Technology Mediated Teaching Strategies in Nursing Education for Veterans Care

Name of Primary Presenter and Credentials: Barbara H. Baker, RN, PhD
Affiliation/Organization: University of Central Missouri  City, State: Warrensburg, MO

ABSTRACT

Overview: Incorporating veterans’ health into nursing education is a critical issue facing professional nursing education programs at undergraduate and graduate levels. According the U.S. Census Bureau (2011) there are 21.8 million military veterans in the United States. Knowledge of the military culture, the different wars and conflicts, and the unique health issues endured by veterans are emerging as key areas for nursing education. As more nursing organizations and institutions pledge their support for the Joining Forces initiative, providing education for nursing students in the care of service members, veterans, and their families will be necessary.

Purpose: To meet this need, the process of developing of an online nursing course that addresses the unique health and wellness issues of veterans and military families will be presented. How the course implements best practices in online teaching and learning will be demonstrated through a design based on the Quality Matters™ rubric for higher education.

In contrast to most nursing courses, there is a dearth of peer-reviewed textbook materials targeted to veterans’ care. Therefore, strategies are needed to create a quality nursing course around available material. These include, linking Web pages from the Veterans Administration (VA), Medline, National Resource Directory, and National Libraries of Medicine, as course materials. Resources from the American Association of Colleges of Nursing (AACN) Enhancing Veterans’ Care Tool Kit and access to research articles about veterans’ health issues are incorporated into the course, as well. The use of the Internet in the learning process is another strategy for students to seek information about wars and conflicts, military service and culture, the impact of combat trauma, and programs that help the homeless veterans.

Presentation objectives: Through an interactive session, conference attendees will be engaged in activities that will allow them to:

- Identify student learning outcomes that address veterans’ care in nursing courses.
- Determine methods to find research evidence about veterans’ care.
- Incorporate innovative teaching strategies that use materials from the Veterans Administration and educational resources from the AACN Veterans’ Care Tool Kit.
- Understand the use of technology in nursing education to develop a course in veterans care is in keeping with nursing education’s the pledge in Joining Forces.

Evaluation and Implications for Nursing Education: Student learning outcomes to use for course evaluations will be discussed, as well as strategies for ongoing student feedback in the veterans’ course. Comments and responses from the conference audience will be solicited throughout the presentation in order to create a forum that will assure nursing’s capabilities for future education and practice in care of the veteran.
A Journey Toward Advocacy

**Name of Primary Presenter and Credentials:** Julie Baldwin, MSN, RN-BC, CNE  
**Affiliation/Organization:** Missouri Western State University  
**City, State:** St. Joseph, Missouri

The ANA Scope and Standards of Practice (2012), describes advocacy as a fundamental aspect of nursing practice. According to Tomajan (2012), nurses readily embrace the role of advocacy for patients. However, they may not consistently consider the role of advocacy in relationship to the nursing profession.

Nursing faculty noted our students are provided with many opportunities to explore patient advocacy. However, they may be limited in their knowledge of advocacy for the profession. Advocacy activities can be promoted through involvement in professional organizations and active involvement in the legislative processes. We provided our students the opportunity to participate in an advocacy event.

In February, 2013, 40 BSN students and four faculty members of a Midwestern University traveled to the State Capitol for nurse advocacy day sponsored by the Missouri Nurses Association. A survey will be administered to assess student awareness of advocacy for the profession through the legislative process. The survey will compare students who attended the event to those that did not.
ABSTRACT

There has been a call to transform nursing education. Developing strategies to prepare students for future health care needs requires nurse educators to consider different and innovative approaches. Evaluation of learning in schools of nursing has frequently included multiple choice testing and the use of question formats students will encounter on the NCLEX exam. Although frequent exposure to NCLEX-style questions is beneficial for preparing nursing students for NCLEX, sometimes the focus on test scores can overshadow the process of learning and preparing students for practice. Collaborative testing is a learning strategy that can be used in nursing education to possibly improve knowledge development, critical thinking, decision-making skills, and group communication (Sandahl, 2009). Through the discussion of rationale, sharing of ideas, and group decision making, students can experience deeper learning. Collaborative testing provides students with a process to think and workout their problems with fellow peers, allows for information sharing, and collaboration among students, which is required for their future practice. This presentation will discuss strategies for implementing collaborative testing to enhance learning and will discuss findings of the benefits students perceived during the collaborative testing process.
Sustaining Competent Nursing Practitioners with Clinical Decision Support to Prevent Hospital Acquired Conditions

Title of Abstract

Name of Primary Presenter and Credentials: Lacey Bergerhofer, RN, BSN, CCRN
Affiliation/Organization: Children’s Mercy Hospitals & Clinics City, State: Kansas City, MO

ABSTRACT

Clinical decision support is a practical strategy to manage the concomitant challenges of the rapid pace of change and the potential risk of patient harm in our hospitals. Recognition of the significance of hospital acquired complications that increase risk of morbidity and mortality has re-focused attention on the importance of skillful nursing interventions to prevent harm and keep patients safe during hospitalization. In response, we have designed strategies that provide the bedside nurse new methods to make informed decisions for patient care that are based on evidence for practice.

In our electronic health record (EHR), clinical decision support has been added to guide nursing care to prevent pressure ulcers, central line associated blood stream infections, catheter associated urinary tract infections, and to assure safe patient handling. Based on the documentation of nursing assessment findings, nurses are guided through conditional logic embedded in the system to select suitable evidence-based interventions to prevent hospital acquired complications of care. Additionally, the EHR can afford access to on-line policies, procedures, illustrations, and the like to further guide nursing care.

The EHR is a practical tool for managing the pace of change and sustaining competent nurses, as it provides opportunity for life-long learning within the nursing workflow.
Simulation for Novice BSN Students: Adventures on the Road to Competency Validation

Name of Primary Presenter and Credentials: Carol J. Bett, PhDc, RN
Affiliation/Organization: Wichita State University City, State: Wichita, Kansas

ABSTRACT

Over the past decade, the use of simulation in nursing education has been widely supported as a valuable experiential learning modality. As a teaching strategy, simulation attempts to replicate real clinical experiences in a standardized context that allows students to practice psychomotor skills and develop clinical judgment in a safe environment. Clinical judgment is described as the reasoning processes used by nurses that is based on theoretical knowledge, practical experience, and understanding of the context. While current studies of simulation-based learning have not yet comprehensively investigated the effect of simulation on developing clinical competency, evidence suggests that integrating structured practice opportunities supports clinical learning (Lasater, 2007; Sanford, 2010).

Benner (1986) describes levels of clinical expertise along a continuum that begins with the novice or beginner and ends with the expert practitioner. Her model can be applied to the novice nursing student who begins to integrate theoretical knowledge gained in the classroom setting to clinical practice. Although at the novice level most pre-licensure nursing students are substantially task oriented, a simulation-based experience provides an interactive framework that enhances the learning process. Clinical judgment is an essential attribute that nurses who are progressing from novice to expert need to develop. Tanner’s (2006) Clinical Judgment Model provides a framework for developing a rubric to assess student learning and competency during the simulation experience. The Clinical Judgment Model includes four steps: noticing, interpreting, responding, and reflecting. These four steps provided a guide for the debriefing session that followed the simulation and for the evaluation rubric.

The purpose of this poster presentation is to describe a simulation-based experiential learning strategy that has the dual purpose of facilitating clinical judgment development and a summative evaluation process for an initial medical-surgical clinical. During the final clinical day students are presented with a scenario based on a common medical-surgical problem involving hypoglycemia in a hospitalized patient. The students are expected to identify symptoms of hypoglycemia during their initial assessment of the standardized patient, delegate responsibilities among team members, and intervene appropriately for the situation. Following the debriefing process, the summative evaluation results are discussed and if students did not successfully demonstrate competency in the key objectives then a remediation learning project was assigned. Assessment and validation of clinical competency is a central role of faculty, however evaluation of student performance requires a standardized evaluation process that is frequently difficult in the actual clinical setting.

References


Evidence Based Teaching and the Link to Student Engagement

Title of Abstract

Name of Primary Presenter and Credentials: Susan L. Bindon, DNP RN-BC
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City, State: Baltimore, MD

ABSTRACT

Nurses and educators are familiar with evidence based practice (EBP), but less so with evidence based teaching, or EBT. In EBT, educators use the best teaching and learning evidence to make informed decisions about their approach to teaching. Combined with experience and students’ values, this becomes a powerful tool for connecting with students and helping them realize results. The EBT concept will be defined and explored, along with the connection between EBT and student engagement.

Literature supports the link between certain educational best practices and student engagement (Popkess & McDaniel, 2011). This is good news! Somewhat troubling, however, a secondary data analysis suggests that nurses students are more challenged and less engaged than non-nursing college students. There is a disconnect between faculty and students; but there is also an opportunity for educators to teach differently and engage learners at a higher level. Engaged learners participate actively in the learning process, collaborate with others, and learn to think creatively and independently.

Barriers to the use of evidence based teaching practices will be discussed, and participants will asked to reflect upon their own teaching practice and to identify their primary teaching “style” and philosophies. Participants will review some basic tenets of “good teaching” (Chickering) and view examples of exceptional learner-centered teaching strategies.

Educators in all settings will benefit from attending this session by learning the basics of EBT and how they can build on their current teaching style to improve student engagement and success.
ABSTRACT

PURPOSE & BACKGROUND
Unlicensed nursing staff greatly impact safety and quality. Nursing assistants should be provided with the knowledge and tools that will provide a foundation for success. The Gold Standard class was developed to elevate performance and enhance the professional growth of our unlicensed staff.

METHOD
Nine sessions of an 8 hour class were held over two months. The curriculum was developed based off of the competency lists from the various nursing units and manager feedback. Curriculum included our Exemplary Professional Practice model, professionalism, communication, abnormal vital signs, and infection control. Safety and quality topics included prevention of VTE, CAUTI, and falls. Sepsis recognition, safe patient handling, patient satisfaction, and humor in the workplace were also covered. Teaching strategies included lecture, audiovisual presentations, discussion, case studies, reflection, group work, games, and simulation. Participants were also able to complete their required POCT and annual competencies.

EMPIRICAL FINDINGS/OUTCOMES
200 unlicensed nursing staff from the Acute and Progressive Care Divisions attended. Course objectives were evaluated using a Likert Scale with 1 being strongly disagree or very dissatisfied and 5 being strongly agree or very satisfied. Summative results were the following: Value their contributions to patient safety and quality outcomes (4.55); discuss concepts related to safe patient care (4.70); verbalize a feeling of support and appreciation (4.64); describe principles of effective reporting and documentation (4.62); apply principles of infection prevention (4.67); utilize therapeutic communication (4.61); demonstrate accountability and pride for practice (4.61); and demonstrate POCT competency (4.71).

CONCLUSIONS/RECOMMENDATIONS
The Gold Standard class provided an effective venue to lay a foundation for professional practice and exceptional patient care. Including competencies along with the course material was a resource efficient strategy. We recommend this course be included in orientation for new unlicensed staff as well as an annual competency program.
The Effect of a Breastfeeding Education Program on Nurse Knowledge and Attitude toward Breastfeeding and Patient Satisfaction

Title of Abstract

Name of Primary Presenter & Credentials: Janine Brammeier, MSN, RNC-OB, C-EFM, CLC
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City, State: Belleville, Illinois

ABSTRACT

“The Effect of a Breastfeeding Education Program on Nurse Knowledge and Attitude toward Breastfeeding and Patient Satisfaction” is a staff development, evidence based practice project that was derived from the question; do breastfeeding education interventions increase nurse knowledge, attitude, and beliefs regarding breastfeeding support? The improvement measures are nurses’ breastfeeding knowledge, nurses’ attitude regarding breastfeeding support, and patients’ satisfaction of nurse communication.

Baseline data was collected from HAHPS scores Communication with Nurses, pre intervention score for breastfeeding knowledge, and score from “Support for Breastfeeding Questionnaire.” The questionnaire is a 40-question tool to assess nurse attitude, norms, belief, and intention regarding breastfeeding (Bernaix, 2010). The project trigger is patient dissatisfaction with breastfeeding education from inconsistent information provided by staff nurses and lactation consultants. Three nurse education interventions were implemented. First, “A Parent’s Guide: Breastfeeding” was given to nurses for self-study, then a breastfeeding education via online format was assigned, and finally two breastfeeding continuing education sessions “Breastfeeding Education: We are all on the Same Page,” were presented by a Certified Lactation Consultant and an International Board Certified Lactation Consultant. A question and answer session after the education provided clarification for the nurses. The study design is a pre/post education intervention measurements. Outcomes related to nurses’ breastfeeding knowledge mean score increased from 65% to 85% correct answers. The repeated survey “Nursing Support for Breastfeeding Questionnaire” results were analyzed statistically (Bernaix, 2010) with the following results: 36 paired sample t-tests compared the mean scores of pre and post survey measures of attitude, subjective norms, beliefs and intention about breastfeeding. Following the education interventions, results were significantly higher for intention (p<.001), the influence of others to support breastfeeding (p<.05), and personal behavioral beliefs about outcomes of supporting breastfeeding (p<.01). Patient satisfaction outcomes measured by HCAHPS scores increased from 78th (3rd quarter) to 88th in the 4th quarter 2011. These scores then decreased during 2012. The findings in this project provide impetus to continue providing nurses with breastfeeding education information as it does increase nurse knowledge and positive attitude in providing breastfeeding support. Patient satisfaction score has not met goal. Opportunity for study is identified as the effect of RN lactation certification on breastfeeding support and patient satisfaction, and the effect of the implementation of the Southern Illinois Perinatal Network Breastfeeding Toolkit.
A Theory-Guided Evidence-Based Framework: Strategies for Success

**Name of Primary Presenter and Credentials:** Diane M. Breckenridge, PhD, RN, ANEF  
**Affiliation/Organization:** La Salle University  
**City, State:** Philadelphia, PA

The Risk Assessment Profile, Strategies for Success (RAPSS) instrument and Strategies for Success Program® (Breckenridge, 1992, 2006, 2010, 2012, 2013) was developed to assess students at-risk and implement strategies for success. The instrument and strategies evolved over two decades, commencing while Breckenridge was in doctoral studies at the University of Maryland, School of Nursing. During this evolution it has been presented at numerous national and international conferences and implemented by Breckenridge at a pre-licensure nursing day and evening/weekend program in the mid-Atlantic U.S. in 2002-2006 when the NCLEX-RN fell to 80%. Excellent student outcomes were evidenced with the NCLEX-RN® raising to a 92 pass rate in one year.

In 2006, the RAPSS instrument and Strategies for Success Program® was implemented at another pre-licensure day and evening weekend program that recruited Breckenridge as the school’s NCLEX-RN® first time pass rate fell to 70%. The evidence-based educational strategies, in one year, raised the pass rate to an 80%. After the pass rate rose to an 82%, then an 86%; the strategy of a specific tutor to enhance faculty tutoring efforts was eliminated due to a decrease in external funding.

When the pass rate fell this pass year to a 76.8, much attention has been placed on the at-risk students at this school since Breckenridge has been awarded one of the 14 nationally 3-year HRSA Nursing Workforce Diversity (NWD) Grants. Breckenridge’s NWD grant is one of the two highest level grants at $962,000 for her Students at Risk, Strategies for Success Program. Immediately, 2 tutors to enhance faculty tutoring efforts were employed. The potential utility of the RAPPS instrument is to assess students to determine at-risk students by evaluating students to target strategies aimed at pre-entry, increasing retention, increasing graduation rates, and increasing the NCLEX-RN® first time pass rate for underrepresented, diverse students to join the nursing workforce as culturally competent nurses. The goal is to raise the first time pass rate to the acceptable State Board of Nursing average of 80% and the national average of 82-84% during the first to third year the Strategies for Success Program is initiated. The student outcomes will be evaluated to determine the theory-guided evidence-based educational strategies that are intended to raise the retention, graduation, and NCLEX-RN® first time pass rates over the three year grant period and to determine strategies to attain and sustain success.
Leadership Aspirations of Registered Nurses: Who Wants to Follow Us?
Title of Abstract

Name of Primary Presenter and Credentials: Jean Bulmer, DNP, RN-BC
Affiliation/Organization: UPMC Hamot City, State: Erie, PA

ABSTRACT

It is predicted that there will be a shortfall of nurses to assume leadership positions. Past research demonstrated that a small percentage of nurses are interested in leadership roles. More study was needed to determine factors influencing this decision. This session presents the results of a study that measured relationships among perceived support, career stage, educational preparation and leadership aspiration in registered nurses. Four predictors for leadership aspiration were identified: years of experience, educational preparation, appraisal support supervisor, and informational support non-work. The study results suggest that early career nurses should be targeted for leadership development. Appraisal support (which includes reassurance and acknowledgement of abilities), and mentors can cultivate nurses to aspire to leadership positions.
Teaching Leadership to Reluctant Leaders

Title of Abstract

Name of Primary Presenter and Credentials: Paula Byrne MSN Chair Traditional Nursing Department
Affiliation/Organization: The College of St. Scholastica City, State: Duluth MN

ABSTRACT

Students often do not see the value of developing their skill at nursing leadership when they are focused on mastering skills at the bedside. Helping a senior nursing student link civility to patient safety or patient centered care to healthcare policy is challenging. Teaching leadership to student nurses requires creativity and the ability to engage students using their favorite tools—their smart phones. There are free web based resources I will demonstrate that can help you design a leadership course that allows students to explore ideas and make connections both in lecture settings and in group projects. This session will outline some teaching methods that you can implement in your classes tomorrow and also highlight some technology I use to deliver classroom content. Finally, I will demonstrate the importance of using well designed social media to catalyze your students to become active leaders.
Professional isolation can lead to feelings of hopelessness for rural RNs wanting increased education to meet the needs of their communities. Frustration is particularly intense for nurses who prefer to learn in an environment with face-to-face interaction, because they have few options for earning baccalaureate degrees in nursing in rural Oklahoma.

A significant shortage of nurses exists in the United States. Among the 1.4 million RNs whose initial nursing education was an associate degree, only 12% seek a BSN. The shortage of baccalaureate nurses in Oklahoma is worsening in spite of efforts thus far. With only 746 RNs per 100,000 people, Oklahoma ranks 40 out of the 50 states in the proportion of both associate and baccalaureate prepared nurses.

In 2007, Oklahoma City University received a three-year grant from Health Resources and Services Administration to provide its innovative RN-to-BSN program to rural Oklahoma associate degree prepared nurses through both in-person and on-line courses. The curriculum model allows RNs to obtain their BSN in only two semesters. General education courses are taken on-line and nursing courses are taught on-site. Although the funding from the grant has ended, we have continued to deliver the program in the rural communities within the state. While the primary objective of the project has been to provide a RN-to-BSN program for Oklahoma’s rural nurses, the quality of the program has depended also on the preparation of faculty to deliver an accelerated curriculum containing information on rural nursing care and rural community health issues.

By fusing both in-person and on-line education we have been able to socialize RN graduates with stronger oral communication skills and greater comfort with technology. We have produced a small but significant pool of RNs with BSNs who have remained in their rural communities. In addition, many of our new BSN graduates are choosing to continue their education through graduate study to become nurse educators in rural areas. This experience has led to the development of a qualitative research study asking the question: What are the lived experiences of RN students who attended a rural offering of a RN-to-BSN Education Program?
Despite enormous changes in health care delivery, financing, demographics and technology, nursing faculty continue to teach basic psychomotor, communication, documentation and teamwork skills much as we have in decades past. We design curricula and associated learning activities from the perspective that our students are all adult learners. Our overarching goal is to produce graduates who make sound, rational, evidence-based clinical judgments; we want students to think critically while practicing safely. In the past several years, however, nursing and health care organizations and researchers have highlighted the need to change our approach to nursing education. How? In what ways? Should we eliminate basics and only concentrate instead on higher order thinking?

Transformative learning, a pedagogy that suggests we learn by viewing the world with frames of reference based on prior learning, life experiences and instinctual responses, provides a way to support and develop critical thinking and clinical judgment and move students beyond simply safe practice. Adults learn by transforming their perspectives in response to unexpected events. Students, even those who are truly novices, can learn in these ways if curricula and clinical experiences are structured appropriately. As students learn to care for patients, we teach them a variety of basic psychomotor and fundamental assessment skills … blood pressure and heart rate parameters, lung sounds, and wound staging, for example. We also teach communication, collaboration and teamwork skills. Clinical experiences help learners make the relevant connections between theory and practice; these experiences focus on building new knowledge by building on previously acquired knowledge and skills so that basics and higher order thinking converge.

Using transformative learning principles and strategies has allowed this writer to support novice nursing students as they learn to “connect the dots” successfully. Students provide care for patients with a range of neurologic disorders; these patients have complex health care needs that require strong basic assessment and communication skills as well as the ability to understand the life changes inherent in the patients’ illnesses. Students are prompted to link physical assessment findings to patients’ behaviors and responses through discussion and Socratic questioning, by identifying disorienting dilemmas, a key component of transformative learning, and through critical reflection and dialogue. They are also prompted to analyze clinical situations by asking questions such as “Why should I be concerned about …?” or “Am I able to determine patterns in a patient’s responses to treatment?” “Why did I select a particular intervention?” Narrative have also been helpful in prompting critical reflection.

Perhaps the most effective strategy used is a structured pre- and post-clinical conference tool that asks students to address knowledge, assumptions, personal motivation, reflection and disorienting dilemmas; their answers integrate the data they will, or have, collected during a specific clinical experience. For example, answering the questions “What was the most important thing to be learned from this situation?” and “What problem(s) should you have foreseen?” promotes the development of clinical judgment on the part of students and allows faculty to gauge their growth. Supportive learning, in the framework of transformative education, has fostered skill development and critical thinking in my students.
Experiences of Graduate Nurses Enrolled in a Nurse Residency Program

Title of Abstract

Name of Primary Presenter and Credentials: Susan Kasal Chrisman, PhD, RN; Julia Payne, BSN, RN
Affiliation/Organization: Research College of Nursing and Research Medical Center
City, State: Kansas City, MO

ABSTRACT

Purpose: To identify factors related to the new graduate experience in the first year of employment that influences the decision to remain employed or not.

Background: A large Midwest medical center’s Graduate Nurse Residency Program, which began in 2009, is currently working with the 12th cohort. All graduate nurses or nurses with less than six months experience are automatically enrolled. There are six monthly sessions. These sessions include continuing education and professional development content along with peer support discussions and a project. Unit-based orientation varies depending on the type of unit and the needs of the new nurse.

Design: Qualitative, descriptive.

Recruitment: Emails were sent to 193 potential participants asking for volunteers and included an Internet link. Completing the questionnaire was the participants implied consent.

Participants: Thirty nurses that attended 50% or more of the Graduate Nurse Residency sessions participated.

Data Collection: An online open-ended questionnaire was completed by participants through SurveyMonkey.

Data Analysis: The themes identified from the open-ended questions involved the content of the program, organization of the program, what was helpful and not helpful about the program, peer support and networking, and experience with preceptor(s). The results of this project will be used to revise the Graduate Nurse Residency program as needed to provide the best experience for all new graduates who attend future residency programs.
Title of Abstract

Name of Primary Presenter and Credentials: Mark C. Crider, PhD, MSN, RN
Affiliation/Organization: Duquesne University School of Nursing   City, State: Pittsburgh, PA

ABSTRACT

With recent calls for change in nursing from the Institute of Medicine and the Carnegie Foundation nursing education is challenged to address these change recommendations. One urban based, medium sized school of nursing within a private university was challenged by a new school Dean to examine and revise the existing undergraduate BSN curriculum to address national policy recommendations and new state nursing board NCLEX pass rate policies. The school of nursing utilizes the shared governance model of leadership, using program committees to make recommendations to the full faculty for vote. Given deadlines for implementing a curriculum change in the next academic year, the BSN committee, led by the chair, was challenged to recommend curriculum revisions to the full faculty within a six month time frame. This presentation shares the experience of the committee chair in leading this process, including the strategies used, challenges faced, and lessons learned.
Equipping Professional Nurses for the Future: A Comprehensive Framework For Educating Professional Nurses

Name of Primary Presenter and Credentials: Nancy Crigger, PhD, MA, FNP-BC
Affiliation/Organization: Graceland University  
City, State: Independence, MO

ABSTRACT

The erosion of public trust in many professionals\(^1\) has resulted in educators re-examining and strengthening professional education to better prepare students to maintain ethical resiliency as practicing professionals. The literature in health professions has taken a turn from viewing professional education from a principle based curriculum that educates students to be socially responsive rule followers, to a richer framework that includes virtue ethics and educates students in character development and situated ethical responsivenes\(^2\).

The Framework for Nurse Professionals (FrNP) and the Stairstep Model of Professional Transformation\(^3\) were developed to address the inherent weaknesses of socially focused curricula. Virtue ethics is situated and offers a more comprehensive view of professional identity as a lifelong process that begins with identity formation in basic professional education and continues throughout one’s professional career. The FrNP is a structural frame for viewing ethics as the basis for practice. The FrNP includes the ethical traditions of principles, consequences and virtue. The Stairstep Model of Professional Transformation conceptualizes the process of professionalism.

Educating from the FrNP and Stairstep Model require changes throughout a curriculum and not the insertion of a class. Virtue ethics is improved through educating students how to use virtues well and how to reflect on practice in a different way than is expected in standard socially based professional education. Virtue ethics will be new to many educators, so the foundation of a curricular change begins with education and buy in by faculty. If the curricular change is successful, we believe that nurses will have resilient professional identities and flourishing as professionals of moral excellence throughout their life long practices.

ABSTRACT

Similar to many Associate Degree programs, this rural school of nursing has experienced high faculty turn over resulting in differing levels of experience and teaching styles and decreasing NCLEX pass rates. These factors illuminated the need to evaluate the current curriculum and methods of teaching. Utilizing North Carolina’s exemplar Associate Degree Nursing Curriculum Improvement Project (CIP) the Curriculum Evaluation Team (CAT) examined the SON's current content for relevancy and saturation. Furthermore, by using CIP, alignment of the curriculum with governing bodies (QSEN, IOM, NLN, NCLEX and AACN) became possible within a concept-based curricular framework. This presentation will discuss the formation of the CAT and the process of reviewing, recommending and embedding change in the curriculum. Examination of initial changes that have been implemented and early evaluation of the changes will also be reviewed during this presentation.
Nursing Student Clinical Immersion Experience in Northern Uganda: Does the Experience Make Students More Culturally Competent?

Title of Abstract

Name of Primary Presenter and Credentials: Lana Davies, MSN, RN, CPNP

Affiliation/Organization: Research College of Nursing  City, State: Kansas City, MO

ABSTRACT

Background: The United States is continually becoming more diverse. Historically, nursing education has focused on the needs of the white population. The latest Essentials of Baccalaureate Education recognizes the need to prepare nurses with the skills to provide culturally competent care. In the summer of 2012, thirteen nursing students and three faculty members spent three weeks in a clinical immersion experience at the St. Mary School of Nursing in Lacor, Uganda.

Purpose: The purpose of this study was to determine if the brief, intensive global immersion experience had an effect on students’ cultural competency.

Design: A mixed-method research design was utilized. Camphinha-Bacote’s IAPCC-SV, a 25 item instrument designed to measure the level of cultural competence in the areas of desire, awareness, knowledge, skills, and encounters, was used both before and after the experience. A qualitative analysis of students’ journal responses to 10 questions was also conducted.

Results: Nine students completed both the IAPCC-SV pre and post tests and journal questions. Paired sample t-tests revealed a significant change from pre-test to post-test scores in cultural knowledge ($p=.025$), skill ($p=.000$), and encounters ($p=.035$). Qualitative analyses are currently being conducted and will be ready for presentation in October.

Conclusions: TBD based on results of both quantitative and qualitative analysis
How Do You Know What Your Nurses Know?

Title of Abstract

Name of Primary Presenter and Credentials: Shannon M. Davis, MSN-Ed, BS, RN, PCCN
Affiliation/Organization: Scottsdale Healthcare City, State: Scottsdale, AZ

ABSTRACT

Before this project there was no process for objectively testing the knowledge of nurses specifically related to telemetry using a standardized testing model. The BKAT (Basic Knowledge Assessment Tool) is a nationally recognized, multiple choice tool consisting of 80 items that measures basic knowledge. These items measure content related to the following areas of telemetry care: cardiovascular, neurology, endocrine, renal, pulmonary, gastrointestinal, infection control, monitoring lines, pain control, and emotional/spiritual care. The cardiac rhythm recognition test consists of 18 various cardiac rhythms (including sinus, atrial, junctional, and ventricular rhythms as well as heart blocks). Telemetry nurses completed both assessment tools in a supervised environment to ensure that no outside assistance was provided. The tools were analyzed, data were collected, and percentage of nurses who got each question/rhythm correct was calculated. Any question/rhythm that 75% or less of the nurses answered correctly was identified as a high priority need. Trends were identified. This information was used to develop an education plan and various instructional tools for the nurses. After the education was provided, the BKAT and Cardiac Rhythm Recognition tools were re-administered and analyzed. The results indicated that there was a significant improvement in the scores.
New Graduate Nurse On-Boarding Program

Title of Abstract

Name of Primary Presenter and Credentials: Shannon M. Davis, MSN-Ed, BS, RN, PCCN
Affiliation/Organization: Scottsdale Healthcare  City, State: Scottsdale, AZ

ABSTRACT

The on-boarding program to be adopted on the Telemetry unit consists of six sessions over a 6 week period. Each of the sessions has a different focus and includes topics such as language that is unique to our specialty, resources that are available to the staff and to the patients, the nurse’s role in a number of nationally reported statistics, and the appropriate use of the chain of command. The Manager and Clinical Educator conduct these sessions. The new employee’s preceptor also participates so that there can be a discussion about the nurse’s progress and areas of strength and weakness. RN Skills Competencies are also reviewed by the group to ensure that the new nurse is getting exposure to the skills that are commonly performed on the unit and that they are being completed successfully. The new employee is given an opportunity to voice her or his concerns and offer suggestions for areas of improvement on the unit and with the orientation process during these sessions as well. Sessions are conducted in a non-threatening and informal environment. They are also held during the employee’s shift, day or night shift, so that they do not need to stay after work or come in on a day off. The tone of the sessions is conversational yet informative. This is a program to be implemented immediately with all new nursing staff members. As a result of this supportive program, turnover is decreased which results in reduced orientation costs, increased continuity of staffing, and increased morale on the units.
ABSTRACT

In our mid-sized community hospital, educators work with intent to transform our nursing culture. We strive to move beyond simply meeting regulatory requirements to creating nursing excellence in our delivery of care for patients, families, co-workers, and our selves. Our philosophy for care is described in one statement; every decision is made in the best interest of our patients and family. This is used as our guiding principle for nursing practice, and as our foundational approach to professional practice development. In an effort to improve and impact the nursing practices, we recently adopted a collaborative approach model for ongoing nursing competency assessment.

This collaborative type of model was chosen because it is outcome-focused and sets the expectation for nurse accountability. This was the change needed to encourage professional growth and support shared leadership. When we started with this competency model in 2011, we knew this would require a paradigm shift for nursing leaders and staff. However, we also knew this was the change needed to position our nursing practice culture to successfully adapt along with the ever-changing environment of healthcare. Now, in 2013, we are realizing benefits of the change.

Professional nursing educators will benefit from our experience of implementing a collaborative model of ongoing competency assessment. This presentation will provide information related to our implementation processes, methods utilized to engage leaders and front-line staff nurses plus the evaluation feedback utilized for improvements each year. Additionally, information will be shared to describe impact to nursing practice in the areas of employee engagement, professional collaboration, and ownership of nursing practice will be shared.

Adopting this approach to professional nurse competency assessment has created new opportunities for frontline staff nurses, nurse leaders, and nurse educators. The change to utilizing a collaborative model has produced a value-added competency assessment, and in turn, impacted the nurses’ ownership of bedside care delivery performance. Additionally, this approach has created opportunity for professional collaboration between frontline nurses and the education specialists, working toward the goal of improving the safety and quality of patient care environment.
Simulation in nursing practice has emerged in the past decade as an effective teaching strategy, allowing students the opportunity to acquire skills in a safe environment where patient safety is not compromised. Traditional teacher-centered methods of the past are no longer sufficient in preparing students to work in complex clinical settings. Students must engage in active learning if they are to successfully function as an integral member of the multidisciplinary health care team. The incorporation of simulated learning provides a more student-centered approach toward enhancing student achievement and confidence especially when utilized from foundations through senior level courses. Integrating simulations across the curriculum allows the level of fidelity to be increased as the student progresses in their nursing program. Introducing more complex scenarios reinforces content and skill attainment. Simulated learning should not be restricted to the advanced learner, but rather it is an appropriate teaching method that is relevant for all academic levels. The incorporation of simulated learning activities into traditional nursing pedagogy positively impacts student’s success both clinically and academically. Students report a more positive perception upon transitioning into actual clinical settings. Implications for positive social change include revisions in nursing education pedagogy that incorporates high-fidelity simulation into nursing curricula, better prepared nursing graduates, and ultimately improved patient safety.
Maximizing resources for nurse practitioner education: Utilizing a statewide nurse practitioner educational collaborative

Title of Abstract

Name of Primary Presenter and Credentials: Diane Ebbert, PhD, APRN, FNP-BC
Affiliation/Organization: University of Kansas School of Nursing       City, State: Kansas City, Ks

ABSTRACT

Shrinking budgets have necessitated the exploration of new and innovative methods of developing and delivering cost effective, quality education to Nurse Practitioner (NP) students at universities. This program will describe an innovative model for Family Nurse Practitioner education that unites three state universities across a Midwestern state in an educational partnership. The Advanced Practice Collaborative provides a mechanism for utilizing expertise across the state to develop and teach advanced practice nursing courses which benefits each partner and their stakeholders, particularly their students. The presentation will describe the process from early discussion and preliminary planning through development and implementation of online courses available to all three partner schools. Benefits, efficiencies and challenges of a project of this magnitude will be discussed.
Rethinking the literature review in the digital age: Interprofessional collaboration through lib guides

Title of Abstract

Name of Primary Presenter and Credentials: Diane Ebbert, PhD, APRN, FNP-BC
Affiliation/Organization: University of Kansas School of Nursing     City, State: Kansas City, Ks

ABSTRACT

The library and librarian have long been the first stop for students as they begin work on finding information to complete assignments. Literature searches today not only include the library, but also the internet and in many places lib guides. Lib guides are a web 2.0 content management and information sharing system that was designed for libraries. Over 55,000 librarians from over 3600 libraries (including public, academic, private, special schools, etc) in 37 countries using lib guides create specific pathfinders to connect communities to resources. Given the increasing use of the lib guide, are we missing out on educational opportunities for students when we neglect to introduce them to this electronic platform?

Creating a lib guide requires critical thinking and evaluative work, making the creation an excellent project for students as well as providing an opportunity for collaboration between the student and the librarian. Developing a lib guide forces the student to think of the end product in terms of how it will be received and utilized by the target audience. Unlike a traditional literature review, the lib guide provides the opportunity for the student to interact with a topic at the highest level of Bloom’s taxonomy.

A lib guide was developed by two graduate students in designing an evidence based educational module for advanced practice nursing students, focused on the health care needs of returning military veterans. Through coaching and collaboration with a librarian, the students were able to take a leadership role in introducing this new electronic platform of resources to other students and clinicians as an alternative learning environment, reinforcing their own knowledge.

In this session the process, challenges and opportunities in developing a new learning module utilizing the lib guide framework and interprofessional collaboration will be shared. Future directions will also be discussed.
Create Your Own Yellow Brick Road – Creating and Sustaining a Critical Care Nurse Residency Program

Title of Abstract

Name of Primary Presenter and Credentials: Julia Garrison Eberwine
MSN, RN, CCRN, PCCN-CMC

Affiliation/Organization: The Christ Hospital  City, State: Cincinnati, OH

ABSTRACT

Critical Care Internships are commonplace, but some are more successful than others. Why? Successful internship programs have incorporated all contributing parts to achieve a synergy effect. These programs lead to higher retention, higher job satisfaction, and attract nurses locally, regionally, and nationally. Parts of a successful program include core content, clinicals, organizational specific information, and competency skill checkoff. The difficult part for organizations is how to implement them effectively. E learning will be discussed in how to blend the content with classroom, case studies, and clinicals. This session will discuss the necessary parts of a successful internship program, ways of how to implement the program, and the common pitfalls that occur. Participants will be able to identify how to create or revise an internship program, discuss how to implement the program to obtain higher success, and be able to evaluate current teaching tools to match the participant’s needs. Participants will also examine current programs to evaluate what potentially is missing as well as organizational structures that allow the opportunity for accomplishment. This session is designed for managers, educators, or staff nurses interested in being successful with orientation of new graduate nurses into critical care. The only prerequisite is the desire to create the best program possible to meet the interns and organizations needs. Participants will walk away from this session with a deeper understanding of how to examine their new nurse programs to ensure success.
Lions & Tigers & Bears Oh My! Competencies versus Skills: Do You Know The Difference?

Title of Abstract

Name of Primary Presenter and Credentials: Julia Garrison Eberwine
MSN,RN,CCRN,PCCN-CMC
Affiliation/Organization: The Christ Hospital City, State: Cincinnati, OH

ABSTRACT

In many organizations the terms competencies and skills are used interchangeably, but are they? It is difficult to keep up with maintaining not only the mandatory education for employees but also the documentation of the ability to care for a specific patient population. Typically education days are scheduled once a year. Is this appropriate? This session will discuss competencies and skills, what settings would each apply in, and when each are appropriate to use. Definitions of each will be focused on, assessment components of each will be compared, and how to document each will be demonstrated. Specific examples and example flow sheets will be used to illustrate this as well as audience participation. How to keep people competent in caring for the low volume high risk patient population will also be discussed, which is a continuing major concern with organizations. The learner only needs to bring to the session the desire to maintain patient safety and to better improve staff performance and documentation of performance. This session would be appropriate for managers, educators, as well as staff nurses. All will walk away with the ability to better assess and ensure the bedside nurse is competent in the care of patient populations and know when it is appropriate to use skills check lists versus competencies documentation.
ABSTRACT

To meet the needs of an increasingly diverse patient population, nursing has made a focused effort to enrich diversity within the profession. At the same time, nursing education must address the needs of a more diverse student population. Just as the patient needs individual attention to address culturally diverse aspects of care, students from culturally diverse backgrounds also need individual attention in addressing culturally diverse aspects of their education. To meet this need, faculty developed an intervention providing targeted activities for students for whom English is an additional language (EAL). The activities were designed to give students a place to “fit in,” ask questions, improve English skills, and find support. The intervention developed into an ongoing bi-monthly meeting which has now expanded into an interprofessional gathering. EAL-targeted learning activities, interventions to enhance English language proficiency, and other outcomes are presented.
ABSTRACT

Middle Tennessee State University BSN students take Fundamentals during the second semester of the nursing program. Their first agency clinical experience is in long term care/skilled nursing facilities. The transition to third semester Adult Health I and II is often intimidating to the students. This problem offered a unique opportunity for faculty to facilitate the transition from second to third semester into the acute care clinical by introducing them to high fidelity simulation.

Three different cases (COPD, diabetes, and hypertension) using unfolding scenarios were created for use in the simulation lab (a telemetry/ICU hospital room). The lab includes a control room where faculty can manipulate the unfolding scenarios, and from which student observers can view their classmates handling the clinical situation. Each session contained 6-7 students for two hours, during which they rotated roles per scenario: Lead nurse, an assistant nurse, an actor (wife), and 3–4 students in the observation room. Sessions was videotaped for the students to review during debriefing, which is a key part of this process.

Students complete a QSEN-oriented (Quality and Safety Competencies in Nursing) evaluation after the simulation. We have been doing this for three years. Outcomes include enhanced critical thinking, increased confidence, and improved teamwork. Recommendations for practice include introducing it in first semester during Health Assessment and integrating simulation into each of our five nursing semesters. Another recommendation is to incorporate fifth semester Leadership students in coaching the second semester students. Research in this area is currently being considered.
ABSTRACT

Innovative Solution to Resolve Lateral Violence in Nursing and Nursing Education

Lateral violence (LV) in nursing has been occurring for more than 20 years. In recent years, LV or horizontal violence (HV) has become a major issue among nurses and hospitals who employ them. The nursing field is currently made up of four generations of mostly women with a vast array of experiences. This is a factor that leads to LV. Novice nurses are experiencing HV and LV at a significant rate. The novice nurse leaves his/her first position on average of six months after hire. The occurrence of LV among nursing is costly in multiple ways. Hospitals are losing money due to the repeated hiring of nurses as they come and go from their positions. Nursing is losing nurses from the workforce as new nurses begin their career only to end it prematurely. And patients are suffering as nurses’ fight amongst themselves at the cost of quality patient care. LV must be recognized and stopped before the patients, the nursing profession, and the individual nurse are at risk for irreparable harm.

Keywords: Horizontal violence (HV), Lateral violence (LV), Oppression, Second Life©
Purpose of Study: The purpose of this study was to pilot an interprofessional online classroom initiative between two graduate programs in order to analyze and evaluate a variety of teaching tools to enhance interprofessional and collaborative learning opportunities.

Background and Significance: Interprofessional collaborative practice competencies are now part of the essential skill set required by various healthcare providers. Making this link at the student level may enhance the lifelong interprofessional collaborative bonds in healthcare today.

Method:
- **Design:** Qualitative descriptive pilot
- **Participants:** 28 graduate students, RNs, OTs, PTs, enrolled in educational technology courses took part in a two hour online synchronous discussion.
- **Setting:** One Northeastern University and one Midwestern University
- **Data Collection:** Qualitative data were collected through pre- and post-surveys through Survey Monkey
- **Analytic Approach:** Qualitative content analysis

Findings: Overall, this pilot study revealed that students enjoyed the interprofessional learning experience in the online format. Students were able to discuss use of technology in the classroom and clinical settings by different disciplines.

Conclusions/Implications:
- Interprofessional collaborative education is a key objective for health professions students as part of the learning process to enhance teamwork and team-based care;
- Faculty need time set aside for planning and organizing interprofessional learning experiences effectively;
- The faculty need to test the various online technology tools that will be used prior to class;
- Technical support is crucial for both faculty and students;
- Consider a short orientation to the various online technology tools that will be used as part of the prep work for students;
- Allow more time during the class for student to student interactions;
- Continue to develop interprofessional and interdisciplinary online learning opportunities to increase opportunities for the students of various healthcare disciplines to work collaboratively with each other.
Developing Future Patient Advocates: Strategies for Teaching and Mentoring Nursing Students

Title of Abstract

Name of Primary Presenter and Credentials: Elizabeth Moran Fitzgerald, EdD, APRN, PMHCNS-BC, Associate Professor
Affiliation/Organization: Lansing School of Nursing & Health Sciences, Bellarmine University
City, State: Louisville, Kentucky

ABSTRACT

The current debates regarding the implementation of the Patient Protection and Affordable Care Act, access to care issues, as well as the dialogue about immigration reform offer unique opportunities for mentoring nursing students to develop their dominant voices (Aries, 2011) in the policy-making and policy-implementation process. As nurses examine the quality and safety of care provided to their vulnerable patients, the role of advocacy plays an important part when addressing the complex problems in health care, particularly since registered nurses are the largest professional health care workforce. How can nurse educators develop compassion and tenacity within the student body and help their protégées use the evidence to bring about health care policy changes to continuously improve upon patient outcomes?

This presentation will provide an overview of evidence-based teaching/learning strategies to foster the development of advocacy skills in undergraduate students as well as share ideas for mentoring professional nurses in RN to BSN programs, MSN, and DNP programs. Counseling, role playing advocacy activities, utilizing narrative pedagogy (Dikelman, 1995), and sharing scenarios that impact the state of the science and its political process of balancing access, quality and costs in health care will be examined and debated. Participants will have opportunities to share, discuss, and exchange ideas and solutions to prepare their students to participate in the reform our health care system and meet the needs of the time.
Has your competency assessment program turned into the Wicked Witch of the West? Join us as we share our journey to the Land of Oz by implementing Donna Wright’s model of Competency Assessment.

Background
Ongoing competency assessment at our hospital had become an ever-expanding and time-consuming process. Each year the list of required competencies continued to expand and yet none would be removed. This method required staff to spend hours attending skills fairs and online training to demonstrate the same competencies year after year. This practice was very frustrating to the staff, labor intensive and costly. The hospital was looking for a model that would provide a systematic and meaningful approach to competency assessment.

Methods/Process
In researching competency models, Donna Wright’s book *The Ultimate Guide Competency Assessment in Health Care, Third Edition* caught our attention. The book outlines a systematic practical approach to developing competencies that provide ownership, empowerment, and accountability for nursing practice. A multi-disciplinary committee was organized to lead the transformation of competency assessment. The committee incorporated the concepts and structure from Donna’s model to create the Competency Assessment Roadtrip (CAR) program. The CAR program provided an avenue to determine competency needs based on unit-specific data and prioritized needs identified by the staff.

Results/Outcomes
Realizing this was a major shift in the approach to competency assessment, unit leaders and staff were engaged early in the change and embraced the program. Staff were empowered to choose how and when they demonstrated their competencies which resulted in a significant reduction of cost and an increase in staff satisfaction. The CAR program has provided an avenue to link staff competencies to the improvement of patient outcomes.

Future Plans
Due to the success of the competency assessment program, it is being expanded to additional departments within the hospital.
ABSTRACT

Hospital readmissions are frequent occurrences across the country and are a major cause of increasing medical costs. In recent years, more quality groups are referring to readmissions as failed discharge planning and poor quality of care. Consequences of readmission for the patient results in perception of a negative or worsening quality of life and decreased satisfaction with the hospital experience. For the organization, frequent readmission for the same diagnosis translates into substantial financial cost.

It is absolutely essential for the continued health and safety of our patients that our organization improve patient transitions across the hospital system. In a rural community hospital, a multi-disciplinary team representing outpatient clinics, inpatient nursing, and home health and telehealth came together to develop a plan to improve transitions for our patients.

Within the framework of health literacy principles, a plan for improving patient education was developed. Evidence-based practice approaches included:

- “Teach back” – a key instructional strategy within a functional literacy and clear communication framework. All staff received teach back education.
- Diagnosis specific “Teaching Care Pathways” created for inpatient use to improve nurses’ ability to truly assist patients to care for themselves at home
- Across the organization standardized and improved patient teaching material to meet the standards of health literacy clear communication
- Readmission risk assessment scoring as part of inpatient baseline data collection is used as one metric of program outcomes
- Other metrics include patient perception of discharge instructions, patient perception of medication instruction, readmission rates for CHF

Our project is currently evolving as a pilot on an inpatient unit, the rural health clinic, and home health department. Patients with a diagnosis of heart failure are selected to receive teaching from the teaching care pathway. Nursing staff uses teach back methods for patient instruction in a health literate format. During clinic visits, the clinic nurse reinforces teaching started at the hospital to further cement key self-management concepts. If the patient qualifies for home health, then the home health nurse continues the teaching care pathway to further instill self-management techniques.
In 2009, the National League for Nursing partnered with the Community College of Philadelphia and with funding from the John A. Hartford Foundation, Laerdal Medical, and the Independence Foundation, began a project to develop innovative teaching strategies to teach students about care of older adults – the ACES project. The model that emerged was a set of unfolding cases that include first person monologues, simulations, and a “finish the story” assignment, along with toolkits to help faculty implement these strategies. Faculty members from across the country used and expanded upon the original cases and even moved one of the cases into Second Life. The success of the project attracted additional funding from the Hearst Foundation, Independence Blue Cross/Blue Shield of Philadelphia, and most recently, MetLife. New initiatives are focused on advancing care excellence for veterans and Alzheimer’s patients. This presentation will demonstrate cases from each of these initiatives and discuss the elements that have contributed to the success of the projects. All cases are available free of charge on the NLN website.
Systematic Assessment of Evidence-Based Practice for Graduate Students

**Name of Primary Presenter and Credentials:** Diane McNally Forsyth, PhD, RN  
**Affiliation/Organization:** Winona State University  
**City, State:** Rochester, MN

**Abstract**

The purpose of this educational evaluation study is to explore graduate nursing students’ use of evidence over time in the graduate program. A knowledge brokering framework underlies this study. The *Developing Evidence-Based Practice* questionnaire (DEBP) is being administered to enrolled graduate students at a Midwestern university at three intervals: the start of a core (beginning) graduate nursing research course, the end of a second research/EBP course, and at the end of their graduate program. Matched scores will be compared over time on each of the five factors of the instrument (bases of nursing practice; barriers to finding and reviewing evidence; barriers to changing practice on the basis of evidence; facilitation and support in changing practice; and skills in finding and reviewing evidence). Data analysis to date will be presented, including the first cohort pre and post-research/EBP course data \((N=13)\), along with information about the instrument. Preliminary results indicate increased use of evidence for practice and decreased barriers for each of the five factors. It appears that students’ employers benefit from what is learned in the graduate program, such as applying institutional procedures and enhancing skills in finding and reviewing evidence, since most continue to work as staff nurses throughout graduate school. Final data are ongoing, since results will be used as a continuous improvement strategy for the research application courses and as a graduate program outcome measure.

**Objectives:**

1. Describe a systematic method to evaluate use of evidence application  
2. Apply the findings to one’s own setting
Giant Concept Mapping: Drawing Students into Physical Assessment

Name of Primary Presenter and Credentials: Kami L. Fox, MS, CNP
Affiliation/Organization: Ohio Northern University  City, State: Ada, Ohio

ABSTRACT

Finding ways to master and apply knowledge in the nursing curriculum is a challenge. Physical assessment is the foundation for nursing practice and is an essential skill. Creating a learning platform to supplement the didactic and laboratory content can enhance integration of concepts and foster the development of physical assessment skills. The purpose of this activity was to apply a different approach to learning physical assessment that could extend this knowledge outside the classroom and laboratory setting. Students received a 4’ x 6’ piece of butcher’s paper on the first day of the semester along with instructions for the assignment. Students were instructed to draw a human outline or figure of an actual or fictitious character. Following introduction of content in lecture and laboratory, students added system focus areas to their drawing. Each system contained the following information: items to be assessed, normal findings, and a sample charting entry for normal findings. The goal was for the map to involve their hands and minds in creating the outline and then use the map for a visual and auditory review tool as the semester progressed.

All students turned in the assignment for peer grading using a rubric. Students provided verbal feedback that the map was helpful in reviewing content. The students used these self-generated resources to prepare for the final course examination. In addition, the students demonstrated strong preparation for their comprehensive physical assessment laboratory demonstration. A variety of artistic talent and methods displayed the required content. Students outlined friends, and family, while others drew Santa Claus, Charlie Brown, Jesus, Superman and Frankenstein. One student even created a 3-D version that had pop-up information. Some students used PowerPoint and Word tools to type information and then cut and paste information onto the map. One student legibly wrote out all information within the human outline. In general, the students that excelled with this assignment were not students with the highest course grades. This provided average academic students with an opportunity to show their strengths in a creative and fun way. All students appreciated seeing the works of others.

There are numerous ways to learn and adults are a mix of many, but most students have a preferred method of learning. Whether the learner’s style is visual, aural, verbal, physical, logical, social, or solitary, multiple delivery patterns of information can help the student with retention and recall. The giant concept map is a creative way to integrate information delivered in lecture and the campus laboratory. The assignment allows students to be creative, express artistic talent and experience the stress reduction that accompanies drawing and art therapy. Lastly, it allows students a way to review and study at home or in a dorm room.
ABSTRACT

With the increasing numbers of security calls in the acute care setting there needs to be a way to help healthcare providers and staff to effectively evaluate a potentially violent situation. Hospital staff and providers must learn how to assess a potentially violent situation and learn how to de-escalate the situation prior to other measures. This Walden University DNP student has partnered with OSF Saint Anthony Medical Center and Rockford College in a collaborated effort to teach de-escalation techniques to the combined groups utilizing Benner’s Novice to Expert theory as well as Watson’s theory of Caring. According to Benner as cited by Gobet and Chassy (2008), “In the ‘novice’ stage, beginners learn through instruction; they acquire domain-specific facts, features, and actions” (p. 131). The learners at the beginning of the experience are novice’s and through continued training will become experts. “Actions, words, behaviors, cognition, body language, feelings, intuition, thought, senses, energy field—all contribute to a transpersonal caring connection, a goal that each nurse should establish with every patient” (Vandenhouten, Kubsch, Peterson, Murdock & Lehrer, 2012, p. 326). With the use of transpersonal caring being infused through the patient care process, the patient will benefit through better communication and the staff will benefit through learning de-escalation techniques.

Violence can be either verbal or physical and be caused by stressors or medicine. The participants will be involved in different scenarios utilizing simulation to effectively apply de-escalation techniques to various situations within the healthcare setting. Having undergraduate senior nursing students from Rockford College alongside the interdisciplinary team will provide a valuable learning opportunity in a safe environment on de-escalation techniques through simulation. Research has shown that simulation provides a safe learning environment and promotes the development of increased critical thinking skills, collaboration, and communication. According to Jeffries (2005) as cited by Cannon-Diebl (2009), Simulation is defined as “activities that mimic reality of the clinical environment and designed to demonstrate procedures, decision making, and critical thinking through techniques such as role playing and the use of devices such as interactive videos or mannequins” (p. 128). Some limitations of simulation, which could be considered goals, include the staff’s ability to apply the techniques learned to their practice as well as the ability to recognize that they are already performing de-escalation techniques on a routine basis in the provision of patient care.

The goals of a de-escalation simulation program include: decreased security calls, increased staff satisfaction and safety, and increased patient safety and positive outcomes. A qualitative analysis of the de-escalation’s effectiveness will be determined through pre- and post-scenario surveys. Implications for this project and the use of simulation include having the learner recognize and employ the knowledge learned prior to experiencing a potentially violent situation. According to Ignacio (2012), “Simulation recreates real life clinical experiences and enables the learners to practice competencies in a safe context” (p.20). Even though the interdisciplinary team might not encounter a potentially violent situation there will be ongoing training to maintain the initial skill set learned.

1) At the end of the program, the learner will be able to understand the process of de-escalating a potentially violent situation.
2) At the end of the program, the learner will be able to recognize the behaviors that lead up to a potentially violent situation.
3) At the end of the program, the learner will be able to perform de-escalation techniques that lead to a safer environment.

Reference

Culture of Patient Safety via Meta-Cognition

ABSTRACT

We have developed a logical model for Critical Thinking and Creative Problem-Solving called Cubie™ (see: www.TheInnovationCube.com), which is a cube-shaped tool displaying six “dimensions of inquiry” on its sides. Cubie is illustrated in this brief video: http://portal.sliderocket.com/BIWIR/Cubie-TOTB.

Cubie is used for two vital elements of promoting and developing a Culture of Safety:

- Triggering meta-cognition
- Guiding the user/group along specific dimensions of inquiry

Cubie’s application to clinical healthcare is informed by the insight that a Culture of Safety can be driven by way of a more general Culture of Inquiry, especially in that such inquiry is made conscious for individuals and teams, supported by leadership behavior, and reinforced by organizational policy. Once Cubie’s logic and application to clinical thinking and behavior are learned by medical professionals, the visual sight of the Cubie model, the internal recall of the Cubie function, or the verbal dialogue/inquiry of a fellow clinician can trigger the meta-cognitive, conscious response of contemplating and investigating its six basic dimensions. For example, one nurse reminds another to “Cubify” a problem or conflict they are experiencing. Together they instantly begin engaging in a guided brainstorming session along the dimensions of inquiry, which include:

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Question Formulation</th>
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<tbody>
<tr>
<td>PERSON</td>
<td>Asking “who” or “who else” of the situation</td>
</tr>
<tr>
<td>MEANING</td>
<td>Asking “what” or “what else” of the situation</td>
</tr>
<tr>
<td>SPACE</td>
<td>Asking “where” or “where else” of the situation</td>
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<tr>
<td>TIME</td>
<td>Asking “when” or “when else” of the situation</td>
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<tr>
<td>PURPOSE</td>
<td>Asking “why” or “why else” of the situation</td>
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<tr>
<td>METHOD</td>
<td>Asking “how” or “how else” of the situation</td>
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Cubie should also be used as a tool to guide dialogue between caregiver and patient, in interviewing that patient upon intake, to help clinicians understand the breadth and depth of the patient’s experiences, their symptoms, the causes or contributing factors of their conditions, and all revenue-cycle related information. It should be used as a means of eliciting information from a patient that may have been missed on a form, in communication of details between two or more clinicians, and as a reality-check on whether any “blind-spots” may exist in an assessment or diagnosis. It can be used in interviewing family members as well, to ensure complete understanding and agreement with prescriptions, other medical instruction, or environmental conditions impacting recovery.

Cubie’s success in the clinical setting can be measured directly by the increase in frequency with which meta-cognition is triggered and accessed by individuals throughout their work day. It can also be measured by the frequency with which clinicians actively and consciously engage in Cubie-triggered inquiry or brainstorming to solve and/or avoid problems from occurring in the first place.

The process of utilizing Cubie begins with learning (e.g. traditional classroom presentations, workshops, and ongoing coaching sessions). Thereafter, occasional prompts by leaders and co-workers continue the assimilation of these dimensions-of-inquiry as second nature, to access an internalized mental model. This impact can then scale and expand to drive a Culture of Conscious Inquiry, and thus, Safety.


This project explores the extent to which traditional clinical experiences can be supplemented with simulation-based experiences and proposes an innovative evaluation tool which can be used to evaluate pre-licensure Baccalaureate of Science in Nursing students in a medical-surgical clinical course that includes simulation with deliberate practice in conjunction with traditional clinical experiences. To explore this issue, literature from January 2000-June 2012 was reviewed in: Medline, CINHAL, PubMed, OVID, and EBSCO. References from key studies and professional websites were also reviewed. A literature review revealed that simulation-based experiences which include deliberate practice opportunities, in conjunction with traditional clinical experiences, are superior to traditional clinical experiences alone and that the optimal amount of simulation-based experiences to include in clinical courses remains unknown. The Clinical Hybrid Evaluation Tool was developed to make pre-licensure nursing clinical courses more effective while creating a foundation for standardization of pre-licensure nursing clinical course performance expectations.
Promoting Postgraduate Nursing Student Gains in Academic Literacy Skills for Clinical Leadership

Title of Abstract

Name of Primary Presenter and Credentials: Paul J. Glew, EdD, RN, BN, BEd, GradCertClinSc(ICN), MN, MAAppLingTESOL, MACN
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ABSTRACT

This paper presents a study on creating effective academic literacy interventions for postgraduate nursing students for clinical leadership studies in a School of Nursing and Midwifery at an Australian university. To successfully engage in a postgraduate nursing program through online distance learning the school identified that students required education interventions targeted at developing competency in academic literacy skills. This presentation discusses findings from the study on an embedded curriculum strategy involving a suite of academic literacy interventions tailored to improve the learning outcomes of postgraduate students for nursing studies and practice. This study used a mixed methods approach with quantitative data from language screening tools and student assessment tasks, and qualitative interview data to identify language usage factors that may contribute to student ability in developing academic literacy skills. It also examined the uptake of the tailored interventions to improve academic literacy, and evaluated the effectiveness of these strategies. Although the study focused on one university context, the cross section of students in the postgraduate nursing program provided scope to identify significant themes. A validated English language acculturation scale informed the data collection for the language screening questionnaire, and pre- and post-intervention student writing tasks were assessed using a language screening tool and analysed using descriptive statistics. Semi-structured student interviews were thematically analysed to elucidate students’ perceptions of the interventions and evaluate the effectiveness of the targeted program strategies. Through discussion of the findings from the intervention strategy, the paper examines several emerging issues for university programs related to student improvement in academic literacy skills for postgraduate nursing studies and practice. The first issue entails recognition of the language usage factors that can influence student learning in a higher degree program. The second involves the need for nursing programs to identify those postgraduate students who could most benefit from improvements in academic literacy skills. The third addresses the construction, implementation and evaluation of effective program-based interventions tailored to enhance the academic literacy development of nursing students in postgraduate clinical leadership studies.
Health care requires increasing the quantity and quality of registered nurses to the baccalaureate level to address part of the critical nurse shortage problem and need for highly qualified professionals (IOM, 2011). IOM also recommends decreasing barriers such as defining academic pathways that promote seamless progression and access for nurses to higher levels of education. The Carnegie Foundation for the Advancement of Teaching: Preparation for the Professions report Educating Nurses: A Call for Radical Transformation recommends an immediate need to streamline nursing education between community colleges and baccalaureate programs, “to allow for early completion of a baccalaureate program that are feasible, fair, and affordable for all nursing students” (Benner, Stephe, Leonard & Day, 2010, p.38). The purpose of this study is to define barriers and enhancement factors during transition from associate degree to baccalaureate completion programs, as well as relationships and/or correlations with demographic data of students enrolled. Students are being surveyed using an electronic research tool that allows easy access to students from all accredited RN-BSN programs across the nation. This study will provide nursing education and practice with sound, national data. By better understanding the barriers at all levels, leaders can begin to design programs, delivery models, advising and other areas of support to help decrease or eliminate these distractions from success. At the same time, identified enhancement factors can be increased, streamlined and connected with those that need them the most. Preliminary data analysis demonstrates that cost and family responsibilities are two of the most common barriers to returning to school. Some of the respondents indicated that the navigation of prerequisite courses and having courses not count towards the BSN were significant barriers.
The Path to a Centralized and Decentralized Nursing Competency Model in Practice

Name of Primary Presenter and Credentials: Celeste Gray, MSN, BSN, RN
Affiliation/Organization: HaysMed    City, State: Hays, KS

Abstract:
This care center recognized the impact unit specific, high-risk low-frequency competencies could have on quality nursing practice in a complex healthcare system. A centralized documentation competency form was developed requesting no less than 10 high-risk low-frequency competencies identified by the unit educators and their staff for all inpatient departments and 5 high risk low frequency competencies for the clinic areas. Education was provided to all educators on how to determine what competencies fell in the category of high-risk low-frequency to include validation options, and to develop specific objectives to meet each outcome. This change in practice is providing nursing units with a decentralized competency model by allowing them to validate skill based on the risks specific to their department therefore providing high level safe patient care in a more cost effective manner.
Lessons from Oz

40th Annual National Conference on Professional Nursing Education and Development

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Presenters: Gretchen Gregory, MSN, RN, Lea Wood, BSN, RN  Sinclair School of Nursing, University of Missouri

Abstract: Take a PICO on the Road to Oz

POSTER

The Population, Intervention, Comparison, Outcome and Time (PICOT) question format is a method for developing answerable, researchable questions. This search strategy improves efficiency of using a search engine. Understanding Evidenced Based Practice (EBP) is an essential part of nursing education especially when introduced in early semesters. An s—This self-study evidenced packet was created to promote interest in EBP, peer teaching and learning about critical nursing issues while utilizing the PICOT format in a skill based foundations course. Groups of 4 students were randomly assigned. The groups were provided with a completed nursing EBP abstract, an online voice over PowerPoint video about search engines, --APA format requirements and a self study packet containing instructions and examples.-_Nursing students reviewed previously published EBP abstracts of completed nursing intervention focused EBP projects, identified PICOT components in the abstract, critiqued additional research articles, and developed additional questions that pertained to their current clinical practicum and student feedback will be discussed with an outline of innovative learning modalities for the undergraduate learner.

In the following semester, six faculty members currently teaching students in research and medical surgical courses were surveyed. The survey consisted of questions regarding the number of medical PICOT versus nursing PICOT questions submitted by nursing students; the quality of PICOT questions; faculty time used for remediation with PICOT questions and the number of APA format corrections. Students were surveyed on 1-5 Likert scale on their perception of preparedness of EBP knowledge prior to the more advanced PICOT exercises.

Educational Objectives

Participants will:

1. Describe alternative teaching modalities in which facilitate learning and practicing evidence based exercises.

2. Explore methods of online tutorials and self-paced study packets utilizing groups.
3. Develop ideas for creating self-study EBP exercises for first semester nursing school.
“Employer’s Need for Speed – Accelerating Graduate Nurse Time to Independent Practice”

Name of Primary Presenter and Credentials: Anne Hackman RN BSN MPA NE-BC
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ABSTRACT
Hospitals struggle to maintain services in a climate of significantly reduced reimbursement. Each year a higher portion of Medicare reimbursement is determined through Value Based Purchasing contingent upon improving clinical outcomes, reducing readmissions, and diminishing “never events”. HCAHPS results indicating patient satisfaction which are significantly affected by staff performance must also be improved to optimize reimbursement.

Staffing shortages as older nurses retire and more nurses assume advanced practice positions and roles in other settings have resulted in a lesser experienced workforce which requires a significant increase in the speed with which new nurses are able to function independently. Investing in newly licensed nurses has become the key to a hospital’s future, but the costs of recruitment, training – including year-long residency programs results in each new RN hired costing the hospital an estimated $80,000. Hospitals have no choice but to heavily invest in on-boarding of newly licensed nurses, however, the challenge is as immense as the cost.

This same phenomena also results in fewer experienced nurses to serve as preceptors, mentors and role models for the new nurse. A culture of specialization makes it harder to “float” nurses from one area to another to increase efficiency. The rapid explosion of health care knowledge requires continuous learning to keep current and evolving technology such as EMR’s and med scanning as well as “smart rooms”, interactive patient education, and use of robotics translates to longer orientations to become proficient.

To better determine where the gap exists between nurse educators and hospital CNE’s, a study was conducted by The Advisory Board asking both groups to respond to this statement. “Overall, new graduate nurses are fully prepared to provide safe and effective care in the hospital setting.” Results of the study indicate an agreement rate of 90% among nursing school educators, but only 10% among hospital nurse administrators – a very large gap indeed. Practice expectations of CNO’s include sound clinical knowledge and technical skills, proficient critical thinking, good communication skills with physicians, co-workers, patients and families in order to be a patient advocate, a sense of accountability and leadership skills to determine and balance priorities and direct a healthcare team.

Possible solutions include a collaboration between faculty and employers to open channels of communication, develop mutually attainable strategies and create a better understanding of the challenges that each experiences. Introducing nursing students to an “apprenticeship” role through externships and senior practicum experiences that are structured to immerse the student in real life clinical situations may serve to enhance future nurses’ understanding of the realities of practice. Agreement on a standard set of competencies and tracking outcomes may provide a consistent and predictable pathway for the transition to practice. And ultimately, these efforts will result in safer patient care and a long term commitment of nurses to the profession.
Nurses’ Emotions and Standards of Conduct

- Their Association with the Historical Background of Nursing -

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**City, State:** Hyogo, Japan

In nursing as patient-centered care, emotional issues of nurses have been overlooked. In recent years, the incidence of burnout in exhausted nurses has been reported, without fully examining the association between their emotions and patient care and the process of emotional control to provide appropriate care. In today’s science-centered medical services, importance is given to data and evidence, and treatment is performed in environments surrounded by medical devices. On the other hand, there are increasing social demands for compassionate nursing services, leading nurses to recognize that not only patients, but also they themselves are human. Ironically, however, in order to provide such nursing care, it is necessary for them to favor empathy over professionalism.

This paper defines nursing as a profession establishing its professional standards on the foundation of human emotions. Nurses are able to control their emotions, and, as a result, their emotions are suppressed, leading to self-sacrifice and consequent emotional exhaustion. Based on data showing a markedly high incidence of burnout among Japanese nurses, we hypothesized that the historical background of nursing in Japan is associated with such a high incidence, and conducted observations of nurses’ emotions and standards of conduct for them from the viewpoint of nursing
The professional origin of nursing was formed through top-down organization by the state and society, rather than bottom-up female movements to meet needs for nursing. For females with a low social status in a male-dominated society at that time, nursing in war was the only opportunity to be socially recognized. When national slogans, such as patriotic self-sacrifice, services for the benefit of society, wealth and military strength, and the popularization of confucianism, were created, it was necessary for nurses to establish their own standards, and conformity with such standards has become their symbol over time, while self-sacrifice as a virtue has limited their self-fulfillment.

The nursing culture cultivated under these circumstances has been inherited tacitly, and is still serving as a base for standards of conduct for today’s nurses. As nursing education, this paper provides a new perspective on the prevention of burnout in Japanese nurses and provision of improved patient care by highlighting the importance of subjectively and objectively considering their emotions, while recognizing their tendency to be self-sacrificing, associated with the historical background of nursing in Japan.
Electronic Portfolios: The Yellow Brick Road to Emerald City and Beyond

Title of Abstract

Name of Primary Presenter and Credentials: Crystal Harris, RN, Ph.D.
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ABSTRACT

Electronic portfolios (EPs) can be the yellow brick road to many destinations. EPs have been used in undergraduate and graduate nursing programs as a method to organize student work, demonstrate the breadth and depth of student learning, and provide evidence of program outcomes. Some have suggested that structuring the EP for multiple purposes may be ineffective. A new master of science in nursing (MSN) program in healthcare leadership has developed an EP assignment that meets each of these purposes. In addition to collecting and uploading exemplars, students integrate the MSN program objectives, American Association of Colleges of Nursing (AACN) Master’s Essentials, American Nurses’ Association (ANA) Scope and Standards, ANA Code of Ethics for Nurses, and American Organization of Nursing Executives (AONE) and Quality and Safety Education for Nurses (QSEN) Competencies while engaging in critical reflection to build a cohesive narrative. Students and faculty may use the EP to conduct a gap analysis to develop an individualized internship experience. Individual student learning outcomes are evaluated with a grading rubric while program outcome reports are electronically accessible. Students may share their EP with peers and potential employers.
Who Will Succeed? A Multipronged Approach in Improving Nursing Student Success

Title of Abstract

Name of Primary Presenter and Credentials: Robin Harris, DNP, RN
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ABSTRACT

Nursing school administrators and faculty across the nation are being faced with large pools of nursing school applicants, a demanding and rigorous nursing curriculum, high attrition rates, and increasing pressures to graduate a quality yet diversified group of nursing graduates. The pressure to provide quality and diversified graduate nurses leave faculty and administrators asking, who will succeed? In an effort to answer this question, a multipronged approach at increasing students’ success within an Associate of Applied Science (AAS) Nursing Program located within a Historically Black College and University in the Midwest was instituted. The multipronged approach included three main foci: the development and implementation of a Student Success Program (SSP) for at-risk students, changes to AAS admission criteria, and faculty development. These interventions were supported within the literature to support student success, including success among students representing racial and ethnic minorities.

Utilizing specific academic at-risk criteria (ACT /= 20, enrollment in basic English and/or math, repetition of anatomy and physiology), students deemed “at-risk” were recruited to participate in a voluntary 16 week SSP that coincided with their first nursing course. The SSP provided group learning opportunities to enhance test taking, study skills, coping behaviors, and provided one-on-one faculty mentoring. Changes to the AAS admission criteria occurred under the direction of the AAS Admission Committee. Seventeen successful AAS programs within the same state were compared to the current admission standards as well as analysis of academic characteristics of previous successful and unsuccessful nursing students. Taking this data into consideration changes were made to increase the minimum GPA for admission as well as requiring anatomy and physiology as a prerequisite course. Faculty workshops related to cultural sensitivity and varied learning styles within the classroom setting were provided and attended by all full time faculty. Evaluation data collected 8 and 16 weeks post workshop attendance revealed the continued use of strategies to support learning styles and cultural sensitivity within the classroom setting.

Did the multipronged approach work? The question remains partially unanswered. In regard to the first prong, half of the participants in the SSP went on to fail their beginning nursing course and the overall number of course failures for the fundamentals course did not decrease. A potential explanation could be the use of only academic risk factors to identify students rather than the use of academic and psychosocial risk factors. In regard to the second prong, the impact of the changes to the admission criteria is currently unknown. At the time of implementation, the program had a year and a half wait list to enter into the program. Therefore any changes to the admission criteria would take almost two years to take effect. In regard to the faculty development workshops, the continued application of the material by full time faculty was promising especially for the institution which admits a large number of nontraditional students. Based upon these results, it is recommended that schools reflect upon their admission process, look to their student data, and consult the literature for effective programs to use as a roadmap to improve success. As more nurses will be needed in the near future school must face the issue of attrition head on and determine potential avenues for success.
“‘Tin Man, you don’t have to travel to OZ to find the heart in nursing!”’ Developing a high-impact spirituality in nursing course for a BSN curriculum”

Title of Abstract

Name of Primary Presenter and Credentials: Ann N. Hellman MSN, RN
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ABSTRACT

Incorporating a course focusing on spirituality into a regular BSN curriculum is a vital action for many nursing schools across our nation. Although both nursing's and medicine’s origins arise from religious institutions and foundations, nursing adopted a different lens through which to design and deliver patient care over the past seventy years. The profession continues to gain proficiency in technological expertise and as such, a paradigm shift occurred toward a strong scientific perspective to care delivery. Many in nursing practice ranked scientific knowledge and practice far above comprehensive holistic care practices. As a result, many of the profession are losing one of its core essences – compassion through spiritual caregiving which constitutes both the heart and art of nursing. “It is from the heart that the essence of nursing arises as we combine the external functions of nursing – the actions and the problem solving – with the esoteric – our capacity to empathize, be compassionate, to be called to action because we feel the suffering of the other” (Wright, S., 2006, p. 21).

Many fail to address the aspects of care comprising holistic nursing care. “Incorporating spiritual care into practice is an integral dimension of holistic care that is the crux of nursing practice in the 21st century. Holistic care of clients requires that nurses use the nursing process to implement spiritual care in practice (Tyler and Raynor, 2006, p. 63). Not only are members of the nursing profession recognizing the need for inclusion of spirituality for holistic care, but our patients also recognize this important element of nursing care. “National surveys document that spirituality is considered to be very important to the general public. According to the National Cancer Institute (2006), more than ninety percent (90%) of adults express a belief in God, and further research indicates that patients rely on spirituality and religion to cope with physical illnesses. Patients also express a desire to have caregivers and healthcare providers such as physicians and nurses acknowledge or address their spiritual and religious needs” (Tyler and Raynor, 2006, p. 6). Spirituality helps patients and families cope with illness and death as well as promotion of positive health behaviors and outcomes.

Designing a course focusing on spirituality in nursing requires creativity, sensitivity, respect, and an open mind encompassing beliefs and practices from many cultures, backgrounds, and religious affiliations. Crucial to the success of the course and a key foundational element is the assessment of current participants' beliefs while establishing an environment of respect of all participants. Additionally, enlisting the students to share practices and beliefs of their own denominations and cultures encourages investment in the course, sharing of perspectives, and mutual respect. To facilitate an open discussion format, attention to room arrangement is also integral. Key teaching strategies for the course include use of reflection journals, case studies, use of multiple information sources (textbooks, books, research articles, online education videos, and religious texts), role playing, and expert guest speakers. Fundamental to the course content are spiritual assessment strategies and development of spiritual care interventions. As spirituality in nursing is an abstract concept, one often difficult for students to fully define and comprehend, a creative arts project leading them to express their understanding of the concept is the cumulative, noteworthy artifact of the course.
References:
Unlicensed assistive personnel (UAPs) are often the direct care providers most closely in contact with hospitalized children. Because of this, they need to provide safe care based on knowledge of developmental needs, pediatric skills, and age-appropriate equipment. Newly employed UAPs have wide variation in training and experience but it has most commonly taken place in adult extended care settings. If the UAP has pediatric experience, it is generally limited to one clinical nursing school rotation. This challenge to transition UAPs from adult to pediatric practice requires recognition of special learning needs for UAPs and strategies to teach pediatric skills. This presentation will focus on how a team of nurse educators in a major pediatric teaching hospital developed an orientation skills class for UAPs that includes simulation, gaming, e-learning, demonstrations, skills practice, and return demonstrations. The focus of the class is on the most commonly delegated pediatric tasks but also includes instruction on high risk / low frequency skills. Critical issues such as delegation, patient safety, family centered care and communication are threaded throughout the orientation program. UAP skills class evaluations have been overwhelmingly positive with the end result of a better prepared frontline care provider for hospitalized children.
ABSTRACT

Documentation of patient care is a basic competency for registered nurses. As health care facilities adopt electronic medical records (EMR), training staff on the new technology challenges professional development educators. Central staff development educators at a large pediatric hospital utilize a blended learning approach for EMR training that successfully supports staff in this basic skill. Blended learning combines multiple teaching methods and delivery systems to reinforce learning and meet learning styles of staff from diverse clinical areas.

Orientees are assigned virtual patients with unfolding case scenarios. Staff development educators integrate EMR instruction using simulation with virtual patient scenarios. The focus of instruction is on basic documentation screens used in clinical settings by nurses. The following are included as part of the blended learning approach to EMR education:

- Interactive electronic learning modules specific to the clinical setting
- Classroom instruction by a software trainer in a computer lab with sample EMR screens
- Evaluation of learning through application in an online EMR test
- Practice in EMR playground using virtual patient scenarios
- Simulation of barcode scanning medications
- Discussion and reinforcement of documentation in the EMR for the virtual scenario patient

Evaluations of the blended learning approach to EMR instruction show that orientees are able to apply knowledge of documentation training through electronic testing and demonstration with simulated scenarios. Orientees also express increased understanding of EMR documentation on pre and post self-assessments.

A blended learning approach to educating pediatric nurses on electronic medical record documentation has yielded positive results for staff learning and improving patient safety.
Title of Abstract

ABSTRACT

Nursing programs, just like all higher education, are being pressured by students and administration to look at redesign of courses. Current college students are continuously engaged with technology and the days of long lectures can no longer be considered the gold standard of teaching. Nursing programs must continue to be accountable for producing high quality graduates who are successful practitioners, prepared for NCLEX. Faculty in BSN programs need to look at course redesign as an opportunity to improve critical thinking skills, increase student retention of knowledge and trial of multiple pedagogical approaches in classroom and clinical teaching.

The presenters teach a beginning level course integrating safety and quality with traditional basic nursing skills to 76 nursing students in their first semester of BSN program. It is set up in 3 segments: 3 hour lab lecture, 1 hour skill practice session and 2 hour skill check off time. All 76 students attend the lab lecture together. They are divided into clinical groups of 9 – 10 for the practice and check off time. The course had been delivered using traditional methods of lecture, individual practice and rote check off. Over the last 5 years, the presenters have gradually implemented innovative principles of course redesign strategies into the class. Changes made to the course include: utilizing critical thinking style stations for check off, interactive classroom activities and clinical group competitions.

The 2 hour skill check off time was transformed so that students complete 4-5 critical thinking stations incorporating demonstration of specified skills in the context of a patient scenario. The stations are designed as low fidelity simulations. Students document their care each week expecting instructor and peer performance evaluations. Some components of each station are procedural “mistakes” and patient safety concerns that students must identify.

In order to achieve interactive classroom participation, a weekly assessment is scheduled for the beginning of each lecture. Students may use one side of an 8 ½ X 11 inch piece of paper with notes to “help” them with the assessment. This motivates them to read the chapters before lecture time so the class time can be used to incorporate application activities associated with each topic.

For the clinical group competitions, each clinical group chooses a team name and creates a poster at the beginning of the semester. Teams earn points through the team average on weekly assessments and special interactive activities throughout the semester such as the Nursing Mobility & Safety Olympics); URINO, a Bingo type group activity and other interactive classroom group activities. Mid-semester prizes are awarded and the group that wins at the end of the semester earns lunch with the instructors.

In summary, nurse educators must continually evaluate options to redesign their courses to meet the needs of their educational institution, student demands and competencies of external stakeholders. By setting a high standard with innovative teaching in the first semester of nursing courses, students will have a strong foundational approach to quality and safety concepts that will continue in through their nursing education.
Utilizing Simulation Scenarios in a Family Nurse Practitioner Curriculum to Improve Advanced Health Assessment Skills

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An Abstract Submission to the 40th Annual National Conference on Professional Nursing Education and Development

This project was initiated as a course redesign in Advanced Health Assessment. The goal of this project was to improve advanced health assessment skills of Family Nurse Practitioner (FNP) students. Additionally, the purpose of this project included addressing the critical issues and concerns of evaluating FNP student clinical performance considering the differences in clinical sites, patients and preceptors. Simulation scenarios were introduced to evaluate FNP students’ assessment and documentation skills and continue across the FNP curriculum to assess evidence-based practice competencies in all Primary Care clinical courses.

The methodology included the use of high-fidelity simulators as a teaching tool. The project integrated technology which included an interactive patient care simulation while documenting the findings using Typhon, an electronic student tracking/documenting system. Simulation scenarios offer the practical strategy of a relatively consistent experience in a safe, risk-free environment for the student. The simulation scenario increased the students’ awareness of their client-care skills and allowed for faculty, self, and peer evaluation. This instructional approach allowed learners to engage in experiential learning covering the National League for Nursing Core Competencies for Nurse Educators and The National Organization of Nurse Practitioner Faculties (NONPF) Domains.

The results from two cohorts of students are reflected in student evaluations which showed improved ability to: perform advanced health assessments; formulate differential diagnoses; plan therapeutic interventions; utilize simulation for evaluation of assessment skills and critical thinking. Students and faculty felt the simulation project incorporated realistic scenarios, integrated curricular content and benefited learning while improving self-confidence to develop autonomy as Nurse Practitioners.

One challenge in evaluating FNP student clinical performance is related to differences in clinical sites and asynchronous evaluations. This project is significant as FNP students are educated to meet Nurse Practitioner Core Competencies, described by NONPF. According to NONPF (2011), the NP “practices independently managing previously diagnosed and undiagnosed patients and uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings”. This replicable project describes a teaching strategy which may be utilized to successfully sustain competent learners and practitioners.

References:


