Abstract Submission Form

Abstract Title

DEVELOPMENT AND EVALUATION OF OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE) FOR NEWLY NURSES IN A MEDICAL CENTER IN SOUTHERN TAIWAN

Name of Primary Presenter and Credentials: Su-Ya Huang, BHA

Affiliation/Organization: Chi Mei Medical Center  
City, State: Tainan, Taiwan

Abstract

Background: Nurse-patient communication skills are pivotal to the Nursing practice and essential as one of the core abilities to be required by the professional nurses. New nurse in the clinical nursing care of patients, often due to care technology and communication skills are not perfect, it is add work frustration and stress, reduced Work intention to stay of new nurses.

Objectives: This study aimed to introduce development and evaluate Objective Structured Clinical Examination (OSCE) for clinical care and Communication Skills.

Methods: This paper shows that the historical development of OSCE within newly nurses professional assessment, develop the complete Commitments of the lesson plans, training direction, and teaching objectives. Training standardized patient and raters by committee of Nursing education.

Results: The OSCE various types structural evaluation sheets are developed including standardized patient and evaluator checklist formula and so on, from Oct 2012 to Dec 2012, the complete rate of structural evaluation sheets is raised to 100% of insert peripheral intravenous catheter.

Conclusion: The paper concludes that whilst caution must be applied in relying on OSCE as a sole means of nursing assessment, used carefully it can make a helpful and meaningful contribution to health professional education. To ensure that Newly Nurses have the communication and problem-solving skills to work in the fast-paced clinical environment.
Evidence-Based Teaching Practice: The Means to Transform Nursing Education

Title of Abstract

Name of Primary Presenter and Credentials: Lina Kantar, EdD, RN
Affiliation/Organization: American University of Beirut  City, State: Beirut, Lebanon

ABSTRACT

The dearth of data on the role of assessment and instruction formed the two purposes of this study: first, to explore educational strategies commonly used in nursing education by analyzing the curriculum documents of three baccalaureate programs in Lebanon against Bloom’s Taxonomy of learning, and second to unravel issues in teaching practice by categorizing data into teacher- and learner-centered. Data were analyzed using content analysis research technique. Findings revealed deficiency in employing learner-centered strategies in the programs’ assessments and instruction. There was evidence that educators of the three programs focused on teaching content and examining retention, thus supporting prior notions on teaching to the test and accusations in earnest on adherence to the traditional curriculum. Findings converge on the need for evidence-based teaching practice model. The model’s constructs include: (1) deconstructing learning, (2) revitalizing instruction, and (3) accentuating the role of assessment in the educational process. The pivotal role of deconstruction cannot be underestimated in higher education, and revitalization provides the means for evidence-based teaching. Accentuating the role of assessment would result in better conceptualization of the relationship between various educational parameters such as process and content, learning and teaching, and performance and goals. The model prompts educators to embark on a curriculum that meets community demands and prepares nurses for practice.
Simulation is a great learning tool and evaluative tool. Simulation helps fill the gaps in clinical experience that frequently students do not encounter. Students frequently comment during debriefing that they don’t know what to do when faced with a cultural, legal, ethical or interpersonal problem. We, as nurses know from experience that health care is not entity. Every day we encounter many positive and negative interpersonal experiences, legal /ethical aspects of care, as well as multisystem, multicultural encounters.

How can we as educators better prepare our students when they are expected to hit the ground running? One way is to make the scenarios multifaceted. Instead of doing a simulation for a myocardial infarction with dysrhythmias add that the patient is a Greek matriarch who doesn’t speak English. Or introduce a post- C-Section patient who was in an automobile accident due to intoxication, or the patient fell down the stairs and the fetus is in distress. Add the possibility of abuse, or no legal car seat and you now have a multifaceted scenario.

The multifaceted scenario is geared toward seniors, especially in their last semester because it requires foundational knowledge. How can we provide the same learning experience to the sophomore and junior level students? The easiest way is to start with cultural diversity. Give each scenario a patient with different ethnicity/religion. Fundamental knowledge can be measured and during debriefing the ethnicity/religion can be discussed. As students gain knowledge, more diversity can be added to the situations.

Clinical sites are placing more restraints on what students are able to do in their institutions, as educators we must have the courage to take that leap into new verizons that we may not feel comfortable. We have the brains with which to meet these challenges, and the heart to sustain the profession, let’s let down our guard and utilize our courage to make it all come together.
Come Join Dorothy, the Cowardly Lion, the Tim Man, and the Straw Man to Join in as Partners in Achieving Student Success.

Name of Primary Presenter and Credentials: Sheila M. Keller, MSN, RN
Affiliation/Organization: Neumann University  City, State: Sicklerville, NJ

“No one ever taught us how to apply the class information to a clinical situation.” “How are we to prioritize our care when we don’t know how?” “How do they expect us to do that...we don’t even know what the patient looks like.” “You never told us that.” Are these common questions students pose when they get their exams back? Do you hear frustration in their voices when they struggle to make simple clinical decisions? Why do students not fare well in exams even with tutoring?

There has been an exponential increase in the information presented in the current literature that addresses clinical simulation, active learning, and information overload. Tutoring needs to be more than re-teaching the material, which many students expect. Tutoring is putting the information into small chunks of information, with methods of remembering the difficult but important data. Academic Skills is more than telling students how to take exams especially with application and alternative format questions. It is introducing how to study, how to organize their time, identify what type of learner they are and apply it to test taking. The newest method of assisting students in application of the knowledge to the clinical experience and clinical reasoning is simulation. The literature substantiates that students learn more efficiently with interaction in a simulated clinical environment.

Students, we identify as ‘at risk’ are invited to join Partners in Achieving Student Success (PASS)’ PASS utilizes all of the above methods. We clarify the information, and then introduce the students to clinical reasoning...how do all the pieces fit together, why am I doing what I am, and how to alter the nursing interventions to meet the changes in the patient’s status. Students participate in a simulation but it is during the debriefing phase that they are most effective in their learning curve.

This partnership has been successful in the past. There has been an increase in the students’ grades by up to 10 points over those who opted not to join. All students have passed NCLEX on their first time. The key factor is the student must be a willing and active participant.
One critical issue confronting nurses in education and practice is defining competence. Nursing competence is defined in a multitude of ways and the term is often used vaguely or inconsistently. The Walker and Avant method of concept analysis is used as a framework for this presentation. There is currently no universally accepted method of assessing competence in nursing practice. The specific components of competence are not agreed upon by regulatory bodies, organizations or the nursing profession as a whole. Nonetheless, schools of nursing and healthcare organizations are responsible for ensuring competence. This presentation will assist the audience in defining competence and identifying appropriate strategies for assessing and maintaining competent practice behaviors.
Frontline clinical nursing staff hunger for education, but sometimes finding a convenient time to attend any educational offering can be a challenge. But nursing education can be delivered anywhere at any time. In March 2012 the Department of Education and Development (Ed Dev) inaugurated a traveling in-service program titled “Ed Dev on the Spot” for the Acute Care Division. The purpose of this seize the moment education was to bring brief and direct education to acute care frontline nursing staff. The goals were 3-fold: to strengthen the liaison relationship of the department’s Education Specialist, to increase visible presence with clinical nursing staff, and to showcase the Department of Education and Development. These monthly traveling in-services included topics such as staple and suture removal, chest tube maintenance, nasogastric tube care, falls prevention, and venousthromboembolism prophylaxis. Each in-service lasted about five to ten minutes and captured available clinical nursing staff that was able to participate. Teaching strategies included return demonstration and question/answer flip charts. Feedback has been positive by both frontline clinical nursing staff and their unit-specific educators.
Changing from one Electronic Health Record to another; how not to be afraid of Lions Tigers and Bears (Oh My!).

Title of Abstract

Name of Primary Presenter and Credentials: Robert Knies, Jr., RN, MSN, NEA-BC
Affiliation/Organization: Encore Health Resources  City, State: Louisville, KY

ABSTRACT

Electronic Health Records (EHRs) have been in Emergency Departments for many years. However, most have been free-standing programs, designed specifically for ED operations and practices. Today, Meaningful Use, The Joint Commission and other Centers for Medicare/Medicaid requirements have pushed hospitals to EHRs that go across the continuum of care, which encompasses all areas of patient engagement within a hospital. Meeting these requirements has meant that ED’s are being forced to change from one EHR to another, so that the safety, data and details about the care of the patient carries across various encounters within the hospital and even homecare environment.

The challenges of this change leads to multiple stressors to not only ED staff, physicians and leadership; but all other departments that engage the ED patient. This presentation will discuss the recent changes that occurred at a large multi-facility healthcare organization. The presenters will share the planning, testing, and lessons learned while implementing this change. They will share how the EHR chosen for the change was evaluated and customized, for this organization; also the challenges encountered along the way. They will discuss the successes and failures learned in this very challenging change in operations, and plans for further roll-outs of the EHR to the rest of the facilities of the organization. The opportunities for learning partnerships with the individual hospital clinical informaticists and how their role as educators assisted with these changes will be presented.
Title of Abstract

Name of Primary Presenter and Credentials: Mary Jo Koschel, MSN, RN-BC, CFRN
Affiliation/Organization: Poudre Valley Hospital, University of Colorado Health System
City, State: Fort Collins, Colorado

ABSTRACT

• Background and Significance
Traditionally, information regarding EBHC was presented in the New Graduate RN classes. There were no formal expectations for participating in an evidence-based practice project. At the final New Graduate RN class, based on feedback from the new RN’s, they were not able to articulate how evidence-based practice was incorporated into their daily professional nursing practice.

• Purpose
To promote that “Spirit of Inquiry” and engagement in EBHC by the new graduate direct care nurse, the New Graduate RN cohorts were asked to complete an EBHC project that impacts their professional practice, their patient population, or their unit processes.

• Methods
Additional content on the EBHC process, a template for developing the PICOT question, assistance with literature searches and access to laptops during designated class time was added to the New Graduate RN classes throughout their year long cohort.

Financial support for additional hours of paid time from the CNO, approval from the Nurse Managers, incorporation of time to work on their projects during the classes, librarian assistance, and mentoring from the Education Nurse Specialists(ENS) facilitated the success of this endeavor.

• Results/Outcomes
At the end of the year’s New Graduate RN classes, final presentations on their EBHC projects resulted in the New Graduate RN’s sharing leading practice recommendations on the organization’s Nursing Research Day. Examples of projects included the development of a unit-specific resource manual, an informational handout sheet for Pediatrics staff, a “hospital handoff” form for an outside facility for patients with developmental disabilities, and proposed policy and unit practice changes.

• Discussion/Implications for Practice
Setting the expectation that EBHC is incorporated into professional nursing practice at the beginning of a new nurse’s career can pave the way to actualization of “questioning practice” and “looking to the evidence” for leading practice recommendations enhancing outcomes.

References:


A shift to a concept-based curriculum became the impetus to make the transition from the traditional bookshelf to E-books. The process began with looking into the current textbooks being used and the availability of e-versions for adoption. Not one book alone would meet the needs of a concept-based curriculum. E-books provided easy access and searching capabilities not available in traditional textbooks.

All textbooks for nursing students entering the program in the fall 2011 were electronic. They could download the books to two computers and one mobile device, plus are accessible online from any computer. Faculty were given the same access.

A mixed method pilot study investigated student and faculty use of and satisfaction with e-books. Quantitative and qualitative data were collected for this descriptive study. Questionnaires were sent to faculty and students when classes started, and after each semester. Focus groups were held after the first semester. Benefits and barriers of the new system were explored along with recommendations to help ease the transition.

Informational sessions for faculty and for students also included the opportunity to ask questions. At the beginning of the second semester faculty met with students to share pointers learned from the focus groups. Findings from the surveys and focus groups will be shared. Faculty and students reported becoming more proficient and more satisfied with e-books. Benefits and barriers discovered helped faculty better prepared incoming students this fall. Findings may be helpful for other faculty and students and can provide other programs with needed information about this trend.
ABSTRACT

The groundwork for the RESPECT initiative began in the fall of 2010 following faculty participation in a series of webinars and subsequent discussions about incivility. Eight faculty and staff members formed the Positive Work Environment For All work group to assess the presence of incivility in the school and enact interventions to improve the learning environment. The work group modified a survey tool developed by Walrafen, Brewer and Mulvenon (2012) to assess the learning environment within the School of Nursing as perceived by faculty, students and staff. These groups were surveyed in the spring of 2011.

The primary purpose of this survey was to assess whether and to what extent incivil behaviors are present in the School of Nursing. Nine behaviors were identified in the literature and were used to assess incivility. This survey was electronically administered to faculty, staff and students with 207 survey respondents (58 faculty, 35 staff, and 114 students). Descriptive statistics were used to report the quantitative results and a thematic analysis was conducted to report the qualitative results. Respondents identified whether they had observed each of these behaviors being conducted towards someone, whether they had instigated each of these behaviors towards someone, and/or whether they believe they have been the target of each of these behaviors. Additionally, respondents were asked to reveal the strategies they subsequently used to manage these situations. Students, faculty and staff reported observing, instigating, and being targeted with the incivil behaviors. These behaviors were occurring frequently, predominately within their own peer groups.

The mnemonic RESPECT was developed to describe the healthy learning environment that we are striving to create. RESPECT was initiated in the 2012 fall semester throughout the School of Nursing which included: a video viewed by faculty in a monthly faculty meeting and all students during orientation to explain the RESPECT concept; badge cards with the RESPECT logo and mnemonic were distributed to faculty, staff and students; and the RESPECT logo was placed on the school website and online learning platform homepage with a hyperlink to a page which describes the initiative. To ensure sustainability of the culture of RESPECT, School of Nursing standing committees reviewed policy and procedures to address incivility issues. Faculty, staff and students will be resurveyed to determine if the RESPECT initiative has changed the learning culture of the School of Nursing. Results will be shared at the PNEG conference.
Cultural Diversity and Health Care: Are We Providing Culturally competent Care?

Title of Abstract

Name of Primary Presenter and Credentials: Marjorie H Lehigh
Affiliation/Organization: Penn Presbyterian Medical Center            City, State: Philadelphia, PA

ABSTRACT

Culture refers to the customary beliefs, social norms, and material traits of a racial, religious or social group. It affects the group members’ viewpoints: how they act; how they think; and how they see themselves in relation to the rest of the world. Culture is all the socially learned behaviors, values, beliefs, and customs transmitted down to each generation. Becoming culturally competent is a process. Cultural competence is different than cultural awareness. It is an ongoing process of becoming culturally competent, not being culturally competent. Campinha-Bacote Model of cultural competence in the delivery of care has five constructs: cultural awareness, cultural knowledge, cultural skill, cultural encounters and cultural desire. Caregivers always need to be sensitive to specific populations in order to deliver culturally competent and holistic care. There are many specific populations to be aware of. The health care worker must assess the client’s emotional expression, beliefs, values and behaviors. Addiction as a culture is not limited to any one race, religion, creed or lifestyle. Cultural competence is the key to effective substance abuse and addictions treatment and recovery services. Diversity is not limited to culture: the structure of families has changed as well. The face of the family in the United States is varied, providing a challenge to healthcare workers to provide sensitive, competent care.


Pa. Department of Public Welfare, Office of Mental Health and Substance Abuse Services  
http://www.dpw.state.pa.us/dpworganization/officeofmentalhealthandsubstanceabuseservices/index.htm

The Federal Substance Abuse and Mental Health Services Administration (SAMHSA)  
http://www.samhsa.gov/

SAMHSA Center for Substance Abuse Prevention http://www.samhsa.gov/about/csap.aspx

The National Institute on Drug Abuse (NIDA)http://www.drugabuse.gov/
The primary objective of the *Wiki Witch of the West* is to present an interactive session that will provide the basics of Wiki technology and how it can meet the diverse learning needs of the student. In this presentation, nursing faculty will discuss how this tool helped to introduce the concept of bullying and its impact on the profession, to two different groups of nursing students, on two different university campuses.

By using this online technology tool, faculty was able to have students of diverse backgrounds and varying education levels come together, to discuss some challenging situations and brainstorm on ways to handle them. The development of this type of online learning will help other faculty to see the importance of utilizing technology as a means to enhance student learning.
Title of Abstract
LGBT Teaching Strategies: Creating Cultural Competence in Caring for Sexual and Gender Minorities

Name of Primary Presenter and Credentials: Pamela Levesque, DNP(c), MS, APRN, FNP-BC, CNE  Affiliation/Organization: Regis College  City, State: Weston, MA

ABSTRACT
Lesbian, gay, bisexual, and transgender (LGBT) people experience distinct health disparities and are one of the largest underserved populations in any nursing setting (Johnson & Yucha, 2012). The Institute of Medicine (IOM) commissioned a report in 1999 concerning LGBT health which acknowledged insufficient understanding concerning LGBT health (Mayer et al., 2008). The United States Federal Government Healthy People 2020 initiative emphasizes the elimination of health disparities. The document states that through culturally competent care the U.S. can provide equal access to health care for all with the specific goal of improving the health, safety, and well-being of lesbian, gay, bisexual and transgender persons (retrieved from www.healthypeople2020.com). Culturally sensitive care includes but is not limited to attitudes and knowledge (Axtell, Avery and Westra, 2010). Several key issues are involved, such as the provider’s beliefs and attitudes about the client, which may be perhaps the least examined aspect of care (Wallace, 2008). Enhancing cultural competence among health professionals has been cited as a key strategy in the quest to decreasing health disparities for persons of ethnic/cultural minorities (Benkert, Templin, Myers Schim, Doorenbos & Bell, 2011). Examination of nursing and medical school education has revealed gaps concerning LGBT content in the curriculum and the content present rarely includes the importance of understanding personally held beliefs about the patients for whom they are to provide care (Benkert, Tanner, Gurthrie, Oakly & Pohl, 2005; Benkert, et al, 2011; Kallyaperumal, 2004). Brennan, Barnsteiner, De Leon Siantz, Cotter & Everett (2012) and Lim & Bernstein (2012) each published articles addressing LGBT content in nursing education. Both articles support a 2010 publication by Eliason, Dibble and DeJoseph indicating that nursing has lagged behind medicine, social work, and other professions in the publication of research studies, theoretical frameworks and practice guidelines about LGBT health. The article by Eliason, Dibble and DeJospeh (2010) also addresses what is felt to be a scarcity of specific content on LGBT health care needs in undergraduate nursing curricula. Evidence-based nursing practice is currently recognized as essential for the advancement of nursing as a scholarly practice discipline (Butler, 2011). This poster presentation will address the evidence supporting integrating LGBT curriculum content in nursing education and offer a variety of teaching strategies aimed at impacting access and quality of care for the LGBT population by enhancing knowledge and addressing issues of attitude in nursing education.

Learning Objectives:
By the end of this presentation, learners will be able to:
1. Understand the evidence supporting LGBT curriculum inclusion in nursing education.
2. State three teaching strategies for integrating LGBT health content in pre- and post licensure nursing education.
3. Discuss the importance of including self-reflection in nursing concerning attitudes towards LGBT persons.

References
Title of Abstract

Name of Primary Presenter and Credentials: Susan L. Lindner, RNC-OB, MSN
Affiliation/Organization: Virginia Commonwealth University, School of Nursing
City, State: Richmond, VA

ABSTRACT

Purpose: The Institute of Medicine called to action the ability for nurse educators to develop and create alternatives to teaching methods in the classroom to achieve clinical reasoning, active learning, and critical thinking in preparation for nursing practice. Revolutionizing the pedagogy will take time and effort to adopt various techniques to develop clinical reasoning skills in the classroom. Nurse educators in many nursing schools are adopting a teaching method such as active learning or problem based learning across the country, and have discovered how uncomplicated the learning is related to the straightforward lecture practice in classrooms.

Background: Historically, nurse educators have used the lecture format for decades in nursing education. The lecture format was the technique useful to deliver large quantities of information to students sitting in lecture halls and memorizing the information was the approach to learning. Today, nurse educators recognize students do not comprehend, apply, or synthesize the learning engagement, concentration, and focusing to learn the critical elements of the nursing profession. Hence, active learning is being develop and discussed by many nurse educators as a preferred method of teaching.

Method: In an undergraduate health assessment course in a large university school of nursing bachelor’s of nursing curriculum active learning was introduce to sophomore students whom had never been taught by this method. Before the first class, students were instructed to read the chapter before class in preparation and were provided with lecture notes before class. The instructor at the first course meeting provided the students with a detailed description of the course by outlining the semester. Next, nursing students were placed in groups of four and five, students were provided with group banners, created unique descriptions of their group, and all signed their name on the identification banners. Then the students took a pretest of the material. The instructor presented the assigned information with discussion, interactions, and questions. A case study was given to each group and for 30 minutes the students discussed, interacted, and collaborated. The posttest was administered to the nursing students. Nursing students graded the pretest and posttest, were prompted to ask questions regarding the pre/posttest, case study, and to write a brief reflection of their learning. Eighty percent of the nursing students stated in their reflection the learning was scary, but they retained what they had learned.

Discussion: Conveying the information to the nursing students related to active learning was challenging, as the students commented they had never been taught using active learning. One student stated, “You mean you are not going to tell us what we need to know.” Fear of failing, not understanding the profession of nursing, and preparing for class were all comments conveyed in the beginning of the course. The delivery of the information of the course was using a technique with voice over power point (articulate). Modules were created and placed on the school of nursing database for the students to listen and engage in the activities prepared. By mid semester all of the nursing students would sit with their groups without being prompted, were prepared for class, engaged in conversation, and felt they had learned a wealth of information. The students also engaged in online learning and were able to develop these skills for future courses in nursing.

Outcomes: There are positive and negatives to this type of learning. The positives outweigh the negatives, as the nursing student engagement is elevated; collaboration and clinical reasoning skills are beginning to develop in this first nursing course. Faculty preparation is increased due to creating modules, articulate lectures, and exams. However, the positives outweigh the negatives related to positive student learning and patient outcomes.


Team Based Learning: An Innovative Approach to Teaching Maternal Newborn Nursing Care

Title of Abstract

Name of Primary Presenter and Credentials: Paula Lubeck, MSN, RN
Affiliation/Organization: South Dakota State University
City, State: Brookings, SD

ABSTRACT

Nursing education programs are charged with the task of transforming the way that future nurses are educated to better meet the demands of an ever-changing health care system. The tradition of lecture-based theory courses and on-site clinical are slowly being replaced by evidence-based teaching formats which focus on actively engaging students in their own learning. This manuscript describes the process of integrating a new teaching strategy, team-based learning (TBL), into a maternal newborn nursing course at a Midwestern baccalaureate nursing program.

Key words: Team-based learning, maternal-newborn course
Longitudinal evaluation of an unresponsive patient educational module for undergraduate nursing students using high-fidelity patient simulation

Name of Primary Presenter and Credentials: Marian Luctkar-Flude, RN, MScN, PhD(student)
Affiliation/Organization: Queen’s University, School of Nursing City, State: Kingston ON Canada

ABSTRACT

Background: Even upon graduation, undergraduate nursing students may not be confident or proficient in performing critical assessments and interventions for an unresponsive patient. This is concerning as a nursing student or new graduate may be the first to find an unresponsive patient in a clinical setting. However, this knowledge and skills were not introduced until 3rd year of a 4th year BNSc program. Performance by 4th year students was noted to be inadequate. As a result, a high-fidelity simulation educational module for 2nd year undergraduate nursing students on critical assessments and interventions for the unresponsive patient was introduced into a health assessment course in the fall term 2010. A longitudinal study was designed to evaluate learning outcomes as students progressed through the nursing program.

Purpose: The purpose of the current study is to compare outcomes between 2 cohorts of nursing students through the curriculum. Cohort 1 received standard education in years 3 and 4 of the program which included four unresponsive patient scenarios. In addition, cohort 2 received an experimental simulation session on critical assessments and interventions for the unresponsive patient in year 2. It was hypothesized that the new module would improve knowledge, skill and confidence in 3rd and 4th year repetitions of the unresponsive patient scenarios, as this cohort of students progresses through the nursing program.

Methods: Learner self-confidence with critical assessment and interventions for the unresponsive patient was measured each year with a researcher-developed Likert-scale (Cronbach’s alpha=.87). Learner knowledge was assessed by a written test. A performance checklist was used to assess whether critical behaviours were performed and the time to performance (inter-rater reliability=93%) for 4 scenarios: hypoglycemia, narcotic overdose, unwitnessed ventricular fibrillation and witnessed ventricular fibrillation. Standard univariate measures such as means, standard deviations, ranges and medians were calculated to describe outcomes. Comparisons of groups were conducted using the Mann-Whitney U test for ordinal data, and analysis of variance (ANOVA) and appropriate post-hoc analysis for interval data.

Results: There were no significant differences between the cohorts in terms of the knowledge pre-test scores or satisfaction with the scenarios. However, Learners in cohort 2 who participated in the unresponsive patient simulation scenarios in year 2 of the program demonstrated significantly higher knowledge on the post-test in year 3 (p=.035), and significantly greater self-confidence in year 4 (p=.05). Performance checklist scores were significantly higher for the cohort 2 learners for all 4 unresponsive patient scenarios (p=.001). Critical performance times were improved in the cohort 2 learners in both year 3 and year 4 and reached statistical significance in 12 of the 20 most critical skills that were timed (p=.001 to p=.031) including asking for a glucometer reading, asking for Narcan and initiating chest compressions as required.

Conclusions: The addition of a simulation educational module in year 2 of a 4-year BNSc program resulted in improved knowledge, skill performance and self-confidence by nursing students in years 3 and 4. These results suggest that these students will be better prepared to respond appropriately to unresponsive patient situations encountered during their clinical rotations and upon graduation.
The Maternity Nursing Classroom: Ripe for Application of QSEN Competencies

Title of Abstract

Name of Primary Presenter and Credentials: Sue Mahley, MN, RN, WHNP-BC, CNE
Affiliation/Organization: Research College of Nursing
City, State: Kansas City, MO

ABSTRACT

Background: In a “Call to Action” published in the Journal of Obstetric, Gynecologic and Neonatal Nursing, January/February 2012, health care providers in obstetric settings are called to engage in QSEN competencies. This mandate for quality patient care in labor and delivery was developed collaboratively among seven organizations representing physicians, nurse-midwives and nurses caring for mothers and their babies. Considering the high risk stakes and high costs of obstetrical care and that many deaths attributable to human error may be potentially preventable makes this a critical mandate. Following the recommended actions is imperative to safe quality care for mothers and their babies. The Maternity Nursing classroom provides a forum that is ripe for application of several of the “Call to Action” recommendations, including fostering a just culture.

Project: To challenge senior nursing students in their Maternity Nursing classroom to embrace the concept of just culture, a clinical scenario is presented in which patient safety is jeopardized. Students work in teams to review the timeline of events. As the investigative team, students must decide on clear roles and methodologies in the analysis of findings and identification of root cause. A root cause analysis flow-sheet is provided to the teams for a systematic approach. Determination of root cause is followed by devising a plan for corrective action. Students utilize a just culture algorithm to ensure that appropriate corrective actions are implemented. Facilitation of effective channels of communication is reflected in their plans. System weaknesses are evaluated in relation to individual healthcare provider performance. Students gain not only an understanding of maternity care but also of health care system policies and practices.

Summary: The teaching strategy of examining obstetric patient care scenarios in which safety is at risk provides students with opportunities to assess and evaluate healthcare processes and outcomes. The Maternity Nursing classroom offers an excellent forum for systematically reviewing case facts when patient safety is at risk and for identifying root causes. The concept of a just culture is brought to life through student participation resulting in self-report of increased awareness, understanding and appreciation of the complexities of the health care system.
Follow the Yellow Brick Road: the MAP to Student Success

Title of Abstract

Name of Primary Presenter and Credentials: Kathleen Sweeney Malic M.A., R.N.
Affiliation/Organization: Prairie State College  City, State: Chicago Heights, Illinois

ABSTRACT

The presentation will explain how the MAP program evolved to identify and address the needs of students in the first year of the core nursing curriculum. An “Action Plan” was created with an accompanying “Early Alert” form for identified “at risk” students. The outcome of the initial plan was not satisfactorily met. The program was expanded to include a “MAP” (Main Action Plan) with a faculty “navigator” to coordinate the plan, and provide individual meetings and group workshops. The expanded program is showing evidence of improved outcomes. Data will be shared to evaluate the successes and challenges of this purposeful retention program.
**Early encounters: Using national requirements and recommendations to support an equitable practice environment for new graduates in an RN residency program**

**Title of Abstract**

**Name of Primary Presenter and Credentials:** Cheryl Mallory, BSN, RN-BC

**Affiliation/Organization:** Versant  
**City, State:** Ithaca, NY

**ABSTRACT**

This presentation describes an evidence based residency program that transitions new RNs into practice within a changing demographic population. This change is reflected in both the patient and in the healthcare professional who cares for them. New graduate RNs are anxious to take on the “real world” of nursing. Hospital administrative and educational staff want a program grounded in communication and interactions. Program designers overcame this challenge by relying heavily on adult learning principles—the program offers learning activities that fully engage the resident RN and encourage them to build new knowledge on previous experience.

While most orientation competencies focus on task completion, the core competencies of the residency program are based on patient-family centered care, professional role development, effective communication, and diversity and culture. Using national recommendations, requirements and best practice guidelines, educational methods and strategies are described that instill a sense of salience addressing cultural awareness and disparities with the goal of providing quality care—and quality care is an outcome of equitable practice.

Effective learning strategies are employed throughout the program to ensure residents are engaged in activities and discussions that encourage reflection to develop cultural awareness, desire, knowledge, and competence. The road to competence begins with a deliberate and accurate assessment of attitude, skill, and knowledge. Self-investigation is a key component of the program and continues throughout the first year of practice with mentoring and debriefing (Supportive Component) sessions. Curriculum includes use of case study, critical thinking, and clinical reasoning opportunities that are analyzed by the individual and the group. Other proven methods of engagement include involving residents in collaborative project-sharing across disciplines, advocacy and active participation on committees, and community projects.

Successes and opportunities for improvement are provided by learner-participant and faculty feedback. The evaluation includes content and application to practice. Feedback reinforces the value of the program in meeting the needs of participants and the organization—to provide RNs with the knowledge and skills needed to respond appropriately, respectfully, and purposefully to multicultural peers, patients and families.
A collaborative and innovative partnership emerges in an academic medical center where nursing dedicated education units (DEUs) are implemented. Academia and service have joined forces to create robust, focused, and comprehensive clinical rotations designed to provide nursing students with a progressive and highly supportive learning environment. The charge is to enhance the clinical experiences of students and preceptors, use proven teaching/learning strategies and blend the expertise of clinicians, educators and faculty for optimal clinical rotation outcomes. This initiative demonstrates effective collaboration and intra-professional partnerships with nurse clinicians, nurse managers, nurse educators, and nursing school faculty- with all participating in DEU strategies and decisions. The outcome: nursing students rotate through DEUs, acquiring excellent didactic and clinical experiences that prepare them to be well-rounded and skilled professional nurses.
An Innovative Nursing Professional Development and Academic Partnership: Implementing Dedicated Education Units

Name of Primary Presenter and Credentials: Maribel M. Marquez-Bhojani, MS, BSN, RN-BC
Affiliation/Organization: University of Texas Medical Branch  City, State: Houston, TX

A collaborative and innovative partnership emerges in an academic medical center where nursing dedicated education units (DEUs) are implemented. Academia and service have joined forces to create robust, focused, and comprehensive clinical rotations designed to provide nursing students with a progressive and highly supportive learning environment. The charge is to enhance the clinical experiences of students and preceptors, use proven teaching/learning strategies and blend the expertise of clinicians, educators and faculty for optimal clinical rotation outcomes. This initiative demonstrates effective collaboration and intra-professional partnerships with nurse clinicians, nurse managers, nurse educators, and nursing school faculty- with all participating in DEU strategies and decisions. The outcome: nursing students rotate through DEUs, acquiring excellent didactic and clinical experiences that prepare them to be well-rounded and skilled professional nurses.
Background: There has been a steady call for the health professions, including nursing to improve patient outcomes and protect patients from harm by maintaining continuing competence.

Methods: Data were collected from nursing specialty certification boards (n = 19) and state and territorial boards of nursing (n = 32) using a descriptive cross-sectional survey.

Results: The primary strategies reported as requirements for initial certification are examination, hours of practice/work in a given time, and continuing education. The most commonly reported continuing competence strategies required for recertification are continuing education, hours of practice/work in a given time, examination, publication, and providing continuing education to others. Continuing education is the predominant requirement for demonstrating continuing competence that was reported for renewal of a license to practice as a Registered Nurse. Certification in a specialty and continuing education were the primary reported continuing competence requirements for renewal of a license to practice as an Advanced Practice Registered Nurse.

Conclusions: For more than twenty years The Journal of Continuing Education in Nursing: Continuing Competence for the Future has published annual surveys to update the profession on continuing education requirements for licensure and certification. This work broadens the focus to include continuing competence, and provides a snapshot of current continuing competence requirements for certification, recertification, and licensure renewal.
Abstract Title: Virtual Simulation in Nursing Education

**Name of Primary Presenter and Credentials:** Diann L. Martin, RN, PhD  
**Affiliation/Organization:** Concorde Career College  
**City, State:** Wilmette, IL

**Abstract**

Changes in healthcare delivery have a significant impact on practice and on the education of students in healthcare professions. While it is estimated that our knowledge doubles every 5-8 years, new procedures, new treatments and new medications are launched on a daily basis. In the midst of this need for new knowledge and new skill, educators are challenged to add more information and competency skills to their curricula. One solution is the use of Virtual Simulation and technology as a way to provide realistic, interactive and effective experiential learning in nursing. In this presentation, attendees will learn about and experience, through demonstration, a variety of interactive simulation models used in nursing and medical education. This presentation will be followed by a discussion of the benefits and limitations of virtual simulation as a teaching/learning strategy.

<table>
<thead>
<tr>
<th>Outcome Objective</th>
<th>Method of Presentation</th>
<th>Content Duration</th>
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<tbody>
<tr>
<td>Attendees will describe the use of virtual simulation in nursing education as a tool for clinical experience, laboratory and theory classes</td>
<td>Mini lecture, demo of simulation scenarios</td>
<td>15 min</td>
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<tr>
<td>Attendees will develop a debriefing guide for a virtual simulation case in medical/surgical nursing practice</td>
<td>Group discussion and feedback</td>
<td>10 min</td>
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<tr>
<td>Attendees will discuss the potential for expanded use of virtual simulation in nursing education</td>
<td>Mini lecture and participant discussion</td>
<td>10 min</td>
</tr>
<tr>
<td>Attendees will discuss the results of educational research into the effectiveness of virtual simulation in clinical education systems</td>
<td>Handout of references and discussion of research findings on the topic</td>
<td>10 min</td>
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Eyes Wide Open: Engaging Students in Leadership Behavior to Promote Professional Leadership Competency

Title of Abstract

Name of Primary Presenter and Credentials: Pamela Martin, MN, APRN-CNS
Affiliation/Organization: Wichita State University
City, State: Wichita, Kansas

ABSTRACT

As change within the healthcare environment continues to escalate, one of the biggest challenges facing nursing education is how to prepare the nurse graduate to find meaning and satisfaction in a profession that is being rocked by staffing shortages, increased patient acuity and cuts to reimbursement. Now more than ever, nurse graduates must enter the workplace with eyes wide open, prepared not only to provide evidence-based care, but to imagine their roles as change agents and to actively engage in the service, advocacy, teaching and leadership activities incumbent upon a mature profession. Without leadership skills, nurse graduates all too often become another data point in nursing turnover statistics, frequently leaving the profession.

While a hospital with Magnet Recognition® gives voice to nursing and contributes to both quality outcomes and nurse satisfaction, many graduates will accept employment within organizations that are likely to challenge both their fledgling clinical skills and leadership competence. To better prepare nurse graduates for these environments, graduating seniors enrolled in a nursing leadership course participated in a flexible engagement module designed to promote active team participation, constructive peer feedback, and a leadership/followership imagination. Students selected engagement activities offered by faculty and/or self-identified and negotiated activities meaningful to them. Offerings included KSNA Day at the Legislature, NSNA Annual Convention, March of Dimes Advocacy, student representative to school of nursing committee, invitation to local hospital CEO to speak on the IHI Triple Aim, participation on an inter-professional team, and participation in university-wide strategic planning initiative.

Results of student engagement were evaluated informally through review of student reports, and reaction papers. Student creative efforts and expansion of initial projects to better meet team goals provided additional measures of student engagement and enhanced leadership skills. Teamwork, leadership/followership and attention to project management were evaluated through student self/peer evaluation and formal faculty evaluation.

Ongoing changes in the healthcare environment challenge the nurse graduate both clinically and professionally. Baccalaureate nursing programs can promote enhanced skills in the areas of service, advocacy, teaching and leadership through use of a flexible engagement module which encourages student voice and which is designed to promote active team participation, constructive peer feedback, and a leadership/followership imagination. Nurses with leadership imagination are more likely to succeed in finding voice and meaning through engagement in activities that are responsive to individual interests and contribute to organizational goals.
Crucial Conversations in Nursing: Cultural Competence

Title of Abstract

Name of Primary Presenter and Credentials: Colleen Marzilli, DNP, MBA, RN-BC, CCM, APHN-BC, CNE
Affiliation/Organization: The University of Texas at Tyler  
City, State: Tyler, TX

ABSTRACT

Background: Cultural competence in nursing education is an important aspect of patient-centered care. Racial and ethnic minorities will soon comprise the majority of the US population and health disparities are disproportionately represented in this group. Health disparities related to racial and ethnic minorities represent a cost of $24 billion. Culturally competent health care is a tool to reduce health disparities, and cultural competence in nursing education is a key improving culturally competent health care.

Purpose: The research identifies barriers to the integration of cultural competence in nursing education.

Methods: Using grounded theory methodology with a convenience sample of undergraduate nursing educators, the researcher uses a focus-group methodology to determine barriers to integrating cultural competence in the undergraduate nursing curriculum.

Results: There are many barriers to the integration of cultural competence education in the undergraduate nursing curriculum. The identified barriers range from time to nursing educators’ personal feelings towards cultural competence.

Conclusion: Nursing educators have a variety of reasons for limiting cultural competence education in undergraduate nursing curriculum. Additional research needs to address eliminating the barriers expressed by nursing educators.
A Commitment to Communication:  

*Notes for Nursing*

Name of Primary Presenter and Credentials: Mary C. McCarthy, BSN, RN-BC  
Affiliation/Organization: Mercy Hospital  
City, State: Iowa City, IA.

**ABSTRACT**

This presentation will outline how a twice-monthly newsletter for nursing staff helps meet communication needs in a 234-bed acute care hospital located in the Midwest. Strategies, costs, and benefits of implementing a nursing newsletter will be addressed.

Effective communication structures for and among nurses is a standard for nursing excellence. In 2000 the Institute of Medicine’s *To Err is Human Report* identified the consequences of poor communication in health care and nursing. The American Nurses Credentialing Center Magnet Recognition Program® and the American Association of Critical-Care Nurses (AACN) Healthy Work Environment Initiative are two nursing leadership bodies that have set standards for skilled and formal communication.

The idea for a nursing-specific newsletter originated within the hospital’s Nursing Quality Assurance Committee in 1984. Members of the committee recognized the value of purposeful and ongoing formal communication and worked to establish the publication, *Notes for Nursing*.

Original goals of the newsletter were to focus on changes in standards, information on practice, and milestones related to patient care and nursing staff. Over time the format and look of *Notes for Nursing* have changed. However, its name and goals have remained essentially the same. Nursing and hospital leadership have embraced *Notes for Nursing* as a communication tool.

Operationally, the coordination of the newsletter is based within the Education Office which is part of the Human Resources Department. Collaboration with the Nursing Department and other patient care providers is how the newsletter comes to be each pay day.

A basic newsletter format accented with graphics and photographs is published in print as well as electronic form. This newsletter is a staple for nursing communication.

###
Safe Patient Handling and Transfers: A Gait Belt Project

Title of Abstract

Name of Primary Presenter and Credentials: Jennifer McCord, RN, BSN, UMKC Graduate Student
Affiliation/Organization: University of Missouri- Kansas City, Capital Region Medical Center
City, State: Kansas City, MO, Jefferson City, MO

ABSTRACT

1. Title of Project: Safe Patient Handling: A Gait Belt Project

2. Description of Change Project:
The change project improved safe patient handling through the implementation of targeted education and training for direct patient care staff on the proper use of a gait belt. Education resulted in an increase in staff use and ease of availability of gait belts.

3. Objectives:
   - To increase staff confidence level with use of a gait belt.
   - To increase the number of direct patient care staff trained on safe patient handling equipment; specifically gait belt use.

4. Methodology:
   A questionnaire was developed to assess the use, confidence level, barriers to use and training needs of direct patient care staff at Capital Region Medical Center. Based on the identified needs for additional training on gait belt use a safe patient handling training was developed and disseminated to nursing and ancillary staff during the annual skills day review in September 2012. Training materials included a training video on gait belt use as well as hands on demonstration of proper gait belt application and use. While conducting the training, barriers to use of gait belts were identified and validated with personal interviews of staff. Barriers to use identified by staff were taken to hospital administration for follow up action and resolution. A post-training questionnaire was administered to assess the impact of training; specifically the number of staff who reported training on the use of a gait belt and the number of times staff reported to use a gait belt to move a patient in the last week.

5. Results:
   Survey data revealed that 69% of staff reported prior training on gait belt use. 15% of staff reported the desire for additional gait belt training and 16% of staff reported receiving no training on gait belt use. After the scheduled training, survey data indicated an overall increase in the confidence level with the use of gait belt to 80% (increase of 15%). 50% of staff surveyed after training reported that they had used a gait belt when moving a patient in the last week. Gait belts were added to the par level of nursing units to improve accessibility for staff. The gait belt training video was added to the organizations intranet for use in additional training and as a reference for staff.

6. Conclusions:
The targeted education project on the proper use of gait belts was a primary step in the implementation of a house wide safe patient handling program. Staff reported an increase in use of gait belts as a result of the training. Gait belts are now more accessible to staff.
Team-Based Learning: Transform Your Classroom!

Title of Abstract

Name of Primary Presenter and Credentials: Heidi A. Mennenga, PhD, RN
Affiliation/Organization: South Dakota State University  City, State: Brookings, SD

ABSTRACT

Team-based learning is an innovative, student-centered teaching strategy which utilizes small-group learning in a structured environment. The instructor utilizes a deliberate cycle of pre-class preparation, individual and team tests, and application exercises to create a fun and interactive classroom setting. This presentation will involve participants in the process of team formation, individual and team tests, and application exercises. Participants will leave with practical, useful tips for implementing team-based learning in their own classrooms.
Nurse To Nurse Consult

Title of Abstract

Name of Primary Presenter and Credentials: Meredith Mullen RN, BSN
Affiliation/Organization: Shawnee Mission Medical Center City, State: Shawnee Mission, Kansas

ABSTRACT

According to the Robert Wood Johnson Foundation, “more than 68 percent of adults with a mental disorder (diagnosed with a structured clinical interview) reported having at least one general medical disorder, and 29 percent of those with a medical disorder had a comorbid mental health condition” (Druss p. 6). As more Americans become more ill, the already alarming incidence of mental health/medical health co-morbidities continues to grow.

Shawnee Mission Medical Center is a 500 bed, faith-based community hospital in Kansas City that serves its population’s needs through medical services as well as offering an exceptional mental health and addiction recovery facility. The nurses of the 42 bed mental health unit and the 48 bed medical/surgical unit have witnessed a need for increased competence due to the patient’s co-morbidities and a need for more holistic nursing care to truly embrace the hospital’s mission “much more than medicine”.

A small team of SMMC leaders met to discuss this problem. Janet Ahlstrom, Director of Professional Practice and Julie Wichtendahl, Director of Behavioral Health Nursing, discussed the need for a nurse to nurse consultation and education program. Nurse to nurse consultations would allow nursing staff to share knowledge about their specialty with other nurses from different specialty populations. Following this meeting nurse educators Meredith Mullen (Medical/Surgical Nursing) and Adam Filipowski (Behavioral Health Nursing) met and formulated a model for each to offer the other unit:

1. Planned Education
2. Interventional Support
3. Intentional Role Modeling

The model and results of the collaboration is described.
A Narrative Thematic Analysis of Baccalaureate Nursing Students' Nurse-Patient Clinical Reflections

Name of Primary Presenter and Credentials: Jessica L. Naber, RN, PhD
Affiliation/Organization: Murray State University School of Nursing    City, State: Murray, KY

ABSTRACT

Purpose: The purpose of this study was to identify characteristics of critical thinking in nursing students’ reflective writing assignments, which were guided by Richard Paul’s model of critical thinking. The importance of critical thinking as an outcome for students graduating from undergraduate nursing programs is well-documented by both the American Association of Colleges of Nursing (AACN) and the National League for Nursing (NLN). Graduating nurses are expected to apply critical thinking in all practice situations to improve patient health outcomes.

Methods: In a previous study, Paul’s model of critical thinking was used as a basis to develop questions for reflective writing assignments. Within this study, students completed six open-ended nursing students' narratives of nurse-patient clinical encounters during an eight-week clinical experience. Following completion of those assignments, improvements were seen in critical thinking scores. This is a report of the qualitative analysis of the content of student responses during the intervention. A narrative analysis approach was used. Researchers open-coded for content and three members of the research team performed repetitive readings of the narratives to enhance rigor.

Results: From these processes, narrative themes were derived. Each of the themes was defined and exemplars from the data were used to support the credibility of the findings. Sample themes include "Managing Multiple Data Sources", "Recognizing Patterns", and "Correcting Preconceptions".

Conclusion: Identified themes provided information to nursing faculty members so that they could better understand students' critical thinking abilities and skills. Faculty members' understanding of the characteristics of critical thinking in the context of clinical education will help them be more prepared to teach students to be critical thinkers. The study provides a view of how critical thinking develops in the stories students construct about their clinical experiences.
ABSTRACT

Obtaining timely, uncontaminated blood cultures is vital for overall patient safety and measuring quality in emergency treatment of Community-Acquired-Pneumonia (CAP) patients. Financial drivers such as controlling treatment costs, reducing in-patient length-of-stay, and marketplace competition compel emergency department leaders to establish procedures to ensure performance competency to meet established metrics. This presentation reports an ongoing program which has ensured consistent blood contamination rates below 3% while maintaining a 97% average monthly compliance with CAP blood culture core measures.

This program, led by the emergency department nurse educator in a Mid-Atlantic, urban, academic, Level 1 trauma center, was an evidence-based, quality-improvement project that implemented regimented procedures for assessing, sustaining, and validating nursing clinical technicians’ blood culture skills. The program’s innovation was a return to the best practice basics. A small group of individuals, provided with 1:1 in situ training, emphasizing meticulous sterile technique, procedural observations and return demonstrations was created without adding personnel or financial resources. Competency was initially validated by return demonstration using standardized procedures and evaluated by the nurse educator alone to ensure consistency of training. Over time, several technicians who demonstrated superior skills were enlisted as adjunct trainers and now provide the bulk of real time observation and performance validation.

Competency is sustained and validated through monthly metric compliance auditing and by periodic observation in real time. Further, competency is encouraged through the use of positive peer influence through public feedback tools and quarterly performance competition and recognition. Collective competency has been sustained for four years despite large-scale staff turnover, equipment and procedural changes, and moving to a new clinical space.

The program was initiated in April 2009. In the first year after implementation, blood culture contamination was reduced by approximately 60%, from an average monthly contamination rate of 5.7% in 2008 to 2.3% in 2009. Monthly compliance with CAP core measures increased from 76% (May-November 2008) to 98% (May-November 2009). Since April 2009, blood culture contamination rates have been below 3% in all but three months (with compliance for 42 straight months and counting) and CAP core measure monthly compliance has averaged above 97%.
Name of Primary Presenter and Credentials: Marlene Obermeyer, MA, RN
Affiliation/Organization: Continuing Education Coordinator, Wichita Area Technical College
City, State: Wichita, KS

Title of Abstract

ABSTRACT

Communication is the root cause of most medical errors, according to a major study of a healthcare organization. When you are working with an interpreter, the chance for error is multiplied.

Do you know the most common interpreting errors? How do you assess your interpreter’s competencies when you don’t even know the language?

In this brief presentation, we will discuss the most common interpreting errors and how to manage the communication process when working with an interpreter. The presenter will answer questions regarding certification of interpreters and other questions about the professional interpreter’s role during the Q and A session.

Behavioral Objectives:
By the end of this session, the participant would be able to:
1. Differentiate between interpreting and translation.
2. Recognize the five most common interpreting errors.
3. Discuss the published Medical Interpreting Standards and the roles of the medical interpreter.
4. Explain the healthcare professional’s role in managing the communication process when working with interpreters.
Developing Research Critique Skills and Integration of Genomics into a Nursing Research Class through Mock Journal Clubs

Title of Abstract

Name of Primary Presenter and Credentials: Ruth Ohm, PhD, RN
Affiliation/Organization: Baker University School of Nursing       City, State: Topeka, KS

ABSTRACT

Students must develop the skill and motivation to critically evaluate research in order to effectively embrace evidence-based practice. Additionally, understanding of genetic/genomic information will be critical in providing effective health care. The purpose of this paper is to describe a learning strategy that integrates genetics/genomics into a nursing research class with the intent to develop research critiquing skills. Studies relating to genetic/genomic health issues are selected by the instructor. The activity requires student selection of one of the studies, student preparation (completion of a written critique worksheet as a ticket for admission to class), mock journal club discussion, and group presentation of a study critique. The learning activity is discussed within the context of the Learning Engagement Model (Guthrie & Wigfield), which describes strategies to promote student engagement and understanding in reading. Student evaluation of the learning activity is provided and directions for activity refinement and research are offered.
Nursing Students Use Poster Presentations as a Tool to Enhance Professional Writing Skills

Title of Abstract

Name of Primary Presenter and Credentials: Jamie Parrott RN, BSN, CCRN
Affiliation/Organization: University of Missouri-Columbia        City, State: Columbia, MO

ABSTRACT

Purpose: The nursing profession is continuously evolving and education strategies must evolve as well. With the increased emphasis on Evidence Based Practice, there is an expectation for nursing graduates to be proficient as nursing scholars. Disseminating research is an expectation of the baccalaureate educated nurse; however, disseminating and applying research is a skill that requires development and reinforcement. As part of nursing curriculum, instructors endeavor to engage students in the education process while providing the opportunity to apply learned principles. Not only do education programs use reflective practice and writing intensive assignments to enhance nursing education, but multimedia projects can also be used to effectively enhance nursing education.

Methods: Ten RN-BSN completion students enrolled in the 16-week Evidence-based Nursing Practice capstone course at University of Missouri were given the opportunity to create and present their evidence based practice nursing project at a professional conference in poster format. A specific sequence of writing assignments, including peer review and revision, was constructed to meet the goals of the course. Students were sequentially guided through the process of poster creation and project presentation for the conference. Through mentoring and coaching, the students were allowed to step out of their comfort zone of online work to present academic work orally to other professionals in the field of nursing in a conference atmosphere.

Conclusion: After completion of the capstone course, participants self-reported changes in both writing and presentation skills as a result of completing the poster project. Students were challenged to collate relevant research into a succinct but engaging conference poster, and then orally present to a professional nursing audience. Learning to develop and orally present professional, academic work is an important skill for nurse leaders. It is an approach to course instruction that can be utilized in virtually all areas of nursing education.
Active Learning Strategies for Nurse Educators

Title of Abstract

Name of Primary Presenter and Credentials: Sherry L. Payne MSN RN CNE IBCLC
Affiliation/Organization: Uzazi Village City, State: Kansas City, MO

ABSTRACT

Active learning is simply — building activity into learning. This session provides strategies for the nurse educator, that will produce positive and lasting learner outcomes. Because a "one size fits all" method for designing learning strategies is not effective at all levels—the presenter will demonstrate techniques for facilitating a 'learner led' teaching environment. Solutions for decreasing lecture time and increasing the use of purposeful, directed, learning activities that serve as a reinforcement of the text are presented. With the emphasis on building skills to support students in their learning,—this book outlines activities that have been classroom tested and found effective for reinforcing theory content.
Title of Abstract

Name of Primary Presenter and Credentials: Deborah K. Peetz, MSN, RN
Affiliation/Organization: Viterbo University       City, State: La Crosse, WI

ABSTRACT

Purpose: The purpose for developing a specialized course was to bring genetic and genomic information to BSN Completion students via an online nursing ethics course. The course development was in response to BSN Completion student’s requests to have an option for a nursing ethics course as an elective choice within the BSN Completion Program. In response to their requests and in response to the growing need for RNs to incorporate genetic and genomic knowledge into their practices, an online course was developed which examines ethical issues from a nursing perspective, with emphasis placed on the integration of genetics and genomics into ethical principles, ethical frameworks, and ethical decision making.

Organizing Framework: Registered nurses return to school having a variety of practice experiences and knowledge levels. Although nursing ethics is incorporated throughout the nursing curriculum in a Midwestern university’s BSN Completion Program, genetics and genomics is not. RNs are sorely lacking in their knowledge of genetics, genomics, and the related ethical considerations that may impact their patients. To determine key outcomes regarding genetics and genomics that could be brought into a nursing ethics course, the AACN Essentials of a Baccalaureate Education, Essentials of Genetic and Genomic Nursing: Competencies, Curricular Guidelines, and Outcome Indicators, the Genetics/Genomics Competency Center (G2C2) and the ANA Code of Ethics for Nurses were consulted. The following student outcomes were used to guide course content: (a) clarification of attitudes, values, beliefs, and commitments with respect to ethical issues in genetic/genomic healthcare decisions; (b) identify principles, rules, and codes of conduct for ethical nursing behavior; (c) apply ethical, legal, and social issues associated with genetic/genomic information from an informed personal and professional value system; (d) ethical analysis and ethical decision making using select case examples, and; (e) incorporate client’s social, cultural, ethnic, and religious perspectives into ethical decision making. Incorporated into the course is a non-graded but required pre-course self-study module to help prepare students for the terminology and basic genetic and genomic concepts that would be used throughout the course. The module incorporated several websites to peruse that served to introduce students to genetics and genomics and the wealth of information that is available to them.

Conclusions: In addition to accomplishing the student outcomes, the students learned more about specific genetic conditions and situations as they researched and prepared for class discussions and for coursework. They were able to incorporate information from peer-reviewed research articles as well as from professional websites related to genetics and genomics. In addition, RNs learned where to find answers and to seek new information related to genetic and genomics. Many voiced an interest in becoming genetic nurse specialists, a field of nursing they had not considered or felt as an option for them.

Clinical Relevance: Registered nurses lack information in genetic and genomics, which are considered an essential competency. The course exposes students to valuable reference tools, books, and materials to use in order to incorporate genetic and genomic information into ethical nursing practice. The information used in this course could be easily adapted in the clinical setting as a staff development education tool.

Key Words: ethics, competency, decision-making
Title of Abstract

Name of Primary Presenter and Credentials: Pamela B. Pfeifer, MS, RN-BC
Affiliation/Organization: Northwestern Memorial HealthCare       City, State: Chicago, Illinois

ABSTRACT

Education specialists struggle to find ways to make learning engaging and memorable, yet so many are unsuccessful in their attempts. Why? As an educator have you ever asked yourself, “So how do you learn how to make them learn?” How many times have you heard this statement: “I told them what they should do, so now they should be able to do it?” Or how often have you seen this used as a teaching strategy: “See one, do one, teach one?” The purpose of this presentation is to guide education specialists to explore what they can do to prepare effective, engaging learning activities. This session investigates basic brain physiology concepts that explain the learning process, reviews research on basic learning principles, and presents a model for creating terrific learning experiences. Interactive learning activities will be used during this session to illustrate many of the training approaches discussed. At the end of this session the learner will be able to outline five steps for creating terrific learning sessions.

This is content is intended for the Novice audience in the General Nursing Professional Development track and can be covered in 1 hour.

References:


Quinn, Clark N. Engaging Learning, 2005, Pfeiffer Publishing
ABSTRACT

Clinical post-conference is a widely used format in nursing education for undergraduate students to debrief, reflect, and share clinical experiences with peers. This modality is less often used in other health professions, including medicine, pharmacy, and allied health. Similar to the clinical post-conference, students participating in the Interprofessional Teaching Clinic (IPTC) participate in a weekly seminar experience entitled, “Studio Pop.” In the architecture profession, “Studio” is an educational space often used to collaboratively create new ideas and designs. “Population” is the vulnerable population for whom the students and practitioners provide care.

In IPTC, medical, nursing, and pharmacy students provide care in 3-4 member teams in a primary care setting. During IPTC, faculty members facilitate small group teamwork and collaboration, provide treatment guidance, and care for patients alongside the students. Due to the constraints of a busy clinic schedule, it is challenging to provide students a consistent space within which to debrief and reflect.

Studio Pop is a 3-4 hour weekly seminar which provides a safe, non-threatening environment for students to explore their attitudes regarding teamwork and collaboration with other professions. Students participate in guided debriefing and reflection facilitated by expert faculty. Home visits, complicated patient encounters, and special projects are other unique opportunities provided for students to learn from and with their interprofessional peers. Anecdotally, faculty note visible changes in students’ abilities to practice collaboratively following 2-3 seminar sessions. Statistical analysis of students’ pre and post- experience surveys quantify the presence of enhanced attitudes towards teamwork, collaboration, and patient centered care.
Assessing Student Attitudes Before and After an Interprofessional Practice Experience

Title of Abstract

Name of Primary Presenter and Credentials: Christina J. Phillips, DNP
Affiliation/Organization: University of Kansas Medical Center City, State: Kansas City, KS

ABSTRACT

Background:

The Interprofessional Teaching Clinic (IPTC) at the University of Kansas Medical Center was created in Fall 2011 in partnership with the Schools of Medicine, Nursing, Pharmacy, Health Professions, and Law. Patient care is provided in a primary care setting by 3-4 member teams of senior medical, nursing, and pharmacy students. Health Professions and Law students participate on a time-permitting and case consultation basis. Students provide patient centered care across the lifespan to vulnerable patient populations experiencing a variety of health and disease states.

Faculty evaluated the students’ attitudes towards interprofessional teamwork and collaboration, professional identity, and patient centeredness. Student attitudes were assessed using the Readiness for Interprofessional Learning Scale (RIPLS).

Methods:

Pre and post-survey data were collected electronically on participating students from the Schools of Medicine, Nursing, Pharmacy, Health Professions and Law. The RIPLS is a 23 item survey comprised of 3 subscales. The mean score per subscale was reported and used for analysis of variance. Higher scores indicated more favorable attitudes. Completion of the survey was voluntary and the results were de-identified.

Aggregate pre and post-survey scores for each professional group were compared and analyzed for meaningful detectible difference. Due to large discrepancies in sample size, the effect size was computed to determine the meaningful detectable difference between groups. Individual pre and post-survey scores will be compared using paired t-tests.

Results:

The previous 12 months of data collection yielded 96 of 134 students completing the pre and post- experience surveys, a 72% response rate. Attitudes toward teamwork and patient-centeredness were significantly more positive for all respondents after exposure to IPTC.

Conclusions:
Exposure to an interprofessional practice experience appears to positively enhance student attitudes toward other health professionals and team-based patient care.
Improving cultural competency in our future nursing workforce - results of a national survey of schools of nursing

Title of Abstract

Name of Primary Presenter and Credentials: Lynelle Phillllips RN MPH
Affiliation/Organization: MU Sinclair School of Nursing   City, State: Columbia MO

ABSTRACT

All nursing organizations advocate for strategies that will improve cultural competence in future nurses. Aside from study abroad (SA) or immersion experiences, few evidence-based models have proven success. This national survey aimed to understand nursing educator’s perceptions of the value of SA opportunities for their students, and identify models for incorporating SA into BSN programs.

CCNE-accredited BSN programs and their respective SA offices were administered an online survey to capture SA practices and perceived barriers. After analyses of these data, schools of nursing (SONs) that consistently implement study abroad programs will participate in a semi-structured interview to describe their program in depth.

Preliminary findings include:

• Consistent with other research findings, 100% of respondents agree or strongly agree that SA increases cultural competency, adaptability, and global awareness in their students.
• 25 – 33% of respondents identified professional barriers to incorporating study abroad into their programs, including lack of room in BSN curricula, absence from accreditation requirements, and no related content on NCLEX.

While SONs unanimously agree that SA benefits nursing education, many report that professional organizations constrain or are unsupportive of SA programs in SONs. If nursing intends to improve cultural competency, licensing and accrediting organizations should incentivize SONs to incorporate SA options into their curricula.
The purpose of this presentation is to present an innovative model of nurse mentoring that can meet the needs of a multigenerational workforce, working in fast-paced and highly demanding academic and healthcare environments. E-mentoring is a form of mentoring that uses the Internet as the primary communication vehicle, replacing face-to-face and synchronous communication linked to traditional nurse mentoring. By minimizing time restrictions and eliminating geographical and hierarchical boundaries, this Internet dependent mentoring model can increase nurses’ access to mentors beyond established structured and environmental boundaries, while providing a generational adaptation for mentoring novice nurse educators and practitioners by accessing qualified and accomplished nurses for mentors.

Practical steps to successfully develop or transition to an Internet dependent model of mentoring will be highlighted using the results of the presenter’s quantitative study (N=139). Findings provide empirical evidence that nurses have positive attitudes toward e-mentoring, scored high on facilitators that support e-mentoring, and low on constraints that block this model. Facilitators identified included computer access at work and home along with Internet proficiency, while constraints included the lack of non-verbal cues with asynchronous communication, e-mail fatigue, and confidentiality and anonymity concerns. The findings suggest that e-mentoring can be adopted by nurses of all ages, and despite the constraints, the benefits can outweigh the constraints in today’s chaotic environments. Strategies to engage nurse educators and practitioners in this contemporary 21st century mentoring model will be reviewed, emphasizing how this model meets generational learning needs without the burden of geography, hierarchy and time restrictions.
Title of Abstract

Name of Primary Presenter and Credentials: Theresa Pietsch, Ph.D., RN, CRRN, CNE
Affiliation/Organization: Neumann University       City, State: Aston, PA

ABSTRACT

Does your course syllabus in nursing restrict the use of cell phones in the classroom, declaring these small oblong devices as disruptive and counterproductive to the learning environment? Instead of rules that prohibit cell phones in the classroom, this session will examine the use of smart phones in the class environment to engage nursing students in the learning process. With opportunities to gain real-time feedback about content, understand student insights about nursing processes, and engage students in classroom discussions, smart phones support generational learning with minimal preparation time and expense to faculty. Faculty can benefit by eliminating the battle of cell phones, and instead view the smart phone as an ally in the classroom, adopting its use for something as simple as class attendance to more complex learning that requires synthesis of evidence-based content and collaboration among group members. How to integrate students who do not own smartphones will be addressed with practical alternative suggestions to address this issue without compromising the learning environment.
Dysrhythmia for the 21st Century: Saving Big Bucks by Making P-Waves Fun Again

Title of Abstract

Name of Primary Presenter and Credentials: M. Greta Price RN, BSN, PCCN
Affiliation/Organization: University of Kansas Hospital  City, State: Kansas City, KS

ABSTRACT

The project aimed to increase confidence and competence in basic dysrhythmia skills, as evidenced by exam scores and participant evaluations. The course was redesigned with personal accountability, eLearning, and group interactions. Our initial objective to provide a quality course was complimented by savings for the organization totaling over $40,000 annually.

PURPOSE & BACKGROUND:

The purpose of this project was to increase confidence and competence in basic dysrhythmia skills, as evidenced by proctored exam scores and participant evaluations. Historically, learners were disengaged during class activities. Course evaluations reflected the learners were frustrated in the learning methodologies. Test scores indicated inconsistencies in comprehension and application.

METHOD:

Course evaluations and exam scores were collected pre intervention. The dysrhythmia task force, compromised of stakeholders across hospital divisions, evaluated the teaching methodologies. A small group of instructors redesigned the course objectives and curriculum to address declining participant evaluations and exam scores. The course was redesigned with high levels of personal accountability, eLearning, and mindfully structured group interactions. Post implementation of the new program, exam scores and participant evaluations were compared with previous data. As a byproduct of the course redesign, the estimated fiscal savings to the organization totaled over $40,000 over the next calendar year.

EMPIRICAL FINDINGS/OUTCOMES:

Our initial objective to provide a quality course was complimented by significant positive financial implications for the organization. As a large academic medical center, over 300 staff members completed the basic dysrhythmia course in 2012. By decreasing the length of the course from 16 hours to 12 hours, the organization savings surpassed $35,000 in participant and instructor salaries. By revising the printed materials and providing them electronically, the organization saved an additional $6,000. In all, the savings will total $41,976 for the organization per year.

CONCLUSIONS/RECOMMENDATIONS:

This project was both fiscally beneficial and facilitated a more engaging and interactive learning environment. The dysrhythmia task force will continue to evaluate participant test scores and course evaluations. Due to the success of this project, future professional development courses may investigate hybrid eLearning methodologies for repeated educational offerings.
ABSTRACT

This poster provides nursing faculty with an opportunity to coach and mentor nursing students using online teaching strategies for tobacco control. These strategies resulted from collaboration between the departments of Nursing and Violence/Substance Abuse Prevention. In 2010, an unfolding case for smoking cessation counseling designed for undergraduate nursing students was implemented. Students assumed the roles of smoking cessation facilitators whose role was to assess a client’s readiness for quitting, provide evidence based health education, to communicate therapeutically and to identifying risk factors for relapse. You-Tube video clips of actual smokers discussing their experiences attempting to quit where incorporated to allow students to relate their learning experiences to real people. The graduate level teaching strategy for health policy uses our own campus as an exemplar of change as UCM has recently adopted a tobacco free policy. Critical considerations for engaging and tailoring strategies to valuable stakeholders are the basis of this strategy. The results of these activities support online teaching strategies as effective teaching delivery methods for tobacco control. Given that tobacco related illness is the single most preventable cause of death worldwide, these strategies have wide implications for health promotion education and practice.
Let’s go to the Land of Oz…not Kansas

Title of Abstract

Name of Primary Presenter and Credentials: Mindy Raetz, RN
Affiliation/Organization: Phelps County Regional Medical Center        City, State: Rolla, MO

ABSTRACT

Recently, a rural Missouri community hospital emergency department (ED) wanted to know “why do we triage patients, and what effect would a different process have on patient throughput, safety and customer satisfaction when compared to the tradition triage process?” The traditional triage process involved sending the ED patient to the waiting room, or our “Kansas,” before taking a patient to a triage room to obtain chief complaint and to obtain vital signs.

A group of ED nurses, members of the emergency department physician group, along with members of numerous ancillary departments from the hospital, held a workshop to see if the current practice of triage was actually ‘best practice’. In conjunction with the meeting, a literature search was performed and numerous literature reviews were completed through the Journal of Emergency Nursing, the Advanced Journal of Emergency Nursing, and JAMA to examine processes in place throughout the country. The group wanted to explore new and improved options for ED patient flow from door in to physician assessment.

The group made a trip to another hospital in Missouri that used a different flow process and how this new process had changed their flow, patient satisfaction and door in to physician times and if this process could be implemented into their rural hospital. The process change asked the question ‘is this patient sick or not sick?’ Based on the answer, the patient either pivoted into the acute area of the ED or was taken to a non-acute area and treated in a clinic like setting. After the redesign workshop and the site visit complete, the group held a structured meeting and it was decided that this process and way of thinking was best for the patients at this rural hospital.

The purpose is to keep patient out of ‘Kansas” and to get them to a provider as soon as possible. Not only would this decrease the door in to provider assessment time, it would also shorten the total length of stay for the ED patient and decrease the amount of patients that left without a medical screening. The implementation time frame took four months. Buy-in to the new process from the nursing staff as well as many of the physicians were a barrier that the redesign group quickly recognized. Due to the recognition of this barrier, the ED director, ED educator and the shift managers spent extra time on the floor and assisted the staff with the new pivot process changes.

During the first two weeks of the process redesign, the group provided one on one time with the staff as well as additional training at a staff meeting and daily beginning of shift huddles. This process redesign, ‘pivot process’ put the ED patients into that grand ‘Land of Oz’ sooner by ensuring a more expedient evaluation by the physician, shorter ED visit, and overall patient satisfaction. We all know for our patients ‘there is no place like home’!
Reflection and Realization of a Scholarly Culture

Title of Abstract

Name of Primary Presenter and Credentials: Jan Rice, PhD, MSN, RN
Affiliation/Organization: Graceland University School of Nursing
City, State: Independence, Missouri

ABSTRACT

A culture of scholarship that prepares graduates to meaningfully engage in research and clinical scholarship is a crucial component of DNP education. A sustainable culture of scholarship that facilitates DNP students’ transition into mature clinical scholars and promotes faculty development and productivity requires an expanded view beyond the traditional academic model. The purpose of this presentation is to describe the process used to examine and make explicit a culture of scholarship within a school of nursing (SON) at a small private Midwestern university. Implementation of the Doctor of Nursing Practice (DNP) degree, the first doctorate offered at the university, is the impetus behind this endeavor.

The process includes three distinct phases occurring over a period of three years. The SON is currently engaged in Phase II of the process. Phase I focused on raising awareness and understanding about the nature of scholarship. Phase II is focusing on affirming and making explicit the unique scholarly culture within the SON and creating a vision for the development of a sustainable culture of scholarship to support both the education of DNP students and the development of faculty. A definition and characteristics of our unique scholarly culture within the SON is proposed. Phase III will focus on the implementation of the plan to accomplish the goals and on-going outcome evaluation. A mixed method of qualitative and quantitative research will be used.

Selected models related to the nature of scholarship, scholarly productivity, developing students and faculty, and creating flourishing environments are presented. The process will help administrators and faculty better understand the relationship between teaching, practice and scholarship and how to engage and support students and faculty in developing and sustaining a culture of scholarship in the institution.