

# CCN RESEARCH

Newsletter

Fall 2019



"Childhood is a hopeful time when well-designed, theory-based interventions have the potential to help disadvantaged children achieve healthy and positive outcomes in the future."

-Dr. Bartlett

## Faculty Spotlight

Dr. Robin Bartlett received her B.S.N. and M.S.N. in Nursing Administration degrees from the University of North Carolina at Greensboro. She earned her Ph.D. from the University of North Carolina at Chapel Hill. Prior to joining the Capstone College of Nursing in August of 2019, Dr. Bartlett taught for several years and served as the Director of the Ph.D. in nursing program for four years at the University of North Carolina at Greensboro.

Dr. Bartlett serves as faculty in the CCN and is affiliated with the Alabama Life Research Institute in her role as Lifespan Researcher. In these roles, she will be teaching in the CCN's graduate programs and conducting funded research aligned with the mission of the Life Research Institute and an affiliated research center, the Center for Youth Development and Intervention. Dr. Bartlett will also be providing research mentoring in the CCN to junior faculty and students.

Dr. Bartlett's clinical practice experiences in mental health settings inspired her to conduct health disparities research. Her primary research focus has been understanding risky behaviors and their associated prevention measures in a population primarily comprised of minority adolescents, particularly Black and Latinx adolescent girls.

Dr. Bartlett takes a special interest in risk and protective factors associated with behavior trajectories, health outcomes, health disparities, and parenting. For example, she has conducted intervention studies focused on the prevention of risk behaviors that could lead to negative health outcomes for minority adolescent girls. Her work at the CCN is expanding her health disparities work to younger children and to rural residing Alabamian adolescents.

Dr. Bartlett's research efforts are influenced by her positive approach. She exemplifies this perspective by focusing on strengths of diverse ethnic and cultural groups. She is a proponent for shifting focus from deficit research to preventative and proactive measures in research. Dr. Bartlett is honored to be a part of the CCN and Life Research Institute community.



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# CCN Research Society

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The CCN Research Society continues to work toward recruiting new members and faculty research mentors. The purpose of this club is to increase student interest in, and knowledge of, undergraduate research. The ultimate goal is increasing the number of students who develop their own research projects. Students in both lower division and upper division are encouraged to join the club. The research club meets once a month on Monday afternoon. This year, several faculty and students have presented their research at the monthly meetings. In addition to club meetings, members are planning to present at the Undergraduate Research and Creative Activity Conference to be held in the spring. A record number of students are working with faculty members on research projects that should yield presentations and publications from their collaboration.

Senior members of the CCN Research Society who attend meetings regularly and are in good standing, will be wearing an honor cord to recognize their membership during graduation ceremonies. A sincere thank you goes out to the club leadership during the 2019-2020 academic year: Brooke Bambis, Caitlin Saenz, Josie Niedermeier, and Landry Coupe.

If you are interested in serving as a mentor to assist an undergraduate student in developing a research project, if you are able to include an undergraduate student in your program of research, or if you are interested in speaking about your research at a club meeting, please contact Dr. Paige Johnson (ptjohnso@ua.edu) or Dr. Michele Montgomery (mmontgomery1@ua.edu). If you are an undergraduate student who would like to become involved with the CCN Research Society and would like more information, please email [ccnresearchsociety@gmail.com](mailto:ccnresearchsociety@gmail.com).

## Proposals Awarded

Cody, S (PI), George, S. (Co-I). Telehealth for Opioid Prevention with Integrated Care for Adults with HIV. Vital Project and SAMHSA . \$37,196.

Friend, L. (PI), Smith, T. (Co-I), & English, T. (Co-I). Developing a Patient Classification/Acuity System to Inform Staffing. The University of Alabama and the Pickens County Partnership. \$19,697.

Mumba, M. (PI), Townsend, H. (PI), & George, S. (Co-I). Innovations in Improving Wellness in Alabama: Delivering SBIRT Services Using Mobit Technology to Address Substance Use Disorder. Vital Project and SAMHSA. \$56,614.

Wedgeworth, M. (PI), Eyer, J. (Co-I). Gateway Capstone: Interprofessional Behavioral Health for Walker County. Human Resources and Service Administration, Nursing Education, Practice, Quality, and Retention-Behavioral Health Integration. \$479,437.

Cody, S.L. (PI). A Feasibility Study of Neurophysiological Measures and Sleep Health in Older Adults with HIV. The Capstone College of Nursing Summer Seed Grant. \$15,000.00.

Kaylor, S.K. (PI), Callihan, M. (co-PI), Lamar, A.F., McCoy, C., Furr, M., Dailey, A., Rodgers, J., & Figueroa, J. Engaging Undergraduate Students in Rural Health Nursing and Research. The Capstone College of Nursing Summer Seed Grant. \$15,000.00.

Mumba, M.N. (PI), Mugoya, G. (Co-PI), Testing the Feasibility and Acceptability of a Virtual Reality Delivered Behavioral Intervention for Opioid Use Disorder in Rural Alabama. The Capstone College of Nursing Summer Seed Grant. \$15,000.00.

Mumba, M. (PI), Mugoya, G. (Co-I), Glenn, A. (Co-I), Allen, R. (Co-I), Albright, D. (Co-I), Davis, L. (Co-I), Richman, J. (Co-I). A Mindfulness and Peer Mentoring Program to Improve Adherence to Medication Assisted Treatment for Opioid Use Disorders. National Institutes of Health. \$783,788.

Lippe, M. (PI), Mazanec, P. (mentor). Enhancing the Provision of Palliative Care in Alabama through APRN Education and Leadership. 2019 Cambia Sojourns Scholar Leadership Program. \$180,000.



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# CCN RESEARCH



## Clinical Practice Research Core

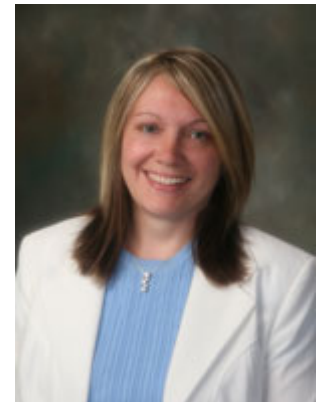
The Clinical Practice Research Core at the Capstone College of Nursing is comprised of a group of faculty who hold various degrees. The faculty's diverse backgrounds and strong academic records help to foster intellectual engagement in all members. The Clinical Practice Research Core is co-chaired by Dr. Gwendolyn Hooper and Dr. Heather Carter-Templeton.

The Clinical Practice Research Core aims to support and encourage faculty engaged in clinical practice including those who teach or work in a clinical setting and those who have an interest in recruiting participants from a clinical in which they has access or affiliation. Furthermore, the Research Core facilitates and promotes networking opportunities within the college, university, community, and state.

One initiative within the Research Core includes bringing in speakers from the community and state. These speakers promote research collaboration and recruitment opportunities to advance the goal of the Research Core. The Research Core has been successful in increasing the connections between faculty and campus research efforts. The Research Core is deeply valued by the Capstone College of Nursing as it enhances faculty connections to those who can assist in the refinement and enrichment of clinical related research.



Dr. Gwendolyn Hooper



Dr. Heather Carter-Templeton

### UPCOMING DATES

Spring Research Colloquia Room 1008

January—16<sup>th</sup> and 28<sup>th</sup>  
 February—6<sup>th</sup>, 18<sup>th</sup>, and 27<sup>th</sup>  
 March—10<sup>th</sup> and 24<sup>th</sup>  
 April—7<sup>th</sup> and 21<sup>st</sup>



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# Publication Highlight

Culmer, N., Smith, T., Stager, C., Meyer, H., Quick, S., & Grimm, K. (2019). Evaluation of the triple aim of medicine in prehospital telemedicine: A systematic literature review. *Journal of Telemedicine and Telecare*. doi:10.1177/1357633X19853461

The purpose of this systematic review is to examine the state of research on ambulance-based telemedicine interventions emphasizing the triple aim of medicine—quality of care, cost of care, and satisfaction with care—as well as the processes used to implement the telemedical system for general prehospital emergency populations. Ambulance-based telemedicine allows the transmission of patient data from an ambulance to a hospital’s emergency department and/or physician including real-time video, audio, images, and vital signs. Although usage rates remain low, telemedicine is a promising solution in prehospital care because it may reduce unnecessary prehospital transports, increase the number of patients treated, and increase patient satisfaction with treatment.

The effectiveness and non-inferiority of multi-functional prehospital telemedicine systems was evaluated, and data was extracted from a total of thirteen articles. Clinical and diagnostic information obtained for the electronic health record served as standardized outcome measures of telemedical care. Of the two articles that compared costs of telemedical care with traditional care, both found savings with the implementation of telemedical technology. Two articles referenced quality of care in detail by noting a positive correlation between in-ambulance diagnoses compared to in-hospital diagnoses in one study and superior pain assessment in telemedicine encounters in the other study. There was no statistical difference in patient satisfaction with and without telemedicine in one study; however, two other articles note that no patients refused participation in telemedicine.

Culmer, Smith, Stager, Meyer, Quick, and Grimm highlighted a need for more research and standardized measures to better understand patient and provider satisfaction. Furthermore, there is a great need for a validated measure of prehospital telemedicine and standardization in comparing ambulance-based telemedicine variables. This research addressed the promise in terms of reducing costs and improving quality of emergency care; however, there are numerous benefits and challenges with respect to ambulance-based telemedicine.

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