patients prescribed a SGA gained weight and waist circumference increased, however with concentrated effort, some lost weight. Patient overall satisfaction with care rose following the QIS.

Conclusions: Use of an EMR prompting tool combined with staff and patient education was found to increase rates of metabolic screening and improved patient satisfaction with care. Use of EMR tools should be optimized and simplified to assist providers in completing recommended screening.

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Addressing moral distress through creation of a just culture in nursing education

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The purpose of this qualitative study (n=15) was to uncover and describe the experiences of moral distress among students enrolled in Associate Degree Nursing programs. The research questions aimed to describe the aspects of the experience of nursing education that cause moral distress among nursing students; how moral distress impacts the education and experience of nursing students and identify how nursing students cope with morally distressing events. While it has been established that moral distress among professional nurses negatively impacts retention of the workforce, the literature was limited and unclear on how students experienced moral distress during their academic careers and more specifically, what aspects of nursing education created moral distress for students. The findings will be presented through an exemplar narrative representative of the themes, dealing with the inherent stress of nursing school while also dealing with situations of moral distress; learning and working in an unjust culture; disempowerment and status and moral residue and regret. This study adds to the existing body of knowledge about moral distress in nursing and provides insight into how nursing students experience moral distress in nursing education. The students' narratives gave an intimate, personal view of lived experience and emphasized significant aspects requiring attention in nursing education and more broadly in the profession of nursing. Creation of a supportive learning environment, one that incorporates the principles of a Just Culture may significantly reduce the intensity and frequency of students' moral distress in the academic environment.

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Page 168