9:00 AM - 9:45 AM

**Keynote Address: Leadership Development Opportunities from Bedside to Boardroom GS**

*Kelly Reilly, PhD, RN-BC, NEA-BC, Maimonides Medical Center, Brooklyn, NY*

Leadership development is needed throughout the continuum of the profession of nursing. The presenter will discuss the leadership skills necessary to enact change at all levels of care delivery and provide real life examples of leadership development opportunities from the bedside to the boardroom.

1. The learner will be able to describe a full range of leadership styles and skills.
2. Compare and contrast leadership development opportunities.
3. Evaluate the development of individual leadership development action plan.

10:00 AM - 10:45 AM

**Sitting Down to Write GS**

*Anita Catlin PhD, FNP, CNL, FAAN, Kaiser Permanente, Vallejo, CA.*

In this session, the presenter who is a journal editor, will break down barriers to writing. Thinking of an idea, creating an outline, completing a literature search, finding the gaps in knowledge, and telling your story will be reviewed. Explanation will be offered on selecting a journal, writing a query letter, and following author guidelines. Confidence building will be included.

1. Learner will review how to conduct a literature search, including how to find access to a medical library.
2. Learner will be able to delineate choosing and working with a journal.
3. Learner will develop confidence in ability to create a manuscript.

11:15 AM - 12:15 PM
Panel Discussion: Understanding and Coping with the Mental Health Impacts of the COVID-19 Pandemic GS

Erica Hutchison, PhD, Maimonides Medical Center, Brooklyn, NY

This presentation will focus on the lived experience of healthcare providers in the field during the COVID-19 pandemic by providing space for several healthcare workers to share their individual stories. The panel discussant will facilitate deeper discussion by asking open-ended questions that will aim to help the audience better understand the ways in which the pandemic has affected mental and physical wellbeing, with some focus on understanding and differentiating between trauma, burnout, compassion fatigue, and other mental health issues. By hearing individual stories, the talk will also aim to validate and normalize these experiences, with the hope that audience members will also be able to relate and better understand their own experiences. The talk will also specifically address concrete and meaningful strategies for managing mental stress related to COVID-19, supporting colleagues, and re-building individual and community resilience.

1. Participants will be able to differentiate between trauma, burnout, and anxiety responses.
2. Participants will be able identify 3 strategies for managing acute stress/trauma/anxiety.
3. Participants will be able to identify at least 1 new strategy for supporting their colleagues and community on an ongoing basis.

12:15 PM - 1:15 PM

Pediatric Surgery Nuts and Bolts: Feeding Tubes GS

Richele Koehler, PA-C, Assistant Professor
Children’s Hospital Aurora Co.

Scott Yoshihiro Ninomiya APRN-Rx, CWOCN, RNC
WOC Coordinator
Kapi‘olani Medical Center for Women and Children, Honolulu, HI

With medical advancement and an increased need for long term enteral feeding, gastrostomy placement has become commonplace. To improve overall knowledge this
Presentation will discuss current best practices with regards to gastrostomy tube management. There are a few different methods of gastrostomy tube placement that influence post-operative management, including laparoscopic assisted gastrostomy, open gastrostomy and percutaneous endoscopic gastrostomy. With these varying methods, we will discuss appropriate pain management, site care, including management of common site challenges and complications. This will be an interactive presentation. Upon completion of the presentation attendees will be able to:

1. Verbalize the current methods of gastrostomy placement and discern the differences in the post-operative management.
2. Verbalize the appropriate best practices in managing common challenges seen with gastrostomy placement including leakage, granulation tissue and irritant dermatitis.
3. Verbalize the appropriate practices in managing gastrostomy complications including cellulitis and dislodgement.

1:45 PM - 2:00 PM

Case Study: An ExUtero Intrapartum treatment Procedure PD

Stephanie Ow RN Clinical Nurse III, UCSF Health, Yuba City, CA
Anjal Pong, MSN, RN, NPD-BC, CNOR

An ex utero intrapartum treatment procedure (EXIT) is performed when fetal abnormalities are diagnosed during the prenatal phase of development. An EXIT procedure can reduce mortality and morbidity. Fetal teratomas are rare with an estimated incidence of 1 in 35,000 live births and can be life threatening to the fetus depending on the size and location. An EXIT procedure can be the best chance of survival for the fetus to secure the airway and allow for an optimal environment for a safe delivery.
1. Understand the rationale for performing an ex utero intrapartum treatment procedures.
2. Understand the surgical preparation for an ex utero intrapartum treatment procedures.
3. Demonstrate knowledge of methods to ensure patient safety during an ex utero intrapartum treatment procedures.

2:00 PM - 2:15 PM

Video Appointments in Pediatric Surgery: Will they Still Have a Place after COVID? PD

Janelle Sherman MSN, RN, CPN
Pediatric Surgery Nurse Coordinator, Geisinger Medical Center
Danville, PA

There appears to be a lack of literature regarding video appointments in Pediatric Surgery in the United States.

Patients and clinicians completed surveys for one month to determine multiple criteria. Information gathered included patient satisfaction with appointment, preferred type of appointment and preference once the COVID-19 pandemic ends. Clinicians' perspective on patient experience was also surveyed. A review of the literature will also be provided. Upon completion of the presentation the learner will be able to:

1. Determine the percentage of patients who were scheduled for video appointments versus telephone appointments versus in person appointments during the survey timeframe.
2. Discern patient satisfaction and clinician perceived patient experience based on type of appointment.
3. Calculate percentage of patients desiring to stay with video appointments post COVID.

2:15 PM - 2:45 PM
Integration of Palliative Care for Pain and Symptom Management for Children with Serious Illness  

Deborah Lafond, DNP, PPCNP-BC, CPON, CHPPN, FPCN, FAAN  
Chief Executive Officer Panda Education Consultants, Lakeland, FL  
Deborah Fisher, PhD, PPCNP-BC, CHPPN

Pediatric patients with serious illness often have a prolonged trajectory of disease with intensive, often invasive, medical technology aimed at reducing disease and/or symptom burdens. The potential for physical, emotional, and spiritual suffering is high for these children and their families (Sisk et al, 2020). The integration of palliative care for children with serious, potentially life-limiting, illness may mitigate suffering. In this presentation, we will discuss barriers to pain and symptom management for the pediatric patient with serious illness undergoing surgical interventions.

1. Identify barriers to adequate pain and symptom relief in palliative surgical care for pediatric patients with serious illness.
2. List components of a thorough pain and symptom assessment.
3. Describe pharmacological and non-pharmacological palliative therapies used to relieve pain and other distressing symptoms for pediatric patients with serious illness.

2:45 PM - 3:15 PM  

Pediatric Perioperative Surgical Home: A Surgical Home for Children with Medical Complexity  

Sarah Clark, MS, ANP-BC,FNP, RNFA  
Program Manager, Pediatric Perioperative Surgical Home  
University of Rochester Medical Center, Province NY

Children with medical complexities (CMC) are an emerging population of fragile patients whose health and quality of life are heavily dependent on multiple providers, specialists, technology and medical services. Fragmented care places these children and their
families at risk for poor outcomes both inside and outside of the medical system. With a focus on improved patient outcomes and team communication we created an interdisciplinary team composed of representatives from nursing, surgery, anesthesiology, quality improvement, social work, and multiple medical specialties to meet the surgical needs of these complex patients.

Upon completion of this presentation the will learner will be able to:

1. Define the term "children with medical complexities".
2. Understand the importance of preoperative anesthesia risk assessment.
3. Identify tools for provider/caregiver partnership in surgical decision making.