14th Annual Conference
Poster Abstract Booklet
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## POSTERS BY CATEGORY

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### ONCOLOGY
- **7** Outcomes of Outpatient Autologous Stem Cell Transplant for Multiple Myeloma
1. A Colon Cancer Screening Provider Reminder Model for Practice
   – Trudy Bauer, MSN, FNP-BC
   **ABSTRACT:** Colon cancer remains a leading cause of cancer morbidity and mortality in the United States. Screening procedures for the early detection of colon cancer had been shown to significantly decrease colorectal cancer (CRC) occurrence and mortality; however, screening rates remained low. A provider recommendation for CRC screening was positively associated with patient completion of CRC screening; however, lack of reminders had been identified as a barrier to provider recommendation. Therefore, the purpose was to design, implement, and evaluate an evidence-based provider reminder to increase colorectal cancer screening rates in a primary care setting. A PICO question was formulated to assess the planned intervention: In a primary care practice, how does a provider reminder prompt for CRC screening compared to no provider reminder prompt affect colon cancer screening rates? A search of the evidence did show support for the implementation of a provider reminder prompt as an effective intervention to increase colon cancer screening rates. The project was implemented using a paper provider reminder to increase colon cancer screening rates in a family practice setting. Providers found the reminder easy to utilize and felt it did increase the likelihood that they would discuss CRC screening with patients. Patients given the reminder did show an increase in screening behaviors.

2. Integrating Veterans’ Health into Nurse Practitioner Curriculum
   – Kathleen Gray, DNP, FNP-C
   **ABSTRACT:** The terrorist attacks on U.S. soil on Sept. 11, 2001, prompted Operation Enduring Freedom (OEF), the 2001 deployment of U.S. troops to Afghanistan and Operation Iraqi Freedom (OIF), and the 2003 deployment of U.S. troops to Iraq and Afghanistan. During these operations, approximately 2 million military personnel were deployed. Issues reported as a result of these deployments include: mental health concerns such as post-traumatic stress disorder (PTSD); depression; and anxiety. Veterans, by nature and training, do not report these symptoms to their primary care providers (PCP); consequently, these chronic issues go untreated and lead to untoward outcomes in this patient population. Because of a shortage of PCPs in the Veterans Affairs (VA) system, many patients seek care from civilian PCPs who are not equipped to assess and plan for them. The purpose of this qualitative study is twofold: to examine the comfort level of civilian primary care physicians and nurse practitioners when managing the health concerns of post-deployment; and to integrate veteran health care and the curriculum of medical schools and graduate family nurse practitioner programs. This study will pilot the development of best practice guidelines and increase the knowledge and clinical expertise of civilian PCPs who care for veterans and their families.

3. Does the Use of Ibogaine Lessen the Physical Dependence of Opiate withdrawal Compared to Traditional Opiate Addiction Treatments?
   – Laura O’Farrell, MSN
   **ABSTRACT:** Heroin addiction is a growing problem in Pennsylvania. Current therapies, such as aversion or replacement therapies, are not working. The failure rates are estimated to be at 70%. Countries such as Canada, Mexico and Brazil are currently utilizing the use of Ibogaine, an anti-addictive agent not approved in the United States, for heroin addiction. Ibogaine is a plant from Africa that completely resets the pathways in the brain and body removing or greatly reducing the need for heroin. Currently, Ibogaine is illegal in the United States; however, New York and Vermont have recently presented bills to begin the investigation and use for the treatment of heroin addiction.
Health Literacy and Adherence to Colorectal Cancer Screening  
– Lisa Sanko, DNP, FN

**ABSTRACT:** Colorectal cancer (CRC) represents the second-leading cause of cancer-related deaths in both men and women together in the United States. Screening, along with early treatment, has led to lower incidence and mortality rates throughout the years; however, screening for CRC continues to be underutilized. Because men have a greater risk than women for developing CRC, adherence to CRC screening is imperative. Studies have shown that non-adherence to CRC was significantly more prevalent among rural areas versus urban areas. A relationship between having low health literacy and having a significantly lesser knowledge regarding CRC and CRC screening has been identified. This study used a mixed-method design to determine if health literacy levels were associated with adherence to CRC screening and to describe perceptions of adherence and non-adherence in males residing in a rural area. A convenience sample of 32 males between the ages of 50 and 75 were recruited in a primary care office in rural Pennsylvania. Health literacy levels were obtained using the Rapid Estimate of Adult Literacy in Medicine-Short Form. A semi-structured recorded interview was conducted to obtain demographic information, screening status, and perceptions of adherence and non-adherence. This study found that married participants were about 67 times more likely to get screened than non-married participants (p=0.002). Doctor recommendation was identified as one perception of adherence to CRC screening and not having symptoms was identified as one perception of non-adherence to CRC screening. Health literacy levels were not found to be associated with CRC screening adherence. The results of this study can help future studies identify factors for adherence and non-adherence to CRC screening in eligible males residing in a rural area. Future research may include focusing on non-married males and utilizing a larger sample size.

Drunkorexia: College Students’ Eating/Exercising Behaviors Prior to Alcohol Consumption  
– Jo Ann Nicoteri, PhD, CRNP, FNP-BC

**ABSTRACT:** Drunkorexia, an idiomatic term coined by the media in 2008, refers to caloric restriction prior to alcohol ingestion or in anticipation of alcohol ingestion. Because the term is not generally recognized by the medical community and does not appear in the Diagnostic and Statistical Manual of Mental Disorders (DSM) V, controversy exists over its use, but it is found in consumer and scholarly literature. The literature does recognize the co-morbidity of alcohol abuse and disordered eating; however, a third correlational relationship with physical activity exists. The motivation of these behaviors may be to avoid weight gain and/or to get intoxicated faster. Populations at greater risk include college women. In Spring 2016, a survey was conducted at a small private university (4,000 primarily residential undergraduate students) in northeastern Pennsylvania. Of the 158 respondents, 40 males and 118 females, 21.5% indicated they intentionally restricted caloric intake and 32.3% indicated they intentionally increased exercise prior to consuming alcohol or in anticipation of consuming alcohol. Weight gain (29.1%) was a greater motivating factor than to get drunk faster (10.8%). The participants were fairly evenly distributed among classes (freshman, sophomore, junior, senior), but the 19-year-olds and 20-year-olds were the most likely to respond yes to the behaviors. Although 74.7% of the participants were female, 20% (8) of the male participants responded “yes” to intentionally restricting calories and 17.5% (7) males responded “yes” to intentionally increasing exercise. Seven males indicated weight gain as a motivating factor, and only 5 males indicated to get drunk faster as a motivating factor. Nurse practitioners who provide primary care need to be aware and alert to male and female patients presenting with symptomatology of caloric restriction in lieu of drinking alcohol. Astute history taking skills with sensitivity to disordered eating issues are necessary to elicit potentially detrimental health behaviors.
Ultrasound IV Placement by RNs in the Emergency Department

– Gina Slobogin, MSN, RN, APRN, FNP-B

ABSTRACT: “Establishing vascular access is one of the most common procedures carried out in the emergency department and is a priority of care for the critically ill and unstable patient (ENA, 2012).” Many patients experience difficult IV access, which the ENA defines as multiple attempts and/or the anticipation of special interventions being required to establish and maintain peripheral venous access. This situation may be related to or exacerbated by the patient’s condition – such as edema, obesity, history of IV drug use, or dehydration – while other patients may have generally poor peripheral vasculature. All of these may lead to multiple attempts at IV access, increased patient pain and anxiety, as well as increased frustration and anxiety on the part of the nurse. Many of these patients will eventually receive PICC lines or central venous access, putting them at greater risk for infections and causing increased in-hospital time. Ultrasound-guided peripheral IV placement (USGPIV) “reduces the number of unsuccessful attempts and ensures catheter visualization in the vessel. It can eliminate delays and frustration, and ultimately reduces the use of supplies and staff time.” (Stone, Meyer, & Aucoin, 2013).

Outcomes of Outpatient Autologous Stem Cell Transplant for Multiple Myeloma

– Jo Ann Davidson, MSN, CRNP, FNP-BC

ABSTRACT: High-dose melphalan, followed by an autologous stem cell transplant (ASCT), is the treatment of choice for eligible patients with multiple myeloma (MM). This procedure historically required hospitalization for at least two consecutive weeks due to the multiple complications associated with the high-dose chemotherapy, especially neutropenic fever, oral mucositis, and diarrhea. In February 2015, our institution started a pilot program for quality improvement of ASCT in patients with MM using an outpatient model. Requirements for this program were availability of dedicated caregiver, patient preference, and no need for hemodialysis. Of the 65 patients who underwent ASCT between February 2015 and May 2016, 41 (63%) were able to participate in the outpatient program, which required daily visits with a nurse practitioner in our infusion room. Twenty-five patients (61%) required admission to the hospital for several reasons, including neutropenic fever (15 pts), refractory nausea/vomiting (6 pts), and oral/intestinal mucositis (3 pts). A documented source of infection was found in only 4 patients (3 central line infections and 1 patient with adenovirus infection). In the hospitalized patients, the median length of stay was 9 days (range, 4-18 days). No patients in this group died of ASCT-related complications. We conclude that a select group of patients with MM can undergo ASCT entirely on an outpatient basis with low morbidity and mortality. Potential benefits of outpatient ASCT are lower rates of hospital-acquired infections, patient comfort, and cost savings due to decreased hospital stays.

Transitioning into Advance Practice: What Helps and What Hinders

– Elizabeth Gillette, MSN; Kaitlyn Karl, MSN; Mandie Shaw, MSN, CRNP, FNP-C

ABSTRACT: With the increased need for providers within family practice, many registered nurses (RNs) are making the transition to advanced practice registered nurses (APRNs). The purpose of this study was to identify positive forces and obstacles experienced by current APRNs during their transition into practice. There is limited research available on this topic, and some suggested a relationship between a departure from advanced practice and the obstacles encountered during transition. It is critical to address these positive forces and obstacles, as any APRN departure from practice will impact access to care. In this non-experimental, cross-sectional study, positive forces and obstacles experienced by current APRNs during their transition into practice were investigated through an online survey. The goal of this investigation was to rank identified positive forces and obstacles encountered during transition into advanced practice. This study was supported by previous research about the topic of RN-to-APRN transition. The findings revealed positive forces as more influential in the RN-to-APRN transition as opposed to obstacles encountered. Having a support system and getting hands-on experience were found to be the most important positive forces, according to respondents. Lack of mentoring and personal sacrifices were rated as the top obstacles encountered. Uncovering and normalizing the experiences of APRNs during their transition into practice will ease the process for new graduates and lead to higher retention in the advanced practice role.
9 Using Simulation to Teach Primary Care Gynecologic Procedures
– Stephanie Garofalo, RN, BSN ; Alexander Wrynn, BSN, RN

ABSTRACT: In response to the growing body of evidence that simulation is a satisfactory way to instruct procedural skills, we developed an innovative model to teach common gynecologic procedures, such as cervical cancer screening, cervical polyp removal, intrauterine device (IUD) removal, and endometrial biopsy. The objectives of this study were to describe the construction of the model and to assess participants’ satisfaction and confidence in applying the learning objectives to their clinical practice. The researchers created the model with reusable and readily available materials. During a “hands-on” skills workshop, practicing clinicians performed simulated cervical cancer screening, endocervical polyp removal, IUD removal, and an endometrial biopsy on a low-fidelity gynecologic model. Using convenience sampling, each participant completed a survey designed to measure satisfaction with the workshop and self-confidence in their newly acquired skills. Results: All (n = 30, 100%) of the participants agreed at the “agree” or “strongly agree” level that the gynecologic skills workshop using lecture and a “hands-on” model was a satisfying and self-confidence building experience. An easily reproducible and reusable gynecologic procedure simulator was highly rated as a means of teaching common primary care gynecologic procedures. The simulated model provided an opportunity for “hands-on” skills learning for clinicians who wish to expand their gynecologic procedure skill set.

10 Creating an Interprofessional Team and Discharge Planning Guide to Decrease COPD Hospital Readmissions
– Danielle Saunier, DNP, ACNP-BC, CCRN

ABSTRACT: Chronic obstructive pulmonary disease (COPD) affects 12 million people in the United States (Weir, Elixhauser, Pfuntner, & Au, 2011). It is the third-leading cause of death in the United States and is the only diagnosis that is on the rise (Centers for Disease Control and Prevention [CDC], 2015). It is also one of the leading hospital readmission diagnoses (Baker, Zou, & Su, 2013). COPD has been added to Center for Medicare and Medicaid’s (CMS) Hospital Readmission Reduction Program, which places hospitals with high unplanned readmissions at risk of reimbursement penalties. CMS established the benchmark at 17% for 30-day COPD readmission (Elixhauser, Au, & Podulka, 2011). The COPD readmission rate at the facility of interest was 24%. The purpose of this quality improvement (QI) project was to address high COPD readmission rates at the facility, a gap in nurse knowledge regarding COPD care, and inconsistent utilization of hospital resources for the COPD patient population. This QI project focused on formally creating an interprofessional team, which included primary and pulmonary physicians and clinicians representing nursing, respiratory therapy, cardiopulmonary rehabilitation, and pharmacy. The interprofessional team met monthly to identify evidence-based guidelines regarding COPD care and areas where care may be fragmented. A discharge planning guide, similar to a checklist, was created to ensure all areas were addressed prior to patient discharge. The team also created a survival skills magnet that utilized a traffic light graphic as an educational tool. There was an 11% increase in nurse knowledge after the nursing educational sessions, as evidenced by pre- and post-survey results. This project realized an immediate 50% decrease in COPD readmissions and has been able to sustain an overall 10% decrease since project implementation. This work with COPD patients and reducing hospital readmissions was significantly influenced by information technology, healthcare policy, and interprofessional collaboration implications.
Nurse Practitioner and Physician Assistant Providers in Emergency Department Triage
– Gina Slobogin, MS, RN, APRN, FNP-BC

ABSTRACT: “Improving flow in the emergency department ensures our patients receive safe, quality care and have better experiences. When ED’s flow is inefficient, we lose the ability to provide treatment in a timely manner, wait times are longer and we see an increase in sentinel events. Ultimately, flow inefficiencies prevent us from achieving and sustaining excellence.” (Baker, Smith, & Shupe, 2014). Traditionally, triage has consisted of a trained RN who takes vital signs and a brief history of the complaint and then decides which part of the emergency department a patient should go to. Patients may see the 8- or 9-step triage process as inefficient, containing unless steps to them, and delaying their time to seeing a physician. Many emergency departments are looking to nurse practitioners and physician assistants to close the gap between the physicians and the nurses, and triage is just the most recent way that nurse practitioners and physician assistants are being used. The concept of having a provider in triage is relatively new and has been demonstrating many positive outcomes. Having an initial assessment performed by a provider has led to reduced numbers of patients leaving without being seen and has increased patient satisfaction. An average ED loses 3% of their patients when they leave without being seen. Having a nurse practitioner or physician assistant in triage who can start initial orders, especially in high volume times, will reduce these numbers while also decreasing the patient length-of-stay times in the ED.

Prolotherapy for Chronic Soft Tissue Injuries
– Gina Bennett, CRNP

ABSTRACT: The purpose of this poster is to provide information about prolotherapy as an alternative method of treatment for chronic soft tissue injuries in primary care. A review of literature was done over the last five years using CINAHL and Ebscohost. A review of the literature reports that prolotherapy has been shown to decrease pain and improve function, strength and activities of daily living. Outcome studies show significant increase in the amount of activity and exercise after injections that can lead to regaining a level of function prior to the original injury. Soft tissue injuries can lead to a chronic decrease in the function of ligaments, tendons, and connective and articular tissues. Chronic injuries have shown to increase the likelihood of early-onset osteoarthritis. Prolotherapy is a non-surgical injection of a solution consisting of dextrose and lidocaine. The 75-year-old theory behind prolotherapy is that the dextrose in the injected solution will cause tissue proliferation and stimulate inflammation, increasing the body’s natural healing process for tissue repair. Musculoskeletal disorders are the most frequent cause of pain and disability seen by primary care providers today. Promoting the body’s natural healing process has evidence of greater healing and less degenerative changes as a patient ages. An injection into a chronic site of injury, given every two to four weeks until there is improvement, produces an inflammatory response leading to tissue repair. Prolotherapy is a method of treatment for healing chronic soft tissue injuries that can be provided in the office by nurse practitioners.

Improving Oral Health to Improve Systemic Health
– Cheryl Jackson, DNP, FNP-C

ABSTRACT: Social and economic factors contribute to the oral health disparities that are prevalent in the United States. According to the CDC, non-Hispanic blacks, Hispanics, American Indians, and Alaskan Natives generally have the poorest oral health of ethnic groups in the United States. Untreated tooth decay is highest in individuals ages 35-44 with less than high school education. Periodontal disease is present in 47.2% of U.S. adults and 70% in adults over 65, and is also higher in the previously mentioned groups. In the over 65 population, one out of four adults has lost all their teeth, with 70% as a result of tooth decay. In 2003, the Surgeon General issued a report stating the importance of oral health and the need for improved surveillance, decrease in lifestyle behaviors contributing to poor oral health, and prevention of caries and periodontal disease. There is also a correlation between oral health and chronic disease. Number of teeth and/or severity of periodontal disease have been found to correlate with hypertension, MI, DM, progression of respiratory disease in the elderly in nursing homes, and erectile dysfunction. Periodontal disease is an independent risk for low birth weight babies. Primary care presents
an essential opportunity to screen patients for the presence of oral disease, identify the need for referral, and provide education on ways to reduce the risk of periodontal disease and tooth loss. The purpose of this poster is to educate nurse practitioners on the need for increased oral screening and oral health education of patients in primary care, and increase awareness of the relationship between oral health and chronic disease. Prevention, education, and early identification will help to decrease the prevalence of tooth loss and periodontal disease and may aid in decreasing the risk and severity of many chronic conditions.

14 **Hepatitis B: A Study of Immunity and Immune Responses for College-Age Students**  
– Kathy McGovern, CRNP

**ABSTRACT:** We obtained data from 256 physician assistant and forensic science students to evaluate their blood titer serology for immunity to Hepatitis B. We found evidence that suggests that after 15 years post-vaccination, serology titers diminish. This questions the effectiveness of the Hepatitis B series after 15 years. Our primary objective is to ensure protective antibodies against Hepatitis B while investigating a distinct population of pre-healthcare and forensic science professionals and what the implications are to the general population 15 years post-vaccination.

15 **Confidence and Knowledge of Celiac Disease Among Nurse Practitioners in Pennsylvania**  
– Aleda Elkin, RN, BSN, DNP Candidate

**ABSTRACT:** Accurate and prompt diagnosis of celiac disease has proven difficult due to myriad presenting symptoms and a lack of a clear diagnostic protocol. This pilot study investigated the use of an evidence-based multimedia educational module on nurse practitioner confidence and knowledge of celiac disease. Thirteen nurse practitioners in Pennsylvania completed all study activities, which involved the use of an online pre-test, learning component, and an immediate post-test, along with two follow-up surveys. Results revealed that: 1. nurse practitioner confidence (p< 0.05) and knowledge (p< 0.05) levels significantly improved after participation in the educational intervention; and qualitative data also revealed that 2. nurse practitioners are more aware of the various presentations and symptoms of celiac disease and stated that, with this knowledge, their clinical practice has changed to include recognition of the various celiac disease presentations. Findings suggest that nurse practitioners are now more knowledgeable of the various presentations of celiac disease and may be more likely to consider celiac disease as a diagnosis if patients present with typical or atypical symptoms.

16 **How to Get Published: Tips and Strategies for Success**  
– Carol Patton, Dr. PH, RN, FNP-BC, CRNP, CNE

**ABSTRACT:** The purpose of this poster presentation is to: 1. highlight major components of getting published in a peer-reviewed professional journal; 2. provide an overview of key components of writing style and format for a publication; 3. describe how to get a focus and develop an idea for a publication; and 4) discuss best practices in communication with potential publishers for a publication.
Having Moral Courage as a Nurse Practitioner
– Carol Patton, Dr. PH, RN, FNP-BC, CRNP, CNE

ABSTRACT: Moral courage is a virtue. A virtue is a desirable quality we expect to find in nurse practitioners. Virtues reflect the character of the person rather than a person’s decision-making process. A virtuous nurse practitioner makes virtuous decisions, exemplifying moral courage. There are many challenges in contemporary healthcare organizations challenging nurse practitioner decisions, and the nurse practitioner must have moral courage to have a virtuous practice. The focus of this presentation is to examine the concept of moral courage and its significance for nurse practitioners.

Breast-a-Ville
– Jenny Monn, DNP, MSN-FNP

ABSTRACT: Awareness of the modifiable lifestyle risk factors associated with breast cancer, especially among college-age women and men, can help alleviate fear and anxiety, and ultimately may lead to earlier diagnoses. Breast cancer, which continues to be the most common type of cancer in women, is a major health concern for women and their families. Established in 2000, the Breast-a-Ville is an annual one-day wellness event focused on breast health awareness and breast cancer education. Community-based health organizations and student groups serve as exhibitors and provide students with interactive opportunities to test their knowledge and dispel myths and misunderstandings regarding breast health and breast cancer. Over the past five years, the Breast-a-Ville has successfully reached over 2,000 college students at a public university with approximately 8,000 students. Breast cancer awareness is lacking among the college-age population. This is a population that lacks feelings of vulnerability, yet college students are also developing lifelong health behaviors during this time. It is imperative that these college-age women and men learn breast health awareness behaviors. Events such as the Breast-a-Ville provide healthcare providers and health educators with an opportunity to reach this highly vulnerable population.

Benefits of Visualization and Imaging (Hypnosis) for the Nurse Practitioner
– Lynn McGrath, CRNP, MSN CH, CI

Visualization and Imagery have been shown to be effective tools in the recovery of and prevention of illness. These modalities include hypnosis. The use of hypnosis by the NP will be a helpful tool in reducing his or her own burn out, and it will be helpful with clients in all specialties of medical practice, including but not limited to: OB/GYN, family practice, pediatrics, psychiatry, and surgery. The holistic approach to medicine has been proven to benefit both client and practitioner. Mainstream medicine is now realizing the client has the best out comes when mind, body and spirit are made part of the treatment plan. The use of hypnosis is a tool to use on its own or with other medical modalities. It is not a new concept. We have long known the principle of “mind over matter” in early nursing. This poster will define the many uses of these methods in an everyday practice, improving the outcomes of client care.
While exploring the poster area, we encourage you to also visit the Diabetes Update Poster Session, generously supported by Novo Nordisk. Below are the posters that will be on display:

- “Willingness to Initiate/Intensify Medications in the 2nd Diabetes Attitudes, Wishes and Needs (DAWN2) Study”
- “Medication Adherence”
- “ADA Standards of Medical Care in Diabetes 2016 Update”
- “Concerns About Hypoglycemia in the Second Diabetes Attitudes, Wishes and Needs (DAWN2) Study”
- “The Impact of Post-Prandial Hyperglycemia (PPH) on Missed Work Time and Reduced Productivity Among People with Type 1 or Type 2 diabetes in the U.S., U.K., and Germany”
- “Diabetes & Exercise”