professional growth opportunities that can be integrated into the practice setting. **Aim:** Describe the academic/clinical partnership benefits and challenges in conducting a multi-site behavioral, randomized Phase II clinical trial of a music therapy intervention. **Methods:** The SMART study is complex due to several key features: two culturally different funding sources, 6 participating sites and 8 hospitals; target sample of 175 adolescents/young adults with cancer currently undergoing stem cell transplant, multiple measurement times, on-line remote data entry by participants and study personnel, and a behavioral intervention that includes 6 intervention sessions delivered over 3 weeks for both study arms. To implement and sustain the research project, a multifaceted and strategic approach was used that included frequent communication to support and foster respectful communication among the team members. The team overcame challenges of work demands and priorities, differences in the language and cultures in academia and clinical practice. **Findings:** Despite the complexity of the study, nurses involved across sites in both academic and clinical settings experienced several benefits related to professional role fulfillment, hospital-wide advantages, learning opportunities, clinical practice improvement, and networking (see Table). **Implications:** Academic/clinical partnerships can result in a win-win for healthcare organizations and universities, developing nurse leaders, nursing administrators, and educators. The clinical institutions can benefit from the expertise and mentoring that foster excellence in research, scholarship, and evidence-based nursing care. Nurse scientists in academic settings can benefit from the practical implementation insights and in-depth knowledge of patients that clinicians at the bedside bring to the collaboration.

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CLINICALLY RELEVANT SURFACE BACTERIA IN AN OUTPATIENT ONCOLOGY FACILITY

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In this study, surfaces touched frequently by staff and patients were chosen for their potential as sources for nosocomial infection by clinically relevant bacteria at the Cancer Centers of the Carolinas (CCC) in Greenville, SC. The motivation for the project is to limit the known risk of infection for immunocompromised patients and review infection control practices. CCC staff identified high touch surfaces within the busiest facility of the organization. With the assistance from a Greenville Technical College instructor and student, 86 environmental surfaces from both patient and staff-only areas were cultured. Selective media and biochemical tests were used for species identification. In addition, twenty employees, including management, physicians, nurses, and laboratory personnel, volunteered to undergo testing for Methicillin Restistant *Staphylococcus aureus* (MRSA) via nasal swabs.

Surfaces on which clinically relevant species were most frequently found were computer keyboards, phones, bathrooms, tables and counter tops, and door edges above the knobs. Other areas of interest included remote controls, patient beds, backs of chairs, and a refrigerator handle. The cultures revealed common environmental and body flora which have potential pathologic significance in an oncology setting. Isolated species of interest included *Staphylococcus epidermidis*, *Staphylococcus aureus*, *Staphylococcus saprophyticus*, *Enterobacter agglomerans*, *Enterococcus* species (group D strep), and *Acinetobacter* species. It was noted that no *Escherichia coli* was found on any of the sampled surfaces. In the volunteer employee MRSA test, no employees tested positive. Since the completion of the study, staff awareness at all levels has increased and new protocols are being implemented to improve infection control.

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USING PEER PRESENTATIONS TO MEET THE EDUCATION NEEDS OF BLOOD & MARROW TRANSPLANT NURSES: INCREASING KNOWLEDGE AND PROMOTING RETENTION

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Rationale: In informal conversation, a common concern expressed by nurses leaving our Blood & Marrow Transplant (BMT) unit included feeling overwhelmed by the amount of information required to practice safely. Given the nursing shortage and highly specialized nature of BMT nursing, it is vital that a BMT unit retain knowledgeable nursing staff.

Purpose: This poster will describe how the BMT nursing staff at Froedtert Hospital assessed learning needs, presented education opportunities, and evaluated outcomes in order to increase knowledge and retention. **Interventions:** Early in 2006, our educator assessed education needs of our BMT nurses with a written survey. Staff indicated topics that interested them most: specific disease processes (leukemia, lymphoma, and multiple myeloma), the differences between autologous, allogeneic and non-myeloablative transplants, and oncologic emergencies. They also reported that live presentations were a preferred method of receiving the information. Our BMT Development Council, the arm of shared governance at Froedtert responsible for education, set up classes on the chosen topics. Experienced BMT nurses, and some less experienced nurses with support, chose a topic and presented a one hour-long class with Microsoft PowerPoint® slide shows and handouts. Our educator obtained approval for contact hours for attendees. **Evaluation:** Attendees at each class filled out an evaluation form. A five point Likert-type scale (5 = Strongly Agree, 4 = Agree, 3 = Slightly Agree, 2 = Disagree, 1 = Strongly Disagree) was used to rate the perceived increase in knowledge, the expertise of the presenter, and the appropriateness of the teaching strategies. Average ratings in these areas for all presentations were 4.6, 4.5 and 4.6 respectively. When the series of seven classes was complete, a follow-up survey on the overall effectiveness of the presentations was done. The same Likert-type scale was used to rate the effectiveness of the teaching strategies (4.3), perceived increase in knowledge (4.3), positive impact on patient care (4.2), support for peers presenting (4.3), and promoting retention (4.5). In the past year, we have had no resignations where lack of confidence in their level of knowledge was a reported factor in the decision to resign. **Implications:** When implemented with ongoing nursing input, peer presentations resulted in a strong feeling by nursing staff that their knowledge increased and retention was improved.

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FROM THE GROUND UP: BUILDING A PATIENT AND FAMILY SUPPORT PROGRAM FOR THE UNIVERSITY OF NORTH CAROLINA HOSPITALS' BONE MARROW AND STEM CELL TRANSPLANT PROGRAM

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The University of North Carolina Hospitals' Bone Marrow and Stem Cell Transplant Program was established in 1992. In the years since, hundreds of patients have undergone transplants at UNC. The average length of the inpatient stay for BMT patients is twenty six days. For the majority of those days the patient is confined to his or her hospital room. This isolation takes a huge toll on the patient as well as on their caregivers. UNC's BMT unit has many wonderful resources for patients, including Nurse Coordinators, a Social Worker, a Recreational Therapist, a Chaplin, many talented bedside nurses and other BMT team members.

Nursing, along with other key services, identified the need for more focused patient and family support. In an effort to jumpstart a program to provide this support, the Nurse Manager contacted the Leukemia and Lymphoma Society for their input and guidance. An initial group began to meet biweekly to brainstorm as to how to best get the additional needed support for patients and their caregivers. This group consisted of representatives from the following groups: inpatient nursing, recreational therapy, social work, nurse coordinators and the Leukemia and Lymphoma Society. From this meager beginning a strong Patient and Family Support Program has emerged. This program has been embraced by all of the members of the inpatient care team and continues to expand the resources that it is able to offer patients and their caregivers.

The purpose of this poster is to describe how UNC Hospitals' began its Patient and Family Support Program and how this program has impacted patient outcomes and patient satisfaction.

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STEM CELL TRANSPLANTATION PATIENT FAMILY CAREGIVERS: A PROGRAM FOCUSED ON "CARING FOR THE CAREGIVER"

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One of the most important aspects of Stem Cell Transplantation (SCT) is identifying a family caregiver to care for the patient during the transplant journey. At one of the largest transplant centers in the county, the focus is to develop a comprehensive SCT Caregiver Program. The program is based on current caregiver literature and on the qualitative research of Dr. Loretta Wiliams. The program is based on six themes identified in Dr. Williams's research and includes commitment, expectation management, role negotiation, self care, new insight and role support.

There are three components of the SCT Caregiver Program. The first component is the development of a comprehensive Caregiver Manual. The manual will contain both education and resource information focused specifically towards the family caregiver. The second component is to provide caregivers with expressive art materials such as journals, photo albums and scrap books. Researchers have suggested that psychological symptoms rather than physical symptoms are the most overwhelming to most caregivers and that 20 – 30% suffer from these symptoms. The use of creative activities may promote feelings of well being, provide comfort, and lower anxiety. The third component is to conduct quarterly Caregiver Appreciation Weeks. During one week of each quarter, caregivers are offered opportunities to participate in a variety of activities. The activities include massage, journaling, scrap booking and bingo. Providing this recognition is our way to acknowledge the caregiver as an important person in the SCT journey.

In summary clinicians can provide support to family caregivers by providing them with education and expressive arts, and by acknowledging their unique contributions to the SCT patients. The development of the SCT Caregiver Program will provide the framework to meet the needs of the family caregiver throughout their SCT journey.

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NURSING CARE OF THE BONE MARROW TRANSPLANT PATIENT IN SEPTIC SHOCK WITH ACUTE RESPIRATORY DISTRESS SYNDROME

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Purpose: Provide a case study of a complex bone marrow transplant (BMT) patient in septic shock with Acute Respiratory Distress Syndrome (ARDS). To educate nurses about the pathophysiology of and nursing interventions for a patient in septic shock with ARDS. **Rationale:** Due to the immunocompromised nature of the BMT patient, sepsis and ARDS are more frequently seen in this population. The effects can be devastating and often result in multi-system organ failure and death. Nurses can play a key role in patient outcomes by recognizing the signs and symptoms of septic shock and ARDS. It is necessary for nurses to understand the current treatments and interventions to provide high quality patient care. **History:** The case study is based on a thirty-eight year old male diagnosed with Hodgkin's Lymphoma who underwent autogolous and allogenic bone marrow transplants. He was admitted to the BMT unit with worsening renal insufficiency. The night before he was scheduled to have a Mahukar placed, he aspirated some water with his nighttime medications. Throughout the night his oxygen requirements increased. While having the Mahukar placed, his oxygen level dropped and he was intubated. **Interventions:** The patient required critical care interventions, including multiple vasopressors, frequent ventilator changes, and continuous renal replacement therapy (CRRT). He was medically paralyzed and required advanced cardiac life support. **Implications:** BMT nurses need a current knowledge base in the care of the septic and ARDS patient. Nurses should be aware of the risk factors for sepsis and ARDS and be able to recognize the signs and symptoms of both conditions. It is important for nurses to be knowledgeable of the current treatment and interventions for septic shock and ARDS in order to take quick action in these emergency situations.

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SUCCESSFUL INTEGRATION OF COMPLEMENTARY THERAPIES IN A COMBINED ADULT AND PEDIATRIC BONE MARROW TRANSPLANT UNIT

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The University of North Carolina Hospitals' Bone Marrow and Stem Cell Transplant Program was established in 1992. Since that time, hundreds of transplants have been performed. Many changes have occurred: new regimens, new chemotherapies and other medications, and the addition of biotherapies. Unfortunately, the side effects of pain and discomfort during treatment still exist. Pain medications have been part of the transplant process since the beginning. Morphine, Hydromorphone, Fentanyl, and others have helped smooth the rough road of transplant. Antiemetics have been used to reduce the side effects of nausea and vomiting. Recently, complementary therapies have further paved the way to a more easily tolerated transplant experience.

At UNC Hospitals, the Bone Marrow and Stem Cell Transplant Program has incorporated massage therapy, relaxation and meditation exercises, pet therapy, aromatherapy, healing touch, singing bowls, and prayer labyrinths into its practice for those patients interested in combining complementary therapies with medication to decrease the intensity of pain with treatment. Patients may have massages in their rooms. They may use a prayer labyrinth to become grounded and connect with their spiritual selves. They also have the opportunity to use singing bowls to focus energy. Our recreational therapists guide patients into meditation exercises using guided imagery, biofeedback, diaphragmatic breathing, and relaxation tapes to calm fears and relieve discomfort.

The purpose of this poster is to describe the complementary therapies utilized by UNC's Bone Marrow and Stem Cell Transplant Program and the ways in which patients undergoing transplants have benefited from these therapies.

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PREVENTING FALLS FOR HEMATOPOIETIC STEM CELL PATIENTS

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In accordance with Joint Commission's National Patient Safety fall prevention goal, we have focused on decreasing falls in our hematopoietic stem cell (HSCT) patients. The medications and side effects that accompany HSCT place this population at high risk for falls. Sustained low platelet counts following transplant place the patients at greater risk for life threatening injuries in the event of a fall. In attempt to decrease our fall rate, we reviewed incident reports and conducted post fall patient interviews. We identified the high risk group to be the alert and oriented patients in their 50's and 60's, most involving toileting issues. Interviews determined the most frequent reasons for not calling for assistance were not acknowledging increased weakness and a desire to maintain personal dignity and independence with toileting. We initiated an extensive education program to help patients gain an understanding of their fall risk and the potential seriousness of related injuries. Patient/family education begins pre-transplant, is followed up on by the