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1 "Vincenza Coughlin" (2561553152)

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Hi, everyone, welcome to another episode of the Nursing Station podcast, and today we're talking about creating a culture of inquiry, charting a path to nursing research and science at NYU Langone Health.

2 "Vincenza Coughlin" (2561553152)

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I am Vincenza. I am a director of nursing professional practice and education at the Long Island campus and I am very excited to be here with you today in celebration of nursing science and research, and we have exceptional guests to share their expertise.

3 "Vincenza Coughlin" (2561553152)

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I want to start off by saying that this session is eligible for contact hours and in disclosure in compliance with ANCC's commission on accreditation, this educational activity does not include any content that relates to the products and or services of commercial interests that would create a conflict of interest. So again, our discussions today will focus on pathways in nursing research and creating a spirit of inquiry. The podcast lists include exemplar role models of nursing research at various levels across the NYU Langone and Health system. And so I'd like to 1st start off by an introduction of our guests.

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Hi, my name is Moyna Temple and I'm on the systems FGP clinical quality and reporting team. I am currently the co-chair of the Long Island Campus Nursing Research and Evidence based practice council. I did get my start on the council when I 1st started a few years ago, six years ago, and my former supervisor mentioned that the research council will be grade for my aspirations, my educational goals, and I thought that was the great idea so I looked into the council, and as it turned out I fell in love with it. And maybe a few months after becoming a member, I was asked to become a co-chair and still be a co-chair today. So I hope my education and my experience with the council helps to bring some excitement to the research and evidence based practice for the health system.

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Hi, I'm Sarah Mendez. I'm the clinical nurse specialist for Perlmutter Cancer Center. I've been interested in research pretty much since the day. I started my undergrad. I'm not one who will just take the answer. I need to know the rationale behind. And so research for me provides that and it just makes it that much more exciting and intriguing.

My name is Jennifer Withall. I am the nurse researcher here at Langone Orthopedic Hospital. I've actually been a part of NYU for 13 years. The majority of those years I was an assistant nurse manager. On one of our inpatient orthopedic units, and I would actually say that that was one of the deciding factors that had me go back to a school to pursue my PhD. And the reason I say that is I would watch the nurses and the staff on the units, and they always had really great clinical questions. And in the course of their expertise and their daily workflow, things would come up and it was always very important, I think for us as nurses to be able to investigate. What we're curious about and what our research questions are. And so in order to best help people do that, I felt like going back to school to pursue my PhD was maybe the best way to get that taken care

of. So in 2020 I graduated with my doctorate from Molloy. It's now university. It was college at the time I went there and it was the concentrations of my PhD were in research, leadership and health policy. I think that it's taken me in a really great direction. I'm excited to work with our nurses here at LOH, but also be involved in initiatives throughout the system related to research. And it's really exciting to be able to see what comes out of these questions and the spirit of inquiry that we foster here. So, yeah, that's gone for bedside nurse to a nurse leader to a nurse researcher. It's been a great journey.

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Thank you. And I'm Kathleen Zavotsky. I'm the system senior director for nursing Research and program evaluation, and I'm also a clinical nurse specialist, and what led me to research was I had a mentor long, long time ago who was the 1st clinical nurse specialist I ever met, and he was a researcher. And it just inspired me to do it and a lot like Sarah naturally inquisitive, and I really felt that our patients and each other deserved it to be able to ask those questions and get the answers. So that's what started me long time ago.

19 "Vincenza Coughlin"

Thank you for sharing and I didn't mention it before. I'm a PhD student as well and each of you are really inspiring in my journey. I'm hearing from a clinical nurse to really advance degree and terminal degree now as a PhD student. There's a lot of resources that we have within our health system, a lot of really great role models to lead the way. And so with this podcast, we hope to acknowledge the work that's being done right here by our nurses while also hopefully encouraging more participation in nursing science and nursing research. So with that, and I appreciate everybody sharing of your background and what helped cultivate your interests. So to go into NYU Langone health support of nursing research, so how do we as a system support nursing research?

20 Kathleen Zavotsky.

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Well, I think, you know, the 1st thing I want to say is that in order to cultivate it, you know, it has to be from the grassroots. And I think there are about 40 or 50 PHD prepared nurses in our health system, which is really remarkable. They have various different roles and 1st off, we need to remember that many of those folks can serve as mentors, so that's the 1st thing I think which is just so valuable here at NYU Langone Health. The 2nd thing is the CF department, the Center for the Innovations and the Advancement of care, which has been around for over ten years has had a strong legacy of producing. Only work everything from publications to posters to oral presentations, to research, grants funding, et cetera, you know, they've done a great job of sustaining that.

And we're here to carry that on. You know, right now our goal is to make sure that anybody can participate in research and just like, you know, Sarah and myself being clinical nurse specialist and getting involved with clinical nurse specialists regardless of your degree, people can conduct research as long as they have the resource. And we clearly have that here at NYU Langone Health to be able to guide people without a doubt.

25 "Vincenza Coughlin" (2561553152)

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Moyna, you mentioned about being a lead of the council. Can you tell us a little bit more about the research council that you're involved in?

Moyna Temple

Sure, so the research council, when I 1st started, had something called a research toolkit, and I don't want to go straight to that because really it houses so many information that can help nurses, researchers in general. And on that research toolkit, what we have is it's attached to the library website, it's managed by the library services, and what we have is everything from soup to nuts that'll help a researcher to start the process and the process so it helps you to formulate your whole question, it'll help guide you in terms of reaching out to the IRB. It helps you to figure out what is it that I want to do? Do I want to do evidence based practice or do I want to look at something having to do more with research and publishing? So we encourage all researchers but nurses in general to go into that website.

Right, and even just go through it. You'll go into a rabbit hole, and if you love research, it'll be so exciting to go down this rabbit hole in all these different links that are available to you. You'll have books to look at. It'll tell you even journals, it'll suggest journals and maybe you want to publish into. So that's what the research council offers. We do meet every month, any nurse can reach out to us and say, hey, you know, I have an idea. What do you think? I have a survey I'd like to distribute. What do you think? How do I get started? We'll sit with you. It's an entire counselor, it's not just me, we have the PhDs, we have our senior directors, we have bedside nurses, so you get all of the, the perspectives just sitting at that council and even just asking the question, how do I or what do I do? So that's very exciting to me that we can help pretty much anyone from the beginning straight to the end with research.

Yeah, the council is still amazing in the assistance that they're able to provide. You can not only just ask questions, you know, it's a place where everybody can share their findings or what they're thinking about. I just I love the research council.

32 "Vincenza Coughlin" (2561553152)

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It's a great example of shared governance and as a magnet institution, it's really what we bring forward is that empowerment of nurses and we keep talking about being inquisitive, right, and asking questions and it's great that we encourage that through the councils, so thank you for sharing.

33 "Vincenza Coughlin" (2561553152)

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That actually leads to our next question is, how do we bring research the bedside? Bringing research to the bedside starts with sort of demystifying that process for a clinical staff. And I think at one of the best ways to do that is at least for me.

34 "Jennifer Withall" (2561553152)

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What I see with people is, you know, we can sit down, we can talk about nursing research, about it. In theory and concept and we can go through things PowerPoint presentations and people have taken during their bachelors and so on. It's like what's happening right here at side and how do you see that? How do you put that into act? And recently, one of

our clinics in our outpatient ambulatory care thing started to, you know, ask questions about aromatherapy and if the impact of aromatherapy with patients who've had in particular joint injections, any impact on their pain anxiety around those bedside procedures, and so we were really fortunate that her question decided with this great practice and policy change that Kathy, Dr. Zavotsky put into place which was clinical nurses are able to serve as the principal investigator on their research studies and as long as they have a who is a dr. really prepared nurse to serve as we're a resource person, clinicals are able to serve as PiS and being involved in a research, the design, the concept of it.

To data collection, data analysis at the end, so to be involved, the phase of the research process, it drives home, I think for people, people are invested in their it's you know seeing knowledge come from their studies and I think by making it livable and real to somebody is one of the best ways that we could, and obviously research and evidence practice, but there's something really all about being able to say I was able to change this or policy here in setting based on the research and the work I've done. So great and I think the ability of clinical nurse to be a PI is empowering also helps really for autonomy in nursing and it's not as intimidating to pursue research by being able to lead it with all of our great resources.

43 "Vincenza Coughlin" (2561553152)

And so we've talked about and Sarah if you could give example of bringing research to the bedside?

Sarah Mendez

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Well, I did my 1st research study. Are you quite a few moons ago. Pretty much it was a quality improvement, didn't necessarily have to go through the IRB, but then we did another study here at the outpatient cancer site looking at how should be administered so that keeps for the patient and that did go through the IRB. That one was very painless. It was quite, it was an expedited review because it was all, chart reviews so it was very easy to get IRB. Currently, I'm working on a protocol that we want to do interventional study with the patients that we will give them an intervention and the other not and getting this through the IRB. Definitely much more challenging in the area, so yeah, my buddy Ben has to look at my write up and list in any way he can that's make more sense to me and that I can get it through the.

Vincenza Coughlin

One of the points we want to demystify is that it's achievable and I was going to ask helping you through the process and you spoke to it involving CIAC and I know which have, which is very inclusive of, you know, team members with their experts to assist in those processes.

Kathleen Zavotsky

Sarah, the study's amazing, you know, all the work you have done and you continue to do they're at the cancer centers unbelievable. You know, I will say that, you know, is always usually when I deal with my students or even staff nurses. The 1st thing they usually say is how am I going to the IRB? So I always just kind of take a back and I say, you know, when you're conducting research, you always have to remember that usually somebody on the other and their IRB's primary role is to protect human

subjects and when you're conducting research, like Sarah mentioned why versus research, Conducting it on subject some of it maybe low risk, some of it maybe minimal risk, some of it maybe high risk, depends on what the protocol is. IRB is a great place look at resources on our inside house, the IRB site is remarkable. Right Sarah, go ahead. We talk about some of the things.

Sarah Mendez

They are amazing. My study written up and format and everything I was able to have a one session with an IR member who went through the whole study section letting me know what was, what needed to be added. So helpful, and then they have the weekly educational on which are amazing. How to how to do consents and all of that.

Moyna Temple

If I may while we're talking about I think it an honorable will mention who would be library service? They will do a sit down with you one off needed and also the biostatisticians. Amazing. So, you know, when you delve into this research, just know that you're not alone. You know, you've got the research council, you've got statisticians, you've got life services and you have the IRB, so there's always a whole range of folks who are going to be there to you and guide you through the process.

Sarah Mendez

Don't be afraid to ask those questions because people at CIAC, people at the IRB direct you to the exact people you need to talk with.

Kathleen Zavotsky

And I am so glad Moyna talked about the library I had that down right here on my you know. But they are you know librarians in the health system that are dedicated to our nursing and I know Vincenza were talking about original question was how do you bring you know to the bedside or from bench to bedside is always the big thing. So just have to say give a plug to our to our librarians that they will automatic out of the box and I think technology is part of their learning and their education assuming, but they are really logically quite experts and they're able to help us find.

To be able to navigate the in order to be able to look through it easier, make it simplified for us and I don't mean it you know way because sometimes it's just so overwhelmed things that we can get on our phone to be able to get automatic topics be interested in if we're conducting a study, but you know, they're involved in committees, they come to our councils, they present their own in the higher level committees and help us analyze the data and really appraise it, which we do have the research nursing research together that we quarterly, which all that information on the CIAC Inside Health, so you're so inclined come to that we hope that people will read the articles and to discuss them, but don't worry if you haven't read it, it's ok you can we're here to lead you through it so that we can understand something that we're going to bring to our product or does it need more work and librarians are key in that process. They're not so clinic but they are able to look at from evidence perspective and help us figure out so I agree with Moyna and Sarah.

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And I'll just my experience they were really helpful and manuscript writing. Yeah, extremely responsible in multiple different ways of scholarship and nursing. And I just wanted to touch back on a point where we were saying about mentorship, I think in your own experience and our system we have a DNP/EDD/PHD council, you if you want to share a little bit more about how that can help also with the translation of search to the bedside?

Kathleen Zavotsky

Yeah, you know, very important because in the past, you know, five or six years we've seen a really increasing amount of sort of nursing practice DNPs and their role and the way they're created and developed is to that science and bring it inside. So they're not developing the EDD/PHD role is creating that new knowledge and now I say this to everybody, this cannot be done in a silo. We need to do it together. I will say that so for the EDD/PhD council you heard me mention, I think we have about members that come about 40 on a regular basis, but there's 50, and some of them are students, but the DNPs right now have Kurt Pinto who is our director of evidence-based practice. I think I was on the call the other day and I, there's well over a hundred, so we ask on that and they outnumber DNPs outnumber the EDDs/PhDs by about two to one. And that's ok. You know, we realized a degree that people are thinking from leadership perspective, from a practice perspective, APNs, Bedside nurses, clinical nurse specialists. So the best way that I see that is working together and working synergistically. So you're asking how do we get it back to the bedside? Well, we create the evidence and it's those translational science that help us to translate it and bring it back. It can sometimes be very complicated, right?

The stakeholders, just figuring out stakeholders on a project. I don't know, sometime is the challenge but they have 1st week now instituted that we're going to start integrating the Johns Hopkins tool for evidence based practice and recommend it's not going be mandatory but recommending it. There's all different kinds of models in order to help us. So we're looking forward to continuing to develop that relationship and do it without each other. Yeah.

Sarah Mendez

The relationships that you develop working on any type of research or project are invaluable. Our librarians are the best.

77 "Vincenza Coughlin" (2561553152)

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And so kind of the next topic of, you know, about the translation of research, but also how it can also be more approachable. So how do we engage nurses in nursing science research? I said before making it seamless intimidating, you know, how can we help in the social of nursing research?

78 "Jennifer Withall" (2561553152)

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So I think that's the key question. And so as you rightfully point with so many great resources, it's just almost like an abundance of riches, making sure that people are able to connect with them. So I think one of the things specifically for me in my role here at the orthopedic hospital

is here and I'm dedicated to the staff. I myself, the nurse residents I am, I know that if they ever have a question, e.g., if any staff have a question, they can go to the quality of part. Those folks are recommended to talk to me and so to make myself as available as I can be and I think we talk about that and I just gave that example nurse in the ambulatory care setting, but I think the other thing we'll maybe can consider too, and staff can consider about in research is if there's opportunity for them to be a research participant. So one study that we have the team, so there are worked on the midnight Monday campaign and that was a study that was looking at integrative modalities and resources specifically curated to the night clinical nurse. And we recruited across all 4 campuses. They went through this 13-week micro learning curriculum and I think it was an exciting opportunity if that was what we heard and sort of some of our feedback that we got around the study but basically like to see what people thought, you know, if thinking something that was specific to that shift with them and would that help to engage in interacting with not only external resources, so in the case that we using were the Monday campaign materials, but also connecting people with internal resources because we know staff resiliency and what are so important especially coming out of COVID.

We want to be sure that we're taking care of our staff, and this was just one way of this was a mechanism sort of tailoring content but also deliver an asynchronous, electronic way if that would help people to engage. And so what was really great about that was our study team, we have from all four campuses system and the staff participated we're really excited about participating, and so our goal then it's to bring the result of this study now that it's done back to the staff and say, this is what your colleagues, your participant. We also had, it wasn't a level study, but there was one that we conducted here at LOH that was looking at the experiences perioperative and ambulatory nurses who deployed to the inpatient units during the COVID surge in March of 2020, and so since that was an of like none other had never happened before. We wanted to know what that was experienced staff members were like and we were then able to, those results to the staff and we were also able to engage people in our sort of our presentations of that work outside of the organization. So I think making it appropriate to just kind of put a bow on this whole conversation is to make it exciting for people, make it relevant and being able to say thank you for your participation and this is what we hope these results that you were kind enough to help us gather through your interaction and yours to be a subject.

94 "Vincenza Coughlin" (2561553152)

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That's excellent. I think it's very fitting with the Nursing Science Conference coming up, you mentioned highlighting the nurse's participation and the step and really what that does case our profession but also promoting nursing science really the beginning stages of the research study into the dissemination of comes with representation of clinical staff, so I appreciate you mentioning that. I don't know if you want to share Kathy about the nursing science fellowship?

Kathleen Zavotsky

It's our 1st year for that and the goal for that is to encourage nurses to work on that side to take on an evidence based practice project or a

research project with a mentor who's going to work one on one with them. They a year long, about twelve or 13 months and I know Vincenza I know you're one of the faculty, and what we do is we make sure that we get the curriculum every month, our long lecture, and we to research topics, and it's not a we keep it light, we're into our second session now, the interaction has been great. We can create it an inside for them. They have their pictures up there. Get that it's on the CIAC site and not on the nursing site, but so good and the projects are amazing.

100 "Vincenza Coughlin" (2561553152)

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I want to say the experience involved in the fellowship is great. I think having met the fellows, they're really good about advancing, you know, their ideas. I keep thinking sorry are you saying. Are they all have a why or they all want to ask and I think it's really also in working with them.

Moyna Temple

What sparked my interest as well in believe it or not, was completing that city training, you know? Understanding, and I'm a bookworm, so you know reading things and looking into stuff like that appeal to me, but something that would excite a new nurse or a bedside nurse into understanding a little more about what research is all about is that City training, and also as we were talking about research of the bedside. I mean I know we know about train the trainer, but as Kathy was saying, start nurse researcher training nurse researcher and it doesn't really matter. If you're a BS person a PhD, it's how engaged are you with the topic? How good are you? How willing are you to train? Now it's how knowledgeable are you? I think it's really the gist of getting everyone excited. Bringing it to the bedside to me also is but I'm always excited to learn more about how to become a bed whether or not the bedside or not makes NO difference. I'm always excited to learn what's happening at the bedside. Reading more about that, just having excited mentors, educators regardless of BSN, MSN, or PhD. Really, you know, immersed and is willing to train and embrace to come into the field and get the job perspective anyway.

Kathleen Zavotsky

Yeah, and one of the things to think about that nurses struggle with is that dissemination piece and sharing it and that's you know we can do all the best research, do all the best evidence, but guess what? Doesn't get back to the bedside. And I'm looking at around this tile here as we're talking and I'm looking at two people who are funded research, nurse researchers, and then at another person who is ready to submit another publication that's scientific and that takes courage and some fortitude, but you knowing that others here at NYU land going to help you. I certainly hope that it's not as heavy, you know, because it doesn't work, right? Of that and I think when it comes to being able to demonstrate that scholarship and dissemination very important, it's the end phase of it. I know sometimes we feel and I think too, it's like one more thing we got.

But that is so important that you get so encouraged when you go disseminate work with your peers and that's why the nursing science conference, you know, encouraging people to come and submit out, even if

you know it's considered an external conference. People can come and you can talk to network and get other ideas but you know I think the opportunity here at NYU land Gone are just amazing and I'm just so proud of so many people especially the people on this call. It's amazing.

113 "Vincenza Coughlin" (2561553152)

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Yeah, and with that you actually lead into what we want to bring listeners as far as where you knew or even if you worked here for a while, but where how do you find resources regarding nursing research? So, we have the CIAC website and, you know, someone could extend upon some services that are offered?

Kathleen Zavotsky

We have a couple of programs that we offer, like I said, the reading nurse research together, that's the 1st step that's. We also have the abstract Sarah is also part of that and helps do that. We offer that monthly, a little hiatus in the summer, but the schedule posted on the site and experts like Sarah and Diane Maydick come it in order to be able to guide and there needs to be NO experience like that's the 1st thing, no experience necessarily will come and help you become and help you no matter where you're at on your journey. We also the annual nursing science conference that's two 9th. Hopefully some folks. We also do the research forums quarterly two times a year. Now we're doing it quarterly Spring summer fall. The last one you're Ron Keller who talked about the nurse study, the qualitative work, and then the next 27th, that'll be Dr. Val Terzano who's going to talk about her dissertation with transgender care and some of the barriers to that's amazing work, obviously, it's groundbreaking that needs to happen. We're looking forward to having that and all the other things we've got the library service that offers you know sessions as well as like Moyna was saying research councils, we also are research councils and talk about any topics, we have Ben Bass like Sarah had mentioned he's our research coordinator who is an expert on staff and he's, you know, Masters in public health and he has an amazing competency related that I know Vincenza right with your study, you know, he's able to help us then within tutorials for in order to be able to get them through so that they feel and they feel like the project's theirs.

Moyna Temple

And that's something I wanted to mention. Just everything feeling sometimes so heavy. Picking it apart though looking at it as an elephant, just piece by piece and each time you reach out to the re all the resources you just mentioned for help. Just encourage folks not to look up the elephant. This is as just a piecemeal process. Yeah, eventually you're going to want get to the end of it. It's not as daunting as you may think to get fully immersed in it.

Sarah Mendez

Usually it is the big picture that everybody's like oh my gosh, how on earth can we do this? Start small, just who your stakeholders are, find out who really want this research to be directed to, who won't you want helping out with. Start small and then you'll, you'll get there.

124 "Vincenza Coughlin" (2561553152)

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And by way of this podcast everyone will have your name and if needed and all of the resources meant I think really are helpful, the stages even at the beginning what's out there? So thank you for and before we close, was there anything that you wanted to share or any a question ask that you feel like you want to wanted to say?

Kathleen Zavotsky

I wanted to say that you know a culture of inquiry takes time. And, you know, I love this analogy of, you know, it off just a little bit of the time. And I think with all of us together working together on ideas share in order to be able to improve care to be able to improve our own, to improve ourselves as in human beings and you know the best question from frontline nurses best questions. We look forward to working with everybody and meeting you where you're at, wherever we can do.

129 "Vincenza Coughlin" (2561553152)

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Thank you again to our guests, I hope you enjoy about pathways and nursing science and really getting our spirit of inquiry here at NYU Langone Health. Again, as a reminder, is eligible for .5 contact hours will be posted with the recording, so please complete the evaluation to attain the certificate.