

CURRICULUM VITAE

Tiffany LeCroy, MSN, RN, CRRN, FNP-C, ACNS-BC, FARN
830 Lake Ridge Court
Canton, Georgia 30114

2012 Postmaster Clinical Nurse Specialist Program, Georgia State
2007 Master of Nursing, Family Nurse Practitioner Program, North Georgia
College and State University
2004 Bachelor of Nursing, North Georgia College and State University
1993-95 Floyd College, Registered Nurse
1990-1991 John Marshall Law School, Paralegal Certification

LICENSURE & CERTIFICATION: RN123214NP, State of Georgia
Certified Family Nurse Practitioner
Certified Adult Clinical Nurse Specialist
Registered Nurse Licensure, Georgia Board of Nursing
Certified Rehabilitation Registered Nurse

EMPLOYMENT:

1995 - Present
Shepherd Center - Atlanta, Georgia

2018 – Present

Nurse Unit Manager and Clinical Nurse Specialist:

Handle all nursing supervisory duties for the inpatient units, overseeing registered nurses, PCTs and unit secretaries. Responsibilities include hiring staff, establishing work schedules, delegating assignments, assign tasks and evaluate employee job performance, as well as providing corrective action. Work with Nurse Leadership to establish standard of nursing care at Shepherd Center, applying evidence-based practice and excellent customer service to patients and caregivers. Work with the interdisciplinary team to establish and support rehabilitation goals during the patient stay. Routinely monitor patient care to ensure it meets our standards, and review patient records to analyze the effectiveness and efficiency of the care provided by the unit. Serve as a resource and clinical consult to staff, particularly for complex patient cases. Frequently round with patients and caregivers to address questions or complaints. Very comfortable with providing service recovery when necessary. Oversee budgets for the units, including personnel, supplies and other expenses. Ensure the department is well-stocked and staff have necessary supplies and equipment. Very active with establishing the onboarding and continued educational planning for staff. Represent the unit's interests, consulting with senior management regarding staff requests, questions or concerns, recommending changes and improvements, and offering the unit's opinion regarding proposed changes or decisions under consideration by leadership staff. Hold staff meetings to keep staff abreast of changes or initiatives, and to receive staff feedback. Frequently serve as a mentor, offering clinical and career advice.

2008-Present

Clinical Nurse Specialist

Serve as a resource for complex patient care and nursing practice. Present professional papers at national and international levels, coordinate educational programming for the Acquired Brain Injury Continuum, develop and implement competency programs for staff, develop educational materials for patient/caregivers, coordinate annual nursing conference, serve as the Lead Nurse Planner for awarding contact hours through American Nurses Credentialing Center (ANCC), initiate and implement

performance improvement projects, prepare staff and Center for JCAHO/CARF surveys, develop and review clinical policies and procedures, develop educational programs for brain injury services, create and manage web-based educational programs for staff, clients, and community health care providers, participate in clinical research studies, serve as a consultant to clinical staff for wound and complex patient care management, serve on several unit based, center wide, and outside nurse organization committees. Manage and lead the Nurse Educators for the Brain Injury Program.

July 2005 – January 2008

Shepherd Center - Charge Nurse

Acquired Brain Injury

Assess needs of inpatient population for Brain Injury Program. Formulate goals and plans of care for each patient. Identifies and provides educational needs of the patient and family. Provide problem solving guidance to patients and support staff. Implements physician orders and evaluated the patient's response to interventions. Orient new staff to ABI unit. Perform staff evaluations. Assist in scheduling and staffing needs of unit. Coordinates monthly staff meetings and assesses staff needs for unit management.

January 2001-July 2005

Shepherd Center - Clinical Research Coordinator

Coordinates ongoing research protocols and implements approved research protocols. Work with Shepherd Center staff, sponsors, vendors, study staff, patients and families on both pharmaceutical and device studies. Collaborate with medical team; provide regulatory and clinical support in the conduct of pharmaceutical and device trials. Initiate IRB study startup and continuing reviews, amendments and study close-outs. Report and follow up on adverse events; coordinate with sponsors and other research coordinators/nurses; maintain attributable, legible and contemporaneous, original and accurate records; and maintain organized regulatory binders. Active in the recruitment of potential subjects into trials, ensuring inclusion criteria has been met. Obtain informed consent; provide nursing care and support to study patients; educate and review with patients the disease process, and study. Responsible for all data collection, for the monitoring and reporting of patient outcomes to the physicians, and for assisting them in all direct care of research participants. Develops annual reports of continuing studies for the IRB. Develops research applications of potential studies for research review board review and approval. Prepares for monitoring sessions by sponsoring companies. Assist with budget planning for each new trial.

1998-January 2001

Shepherd Center - Charge Nurse

Assessed needs of inpatient population. Attended weekly interdisciplinary team conferences to formulate goals and plans of care for each patient. Identified and provided educational needs of the patient and family. Provided problem solving guidance to patients and support staff. Implemented physician orders and evaluated the patient's response to interventions. Oriented new staff to ABI unit. Performed evaluations on staff. Assisted in scheduling and staffing needs of unit.

1995- 1998

Shepherd Center – Staff Nurse

Responsible for direct patient care and for establishing short and long-term goals in conjunction with other team members. Provided patient and family education and training thereby promoting their maximum level of independence, optimal health and community reentry.

2007 – 2010

The Little Clinic

Family Nurse Practitioner: Provide episodic care, screening and education to patients age 12 months and older in a retail care environment. Complete health assessments, evaluations, physical examinations and administers immunizations. Extend warm, compassionate care to all with a respect for the diversity of all patients.

Committed to excellence, best practices, and superior customer service with every patient. Support and follow the most current evidence-based guidelines of practice in providing quality patient care. Competent in utilizing electronic medical records and information systems; utilization of these systems to the fullest capacity to provide superior patient care documentation. Participate in ongoing nursing education to deliver evidence-based practice. Possess excellent communication skills to provide an informed patient experience; promote quality care within the clinic and within the community. Basic business skills that foster a pleasant patient experience from check-in through check-out (including cash collection, insurance information gathering) through our EMR.

SPECIALTIES:

- Acquired Brain Injury Management
- Organization of clinical staff education and credentialing
- Development of Patient-Caregiver Education
- Motivational Interviewing
- FIM credentialing
- Behavior De-Escalation Instructor
- Organization of nursing staff orientation
- Coordination of Clinical Trials
- Neurogenic Bowel/Bladder Management
- Spinal Injury Management
- Preceptor/Mentor programs
- Development of Nursing Policy and Procedures
- Hospital Product Use and Review

PROFESSIONAL MEMBERSHIPS:

- I. Association of Rehabilitation Nursing
 - 2020-21 Chair, Fellowship Selection Committee
 - 2020 Fellowship Task Force
 - 2019 Chair, Annual Conference Planning Committee
 - 2018 Continuing Education Provider Unit Committee
 - 2016 Continuing Education Provider Unit Committee
 - 2015 Serve as faculty of “Professional Rehabilitation Nursing Course
 - 2015 Member Annual Conference Planning Committee
 - 2015 Continuing Education Provider Unit Committee
- II. Sigma Theta Tau
- III. NGCSU Honor’s Society
- IV. Georgia Nurses Association (GNA)

PUBLICATIONS AND PRESENTATIONS:

Presentations: routinely requested and presented to healthcare organizations, medical conferences and nursing schools.

- *The Art and Science of Distinguishing Disorders of Consciousness*
- *Medical Complications Post Brain Injury*
- *Brain Injury Overview*
- *Certified Rehabilitation Registered Nurse Review Course*

- *Medication Management*
- *Supporting Patient-Family Centered Care*

2021 Association of Rehabilitation Nurses (ARN) paper presentation *Sinking Skin Flap Syndrome: A Rehabilitation Nurses' Guide to Recognition and Management*

2021 Association of Rehabilitation Nurses (ARN) Case Study presentation *Paroxysmal Sympathetic Hyperactivity (PSH): A Rehabilitation Nurses' Guide to Assessment and Treatment*

Oyesanya, T., LeCroy, T., Sweatman, M., Hatch, D, Nyankori, L., Kang, K., MacCaughelty, T, O'Pry, L and Johnson., S. (2020). A medication management intervention for patients and families with SCI and ABI. *Western Journal of Nursing* <https://journals.sagepub.com/doi/10.1177/0193945920926436>

2020 American Congress of Rehabilitation Medicine (ACRM) DoC @ Home: Programmatic Support for a Sustainable Transition to Home for the Disorders of Consciousness Population

2020 Brain Injury Association of Georgia THINK BIG annual conference paper presentation “Rehab Environment & Treatment Practical Tools”

2019 Sentara Critical concepts paper presentation “Promoting an Optimal Environment for Traumatic Brain Injury Recovery”

2019 Association of Rehabilitation Nurses (ARN) paper presentation “Constant Visual Observation: A Model of Care. Patients with traumatic brain injury (TBI) may present with severe cognitive behavioral and physical deficits (e.g., confusion, impulsivity, impaired memory, agitation, lack of insight, impaired balance) that may compromise their safety and require constant visual observation (CVO). A CVO is a trained staff assigned one-to-one to redirect, intervene, recognize and document patient behaviors that may lead to a safety risk (i.e., falls, pulling at tube or lines, wandering, or inflicting harm to self or others). Frequent use of a CVO is expensive and not typically reimbursable to an organization, as well as imposes staffing challenges. Many organizations have difficulty with identifying a model of care that can assist in efficiency and effectiveness for managing a one-to-one patient

This paper will discuss the implementation and dissemination of a model of care that supports efficiency and effectiveness of use of CVO. Evidence-based practices, staff competency and training, assessment tools, management strategies, as well as importance documentation for data analysis will be discussed. First year data will be presented that supports decrease use of CVO, lessons learned and opportunities for improvement.

2018 – American Congress of Rehabilitation Medicine (ACRM) poster presentation “Development and Testing of a Pre-Discharge Medication Management Course for Patients with Catastrophic Injuries and Their Family Caregivers”

2018 – The Brain Injury Model Systems (TBIMS) annual meeting “Withdrawal of Life Sustaining Treatment in the Rehab Setting

2018 Association of Rehabilitation Nurses (ARN) paper presentation – “Efficacy of Medication Management for Rehabilitation Patients and Caregivers”. A priority of recovery after a catastrophic injury, such as traumatic brain injury or spinal cord injury, is independence in management of the condition, including managing medications. Upon returning home from inpatient rehabilitation, persons with catastrophic injuries experience difficulties with independence due to cognitive, physical, or

emotional impairments that affect their self-management of health and wellness. Research shows family caregivers have difficulty helping the person understand, obtain, and organize medications after discharge home. In addition, medication adherence is a major clinical problem for persons with catastrophic injuries, with poor medication adherence being related to readmissions and suboptimal outcomes. Yet, limited research has addressed development of effective pre-discharge medication management education to increase post-discharge medication adherence. The purpose of this study was to develop and test the efficacy of a pre-discharge course designed to increase perceived knowledge and perceived confidence for post-discharge medication management for persons with catastrophic injuries and their family caregivers.

2017 – American Congress of Rehabilitation Medicine (ACRM) pre-conference session “Implementing a Patient/Family Driven Care Program Using Goal Attainment Scaling”

2017 The Brain Injury Model Systems (TBIMS) annual meeting “Driving Health & Wellness Initiatives for Preventing Re-hospitalization & Promoting Self-Management”

2017 Brain Injury Association of Georgia THINK BIG annual conference paper presentation “Supporting Caregiver Success”

2016 Shepherd Podcast “Stroke Program”

2015 Co-Author Core Curriculum – *The Specialty Practice of Rehab Nursing: A Core Curriculum* (7th ed.) (the “Work”); Chapter 23, Traumatic Injuries: Traumatic Brain Injury and Spinal Cord Injury

2015 - Shepherd Center Brain Injury Conference – Navigating the Course for Brain Injury Recovery, Assessment, Treatment, and Prognosis “Medical Complications Secondary to Traumatic Brain Injury”

2015 Association of Rehabilitation Nurses (ARN) Professional Rehabilitation Nurses Workshop Course faculty; topics presented:

- I. Patient and Family Education
- II. Traumatic Brain Injury
- III. Neuropsychological Function
- IV. Spinal Cord Injury
- V. Coping Skills for Adjusting/Adapting to Disability

2014 Association of Rehabilitation Nurses (ARN) pre-Conference session by invitation– “Motivational Interviewing: A Road Map to Patient Engagement in the Rehabilitation Setting.” Similar to 2013 paper session but extended into a four-hour workshop

2013 The Brain Injury Model Systems (TBIMS) annual meeting “Mission Impossible: Customer Satisfaction & HCAHPS”

2013 ARN Concurrent Session – “Motivational Interviewing: A Road Map to Patient Engagement in the Rehabilitation Setting.” A top priority for rehabilitation nurses is patient and family education.

Rehabilitation nurses are highly skilled educators who use interpersonal communication skills to build a rapport that fosters learning. Rehab nurses are experts on teaching preventable complications in our patient population, and we strive to instill the importance of prevention with each educational encounter. What happens when the rehabilitation nurse encounters a patient or family member that is lacking internal motivation to learn new skills that are necessary in their care? How can the rehabilitation nurse help the patient and family member recognize the importance of patient/family education?

Motivational interviewing (MI) is a patient-centered counseling approach for addressing the problem of ambivalence about change. MI was developed by clinical psychologist William Miller, Ph.D., and is an evidence-based style of communication that focuses on the patient’s ambivalence toward behavior change. The guiding principles of MI include expressing empathy, indicating discrepancy between patients’ desires and actions, rolling with resistance to change focus, and supporting the patient’s self-efficacy and ability to change. Training rehabilitation nurses to use MI techniques when performing education will increase patient and family engagement lead to more positive outcomes. This paper will discuss the basic skills of MI and how they can be implemented in the rehabilitation setting.

2010 Association of Rehabilitation Nurses (ARN) paper presentation – “The Art and Science of Distinguishing Disorders of Consciousness.” Invited to return and present as paper session. Presentation similar to the 2009 abstract, but more detailed.

2010 Content Reviewer for the updated edition of *The Specialty of Rehabilitation Nursing: A Core Curriculum*, 6th Edition

2009 Association of Rehabilitation Nurses (ARN) paper presentation – “Rising to the Challenge: A Nurses Guide to Distinguishing Disorders of Consciousness.” In the past decade, much has been learned about diagnostic criteria, assessment and prognosis of disorders of consciousness (DOC). In the rehabilitation setting, clinicians are faced with the challenge of differentiating between coma, vegetative, and minimally conscious states. Empirical studies have shown diagnostic error rates occur in 30-40% of patients with DOC. The lack of knowledge and understanding of tools that measure consciousness may conceivably be the root of the confusion and controversy associated with DOC. Improper diagnosis may lead to poor prognosis, limits accessibility to medical and rehabilitation services and inaccurately influences decision-making. The purpose of this presentation is to provide clarification in distinguishing coma, vegetative, and minimally conscious states by providing criteria for diagnosis, bedside assessment, and serial neurobehavioral testing tools that are key in discriminating the diagnosis of DOC. This knowledge will enable the rehabilitation registered nurse to provide team members and loved ones with crucial information to assist in guiding the patient’s plan of care. Interventions that will maximize the patient’s neurologic and functional outcomes are dependent on the proper clinical management of patients with DOC.

2009 Association of Rehabilitation Nurses (ARN) paper presentation – “Reaching for the Stars: Soaring Beyond the Preceptor Model Into Mentorship”. Mentor was known in Greek mythology as an older man who acted as a guide and support to a young boy. Today, the term mentor is used in both corporate and personal settings to describe an individual who serves as a role model and advisor. Historically, hospitals have used a preceptor model to provide clinically-based orientation to new employees. Although these programs produce nurses quickly, the development of expert nurses and leaders go beyond the basic preceptor model. Currently in healthcare, with the burden of the economy, nursing shortage, increased patient acuity, and decreased job satisfaction; it has become apparent that hospitals and other healthcare

organizations must explore strategies to improve retention. According to the American Nurses Association (ANA) (2002), the profession of nursing will be unable to compete with the myriad of alternative career opportunities unless the discipline improves professional socialization opportunities that promote relational interactions among nurses, regardless of their level of experience. Several studies have shown that mentorship has a positive correlation with nurse retention and increases job satisfaction. Development of a mentorship program focuses on developing growth and expertise, professional encouragement, increased awareness of hospital culture and values, while facilitating personal and professional relationships. The aim of this presentation is to differentiate the roles of the preceptor and the mentor; and discuss the benefits of creating a mentorship program. Mentorship techniques plant seeds that socialize the registered nurse to the rehabilitation setting leading to better patient outcomes.

2008 Association of Rehabilitation Nurses (ARN) concurrent session – “Bridging the Gap: Therapeutic Approaches to Dual Diagnosis in Rehabilitation.”

2007 Association of Rehabilitation Nurses (ARN) paper presentation – “Where’s the Salt? A Rehab Nurse’s Guide to Endocrine Complications Post TBI.” An estimated 1.4 million Americans sustain a traumatic brain injury (TBI) annually. Studies suggest that approximately 30-50% of patients with moderate to severe TBI also have an associated endocrine disorder. Syndrome of inappropriate antidiuretic hormone (SIADH) is the most common endocrine complication after TBI. Cerebral salt wasting (CSW) and diabetes insipidus are less common, however, present with similar signs and symptoms. Each syndrome may be challenging to diagnose in the severely impaired patient and may not present in the classical textbook manner. Endocrine issues can also significantly impact the progress and outcome of rehabilitation. These three disorders are managed quite differently despite some similarities in symptomatology. It is imperative that the rehabilitation nurse recognize and understand the similarities in presentation and antagonistic treatments among SIADH, DI and CSW to prevent further medical sequelae and facilitate the rehabilitation process. This presentation will explain evidenced based clinical management and nursing implications for SIADH, DI and CSW.

2007 - Co-Author Association of Rehabilitation Nurses (ARN) Core Curriculum – *The Specialty Practice of Rehab Nursing: A Core Curriculum* (5th ed.) (the “Work”); Traumatic Injuries Chapter 10

2006 Association of Rehabilitation Nurses (ARN) poster presentation – “Level of Appropriate Care Using Rancho Los Amigos Scale.” Every 23 seconds one person experiences a traumatic brain injury (TBI), averaging about 1.4 million per year in the U.S. alone. The most common types of TBI are related to motor vehicle accidents, firearms, falls, sports and physical violence, such as hitting or striking a person with an object. The results of a TBI may produce an altered state of consciousness resulting in impairment of cognition, physical functioning, emotional lability, and behavioral disturbances. The Rancho Los Amigos Scale provides a useful framework for understanding the cognitive recovery process. The scale is used in the rehabilitation setting to assess changes in cognition and behavior as a patient recovers from a brain injury. In this scale patients are categorized into stages of recovery ranging from Level I to Level X. It is important for rehabilitation professionals to understand the complexity of each individual that experiences a TBI as well as understand the use of the Rancho Scale in order to anticipate the care needs of the patient at each level. The purpose of this poster is to assist the rehabilitation team and family caregivers in planning “level appropriate” interventions. Two case studies will be provided to illustrate differences in care planning for a patient at a Rancho Level 4 and a patient at a Rancho Level 6.

2004 Geriatric Conference Poster Presentation – The Process of Fulfilling a Second Wind Dreams: Second Wind Dreams is a non-profit organization whose mission is to fulfill the dreams of those living in eldercare communities, thereby enhancing their quality of life and improving the perception of aging. In

many eldercare communities, monetary resources and family support is deficient. A sense of purpose and worth is an essential part of life, which the institutionalized elderly frequently lack. The activity of fulfilling a dream assists in promoting a sense of self worth and may stimulate an elderly adult physically and mentally. The authors were involved as volunteers of fulfilling a dream. Initially a candidate expressed a dream and was contacted by volunteers. The candidate and the volunteers met to discuss the details of the dream. The volunteers researched community for potential donations to support the dream. Once all necessary donations are achieved, a date is scheduled, and the dream is realized. The hope is to bring seniors into the limelight of our society, whereby bringing about a change in the perception that senior adults are an attribute to our population.

SPECIAL APPOINTMENTS:

2016 – Current Lead Clinical Editor for the Nursing Rehabilitation collection.

The Lead Clinical Editor bridges the Association of Rehabilitation Nurses (ARN) and Elsevier Clinical Skills in the creation of Rehabilitation procedures for Nurses. Yearly review of clinical content with the addition of AACN approved contact hours. Effectively collaborating with Physical Therapists and Occupational Therapists to create an interdisciplinary online product.

RESEARCH EXPERIENCE:

Prospective, Randomized, Double-Blind Multi-Center, Comparative Trial To Evaluate The Efficacy And Safety Of Ciprofloxacin Once-Daily (QD) Modified Release (CIPRO MR) Tablets 1000 mg Versus Conventional Ciprofloxacin 500 mg Tablets BID In The 7-14 Day Treatment Of Patients With Complicated Urinary Tract Infections (cUTI) or Acute, Uncomplicated Pyelonephritis.

A Four-Week “Proof of Concept” Study to Determine the Safety, Tolerability and Efficacy of Oral SB 223412 In Patients with Symptoms of Urinary Urgency and Frequency With or Without Incontinence.

A Multicenter Randomized Controlled Study to Evaluate the Safety and Effectiveness of URYX™ Urethral Bulking Agent in Patients With Urinary Incontinence.

A Phase III Multi-Center, Open Label, Continuation Study of the Long-Term Safety, Toleration, Compliance and Efficacy of Controlled Release Darifenacin in Subjects with Overactive Bladder.

A Phase IIIB Multi-Center, Double Blind, Randomized, Placebo-Controlled, Parallel Group Study of Darifenacin in Subjects with Overactive Bladder.

Product Evaluation: The Hollister Incorporated Incare Advance Plus Intermittent Catheter.

A Double-Blind, Randomized, Parallel Group, Multicenter Study of the Safety and Tolerability of Betaseron® 500 µg Subcutaneously Every Other Day and Betaseron® 250 µg Subcutaneously Every Other Day For 12 Weeks in Patients with Relapsing-Remitting Multiple Sclerosis (RRMS)

A Phase II, Randomized, Open-Label, Three-Arm Study Comparing Low-and High-Dose CAMPATH® (MABCAMPATH®) and High-Dose Rebif® in Patients with Early, Active Relapsing-Remitting Multiple Sclerosis

A Randomized, Double Blind, Placebo-Controlled Study to Evaluate the Safety, Tolerability and Efficacy of NBI-5788 in Patients with Relapsing Remitting Multiple Sclerosis

A Randomized, Rater-blinded, Multicenter, Parallel-group Study Comparing the Efficacy and Safety of Betaseron® 250mcg Subcutaneously Every Other Day with Avonex® 30 mg Intramuscularly Once per Week in Relapsing-remitting Multiple Sclerosis Patients Previously Treated with Avonex®

A double-blind, randomized, parallel group, multi-center study of the safety and tolerability of Betaseron 500 mcg subcutaneously every other day and Betaseron 250 mcg subcutaneously every other day for 12 weeks in patients with relapsing-remitting multiple sclerosis (RRMS)

An open-label extension study of the double-blind, randomized, parallel group, multi-center phase II study 307000A to further evaluate the safety and tolerability of Betaseron 500 mcg every other day and Betaseron 250 mcg subcutaneously every other day in patients with relapsing-remitting multiple sclerosis (RRMS)

International, randomized, multicenter, phase III study in patients with relapsing-remitting multiple sclerosis comparing over a treatment of 104 weeks: Double-blind the safety, tolerability, and efficacy of betaseron/Betaferon 250 mg (8MIU) and Betaseron/Betaferon 500 mg (16 MIU), both given subcutaneously every other day, and rater-blinded the safety, tolerability, and efficacy of Betaseron/Betaferon s.c. every other day with Copaxone 20 mg s.c. once daily.

A Multicenter, Randomized Double-Blind Comparison of 3 Bevel versus 5 Bevel Needles

Double-Blind, Placebo-Controlled, 20-Week, Parallel Group Study to Evaluate the Safety, Tolerability and Activity of Oral Fampridine-SR in Subjects with Multiple Sclerosis

Open-Label Extension Study to Evaluate the Safety, Tolerability and Activity of Oral Fampridine-SR in Subjects with Multiple Sclerosis

Phase IV, multicenter, open label, randomized study of Rebif 44 mcg administered three times per week by subcutaneous injection compared with Copaxone 20 mg administered daily by subcutaneous injection in the treatment of relapsing remitting multiple sclerosis

Awards and Recognition:

2021 Brain Injury Association of Georgia – Board of Directors

2019 Fellow of the Association of Rehabilitation Nurses

2019 Shepherd Center Research Day; Best Poster Describing Innovative Clinical Practices

2015 Extraordinary DAISY Champion, DAISY Foundation and Shepherd Center

2007 Chief Nurse Award, Shepherd Center

2007 Class Vice President, MSN Program

Sigma Theta Tau