Registered Nurses' Perceptions of Health Literacy and Its Effect on Patient Self-Efficacy and Patient Healthcare Decisions: Implications for Practice

Title of Abstract

Name of Primary Presenter and Credentials: Margaret Carter Richey, EdD, RN, MSN, BSN
Affiliation/Organization: Benedictine University  City, State: Lisle, IL

Please create a unique identifier that you will provide to your co-presenter(s) so they may enter their portion of the abstract submission. Example (your 3 initials & 3 digits of your telephone prefix): mor682: N/A

ABSTRACT

The overall purpose of this qualitative interpretative phenomenological study was to gain an understanding of nurses’ perceptions of health literacy and examine their lived experiences with patient educational materials. A basic interpretive research methodology was used to understand the meaning a phenomenon has for participants including the following: (a) how nurses interpret their experience, (b) how nurses construct their words, and (c) how nurses make sense of their experiences. Separate audio taped interviews were conducted based on six semi-structured guiding questions. The nurses’ education varied from ASN to BSN. Themes identified included relationships, self-efficacy, health literacy, communication, health education, and health education resources. An aggregate meaning of health literacy was derived through nurses’ meaning segments and literature definitions: Health literacy is a general breakdown of knowledge about health including an understanding and communication about healthcare needs and how to access healthcare information. The significance of this study is that it specifically discusses nurses’ lived experiences and perceptions with this phenomenon. The findings of this study contribute to the literature on health literacy to nurses’ knowledge on how health literacy impacts perceived patient health outcomes, patient education, and self-efficacy. As our health care system becomes more diverse, it will become increasingly more essential for nurses to implement skills that will help patients with problems associated with health literacy and its effect on self-efficacy and perceived health outcomes. Findings of this study provide a basic foundation for further research and exploration of this phenomenon, adding to the cumulative body of knowledge in nursing research and nursing education.
Title of Abstract

Name of Primary Presenter and Credentials: Karin K Roberts, PhD, RN, CNE
Affiliation/Organization: Assessment Technologies Institute  City, State: Leawood, KS

ABSTRACT

A wave of change is surging through the country in regard to the structure of nursing curricula. Concept-based curricula are replacing the block curriculum in many schools. Assessment Technologies Institute (ATI), in an effort to learn more about this wave of change, conducted an extensive study to gain insight into the growing trend towards concept-based curricula.

Prior to initiation of the study an in-depth review of the literature resulted in a list of 46 concepts drawn from various nursing initiatives and schools/consortiums who currently host a concept-based curriculum. These concepts were placed in thematic categories representing context-based groupings of the concepts. The participants in the study were the first 100 nurse educators whose program met the inclusion criteria and completed the survey. Inclusion criteria specified that the school must currently offer a concept-based curriculum or would initiate one within the next 12 months. In addition, the number of concepts upon which the curriculum was based had to be greater than ten.

Findings of this study revealed that when respondents were asked how many concepts their program had, 42% said they had 10 to 21 concepts with a median of 26 concepts. However, when presented with the 46 concepts in the survey the median increased to 42 with no respondents selecting less than 21. Potential explanations for this variance will be proposed during the presentation.

In addition to the list of concepts an evidence-based list of exemplars was also developed. This list was presented to participants who either acknowledged or denied the presence of this exemplar in their program. A comment section was provided for each concept allowing participants to add additional exemplars addressed in their curriculum. A list of the exemplars identified for selected concepts will be reviewed.

For the schools reporting their NCLEX pass rates, a significant increase was found in the scores of both the first and second graduating classes as compared to two years prior to implementation of the concept-based curriculum. This statistically significant increase indicates that the outcomes of concept-based curricula exceeded those of the prior curriculum, easing the concern by many educators that a drop in NCLEX pass rates will accompany a change to a concept based curriculum.

This presentation will endeavor to present the findings of this national study, engage attendees in active participation and discussion, and provide data upon which curricular decisions can be made.
Professional Development: Having the Heart and Courage to Enhance the Knowledge

Name of Primary Presenter and Credentials: Linda Rus, MSN, RN-BC
Affiliation/Organization: Bronson Methodist Hospital  City, State: Kalamazoo, MI

ABSTRACT

Purpose and Background

Education should be built on a foundation of sound teaching principles. This knowledge of principles may be missing as expert clinicians transition from the acute care setting into professional development roles. Increasing the quantity and quality of education to meet the needs of staff in the environment of continuous change and technical advancement is dependent on the competence and skills of professional development educators. By providing monthly Professional Development offerings, educators have an opportunity to enhance their knowledge and in turn, impact their teaching practice. Since 2008, the Education Services Department at Bronson Methodist Hospital has presented monthly continuing education offerings on teaching and staff development practice to educators in the organization.

Process

Starting in 2008, the Education Services Department has conducted an Educational Needs Assessment annually. This information is used to determine topics that are developed into hour long educational events for the staff. The topics revealed in the needs assessment are evaluated and chosen to appeal to the greatest number of staff and are targeted to enrich the professional development of the instructors. The determined list of topics is then circulated to the instructors and they choose an area of interest to develop and present as an educational activity. The expectation is for staff members to present topics and for all to attend the monthly presentations. These offerings are typically presented by department members, but presenters outside of the organization have also shared their knowledge. Evaluations are completed at the end of each presentation, providing feedback to the presenters by their peers.

Impact/Outcomes

The Education Services Department staff have completed over 55 hour long professional development events since 2008. Examples of offerings include; “Competency Assessment”, “Use of Stories for Teaching and Learning”, “Educators in Consultive Roles”, “Integrating Lesson Plans into Practice” and “Effective Evaluations—Taking it Beyond Satisfaction”. The opportunity to present and take advantage of these informational sessions has provided stimulus for the staff to seek additional educational opportunities. The present culture of the department reflects the desire of each individual educator to advance professionally through informal and formal continuing education. This substantiation of knowledge is demonstrated through enhanced certification and advanced degrees in the department. Participating in structured professional development opportunities reinforces the culture of continual learning and enrichment.
Name of Primary Presenter and Credentials: Rebecca Sander RN MSN  
Affiliation/Organization: Hays Medical Center  
City, State: Hays, Kansas  

ABSTRACT  
A Northwest Kansas Medical Center has developed a New Graduate Residency Program that meets the needs of nurses practicing in Critical Access Hospitals (CAH) and a rural tertiary care hospital. This presentation will review the process that resulted in a curriculum that meets the needs of the two clinically different settings. Both programs begin in the same room and follow two very different roads to the same goal. The program employs a unique combination of simulation and case studies to develop and assess critical thinking skills during the 12 weeks of residency. Through collaboration with the participating rural hospitals and the sponsoring facility, new graduate nurses are provided tools and experiences that assist their transition to practice thereby increasing their confidence and competence and their commitment to nursing practice (improved retention rates).
Title: Nurse Perceptions of Returning to School: Barriers and Motivations

Name of Primary Presenter and Credentials: Wendy L. Sarver, RN, MSN

Affiliation/Organization: MetroHealth Medical Center  City, State: Avon, Ohio

ABSTRACT

Background: Research has demonstrated benefits of BSN-prepared nursing staff\(^1\). Yet only 34% of nurses nationally have BSNs\(^2\). Barriers and motivators for BSN completion have been reported and provide insight into factors that encourage nurses to return to school\(^3\)-\(^4\). Several states have proposed legislation for BSN completion in 10 years from licensure, and national organizations, including IOM and ANCC, recommend 80% BSN nurses by 2020. To achieve recommendations, information is needed not only on barriers and motivators for returning to school, but also on the average timeline for BSN completion from initial licensure.

Aims: Identify perceived barriers, motivators, and benefits for BSN completion among nursing staff at an urban academic medical center. Identify average years from initial licensure to BSN completion.

Methods: Cross sectional anonymous survey distributed to RNs employed within our institution via emailed survey link. Investigator developed survey contained 17 items on barriers, 14 items for motivators, and 10 items for benefits based on extensive literature review. Additional data gathered on BSN completion time.

Results: N=331, 93% female respondents, 70% inpatient RNs, and 68% providing direct clinical care. Biggest perceived barriers: time commitment (4.34), expenses for book/supplies (4.02), tuition reimbursement (3.66). Biggest perceived motivators: tuition reimbursement (mean, 4.56, range 1-5), length of program (4.45), flexible work hours (4.29). Perceived benefits were ranked high: expanded knowledge (4.35), job opportunities (4.22), and personal satisfaction (4.20). Average time from initial licensure to BSN completion 2.66 years. Most nurses returned after practicing for 9.1 years.

Implications: Programs are planned to encourage BSN completion. These include a designated webpage on our hospital intranet for nurses’ that contains the following information: basic information and links to RN-BSN programs, links to basic computer classes, introductory to online learning courses, helpful tips and resources, awards and recognition, and a mentoring blog.

An Academic-Practice Partnership for Excellence: Developing a Dedicated Education Unit

Title of Abstract

Name of Primary Presenter and Credentials: Rebecca Saxton PhD, RN, CNE
Affiliation/Organization: Research College of Nursing       City, State: Kansas City, MO

ABSTRACT

A Dedicated Education Unit (DEU) was developed as a collaborative project between Research College of Nursing and Research Medical Center. As recognized in the IOM’s *Future of Nursing: Leading Change, Advancing Health*, this innovative clinical model is designed to provide students with optimal learning experiences by capitalizing on the expertise of both faculty and staff nurses. In this model, staff nurses become the primary teachers of students and are supported in their teaching by faculty from the College of Nursing to assure the achievement of expected learning outcomes.

Key stakeholders from Research College of Nursing and Research Medical Center began planning the project in the spring of 2012 and sought consultation from the University of Portland School of Nursing. Sixteen students and seven staff nurses were selected for the pilot project. A clinical instructor training session was developed and presented by faculty from the College of Nursing and attended by the selected staff nurses. In the spring of 2013, a dedication ceremony was held on the unit and clinical rotations began.

Initial evaluation has been extremely positive from everyone involved. The perspective of the faculty member, unit director, staff nurse/clinical instructor, and student will be offered in this presentation. Three additional DEUs are being planned for the next academic year.
Teaching pre-licensure students about nursing process and nursing diagnoses is often like speaking a foreign language. The concepts are usually taught in two different theory courses across sequential semesters, but continuity of the instruction can be lacking. Lead faculty from each course that teach nursing process/care planning modified a creative teaching strategy from Delmar Cengage Learning to engage the students and promote long-term learning.

Both faculties presented nursing process and the pieces necessary to write a patient-specific nursing diagnosis with interventions and outcome criteria in a course during the first semester of the program. Students were divided into groups and watched a video clip from the movie, “The Wizard of Oz”. After viewing the video, students used the care plan document and their nursing diagnosis handbook to create a nursing diagnosis with interventions and outcome criteria for a movie character in the video clip. Faculty was available during the group work to answer questions and guide students in the process. Each group shared their results with the class, which produced laughter and reinforced the concept. Numerous students commented on course evaluations that this teaching strategy was fun, and assisted in learning the process.

In the subsequent semester, the faculty referred to the previous class and built on that learning with direct patient-care and evaluation of the patient’s individualized nursing care plan. Anecdotally, clinical faculty commented the students’ care plans were more thorough and patient-specific than of students in the past.
Title: Championing Quality Improvement with New Graduate RN Engagement

Name of Primary Presenter and Credentials: Jean S. Shinners PhD, RN-BC
Affiliation/Organization: Versant RN Residencies
City, State: Ithaca, NY

Problem: Current education systems are challenged to meet curriculum and practice requirements. Quality improvement (QI) as a foundation for practice is often not addressed.

Evidence: The need for a supportive transition to practice period for the new graduate is well documented (Benner et al., 2010; NCSBN, 2009; Institute of Medicine 2010.) During this transition, the resident should be introduced to quality improvement as a competency for practice that “reflects the outcomes of quality improvement, evidence based practice, and nursing research” (Magnet, 2009).

Strategy: The purpose of this poster is to describe a 1 year precepted residency program that includes clinical experience and supportive components (mentoring & debriefing). QI is addressed with core curriculum: Patient Outcomes—Safety and Quality Care and followed with a mentoring session where guidelines are provided for identifying and completing unit specific QI projects.

Practice Change: An example of a project is provided: Nurse-Physician Rounding: A Collaborative Approach to Family Centered Care. The project was initiated with a review of the literature and then utilized a survey approach for evaluating perceptions of interdisciplinary rounding.

Evaluation: The residency provides a format for new graduates to explore concepts of quality. For the project described, both nurses and physicians reported that team rounding provides better outcomes for the patient, as well as an increase in interprofessional camaraderie and respect.

Results: A follow up survey with QI participants noted 100% identified a connection between QI and improved practice and 90% stated QI improves patient outcomes. 70% appreciated the fact that they were working on unit based issues that they had identified as affecting patient care and that they were able to instigate change in areas of practice they felt were at risk.

Recommendations: Including QI activities as part of a nurse residency using a multidisciplinary approach and mentoring is essential for early professional role development and ultimately improved patient care.
Bibliography:


A Look at Concept Mapping in an Associate Degree Nursing Program

Title of Abstract

Name of Primary Presenter and Credentials: Vickie Shoumake MSN, RN & Lisa Stewart MSN, RN
Affiliation/Organization: Western Kentucky University  City, State: Bowling Green KY USA

ABSTRACT

Purpose: The purpose of this project is to explore the value of using concept mapping to teach the required skills of organization, critical thinking, and clinical judgment processes in an Associate Degree Nursing Program. Improving these skills in our students leads to improved patient care and positive patient outcomes.

Objectives:
1. Identify how concept mapping influenced one diverse group of nursing students developed of critical thinking.
2. Discuss how concept mapping improves patient care and leads to positive patient outcomes.
3. Ascertain effective methods of transition from traditional nursing care plans to holistic concept mapping in nursing education.
4. Recognize techniques to incorporate multiple learning styles with use of concept mapping in nursing education.

Background: The Institute of Medicine (IOM) is calling for new graduate nurses to show proficiency in higher level skills such as decision making, critical thinking & clinical reasoning, and organization. Today’s nurses receive vast amounts of information in a variety of different formats while giving nursing care. This information must be organized, validated, and linked to patient conditions to come up with a realistic plan of care for the patient. Many nursing students today lack the critical thinking skills required to organize and link patient data to come up with workable nursing diagnoses.

Description: This project was piloted with third semester nursing students. Concept maps were created during patient care with each student developing two nursing diagnoses. During post conference concept maps were presented to the clinical group. Open discussion among students was encouraged often resulting in additional nursing diagnoses and expanded learning for all students. Concept maps were graded using a rubric based on the nursing process.

Evaluation: The first group of students introduced to concept mapping increased their critical thinking and organizational skills. Their ability to come up with an appropriately prioritized and workable nursing diagnosis improved considerably. Each student gained knowledge from everyone’s concept map. Also, many students begin to use concept mapping to organize their didactic notes for studying. This class has seen improvement in overall grades since the introduction of concept mapping.

Implications for Practice: Better critical thinking and organizational skills in new graduates can lead to safer care and positive outcomes for the patient. These skills also lead to more job satisfaction for the nurse and higher retention rates for facilities.
Quality Partnership between Education and Practice

Name of Primary Presenter and Credentials: Laura Shroyer RN, MSN, NE-BC
Affiliation/Organization: Children’s Mercy Hospitals and Clinics; University of Kansas School of Nursing
City, State: Kansas City, MO and Kansas City, KS

ABSTRACT

Quality Partnership: Combining Education and Practice

Learning Objectives: After attending this panel presentation attendees should be able to:
1. Evaluate how participation in quality projects during a clinical rotation enhances partnership, collaboration, and learning.
2. Illustrate effective methods of communication to engage students and staff in the process.
3. Validate that strong partnerships between education and practice can positively impact satisfaction.

Background/context:
One Midwestern School of Nursing has added a Quality Improvement Course to their curriculum. The course is designed to introduce students to the concepts of quality care and patient safety. Methods to design and to test changes that continuously improve the quality and safety of healthcare systems are explored. One of the primary course assignments requires that the students demonstrate understanding of the Quality Improvement process by designing and implementing a small test of change.

In collaboration with the didactic instructor, the clinical instructor and the nursing unit a project is identified. The students collect or use available data to supplement the nursing unit and their needs. It brings the students, the staff and the patients into a partnership.

Project Description:
One Midwestern pediatric Magnet facility is the training site for multiple schools of nursing. One Midwestern School of Nursing training baccalaureate nurses incorporates quality into their curriculum. Beginning in Spring 2012 one medical-surgical nursing unit has been the home to two groups of students that have successfully partnered to create meaningful quality work that satisfies educational requirements, staff/patient education, and student/nurse partnership and satisfaction.

Results:
Nursing students and unit leadership brainstorm and identify a need on the medical surgical unit. Based on the principles laid out by the didactic instructor; and overseen by the clinical instructor, the nursing students plan, implement and evaluate their work. They recognize the professional importance and implication while developing these skills. The unit staff is engaged in professional development as well as continuing education/support. Last the patients benefit from a cohesive partnership and additional education.

Lessons Learned:
At first mention the natural tendency of staff is just another project, and the natural tendency of students is to think just another project. Both parties did not expect to work together but rather in tandem. By facilitating a dynamic partnership of education, quality and practice the collaboration was more successful than we could have imagined. The students feel vetted into nursing practice as well as the culture of the unit; the nursing staff feels a connection and responsibility to the success of the students, and the patients benefit from all. Students have been hired by the unit and will continue to participate in quality initiatives and recognize the impact that they can have.

Future:
To continue this dynamic partnership and to share our story to inspire others to embark on the same positive journey.
Introduction: Due to the nursing shortage, graduate nurses are now being allowed to begin their careers within the emergency department (ED). Often the stressful, demanding, and fast-paced personality of the ED is unsettling; leading novices to question their place within its vortex. Unfortunately, their feelings of inadequacy are frequently potentiated by a lack of proper educational preparation to work in this critical environment. It became apparent that the development and integration of a tailored education program for new graduates starting in the emergency department was necessary. The intent of this research was to evaluate this program’s effectiveness on increasing graduate nurses’ knowledge in their new role as emergency nurses.

Methods: Participants included 6 graduate nurses hired in the ED. A pre- & post-test was utilized; along with, both formative and summative short-answer surveys asking the participants to discuss their ability to achieve learning objectives, teaching methods that most enhanced their learning, and their recommendations for improvement of the program.

Results: The post-test scores revealed an increased overall average score of one percent. The qualitative responses reflected the nurses’ achievement of learning content specific to the ED environment through the active learning methods of simulation, group discussion, case studies, field-trips, and web-based learning. The nurses most often recommended further inclusion of active learning strategies for their learning enhancement.

Discussion: The development of an education program tailored to the learning needs of nurse graduates entering the emergency department environment is effective in assisting novice nurses increase their knowledge in their new role as emergency nurses.

Keywords: active learning, education, emergency department, emergency nurse, graduate nurse, orientation
Building Smarts, Hearts & Courage

Name of Primary Presenter and Credentials: Machelle H. Skinner, RN, MSN, CEN  
Affiliation/Organization: Missouri Western State University  
City, State: Savannah, MO

Abstract

Peer-teaching has been found to support the professional growth of nursing students. Students report that it is a rewarding experience that increases confidence in their knowledge and teaching abilities. Additionally, students enjoy being taught by their peers, as it affords a non-threatening and comfortable learning environment. In our pre-licensure undergraduate nursing program, we use a peer-teaching model in our nursing simulation laboratory. We hire third and forth semester nursing students, deemed Lab Teaching Assistants (LTAs), to guide and observe students in their demonstration of nursing skills, such as urinary catheterization. Historically, the 10 LTA positions are highly sought after with many students vying for a spot on the lab team. The LTAs staff the lab at determined hours with students scheduling appointments for either a guided practice or validation with a designated LTA. This model has benefitted our program by expanding access to the lab, student participation in learning, and the overall satisfaction of learning lab skills.
Title of Abstract

Name of Primary Presenter and Credentials: Mindy Stites, MSN, APRN, ACNS-BC, CCNS, CCRN
Affiliation/Organization: University of Kansas Hospital  City, State: Kansas City, KS

ABSTRACT

Teaching Strategies: group discussion, simulation with interventions interactively driven by audience response system (iClickers), demonstration

The interpretation of hemodynamic parameters by critical care nurses requires critical thinking and complex decision making. With the advent of new minimally invasive hemodynamic monitoring devices this skill has become increasingly difficult. Few interactive tools are available to simulate the use of these newer hemodynamic monitors in real-time clinical practice. The University of Kansas Hospital was made aware of simulation software in development by Edwards Life Sciences designed to replicate hemodynamic values generated by a pulse contour analysis device and an oximetry capable central venous catheter used in our facility (EV1000). A collaboration was established between the University of Kansas Hospital and the University of Kansas School of Nursing Clinical Learning Lab faculty to develop a simulation for continuing education. Our facility is one of only 3 facilities in the country utilizing this technology.

The newly developed EV1000 software interfaces directly with Laerdal’s SimMan “Classic” software. Both software programs run simultaneously during a simulation, controlling the responses of a high-fidelity mannequin. The literature supporting simulation in healthcare education is abundant. However, a recognized limitation of simulation is the small number of people who can physically participate in the action. Recent literature suggests observing other students’ performing in a simulation exercise maximizes the effect of the simulation. Based on this literature we incorporated an audience response system to drive nursing interventions during a real-time simulation anticipating increased learner satisfaction.

During the simulation a patient (SimMan) presents with occult hemorrhagic shock. Bedside critical care nurses were elicited to serve as actors caring for the patient with their actions driven by the audience participation. Hemodynamic parameters and basic vital signs were projected for the audience to view. Audience members were encouraged signal a simulation time-out by ringing a bell when they recognized a clinical situation that required intervention. A PowerPoint slide was then displayed providing a list of several possible interventions that could be implemented. The participants were asked to identify their desired intervention using the audience response system. Survey results were displayed and the most commonly selected intervention was performed by the actors in the scenario, causing an authentic alteration in the patient’s parameters. At the conclusion of the simulation all participants engaged in a debriefing session covering key principles of the utilization of minimally invasive hemodynamic monitoring technologies in the management of the patient with shock.
Clinical instructors (CI) often witness behaviors between direct care nurses (DCN) and nursing students that may be interpreted as uncivil. Curious to understand how the phenomena of incivility may affect student learning in the clinical environment, a group of CIs within our healthcare facility performed a literature search. Upon review of the literature it was determined little is known about the incivility that occurs between DCN and student nurses. Although there are instruments to measure incivility between healthcare professionals, an instrument did not exist to measure DCN incivility toward nursing students. Therefore, in order to measure the incivility phenomena, an instrument needed to be developed.

The Nursing Student Perception of Uncivil Behaviors in the Clinical Learning Environment Inventory was developed in two phases. The first phase encompassed reviewing the literature to theoretically develop an instrument, with a focus on three constructs: Mutual Respect, Guided Participation, and Student Centeredness. Two minor revisions were made to the instrument, based on the themes identified from nursing student focus groups. Phase two involved collecting data from 300 nursing students completing a daily clinical experience within the health care system. The overall reliability of our tool was judged to be very good ($\alpha = .904$) with the three theoretically derived subscales (mutual respect, guided participation and student centeredness) achieving Cronbach’s alpha of .705, .888, and .880, respectively. The exploratory factor analysis revealed two components that explained 68.8% of the variance.

While continued psychometric analysis is required, this instrument will describe incivility perceptions of nursing students. Resulting data will provide information to nursing schools and health care organizations for which interventions can be developed and tested to establish evidence-based civility standards to improve the clinical learning environment for nursing students.
Hospital Employees Helping to Meet the Need for Clinical Instructors

Name of Primary Presenter and Credentials: Bonnie Tecza, BSN, CPN, MSN
Affiliation/Organization: Children’s Mercy Hospital and Clinics
City, State: Kansas City, MO

Our hospital employees have routinely stepped up to meet the need for clinical faculty in our area nursing schools. Last year, over 20 of our RNs were hired by schools of nursing to serve as adjunct clinical faculty within our facility. The various challenges faced by nurses serving in the dual role often make it difficult for staff to balance this evolving role with their existing clinical responsibilities. In response, our facility developed a unique hospital-based clinical instructor model, in which qualified staff is hired into clinical instructor positions, either in primary or secondary job codes. Their salary and benefits are paid by the hospital and their services are sub-contracted out to schools.

Benefits have been reported by schools of nursing and the hospital. Students report 1) more effective orientation to units, equipment, and computer systems, 2) greater opportunities to practice clinical skills and observe in other areas of the hospital and 3) better understanding of interdisciplinary care. Benefits reported by the hospital include: 1) decreased resource required for faculty orientation, 2) increased staff satisfaction and trust with the clinical group and its instructor, 3) opportunities to identify quality students for recruitment, and 4) career opportunity for MSN prepared staff nurses wishing to continue employment within the hospital.

Our full-time clinical instructors work with schools of nursing to provide input on paperwork, clinical coordination and curriculum changes. They are committed to increasing their knowledge of teaching strategies, learning styles and nursing school curriculum through conferences and life-long learning. They are also actively engaged in hospital projects, committees and research.
ABSTRACT

Having implemented the DNP in 2008, program faculty have now had time for reflection and consideration of opportunities for curricular improvement. The DNP has majors in Advanced Practice and Leadership and the curricular plan requires all DNP students to take courses in Leadership, Policy, Epidemiology, and Research. All DNP students also complete a Doctoral Capstone project. The program has been successful as measured by number of qualified applicants, attrition, time to graduation, and scholarly contributions of graduates. In spite of these successes, however, faculty strive for continuous improvement of the DNP program. Strategies adopted for ongoing assessment include review of: course and faculty evaluation data from students following each course; oral comprehensive examination data at program completion; and student capstone project presentations each semester. Aggregate data from these assessments are reviewed regularly by faculty and serve as foci for improvement opportunities. During the monthly Advanced Practice, Leadership, and DNP Council meetings, faculty discuss the DNP advising process, DNP courses, aggregate oral exam outcomes, and the Doctoral Capstone project process and products. Faculty use a perspective of continuous improvement for these discussions, which reduces concerns about openly acknowledging development opportunities. Three examples of assessment processes and outcomes are presented, which illustrate both faculty willingness to share successes and concerns, and the collegial environment that has become essential to ongoing quality improvement. First, faculty recognized key student transitions upon entry into the doctoral program. After the first year of the DNP curriculum, faculty noted that students needed a stronger awareness of scholarship expectations at the doctoral level, particularly early in the student’s program of study. In response to this identified need, faculty developed a formal orientation to doctoral-level expectations and scholarship, and new students participate in this three-day orientation to doctoral studies. Second, faculty recognized that students needed additional expertise in theory and methods of inquiry. Faculty are using this feedback from each other to develop a new course, Tools for DNP Scholarship, which builds on other curricular elements. Course content includes: skills for proposal writing; theories for framing and guiding projects; paradigms for qualitative and quantitative inquiry; approaches to evaluation and data analysis; and principles for instrument selection and analysis. The third example relates to the Doctoral Capstone process. Students enroll in the Capstone course, which is taught by a faculty team and usually extends several semesters. Students identify an interest area, develop a project proposal, and then work with Capstone course faculty to identify a Capstone project chair. Capstone course faculty guide students in development of the project proposal. The Capstone committee helps further hone the proposal and guide the student in project completion. Although this approach was designed to maximize resources, faculty also recognize its inefficiencies and are now collaborating on a new model for guiding the doctoral capstone project. Promoting honest and respectful interactions among faculty can foster curricular innovation and improvement. These examples illustrate the positive outcomes that follow inviting open communication among DNP faculty. Strategies for promoting intra-professional collaboration are discussed.
ABSTRACT

Purpose/Background: The most critical to fill nursing positions exist in the specialty areas. Nationally, there exists an overall nursing shortage, and locally, we have a surplus of new graduate nurses. This presentation will explore the innovative approaches that our organization used to enhance our ability to bridge experienced and new graduate nurses into specialty areas.

Description of Education Innovation: An extensive initiative called the nursing pipeline was established to create a flow of nurses to train and retain nurses in the most critical to fill nursing areas. The goals of the initiative included:

- Create a proactive hiring structure as a workforce development strategy
- Coordinate timing of training opportunities to address new graduate RN surplus as well as specialty gaps
- Create a process in which internal RNs currently holding clinical assist positions were identified and selected for training opportunities
- Decrease reliance on non-employed traveler and agency RNs
- Deliver state of the art training to ensure the highest quality of care

Implementation Methods:

Our organization’s leadership committed to and implemented an extensive plan called the Nursing Pipeline. The goal of the initiative was to create a flow of nurses by training and retaining nurses in the most critical to fill nursing areas. The initiative was built in alignment with the succession planning philosophy of our organization to create opportunities for nurses to grow from within the organization.

Outcomes/Conclusions:

- Over 225 internal nurses trained to date, 95% 2 year retention rate, 96% pass rate
- Training positions are highly competitive with 30-100 internal applicants per session
- Training is operationally consistent and efficient, training costs have not increased significantly
- Cost reduction and cost avoidance has occurred in specialty areas where training is focused, traveler utilization decreased by two million/yr, time to fill positions decreased by nearly 30 days contributing to nearly 1.5 million in cost avoidance, vacancy rates have dropped significantly
- Significant improvements in all keys to success indicators including data that the nurses that have trained in the academies have demonstrated significantly higher employee engagement scores than the general nursing population
- Front runners in the State in getting this type of training to our nurses
- Addressing the community need to hire our local new graduate nurses to avoid relocation to the mainland to seek employment

Recommendations/Implications for Nursing: A best practice approach that positions organizations to ultimately provide the best patient care using the highest trained nurses for the best outcomes while addressing the community need.
I Have My Ruby Slippers—Now What Do I Do? Transition from Clinical Nursing to Associate Degree Nursing Faculty: Perceived Expectations

Title of Abstract

Name of Primary Presenter and Credentials: Linda J. Thomas PhD, MSN, RN, CNE
Affiliation/Organization: Murray State University  City, State: Murray, KY

ABSTRACT

The U.S. is facing a long-term shortage of registered nurses, fueled primarily by an aging population that will require more health care. Concomitant to the shortage of nurses comes the need for additional nursing faculty to prepare them. In the U.S., the two primary types of nursing education are Associate of Science in Nursing (ASN) and Bachelor of Science in Nursing (BSN), with the larger population enrolled in ASN programs. (Hospital diploma programs are relatively few and are being phased out.)

ASN programs typically require a Master of Science in Nursing (MSN) to begin teaching, but most states now require advanced degrees, or are moving toward that standard, to remain as faculty. (ASN faculty in Kentucky can begin teaching with a BSN but must obtain the MSN to maintain employment.) The primary source of new faculty is the pool of clinical nurses. A key problem is that most clinical nurses earn higher salaries then nursing faculty. Beyond that fact, this report, part of a larger dissertation study, focuses on perceived barriers to becoming a faculty nurse. Astin’s (1984) Sociopsychological Model of Career Choice and Work Behavior provided the theoretical framework for this study.

The population was all faculty in ASN programs in public universities (4) and community colleges (16) in Kentucky. A purposeful sample of 20 (one from each program) was selected, stratified by a three-factor grid (5 levels of education, 3 levels of experience, and small vs. medium/large institution). Of the 30 possible cells in the grid, 10 did not exist or were exceedingly rare and were not included in the sample, e.g., more than 5 years’ experience but holding a BSN. The sample was distributed so that each cell was represented by a single Institution.

Nurse administrators at each institution contacted all faculty in their program who met the criteria for their institution’s cell (education by experience by size). The researchers then selected one individual from this pool to participate in semi-structured interviews conducted by the senior author. After the study was approved by the IRB at two universities (a cooperative doctoral program), the interview schedule (IS) was validated by a panel of experts and then piloted. The revised IS took almost an hour to complete.

All interviews (19 of 20 programs participated) were recorded, transcripts were produced, and the data were loaded into a Coded Master Analytical Tool, which was organized by research question. Each RQ had several sub-questions; each sub-question had from 1-4 Interview Schedule questions. Under each IS question, the data were sub-divided three ways: five levels of education; three levels of experience; two levels of institutional size (based on Carnegie Classifications). These subdivisions were analyzed by the equivalent of qualitative cross-tabulations (did, for example, faculty from small vs. medium/large institutions give different responses).

Faculty perceived expectations could be categorized in five main areas: (a) being evaluated by students; (b) learning how to teach (lectures, motivating students); (c) assessing students (constructing examinations, etc.); (d) curriculum development and design, and (e) organization/time management issues (because faculty work was so different from clinical nursing). A summary question asked for a cost-benefit appraisal of the transition from clinical to faculty status. Salary differential (lower for faculty) was the primary response to this query. Yet most of these respondents believed that benefits and rewards of teaching compensated for the salary issues and the barriers (many were initial problems that they eventually worked through). Results and policy implications are discussed in the final paper.
ABSTRACT

High turnover and low retention among nurses in hospitals are major problems in the United States. Compounded by the demand for nurses and their increasing retirement rates, it is imperative to look at work place satisfaction (Trinkoff et al., 2010, p. 309). The costliness of new nurse turnover further compounds concerns with rising health care costs. The United States remains in the midst of a nursing shortage with the prediction that the shortage will become more acute in the next fifteen years (AMN Healthcare [AMN], 2010, p. 2).

New nurse transition to practice is known to be traumatic (Romyn et al, p. 2). Yet, little is known of the substantive impact of new nurse transition programs. Improving retention of new RNs can be particularly cost effective. In order to enhance new RNs’ retention, administrative leaders must understand the RNs’ perceptions of their work environment and their progressing needs in the initial years of practice. The relationship of job satisfaction to turnover rates has long been studied in many disciplines.

The paucity of knowledge on how the impact of new nurse transition programs influence practice environment satisfaction prompted this study. This quantitative, descriptive study, using survey methodology compared nurses who completed some type of new nurse transition (NNT) or orientation program with those who did not. Their perception of the practice environment is a variable affecting retention of nurses in original positions. The objective of this survey was to determine whether a formal new nurse transition program affected the nurses’ perception of practice environment satisfaction.

This study utilized a convenience sample of nurses working in a rural eastern North Carolina hospital. The Practice Environment Scale of the Nursing Work Index (PES-NWI), a tested and reliable tool, was utilized to measure work place satisfaction. An additional ten questions were added to obtain demographic data. The instrument was electronically distributed via Qualtrics software to the entire licensed nursing staff of a rural, eastern North Carolina hospital. Survey results were aggregated and summarized; the mean for each subscale was determined and analyzed with a paired t test and a two-tailed P value. The summary results were reported.
Ageism and Its Implications in Baccalaureate Nursing Education

Title of Abstract

Name of Primary Presenter and Credentials: Christine Brunmeier Thurlow, PhD candidate, MSN, BSN
Affiliation/Organization: Research College of Nursing City, State: Kansas City, Missouri

ABSTRACT

The older adult population in the United States is growing rapidly. Nursing students need education in gerontology in order to provide optimal care for these elders. However, the literature reveals that most college-aged students continue to have poor knowledge of and negative attitudes toward older adults. Ageism (stereotypes, prejudice and discrimination against elders) is a critical issue facing baccalaureate nursing because it can get in the way of the ability to consider diverse views, acquire cultural understanding and prepare competent nurses to care for this exploding population.

An in-depth view of ageism, the definitions and possible origins (including power and oppression, age segregation, socialization and implicit assumptions) will be reviewed. Implications of the literature on college-aged students and aging will be discussed in terms of nursing curriculum strategies at the institutional level, including faculty development as well as curriculum strategy suggestions at the course level. Review of the literature on the impact of these strategies on students’ knowledge and attitudes will provide ideas for future gerontological curriculum change.
Abstract

Nurse leaders often turn to Educators to develop instruction as the solution to solve challenges experienced in the work environment. Educators are uniquely qualified to examine practice challenges and guide leaders to analyze needs, develop goals and select solutions that may or may not include instruction. This presentation leads the participant through a strategy of performance and goal analysis which leads to the identification of appropriate learning objectives and strategies referred to in the title as “sorting out the fuzzies”.
Teaching, Learning, and Technology: Use of Game-Play as an Active Learning Pedagogy to Promote Critical Thinking

Name of Primary Presenter and Credentials: Pamela Treister, MSN, CNS, RN  
Affiliation/Organization: New York Institute of Technology  
City, State: Westbury, New York

ABSTRACT

Summary and Implications: 
A Jeopardy style game for Junior Nursing Students of New York Institute of Technology was developed at the end of the spring semester, 2012. A way to reinforce knowledge taught during the fall and spring semesters of medical/surgical nursing, both clinical experiences and didactic classes was sought in order to develop critical thinking, and teamwork. By presenting in a creative Game-Play arena, the students were engaged in active participation, as well as in teamwork. In presenting the program to the Junior Nursing Students, they realized how much knowledge they acquired during the past two semesters.

Creative Teaching Pedagogies, such as Game-Play, can assist nursing students in review and mastery of essential concepts and content as they progress through different levels of the curriculum. However, in order to engage the student in developing critical thinking and teamwork, creative avenues need to be explored. Teamwork, which is so essential in life, as well as being part of a healthcare team, needs to be incorporated in the foundation of nursing classes. An innovative use of technology can enhance teaching and learning as a way of reinforcing knowledge taught during the semesters of nursing school. This presentation will show a sample gaming template for replication across all content areas in the nursing curriculum.

Students learn in a variety of different ways. The students in the pilot study stated that this review strategy facilitated and assisted them in reviewing and correlating essential Adult Health content. Using a “jeopardy-type game format”, the nursing students can compete as teams to recognize the knowledge which they acquired. This style of teaching can also be utilized as a whole class review with the use of “clickers” as the professor prepares the class for examinations, review of concepts, as well as NCLEX.

The initial pilot study was conducted at the end of the spring semester, 2012. An additional study will be done at the end of the spring semester, 2013 with comparison of results of both groups of students. It is planned that the students will use this tool as a pre and post-test for the spring 2014 semester. Final exam grades will be compared from the previous years to examine if there was an increase level of knowledge, as well as higher grades on the final exams after use of this tool as a pre-test and post-test. This teaching strategy will also be linked to Blackboard, for tracking of the number of students using this as a self-study tool in preparing for finals. After the outcome assessment is made, the Game-Play data base will be opened for the rest of the nursing faculty to develop questions from their respective areas of expertise. The use of technology will be key and instrumental in helping faculty conduct this mode of review for teaching, learning, critical thinking, and teamwork. This gaming strategy can be replicated across the curriculum for nursing and for the entire college. By using the existing software and adapting it to meet the specific needs of the Nursing Department, content mastery and application of knowledge will be further linked with safe practices in multiple nursing settings.
Educating Nurses for Cultural and Racialized Understanding

Title

Name of Primary Presenter and Credentials: Peggy A. Trewn, MSN, PhD CNE
Affiliation/Organization: Eastern Michigan University       City, State: Grosse Pointe Park, Michigan

Abstract

- Recent studies have highlighted differences in health outcomes among racial, ethnic and otherwise diverse groups. Researchers contribute health disparities to a variety of cultural, social, environmental and health system factors. Socio-cultural variables such as discrimination, prejudice, race and racism are among those factors identified as contributing to differential treatment that may indirectly influence health outcomes and health disparities. Health care organizations and academic institutions all propose to value working with diverse populations and the provision of culturally competent health professionals. This study examines nursing curricula to determine to what extent these variables are included in nursing school curriculum. Additionally, information from nurses, educators and student nurses will be solicited to begin to address perceptions’ of their educational experience and its relevance to the practice setting.
Nursing School Orientation: Help Students Stay on the Yellow Brick Road and Avoid Flying Monkeys

Title of Abstract

Name of Primary Presenter and Credentials: Sherri Ulbrich, PhD, RN, CCRN
Affiliation/Organization: University of Missouri Sinclair School of Nursing
City, State: Columbia, MO

ABSTRACT

Background: Nursing school curricula are academically intense. Such intensity increases the demand and stress on students which affects their academic performance, professional development and personal satisfaction. Nursing faculty wish for students to be better prepared to meet the demands of their courses. Nursing school orientation programs can better prepare students for the rigors of a nursing program and help maximize their potential for success.

Content: This session will guide participants through the process of developing a successful nursing orientation program or revising an existing program. Participants will discover the potential benefits of an orientation program for their schools. Essential content for inclusion will be reviewed from both a faculty and students perspective, such as professional etiquette, meeting peers, school policies and procedures, stress management, time management, student success and survival strategies, and test taking and study skills, among others. Delivery strategies of this content are critical to the success of orientation. Today’s students expect and demand active teaching-learning strategies. The best delivery strategies for orientation programs will be reviewed and include ways to lecture less, make learning environments more interactive, and integrate technology into the learning experience. Examples of these strategies will be given. However, teaching strategies and content alone do not ensure optimal outcomes. Students are not just interested in learning content, but also meeting their future faculty members. Recruitment of multiple faculty members as presenters is crucial. This enables students to meet the faculty and for faculty to share their individual expectations. Timing of the program in terms of length and content scheduling is important to facilitate learning. Suggestions for optimizing timing will be provided. Developing a new orientation program or revising an existing one can have significant challenges. Being able to anticipate these challenges and develop strategies to overcome them is helpful. We will share some of the challenges we have faced and our methods to overcome them. Any teaching program of significance should be evaluated to determine its success, identify areas that could be improved and provide a means for participant feedback. Subjective and objective methods to evaluate nursing orientation programs will be reviewed including self-report measures, academic outcomes, and psychosocial outcomes. Outcome data from our school’s orientation programs will be shared. Lastly, after multiple cycles of orientation programs have given us insight into developing successful orientation programs, both what works and what does not. These insider tips from this experience will be shared. Orientation programs can provide students with a strong start to their nursing education. A well designed and implemented program can maximize the potential for success in students.
ABSTRACT

**Background:** Participation in government and the legislative process is a right and responsibility in our roles as nurses and citizens in the United States. Developing political activism skills is essential to best represent ourselves and our profession, be advocates for our patients and their families, and shape health care and public policy. (Political advocacy skills are especially important among underrepresented groups in nursing.)

**Purpose:** This leadership development activity was designed to increase the understanding of and need for political advocacy in nursing and actively engage accelerated students from the New Careers in Nursing program who come from underrepresented groups in the legislative process as citizens and future nurses. Scholars would also understand the role of Missouri Nurses Association (MONA) and American Nurses Association (ANA) in political advocacy.

**Methods:** The school’s 5 NCIN scholars participated in the 26th Annual MONA Nurse Advocacy Day including independently meeting with Missouri 46th District Representative Stephen Webber to advocate for the Volunteer Health Services Act (HB 1072). NCIN grant monies were used to fund registration fees. During a leadership session Nurse Advocacy Day was introduced to the scholars and resources such as the House and Senate websites, conference agenda, overview of the legislative process, and websites about health related bills were shared. Scholar roles in planning and participation were decided among the group. Scholars attended a faculty presentation about political advocacy and Nurse Advocacy Day. One scholar independently investigated health related bills and another contacted legislators for appointments. The group selected the Volunteer Health Services Act and developed an advocacy plan. Scholars attended the MONA Nurse Advocacy Day including 5 sessions about current legislation and advocacy skills. Scholars met with their representative in his capitol office and formally requested his support of the bill using their prepared fact sheet and “elevator pitch.”

**Results:** Scholars evaluated each main activity on a 5pt Likert scale (very valuable to not at all valuable) on the school’s NCIN Blackboard site. Most sessions were generally considered valuable with no session receiving low or not valuable responses. Four of 5 scholars rated visiting with their legislator as very valuable, adding that visiting with the legislator “brought everything into perspective”, “made Nurse Advocacy Day more meaningful”, and “gave me a more in depth understanding of being a nurse advocate.” Additional results included the Volunteer Health Services Act receiving needed advocacy, scholars taking leadership roles, and legislators becoming more aware of the presence and advocacy of nurses in public policy. Active participation in Nurse Advocacy Day is a valuable leadership development activity in political advocacy for undergraduate students.
High-fidelity Simulation in a Nurse Residency Program: Effective Decision-making to Prevent Failure to Rescue

Name of Primary Presenter and Credentials: M. Nancy Van Aman DNP, FNP-BC
Affiliation/Organization: Goldfarb School of Nursing at Barnes-Jewish College
City, State: Fenton, MO 63026

ABSTRACT

Purpose: Effective clinical decision-making by nurses is essential when caring for patients experiencing deterioration from post-operative complications which risk mortality, termed failure to rescue (FTR). Increasing numbers of new graduate registered nurses (RNs) are employed in acute care settings. Their lack of experience in the decision-making required to care for patients at risk for FTR is a concern. The purpose of this project was to evaluate if education on patient deterioration through high-fidelity Human Patient Simulation (HPS) would increase new graduate RNs decision-making in FTR situations.

Synthesis of Evidence Guiding Practice Change: Analysis and synthesis of fifty-one articles using the Johns Hopkins Nursing Evidenced-Based Practice model showed compelling evidence for the use of HPS in teaching clinical decision-making with new graduate RNs caring for patients experiencing deterioration. Evaluation of evidence at the acute care setting demonstrated this was needed specialty content in the Nurse Residency program.

Strategies for Implementation: HPS Scenarios were developed with effective decision-making as a learning objective, and decision-making was emphasized in the HPS scenario pre-briefing and debriefing. Nurse Residents were exposed twice to the same HPS scenario, offering a baseline measure of their decision making, with follow-up repeat HPS in one month. Three HPS scenarios were developed and the participants were randomly assigned to a particular scenario, then matched for that same scenario in the follow-up repeat HPS.

Method for Evaluation: Quasi-experimental two group post test design compared scores between the 1st and 2nd HPS scenario using the Lasater Clinical Judgment Rubric (LCJR). Participant decision-making was evaluated by videotape review of the HPS scenarios. The LCJR has four developmental levels including: Beginning, Developing, Accomplished, & Exemplary. The rubric also measures four phases of decision-making: Noticing, Interpreting, Responding, & Reflecting.

Significance of the Work: All participants had initial scores in the Developing level as expected of new graduate RNs and demonstrated statistically significant growth within that level. Statistically significant growth in all phases of decision-making was demonstrated with the Noticing phase showing the highest significance. The use of HPS as a teaching strategy may facilitate in moving new graduate RNs from the Developing Level to the Accomplished Level of decision-making, which could result in improved outcomes for patients at risk for FTR.
Title of Abstract

Name of Primary Presenter and Credentials: Suzanne W. Van Orden, MSN, MSEd, RN
Affiliation/Organization: Old Dominion University  City, State: Norfolk, VA

ABSTRACT

Academic educators agree that having students formulate a personal philosophy of nursing assists nurses in clarifying focus and begins the process of socialization to the profession. Unfortunately, the typical format for this experience has been the black and white print of an APA paper and has often failed to fully demonstrate the achievement of assignment and curriculum outcomes. Recognizing that creativity relies on thinking skills and reflection and involves presenting an idea or object in new or novel way, nurse educators at Old Dominion University restructured a sophomore Professional Outlook assignment in which creative art was used as a complement to theoretical knowledge, acting as a bridge from which human conditions such as health and illness could be understood.

Guidelines for the project were revised to replace a paper with a three-fold project: the creation of an original artistic piece of work portraying his/her personal philosophy of nursing, a one-two page Content Outline, and a 5 minute presentation for sharing the process and findings represented in the artistic expression. This project opportunity to adapt knowledge and skills in a new way simulates the desired practice capability of adapting to fit the differing needs of patients, while allowing students the experience and appreciation of nursing as an art and a science.
Poster Presentation
Budget Friendly Solutions in a Budget Conscious World

Name of Primary Presenter and Credentials: Andrea K. Vance, RN, BSN
Affiliation/Organization: Shawnee Mission Medical Center City, State: Olathe, Kansas

Intro: With increasing budget cuts for education, one needs to become efficient without limiting the education of staff. This is done by utilizing downtimes on the unit, engaging experienced staff and by promoting professional practice by offering educational enhancements that can be done while at home.

Methods:

- Clinical Coaches were established to help educate peers on unit based competencies. Competencies were established from the stated educational needs by staff. Clinical coaches were then trained by the unit educator on proper procedure. Competencies were then performed with patient care or with simulator during downtime instead of holding a competency day.
- Insitu simulations occurred during low census. Simulations were performed with real life scenarios. All staff had to be involved with one simulation per year while they were at work during a downtime.
- CE Direct purchased by SMMC with NICU focused presentations were used by staff in obtaining CEUs for state licensure. Perinatal Continuing Education Program (PCEP) set of books 1-4 were loaned to staff to complete in enhancing knowledge with latest evidenced based knowledge. NRP and STABLE books were on a loan basis to decrease costs in purchasing for entire unit.
- New Grad Residency used for staff retention to decrease costs in hiring. NICU staff were pulled during adult based topics and given Neonatal presentations in place so a didactic component was in orientation.

Results: We were able to eliminate Competency day that required 8 hours of education training per 65 employees. Staff were able to perform competencies during downtime while they worked and the deadline was 6 weeks in length on completion. Simulations were also performed during downtime instead of a scheduled two hour block time as previously performed. We have successfully implemented a book loan program where we purchased 25 NRP and STABLE books used by all 358 Women's and Children’s staff. New Grad Residency has received high evaluations with NICU staff having NICU focused topics and retaining 100% of New Grads going through the program. PCEP program is still being used. CE direct is still used by staff for seeking additional CEUs.

Conclusions: By providing staff education during downtime with low census we were able to cut costs for our budget. We empowered staff to assist with the training which gave them ownership over the competencies and helping train their peers. Staff states they feel better prepared in emergency settings with simulations. And we were able to cut budget costs by providing a book loan program versus purchasing all staff their own manuals.

Name of Primary Presenter and Credentials: Andrea K. Vance RN, BSN NICU Clinical Educator
Affiliation/Organization: Shawnee Mission Medical Center  City, State: Shawnee Mission, KS

ABSTRACT
Intro: The Level III Neonatal Intensive Care unit has historically been an open ward NICU where all the babies were in one open room. With the NICU moving to the New Birth Center with a 28 bed private rooms the staff had to adapt to the new living space along with new equipment and technology.
Method: A mandatory education training day was provided in only a two day window due to inspection and then the Grand opening. Training incorporated scavenger hunts, simulation, and seven vendors participating in the education of staff to the new equipment. All staff had to take part in the training. Hourly Rounds simulation occurred two weeks prior to the move to help with improved work flow. The staff had to learn to adapt to a call light system in the new private rooms and to improve responsiveness to family’s needs. Staffs were also trained on the new security system, new monitors, carrying phones since they were accustomed to pagers and adjust to finding equipment.
Results: Over the first two weeks staff adapted to the new environment. This was evident by prompt response to alarms, and quick action of the neonatal team in 3 separate codes happening on different floors on the birth center.
Conclusion: Staff took ownership and pride in the new building. Staff were able to improve workflow in daily duties due to Hourly Rounds and education training. Families have increased satisfaction with the private rooms and feel that the staff is responsive to their babies’ needs. The newly hired staff feel they are also the experts in finding equipment and did take part in committees during the new building move. All staff has adjusted to their new surrounding and being responsive to the linked monitors and new equipment. As stated by one nurse, “we have always provided the best patient care in the city, now we have a building to match our care.”
A Look to the Future of Nursing from the Perspective of the Past: A Qualitative Study of Retired Nurses on the IOM Future of Nursing

Name of Primary Presenter and Credentials: Naomi R. Vogt, Student Nurse
Affiliation/Organization: University of Wisconsin – Eau Claire
City, State: Eau Claire, WI

In 2011, the Robert Wood Johnson Foundation (RWJF) and Institute of Medicine (IOM), published The Future of Nursing: Leading Change, Advancing Health, which was a result of a two year initiative aimed at identifying barriers to advancement of the nursing profession and suggestions for improvement (IOM, 2011). Four key recommendations are provided within the report. Historically, nursing has been confronted with barriers that have prevented the profession from fully responding to evolving health care settings and systems. The future of nursing is dependent upon successfully overcoming these barriers (IOM, 2011). This qualitative research focuses on the second and third messages presented in the IOM report related to achieving higher levels of education and collaboration with physicians and other health care providers. The aim of the research was to explore a historical perspective of barriers experienced within the nursing profession and seek insight into how to achieve the IOM recommendations via interviews with ten retired nursing professionals. Understanding the experience of nurses who have lived through change will better enable nursing to understand the barriers, opportunities, and strategies to advance the nursing profession as a primary force in shaping the future of nursing and health care in our nation. Results are currently being qualitatively analyzed and will be presented.
Knowledge and Attitudes of Pain Management Among Nursing Faculty

Name of Primary Presenter and Credentials: Barbara Ann Voshall, DNP, MSN, RN  
Affiliation/Organization: Graceland University  
City, State: Blue Springs, MO

ABSTRACT

A descriptive, correlational design was used in this study to examine nursing faculty’s knowledge and attitudes in pain management. Relationships between age, education level, pain management preparation, length of time practicing as a nurse, length of time teaching nursing, time teaching pain management in the classroom, taught pain guidelines in the classroom, and additional continuing education about pain management were explored. Ninety-six nursing faculty participated from 16 schools of nursing in one Midwestern region. Findings identified that most of the nursing faculty recalled being taught about pain management in their basic education, however less than half felt adequately prepared. Most respondents said they taught pain management, yet less than half identified that they used specific pain management guidelines. Faculty demonstrated adequate knowledge of pain assessment, spiritual/cultural issues, and pathophysiology. Areas of weakness were found in medications, interventions, and addiction. Faculty that reported teaching pain management in the classroom, and reported more continuing education missed fewer items. Older nursing faculty reported more years of practice, more years of teaching, and more continuing education in pain management than the younger faculty. Younger nursing faculty remembered being taught pain management in nursing school and felt more adequately prepared than older nursing faculty. Faculty that reported practicing for longer periods of time felt less prepared in pain management than faculty who practiced for shorter periods of time. More continuing education in pain management may be needed for older nurses to meet the recommendations of the Institute of Medicines’ report on relieving pain in America.
ABSTRACT

Development and assessment of competence in nursing is an important organizational goal in order to evaluate performance, address problematic issues and meet standards set by regulatory agencies.

Over the past decade, our hospital has utilized a model of competency validation that focuses primarily on assessing technical skills during an annual fair. This model has worked well in the past, however barriers such as continuous growth and space constraints have forced the need for a clinical competency makeover.

A competency steering committee was convened to evaluate and implement an alternative model that incorporates interpersonal, critical thinking and technical skills.

We will share how we put meaning back into competency validation. We accomplished this by measuring competencies that are valued by the employee and organization, providing choices in validation methods, and increasing employee accountability.

We have completed our new competency validation program twice since changing our process. We will share our lessons learned and the changes we made after the first year.
IDDM Management in the Hospital with Continuous Subcutaneous Insulin Infusion Pumps

Name of Primary Presenter and Credentials: Kathleen Welch, RN, CMSRN, BSN
Affiliation/Organization: University of Kansas Hospital  City, State: Kansas City, KS

ABSTRACT

Independence for patients while they are in the hospital is essential and allowing patients to continue to use Continuous Subcutaneous Insulin Infusion Pumps (CSII) helps to maintain that freedom. This study advocates for patients by creating guidelines for the use of CSII during hospitalization. Advancements in technology that increases quality of life of patents with IDDM should be encouraged as healthcare professionals. More patients than every use CSII pumps so as healthcare workers it is our responsibility to do the best thing for them and update our policies to include CSII pump management. With the help of patients, family, caregivers, interdisciplinary consults and comprehensive staff guidelines found in the American Association of Diabetes Educators article we can keep patients safe while using CSII pumps during hospitalizations. This can also help to prevent complications with improved glycemic management protocols related to CSII pumps. We do not need to be experts on the use of the pumps because all pumps are different and patients and family have been proficiently trained on individual pump use. We just need to make sure that we change policies using evidence based practice with technological advances.

insulin pump, guidelines, IDDM, safety, independence

Reference

Thinking & Acting & Doing! Oh my!
Assessment and Development of Essential Skills in Newly Hired Oncology RNs

Name of Primary Presenter and Credentials: Nicole West, RN, BSN, OCN
Affiliation/Organization: University of Colorado Health-Poudre Valley Hospital
City, State: Fort Collins, Colorado

ABSTRACT

Purpose:
To describe an orientation process that facilitates assessment and development of critical thinking, interpersonal, and technical skills in newly hired oncology nurses.

Background:
With the feedback from orientees, preceptors and colleagues suggestive of knowledge gaps despite completion of the mapped orientation and consistently incomplete competency documentation, the educator sought to modify the current orientation process. It was identified that the orientation process would need to facilitate assessment and development of essential oncology nursing skills through an intuitive process that generates documentation to validate completion of orientation.

Methodology:
A group of oncology leaders, educators and preceptors identified critical thinking and technical skills necessary to achieve safe and high-quality care of oncology patients served. Using Benner’s theory of Novice to Expert, essential critical thinking and technical skills were grouped according to complexity of the skill. Weekly goal plans, skills checklists and assignments, and high-risk patient scenarios were prepared to facilitate assessment and development of increasingly complex skills. Four hours of non-clinical time was allotted to new employees to complete online courses to develop oncology-specific knowledge. To facilitate communication between the orientee, preceptor & educator, checkpoints at 30 days, 60 days, and 3 months post-orientation were scheduled. At these checkpoints, the orientee, preceptor, & educator met to acknowledge progress, evaluate interpersonal communication, collegial relationships, and development of essential skills. If necessary, individualized plans were created to address barriers to successful orientation completion.

Results/Outcomes:
After establishing this process, increased satisfaction with the process was verbalized by the preceptors and the educator. Subsequent experienced orientees completed orientation successfully after eight weeks. Compliance with documentation increased significantly. Both orientees and preceptors reported the paperwork was straightforward.
**Thinking & Acting & Doing! Oh my!**  
Assessment and Development of Essential Skills in Newly Hired Oncology RNs

**Name of Primary Presenter and Credentials:** Nicole West, RN, BSN, OCN  
**Affiliation/Organization:** University of Colorado Health-Poudre Valley Hospital  
**City, State:** Fort Collins, Colorado

**ABSTRACT**

**Purpose:**
To describe an orientation process that facilitates assessment and development of critical thinking, interpersonal, and technical skills in newly hired oncology nurses.

**Background:**
With the feedback from orientees, preceptors and colleagues suggestive of knowledge gaps despite completion of the mapped orientation and consistently incomplete competency documentation, the educator sought to modify the current orientation process. It was identified that the orientation process would need to facilitate assessment and development of essential oncology nursing skills through an intuitive process that generates documentation to validate completion of orientation.

**Methodology:**
A group of oncology leaders, educators and preceptors identified critical thinking and technical skills necessary to achieve safe and high-quality care of oncology patients served. Using Benner’s theory of Novice to Expert, essential critical thinking and technical skills were grouped according to complexity of the skill. Weekly goal plans, skills checklists and assignments, and high-risk patient scenarios were prepared to facilitate assessment and development of increasingly complex skills. Four hours of non-clinical time was allotted to new employees to complete online courses to develop oncology-specific knowledge. To facilitate communication between the orientee, preceptor & educator, checkpoints at 30 days, 60 days, and 3 months post-orientation were scheduled. At these checkpoints, the orientee, preceptor, & educator met to acknowledge progress, evaluate interpersonal communication, collegial relationships, and development of essential skills. If necessary, individualized plans were created to address barriers to successful orientation completion.

**Results/Outcomes:**
After establishing this process, increased satisfaction with the process was verbalized by the preceptors and the educator. Subsequent experienced orientees completed orientation successfully after eight weeks. Compliance with documentation increased significantly. Both orientees and preceptors reported the paperwork was straightforward.
An Accelerated Track Program for Non-Degree Holders

Name of Primary Presenter and Credentials: Jeana Wilcox PhD, RN, CNS, CNE  
Affiliation/Organization: Graceland University  
City, State: Independence, Missouri

ABSTRACT

As the nursing shortage continues, students and industry executives are anxious to expedite the influx of new nurses. Most accelerated nursing programs range in length from 12-18 months and require students to have a previous baccalaureate degree. For 15 years, one private Midwestern University has successfully graduated novice nurses who did not have a previous degree in an 18 month timeframe.

The accelerated 18-month pre-licensure program provides nursing students the necessary coursework and clinical experiences (equivalent to a traditional 24-month upper division program) to prepare for licensure and practice. As this program’s outcomes were assessed, it became evident that the 18-month students did as well, and many times do better, than students in the traditional track. Program outcomes and curricula will also be discussed.
Follow the Yellow Brick Road to Rural Health Care Excellence
Title of Abstract

Name of Primary Presenter and Credentials: Venita J. Winterboer, MS, RN
Affiliation/Organization: South Dakota State University City, State: Brookings, SD

ABSTRACT

Preparing nursing students for the delivery of quality patient care can provide many challenges in our technology-based health care system. The creation of a rural simulation family was developed to strengthen the quality and delivery of baccalaureate nursing education. Focusing on the QSEN competencies, this unique simulation family was developed to incorporate rural health concerns into classroom and simulation experiences.

With input from a team of content experts at our university, patient family profiles were developed. These profiles were incorporated into case studies and simulations. A family tree was further developed to include family photographs, occupation, hobbies and lifestyle choices. From this work, the 22 member multigenerational Jackson family emerged. Simulation family members have since been woven into simulation experiences, skills lab and classroom case studies.

The Jackson family members receive their health care in a variety of simulation health care facilities. The simulation health care facilities were developed to serve a rural community with a population of 2000. Prairie View Clinic one of the simulation health care facilities developed is a clinic which is staffed by 2 Physicians, 1 Nurse Practitioner, and 1 Physician Assistant. Prairie View Community Hospital which is attached to Prairie View Clinic and Nursing Home is a 20 bed hospital and is equipped with TeleHealth capabilities. Dakota Health System is a hospital located 2 hours away from Prairie View and is a 310 bed Trauma 2 Center. These simulation experiences will strengthen student education by using technology-based learning to meet rural health needs in our state.

The creation of this rural simulation family was undertaken as part of the Simulation Informatics Technology Enhancement (SITE) program. The aim of this program is to prepare students to incorporate QSEN competencies into patient care.
The most effective way to educate nurses is to integrate a teaching style that promotes interactive learning. The expectations to apply technology to clinical and course work increases with every generation. Luckily, new technologies have emerged that make this possible. Smart devices, such as the iPad, have revolutionized the way nurses learn and practice. Smart devices serve a wide variety of needs, and can be utilized as: a communication tool among health care providers, medical reference source, clinical calculator, method for student progression tracking, as well as patient education. In regards to nursing education smart devices can: engage students in simulations, be a reference source for current medical information including the latest evidence based practice, collect and share didactic information, advertise learning opportunities, notify of emergent events, and connect to the community. Most of this is accomplished through the use of mobile medical applications. Recommendations of mobile applications and their use will be thoroughly discussed in this presentation.

In addition to smart devices, social media is another emerging trend that if utilized properly can enhance the health care industry. This presentation will discuss social media’s application, advantages, potential for misuse, and recommendations for regulations. Social media is an endemic part of our world and has changed every aspect of our experiences and social media, especially when paired with mobility, will be a critical aspect of the health care profession. While the advantages social media and smart technology are endless, there is strong need for guidelines defining appropriate use. Nursing leaders must set the standard for integrating advances in technology into the nursing profession.

**Educational Objectives**

Participants will:
1. Discuss appropriate use of social media in the nursing classroom and clinical arena.
2. Describe some of the most popular applications which can promote the teaching/learning process.
3. Identify factors to consider when developing a policy concerning the professional use of social media to guide students’ behavior.
4. Explore legal/ethical considerations in the responsible use of social media in nursing education.
Learn Teamwork Techniques through a Team Research Project in Undergraduate Nursing Research Education

Title of Abstract

Name of Primary Presenter and Credentials: Meng Zhao, PhD., RN
Affiliation/Organization: Texas A&M University Corpus Christi, College of Nursing & Health Sciences
City, State: Corpus Christi, TX

ABSTRACT

Background: Effective collaboration and teamwork is essential in conducting nursing research. Prior literature reveals deficiencies in the application of teamwork/shared learning skills in undergraduate nursing research education.

Purposes: Through the use of a team research project to educate undergraduate nursing students how to collaborate in nursing research.

Methods: Students (n=51) were randomly assigned to 10 different journal club teams and were required to finish a team research project. Within each team, students were asked to elect a team leader and identify each member’s role in the team. Each team also needs to reach agreement about ways to facilitate team communication, meeting agenda, meeting protocol, and record keeping.

Results: Students learned to apply teamwork strategies to facilitate the development of their research projects. The most commonly used strategies were team discussion board, team wikis, and regular team meetings, which helped them to establish each member’s role in the team, and to reframe their team research questions and research designs.

Conclusion: A team research project is an effective pedagogical tool for undergraduate nursing students to learn teamwork skills. Teaching emphasis should be on the student interactions and problem solving.
ABSTRACT

During this presentation we will share our experience of implementing a nursing practice model using unit based CNSs within a medical-surgical service of a large academic medical center. We will describe the rationale that includes addressing the ever-increasing pressures on nurses to achieve quality and safety outcomes in addition to the need for efficient and effective nursing education. Leveraging Lewin’s theory there were multiple driving and restraining forces effecting this implementation. Results of this model achieved across 18 months substantiate that the driving forces outweighed the barriers. One of the primary driving forces was the need to positively impact patient outcomes as well as nursing staff outcomes. Outcome measures for patients include decreased falls, decreased adverse events, and increased patient satisfaction. Staff outcome measures include improved nurse engagement and professional development (certifications and advancing degrees). There were barriers to overcome and this presentation will describe how this was achieved. This model is especially productive in meeting the educational needs of complex medical-surgical units where there tends to be a high percentage of new nurses. Linking arms with a CNS, working side-by-side on the unit brings clinical and educational expertise to the bedside to positively impact outcomes.
Title of Abstract-- Pay No Attention to the Flying Monkeys: Helping NURS students calm their test anxiety demons

Name of Primary Presenter and Credentials: Patty Zuccarello, M.Ed.
Affiliation/Organization: Prairie State College City, State: Chicago Heights, IL

ABSTRACT

As with many institutions, students in the nursing program at Prairie State College (PSC) are some of the most elite students at our school. The pressure they put on themselves to stay at the top of their class leads to increased anxiety around course performance, particularly in test scenarios. At PSC, we have implemented a test-anxiety reduction program by using our in-house resources—primarily, an administrator with a degree in instructional leadership.

Nursing faculty are hired as content-area experts. They are not hired because they have a background in learning theory. We teach as we have been taught. We expect students to learn the way we learned. When we encounter students who have a hard time mastering the didactic content, how do we respond?

Over the past 2 years, the Nursing faculty at Prairie State College have worked with an academic skills specialist to instruct students in the ways of note-taking, studying, and test-taking. Of these workshops, the most effective intervention was a workshop on combating test anxiety. While the number one thing students can do to combat test anxiety is to prepare carefully for the exam, this intervention provided additional tools for students to use during the exam, particularly if they experienced severe stress response during the test.

This workshop will review the elements for combating test anxiety used at Prairie State College:

- Implementation of a five-day study plan, emphasizing student learning styles
- Understanding of the stress response/adrenaline flooding
- Use of isometric exercises to combat adrenaline
- Modification of test-taking superstitions

Purpose/Goal
1. Present preliminary findings of test-anxiety intervention
2. Provide replicable model for other institutions

Objectives:
1. Address innovations and challenges including:
   a. Curricular changes to promote improved capabilities
   b. Engaging the challenging student
   c. Interprofessional practice
   d. Student retention
2. Academic education track: Explore how those in education and practice can successfully sustain competent learners and practitioners

Teaching strategies:
This podium presentation style workshop will feature mini-lectures about the project at Prairie State College interspersed with active learning modules to practice the strategies given to students.