PNEG Poster Session

41st Annual National Conference on Professional Nursing Education and Development
Leading Reform and Advancing the Science of Nursing Education

Saturday, October 4, 2014
5:30 – 7:30 p.m.
Nathan Landow Atrium
Gonda Building
Mayo Clinic, Rochester, Minnesota
Welcome to the
PNEG Poster Session
and Reception
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1 Impacting the Future of Nursing: Nurse Executive Leadership Development

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There is substantial need for leadership development due to the tremendous demand on nurse leaders to be skillful in numerous aspects of healthcare policy, human resource management, financed, and enhancements of quality patient care outcomes. The poster will describe the Advanced Nursing Leadership Program (ANLP), a nurse executive leadership development program. The goal of the program is to develop nurse leaders to influence and lead departmental and institutional initiatives; champion best practices to improve health care; strengthen leadership skills and promote broad level thinking. A workgroup consisting of nurse administrators, nurse managers and a nursing education specialist searched the literature for leadership development best practices, benchmarked to develop a model for nurse executive leadership development. The American Organization of Nurse Executive (AONE) leadership competencies served as a foundation for program development. The program provides a unique opportunity for nurse leaders to build upon their leadership skills through and individualized set of departmental and institutional experiences. Learning activities include didactic and experiential leadership application and synthesis; project leadership; individual developmental plans and mentorship. Mentorship is an integral component of the program that is believed to be a key factor leading to success of the participants. Nurse administrator mentors are selected and matched with the participants and provide debriefing of critical situations and sharing of insights into the organizational culture. Mentoring is intended to provide the participant with the opportunity to gain insight in strategic visioning, risk-taking, interpersonal effectiveness, and inspiring and guiding change in the mentor’s own leadership environment. Outcomes support the expectation that a multifaceted, individualize approach to leadership development is superior to formal didactic education in a structured format. Participant feedback suggests a broader understanding of organizational decision making, interdisciplinary networks and personal awareness of strengths. Incorporating personal assessment focused didactic, experiential learning opportunities coupled with mentors committed to the participant’s success produce ongoing outcomes. Additionally, leadership program designers need to consider future challenges and growing performance demands at the nurse executive level to determine future learning needs.
Lorrie MacDonald MSN, RN, Assistant Professor MCPHS University, School of Nursing Worcester, MA Expert Clinical Nurse to Novice Educator. A critical shortage in nurses is largely due to the critical need for nursing faculty. The American Association of College of nursing (AACN) has identified multiple issues related to this shortage. (Martin 2011). Such factors include non-competitive salaries, greater nonacademic opportunities, an aging faculty workforce, and increased job dissatisfaction. Anderson (2006) developed a transitional model which reflected Nurse Practitioners who transitioned into the novice nurse educator faculty roles. A gap exists in the literature which depicts the mastered prepared clinical bedside nurse with the transition to novice nurse educator. Anderson (2006) states that nurses who are clinical experts have found that they needed to relearn and reconstruct their information and skills in an effort to teach effectively. The novice nurse educator continues to look for the safety of the “rules” in order to deliver the content. Benner (2001) contends that a proficient or an expert nurse, when presented with an unfamiliar territory, will revert to the thinking patterns of lower leveled expertise. There may be strategies to assist the clinical nurse into the new role of baccalaureate educator; however, there is a gap in the literature proving efficacy. Smesney et al (2007) illustrates a lack of mechanisms for rewarding, recognizing, and providing funding for faculty scholarship, as well as a lack of role models or mentors. Smensey et al (2007) recommends the use of senior faculty to act as mentors and create a collaborative mentoring program with training and review on a regular basis. This could be difficult within a small faculty and therefore with the use of various strategies, recruitment and retention may be more attainable. Once the recruitment and retention has been improved, the critical need for faculty will be lessened and therefore our nursing schools will flourish. Anderson, J.K. (2006). The work-role transition from expert nurse clinician to novice nurse educator in a baccalaureate nursing program. Dissertation Abstracts International, 67, 12. (UMI No. 3244764) Benner, P. (2001). From novice to expert: Excellence and power in clinical nursing practice: (Commemorative edition). Menlo Park, CA: Addison-Wesley. (Original work published 1984.) Martin CT, Keswick JL, LeVeck P. A welfare-to-wellness-to-work program. J Community Health Nurs. 2010:27(3):146-159. Smensey AL, Williams JS, Brazeau GA, Weber RJ, Matthews HW, Das SK. Barriers to scholarships in dentistry, medicine, nursing, and pharmacy practice faculty. Am J Pharm Educ. 2007:7(5):1-9.
Facebook, Twitter, LinkedIn, YouTube -- is social media a friend or foe? It’s gotten a bad rap, but using social media can actually be beneficial to your professional development, influencing and improving the care you offer your patients and their families. Several areas where social media can have the most impact in nursing is in continuing education, professional development, crisis management, and connecting with your community. Sloppy or unprofessional use of social media can contribute to release of private information, online bullying, and conflicts at work. True or False? -Communication is private -Deleted communication is gone forever -Private information is only accessed by intended recipient -It is acceptable to refer to a patient as long you don’t use their name General guidelines for nurses using social media, both professionally and personally: Keep it professional -If you wouldn’t say it to someone in person, it shouldn’t go online Keep workplace comments general (Example, “I love my job, but some days are harder than others!”) Put yourself in the patient’s position - How would you feel if someone posted your health information online?
4 Actualizing the Institute of Medicine’s Future of Nursing (2011) Report: Classroom to Practice

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The Institute of Medicine (IOM) published the Future of Nursing: Leading Change, Advancing Health (2011) report which charged nurses to respond to a rapidly changing healthcare environment. These changes include four messages: to pursue higher education and training, practice to the full extent of acquired education and training, and become full patient care partners while being able to quantitatively monitor their successes (IOM, 2011). RN to BSN students in a Midwestern faith-based university are asked to collaborate with peers to present one of the key messages from the IOM’s Future of Nursing (2011) report. The students are prompted to consider how this message impacts them individually and how the message could be actualized from the classroom into practice by designing an innovative project. The rationale for the unique project is examined to provide a foundation for, and to consider potential barriers to, the recommended change. Next, the students develop the intervention to make the changes while examining necessary participants, potential financial impacts, nurses’ educational requirements, policy changes (at the facility to federal level), and suggested evaluation methods. Students present their findings to peers as a class presentation. Following completion of the assignment and presentation, students are surveyed regarding their perceived abilities to implement the interventions or other inventive ideas in their current practices. Students are also surveyed about past attempts concerning innovative idea implementation prior to taking the course. The improvement in students’ self efficacy to initiate change is measured by post course survey. Institute of Medicine. (2011). Future of nursing: Leading change, advancing health. Retrieved from http://books.nap.edu/openbook.php?record id=12956
5 Help Me Help You: Improving Unit-Based Orientation Through Data Outcomes

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Background/Rationale: Creating an orientation plan for new staff has many facets that can create difficulties for the preceptor, orientee, and nursing leadership team. Preceptors are challenged to provide the right amount of meaningful feedback, stimulate critical thinking, and relay consistent communication during collaborative efforts. Scheduling with multiple preceptors increased variability and communication errors with the orientee. These issues led to decreased collaboration among preceptors, gaps in communication with the orientee, and an inability of the preceptor to determine the orientee’s priorities. Objectives/Aims: In an effort to improve orientation, the IV/Transfusion Service piloted a preceptor model with new orientees during 2013 to improve outcomes during orientation.

Methods/Strategies: To determine opportunities to enhance orientation, an anonymous survey was sent to all orientees from 2012. A new preceptor model was developed to decrease gaps identified in the survey. The pilot focused on interventions to improve scheduling and consistency of 2-3 preceptors per orientee, enhance communication between the orientee and their preceptors, and provide an individualized orientation plan to fit the needs of the orientee. A follow up survey was sent to all staff to evaluate the pilot changes and a separate survey to the 2013 orientees to evaluate their orientation.

Results: Staff evaluations demonstrated they felt that the model increased consistencies, enhanced communication, that new orientees were receiving a quality unit orientation, and supported continuation of the model. Preceptors were found to collaborate better with the other preceptors and their orientee, identify orientee priorities, and experience less confusion of what the orientee needs were. Survey results from orientees demonstrated an increase in preceptors posing questions that prompted critical thinking, less conflicting messages from various preceptors, and increased satisfaction with the number of preceptors assigned. Conclusion and Implications for Nursing: Using a survey tool to identify gaps in orientation and the resulting effect on unit staff, this pilot verified the importance of minimal preceptor to orientee assignments, resulting in improved communication, increased collaboration between preceptors, and increased positive orientation experiences by new employees. The orientation model can be adapted and duplicated in a variety of nursing areas to improve orientation outcomes.
Our Department of Nursing is transforming continuing education through various venues. In our commitment for excellence in nursing education, the Department of Nursing (DON) Nursing Education Committee was formed. This committee serves as a system-wide coordinating and decision making body that supports a standardized approach for the processes that support planning, implementation and evaluation of nursing education in the Department of Nursing across the continuum of care. Multiple nursing practice roles are included in the committee structure to represent the stakeholders impacted through nursing education. Point of care nursing staff members were selected through their specialty practice areas which were based on institutional alignments. Committee membership includes representation from 1 nurse administrator, 1 nursing education supervisor, 2 nursing educators from the Department of Nursing Education and Professional Development, 1 nurse manager, 1 nurse supervisor, 1 clinical nurse specialist supervisor, and 16 staff nurses. At the inaugural meeting, a basic orientation was given to provide consistent baseline knowledge of educational principles. In the limited tenure of this committee structure, the committee has been able to influence educational initiatives in various ways. Current accomplishments include: curriculum review, advisement on educational technology for education, and collaboration on departmental initiatives. The success of this committee is due to the engagement of a variety of stakeholders impacted by nursing education and professional development.
7 Innovations in New Hire Rounding

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In the process of developing our Nurse Residency Program, we discovered the power of rounding to help address employee issues, improve retention, and connect with new hires. The Nursing Center for Excellence set an internal goal of rounding on all clinical hires at least twice within their first six months of practice, and rounding on all Nurse Residency hires weekly. Previously, clinical hires had not been rounded on consistently. This meant that NPD specialists would be rounding at numerous locations and spending many hours meeting with new staff. We had to get organized - fast! This presentation will share some of the best practices we have learned: how to organize time for rounding, what to ask when engaging new employees, and how to track and report information that is gleaned.
8 Using Simulation To Improve Practice In A Low-Incidence Environment

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Children’s Mercy Hospitals and Clinics
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Children’s Mercy Hospital recently developed an obstetric inpatient program within their stand-alone pediatric hospital. The hospital used high-fidelity simulation training model to prepare for the opening of the program, and continue to use this training model for ongoing program development. Multidisciplinary teams coordinate this training for cognitive, technical, and behavioral skills in performance of scenarios. The team uses a videotaped simulation practicum with emphasis on integrated team behavioral performances. Formal debriefing occurs after training sessions to identify further learning opportunities. Team performance is measured using scales that are objective, measurable and reproducible. Evaluation of simulation effectiveness was completed using evaluation forms, pre- and post-test forms, and reviewing employee feedback from formal debriefing. Simulation training was largely successful based on safety details discovered during simulation. Surveys revealed that in-situ simulation training improved clinical skills, created communication standards, and provided a no-fault learning environment for the new team. Simulation efforts increased confidence in managing high-risk, low-incidence scenarios. Post-simulation surveys revealed a 34% increase in comfort levels with obstetric management. It is determined that overall outcomes, employee satisfaction, and quality in the Fetal Health Center are improved through the use of simulation-based preparations.
Reforming Specialty-Based Orientation to Meet the Needs of Today’s Learner in a Rapidly Changing Health Care Environment

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In today’s rapidly changing healthcare environment the need to provide cost effective, specialty-based orientation using evidenced based learning principles is imperative. This presentation will describe the process for reforming a specialty orientation program to better meet the needs of adult learners through blended educational models including classroom lectures, simulation experiences, and clinical time with preceptors. The redesign provides orientees with the knowledge they need at the optimal time so they are not initially overloaded with information and adopt an appreciation for life-long learning. The intent of the redesign is to promote the ability to synthesize clinical data and to promote critical thinking in practice. Key factors that enhance the success of the redesign include a work group with team members from multiple nursing roles, focus groups with learners and nursing leaders, analysis of prior program evaluations, frequent and deliberate communication, transparency and a phased implementation of changes. Results of the phased implementation will be shared, including decreased classroom time, increased clinical time with preceptors, focus on “need to know” information vs. “nice to know”, concept based learning, and evidence-based educational methods.
10 Working with Combat Support Hospital Care Provider Soldiers to Decrease the Stress and Traumatic Results

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Combat Support Hospitals (CSH) pronounced “cash” are the successors of the old Military Army Surgical Hospitals (MASH). They are set up in austere environments yet are frequently called upon to treat severely injured trauma cases. The average bed count in a CSH is 80-90 but can increase as needed by setting up and chaining more tents together. It is absolutely imperative that the CSH health care providers (doctors, nurses, and other allied care members) work in unison as a well-organized team. For the past two years, the simulation experts at the Mayo Interdisciplinary Simulation Center and the Military Readiness Training Center (MRTC) have worked together to provide simulation education and training using the Team STEPPS approach. Team STEPPS teaches team strategies and tools to enhance performance and patient safety. CSH health care providers are given the Team STEPPS didactic instruction at various army institutions and then come to the Mayo Simulation Center to put this learning into practice. While at the Simulation Center, the CSH health care provider soldiers work through simulated stressful, time restricted cases for a day and a half. The simulation exercises helps to prepare the soldiers for potential battle injuries they will treat as well as the stressors they will encounter. Learning to work as a team and deploy the Team STEPPS concepts helps them to become familiar and learn to act during these potential stress inducing events. Reflecting on actions and debriefing on what went good and not so good helps the health provider soldiers to mutually support one another.
The largest group of nurses practicing today graduated from associate degree nursing (ADN) programs. Many associate degree nurses are furthering their education in baccalaureate degree completion programs (RN to BSN programs). These programs attempt to fill gaps in content between associate degree and baccalaureate degree education. Typically ADN programs do not include a great deal of information about nursing research and how to use it to support evidence-based practice (EBP). Accordingly, RN to BSN curricula usually require a nursing research course. This presentation describes an assignment in a nursing research course designed to teach RN to BSN students how to develop an EBP question, search for and critically appraise evidence from the research literature, and make recommendations for practice based on the evidence. Each student developed a researchable PICO (Population, Intervention, Comparison, Outcome) question and a search strategy yielding 6 – 8 current research articles related to the question. The question and search strategy were submitted for review by a peer before turning in to faculty. After receiving feedback from faculty, each student wrote a research concept paper introducing the PICO question, the practice problem that prompted the question, and the importance to nursing practice. Students then reviewed the evidence and discussed the strengths and limitations of the research found. The paper concluded with their evidence-based recommendations for practice and identification of areas where further research could potentially increase quality, effectiveness and safety of patient care. Students also presented their evidence and recommendations to peers either online or in class depending on the course format. Topics presented included quality and safety of nursing care for eight hour versus 12 hours shifts, the impact of hourly rounding in the emergency department on patient satisfaction, and the effectiveness of antimicrobial washcloths in decreasing the incidence of hospital-acquired infections. Students’ written reflections (N=101) on the value of the assignment and their attitudes toward using nursing research to support EBP revealed increased confidence in the ability to critically examine research study reports, relate the evidence to their own practice, and bring forward suggestions for ongoing practice improvement supported by strong evidence.
The role of the professional nurse in leading quality improvement initiatives is critical in meeting the essential targets of decreasing healthcare costs and improving patient and population outcomes. The Affordable Care Act and insurance providers utilize quality metrics in determining the delivery and reimbursement of healthcare services. Preparing future nurses to understand and apply quality improvement standards, frameworks, and processes utilized in the healthcare industry is supported by the AACN Baccalaureate Essentials, the Institute of Medicine, Institute of Healthcare Improvement (IHI) and QSEN. Nursing faculty at a Midwest university determined that early and regular exposure to quality improvement principles, tools and strategies were essential in ensuring that this component of the nurse’s role would be highly valued by students. However, many nursing faculty have not received formal training in quality improvement techniques needed to guide students’ professional development. In recognizing their own quality improvement knowledge and skills gaps, faculty were motivated and committed to expanding their own professional development with LEAN quality improvement certification. In 2013, ten nursing faculty were supported to participate in a Yellow-belt LEAN training program. The certification process consisted of one week of intensive training on principles of Quality Improvement processes, techniques to measure outcomes, reduce costs, and improve patient and staff satisfaction. To achieve certification, the faculty had to implement a quality improvement project. There were two projects selected by faculty that represented diverse operational gaps within the School of Nursing and the Nurse Managed Rural Clinic. As a result of the LEAN certification, the LEAN QI content has been implemented at two levels of the curriculum, the sophomore and senior year. Not only are students learning the principles of quality improvement, they applying them in projects that address specific patient, community or population needs. Especially relevant was the opportunity for faculty to acquire quality improvement knowledge and skills in a deeply contextual way that promoted a sense of community, mutual respect, advocacy, shared commitment and professional achievement.
With healthcare institutions focusing on safety and improving their systems, nursing students need experiential learning related to quality improvement processes, such as audits and PDSA. Study found that quality improvement and prioritization were not emphasized enough in nursing education and concluded that novice nurses only learned quality improvement in a practice setting with transition to practice programs. It is essential that nurses be taught a systematic process of defining problems, identifying potential causes of those problems, and methods for testing possible solution to improve care. Integrating clinical site quality improvement in the academic setting is critical for students to understand real-life application and outcomes of quality improvement. A strategies for integrating hospital quality improvement in classroom setting requires an open and collaborative working relationship between clinical and academic settings. Purpose of this presentation is to demonstrate strategies for applying quality improvement processes in the classroom and bridging education and clinical practice in the undergraduate nursing program.
Government, education, and healthcare organizations have cited the need for an increased awareness of safety in the clinical setting. Keeping patients as well as staff safe is a key clinical concept of mental health nursing. A simulation focusing on safety and mental health issues was created for senior level baccalaureate nursing students. The simulation took place during on-campus clinical early in the course, prior to students’ first mental health clinical experience. The topic of safety in the clinical setting was presented just before the simulation. The primary objectives for the simulation were that students would: 1) employ appropriate communication techniques at the bedside, 2) demonstrate clinical reasoning by applying theoretical information, and, 3) recognize unique aspects of rural health. A hi-fidelity manikin was used to simulate a severely intoxicated client in the emergency department of a small rural hospital. In pre-briefing to the entire class, students were given report in which they learn the client’s name, reason for admission, medical status, and that he is homeless. Because the client is intoxicated and sleepy, students were told they would not be communicating a great deal with the client, but interaction was expected to be therapeutic and appropriate to the situation. Students went into the simulation room in groups of four. Each group was given a card which gave them their immediate goal of identifying all possible items in the client’s room that could be used for injury to self or others. Because the client was homeless, his belongings were in the room. Debriefing was done as a class, after simulations were completed. Students liked the hands on learning of safety and believed they learned from the simulation. Clinical instructors believed the students were more aware of safety issues coming in to the clinical setting than previous students who did not have the benefit of the simulation experience.
15 Best Practices for Increasing Alumni and Employer Feedback in Curriculum Evaluation

Lisa Aymong, RN, MS, ANP
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Mount Sinai, New York

Schools of nursing often report they struggle to obtain satisfactory response rates from their nursing graduates and employers when conducting evaluations. Traditional paper-and-pencil mailed surveys can be costly and prove to be an ineffective methodology to obtain a desired sample size. Phone and in-person survey interview is a time-consuming methodology. On-line evaluation tools are easy to access through a link in an email and have been documented to increase validity and reliability of data. This poster should be of substantial interest to nurse educators as well as any participants seeking innovative methods for systematic evaluation.
16 Student and Faculty Knowledge Regarding Telehealth and Rural Characteristics

Heidi Mennenga, PhD, RN
Laurie Johansen, MS, RN
Becka Foerster, MS, RN
Lois Tschetter, EdD, RN, IBCLC, CNE

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BACKGROUND: The purpose of this study was to evaluate the knowledge of senior baccalaureate nursing students and faculty members regarding telehealth and rural characteristics before and after participation in a newly developed simulation. The simulation, which focused on telehealth in the rural setting, was implemented as a learning experience. METHODS: Faculty and students were asked to complete a survey rating their knowledge regarding telehealth and rural characteristics before and after participation in the simulation. The researcher-generated survey, based on a review of the literature, was composed of two sections. The first section related to telehealth (21 items) with content validity established by a panel of 3 experts (scale content validity index=0.85). The second section related to rural characteristics (24 items) with content validity established by a panel of 5 experts (scale content validity index= 0.89). RESULTS: Seven faculty members completed the pre- and post-simulation surveys. When compared to the pre-simulation data, there was a statistically significant increase in faculty knowledge regarding telehealth (t= -3.279, df= 6, p=.017) and regarding rural characteristics (t= -4.422, df= 6, p=.004) following participation in the simulation. 63 students completed the pre-simulation surveys; 48 completed the post-simulation surveys (response rate 76%). When compared to the pre-simulation data, there was a statistically significant increase in student knowledge regarding telehealth (t= -8.138, df= 37, p=.000) and rural characteristics (t= -6.546, df= 39, p=.000) following participation in the simulation. CONCLUSION: No research exists that examines student and faculty knowledge about telehealth and rural characteristics. In this study, faculty members and students both reported a statistically significant increase in knowledge following participation in this simulation. The results of this research validate the use of simulation to increase knowledge. Additionally, the results indicate the need to increase student and faculty knowledge about telehealth and rural characteristics.
Purpose: The purpose of this clinical educational strategy was to challenge sophomore baccalaureate nursing students to practice and apply basic physical assessment skills learned both in lecture and lab, involve the patient in the activity, create a personal cheat sheet for clinical practice, reflect on assessment techniques, and create strategies for improvement. This strategy promotes real time critical reflection on practice, performance, and increased time management skills.

Description: Benner, et al. (2010) discusses the separation of learning and experiences. Theory and application have often been perceived as divergent. Students engage with experiential learning opportunities and create personal practice theories based on these paradigms (Florence, et al., 2002). To create safe and evidence based foundational practice the educational strategy was developed to link reflection with theory and application in student learning (Hatlevik, 2011).

Implementation: For implementation of this educational strategy several techniques were utilized in the clinical setting such as: role playing, discussion, creation of personalized physical assessment tool, timed demonstrations, time observations, debriefing, and reflection.

Outcomes and Implications: At the end of sophomore year the students were required to create a comprehensive physical assessment video for their final project. The students that participated in the assessment demonstrations had qualitatively reported feeling, “more prepared” and “were more comfortable with assessment techniques”. It was also reported that the students who performed demonstrations in clinical became resources for their peers during the production of their video project and in other clinical rotations in junior year. It was observed that students utilized their cheat sheet during progressive clinical rotations in their junior year. This strategy appeared to create a lasting tool for the students for the limited size of the interventional group.
A Telehealth Simulation in a Rural Homecare Setting

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Background Telehealth technology can help meet numerous healthcare needs for rural communities through enhanced patient outcomes, increased access, and lower costs. To expose students to a current and growing healthcare service for rural communities, a rural homecare telehealth simulation was created for senior level baccalaureate nursing students at one Midwestern university. The purpose of the simulation provides students with the opportunity for clinical application of rural nursing concepts and theories as well as telehealth competencies. The simulation involves a post-hospitalization homecare visit on a standardized client with heart failure. The scenario allows students to assess the current health and safety status of the client and intervene while incorporating the client’s telehealth data and care of the rural dweller. Methods Telehealth in the homecare setting is introduced through assigned readings and instructor led discussion. A simulation room, home furniture and décor, and mock telemonitoring equipment are used to create a homecare setting. Students complete the simulation in groups of four. Two students are assigned a primary and secondary nurse role to perform the simulated homecare visit while two students are assigned the nurse supervisor role to observe from the control room with the instructor. Pre-briefing information is read to the students and students are given time to review the client’s electronic health record including physician orders, health history, and recorded telehealth data. The standardized client follows scripted phrases that characterize rural concepts. At the conclusion of the scenario, the students and instructor have a debriefing session, which encompasses scenario specific questions regarding telehealth competencies and rural nursing concepts and theory. Beyond the investment of faculty preparation and performance time, the simulation has very minimal cost. Conclusions Student comments supported the value of application of learned telehealth competencies and rural nursing concepts and theory in the homecare setting simulation. Faculty perceived the students had a greater understanding of the registered nurse role with telehealth utilization in a rural homecare setting simulation.
19 Nurse Perceptions about Simulation as a Teaching Strategy

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Simulation within nursing education is fast developing and this technology has been widely utilized by nurse educators. Nurses may have preconceived beliefs about simulation-based approaches to education, which may influence their ability to optimize simulation learning experiences. Thus, the purpose of this study is to examine nurse perceptions about simulation as a teaching strategy in one Veterans Administration Medical Center. The Nurse Perception's about Simulation as a Teaching Strategy Survey was administered to 37 VA nurses thus far. Convenience sampling was utilized in this study. The survey included five demographic questions and seven simulation education based questions. The survey was IRB approved and it took participants approximately 10 minutes to complete. Demographically, most nurses were 50 to 57 years of age (38%), most were female (84%), the majority had a BSN degree (46%), 57% worked in specialty clinics, and 73% were previously exposed to simulation based education. Preliminary descriptive analysis revealed that nurses thought simulation exercises would increase their confidence in performing nursing skills (30%), most nurses (38%) thought that specific skills such as conducting codes should be taught in a simulated environment, 68% of the nurses agreed that simulation experiences should be utilized in conjunction with traditional teaching strategies, 19% of the nurses worried that simulated experiences would not be realistic enough in comparison to real life experiences, 70% thought that simulated experiences would be helpful to new nurses, and 78% of the nurses were willing to engage in simulation activities. It is important to address the concerns and learning needs of nurses regarding the utilization of simulation technology in order to improve their overall learning experiences.
20 Program Satisfaction and Student Activation as Correlates of Academic Performance Among Senior Nursing Students

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Background: Inherent in the delivery of quality education is the identification of predictors that will help educators assist students to become academically successful especially now that both enrollment in schools of nursing in the Philippines and passing rates of graduates in the Philippine Nursing Licensure Examination (PNLE) is low. Aim: The aim of this study was to determine whether program satisfaction and student activation are related to the academic performance of senior nursing students. Design: A descriptive correlational design was used to infer relationships between program satisfaction, student activation and academic performance. Setting: This study was conducted in selected schools in Metro Manila, Philippines with Level II accreditation status granted by the Philippine Accrediting Association of Schools, Colleges and Universities (PAASCU). Participants: A total of 220 senior nursing students who were enrolled in the first semester of academic year 2013-2014 participated in this study. Methods: Data were collected through a cross-sectional survey which utilized the Nursing Student Satisfaction Scale (NSSS), Student Activation Measure (SAM) and the grade point averages (GPA) of the participants. The NSSS is composed of three subscales: 1) Curriculum and Teaching (CT), 2) Professional Social Interaction (PSI), and 3) Environment. SAM is composed of two factors: Taking Action (Factor 1) and Having Knowledge and Confidence (Factor 2). Results: Results of the survey revealed a significant relationship between program satisfaction and student activation (r=.402, p<0.01). The environment subscale of NSSS, which refers to student’ satisfaction of the school’s classrooms, nursing laboratories and libraries, was found to have a significant relationship with academic performance (r=.134, p<0.05). However, no significant correlations existed between academic performance and student activation (r = -.109, p=n.s.). Conclusion: School administrators and faculty members must strive to increase the level of student satisfaction as it allows them to become more activated and engaged in learning.
According to the World Health Organization (WHO), integration is a means to improve services in relation to access, quality, user satisfaction and efficiency. Mayo Clinic and Mayo Clinic Health System encompass a multi-facility organization engaged in rapid integration to achieve common goals and greater efficiencies. A Nursing Education Subcommittee was created to assist in the integration of nursing education across multiple locations in the Midwest. The subcommittee was formed in 2012 and is based on the principle of shared governance in nursing. Subcommittee members, representing all Midwest locations, work collaboratively to identify strategic priorities. One of the top priorities identified was a standardized core nursing orientation for Mayo Clinic Nurses. The goal of a standardized core nursing orientation is to support the movement of staff within the system, and to support patient needs without duplication of resources and undue time constraints. A representative for Mayo Clinic Rochester nursing orientation worked with the subcommittee members to identify the core nursing orientation topics that are evidence based, efficient, effective, responsive to the changing roles of nurses and supportive of the dynamic needs of patients across the continuum. This presentation will include: subcommittee structure, development of education strategic priorities, proposed core topics, lessons learned along the way and future directions.
Purpose: The purpose of this study was to assess the effectiveness of using peer evaluations for online group activities in improving group work and reduce disengagement. Introduction and significance: E-learning has well-documented challenges. Online group work is one of the more challenging components in e-learning in the sense that it could be hard for all group members, who may or may not know each other outside of the virtual world, to collaborate fully with all other group members on joint projects and assignments. Method: The authors developed and use the self and peer evaluation of group work rubric which covered research activity, analysis of the literature, writing of report, overall presentation participation, overall contribution to the project, and participation in the weekly group discussions. Items were rated from 1 (did not contribute) to 5 (outstanding contribution) in addition to NA. Procedure: The peer evaluation process was conducted twice: once after group assignment 1 and once after group assignment 2. The group assignments were done in the form of VoiceThread online presentations that were shared with the rest of the class reflecting the groups’ work on a specific health informatics topic. Students received credit for completing the peer evaluations and the grade for the particular project was influenced by their performance based on peer evaluations of their contributions. Results: Initial results enabled the instructors to view real time results of students’ peer evaluations after each assignment, enabling them to provide tailored feedback to groups or individuals as needed. Initial results also revealed that more groups and individuals needed feedback after the first assignment than after the second assignment. Comparing evaluations of both assignments, there were noticeable improvements in scores of groups as well as individuals based on their peers’ evaluations. Conclusions: Anonymous peer evaluation activities in e-Learning environment can be a useful tool to instructors to improve group performance over time by engaging the learners within their groups. Peer evaluations provided real time view of group mid-semester formative evaluations that allowed the educators to provide timely and tailored feedback on student performance which allowed for better outcomes.
Easing the transition from nursing student to clinician has been an ongoing goal for both academia and the institutions that hire nurses. The key is immersion into the clinical nurse’s role to bridge the gap between theory and practice. Immersion fosters critical thinking, builds confidence, reduces stress, improves professional socialization, and instills the necessary knowledge and skills to provide safe and effective care. This is especially true in specialty areas that struggle to recruit and retain quality staff. The eight-week summer Student Nurse Internship (SNI) program in the Neonatal Intensive Care Unit (NICU) at our institution effectively meshes the academic and clinical worlds to smooth transition into practice. This program immerses students into the total experience of neonates and their families in the NICU. It hinges on strong relationships between preceptors and student interns. Didactic classes stress basic knowledge, as well as standards of practice, while bedside experiences and shadowing the preceptor promotes role modeling. Preceptors, unit staff, and students all reported overwhelmingly positive outcomes. Students increased their knowledge and confidence. More importantly, they felt like they were part of the unit and wanted to learn. In addition, staff satisfaction improved; retention increased; and experienced staff demonstrated a greater commitment to the success of the interns as they began their transitions to NICU nurses. Mentoring became a more visible part of the unit’s culture.
Patients with vascular wounds are medically complex and require Registered Nurses with specialized education in vascular disease and wound care to assess and treat their wounds. A comprehensive, standardized vascular wound nursing education program was created for one healthcare institutions’ inpatient and ambulatory settings, including the regional and outreach clinics associated with the institution. The education included content on the types, co-morbid diseases, and diagnostic procedures associated with vascular wounds along with the treatment options and wound care products used. This interactive computer based education program was easily accessible for all of the new and experienced Registered Nurses who work with vascular wounds. The evidenced based education contains three modules: Module One provides a review of normal anatomy and physiology of the integumentary and vascular systems; diseases affecting the vascular system; a thorough nursing assessment; and an introduction of the types of vascular wounds. Module Two provides content on different wound care products; arterial, venous, neuropathic, and small vessel wounds; diagnostic procedures; treatments to improve vasculature to the wound; and a wound specific nursing assessment. Module Three provides case studies in which the nurse can apply learned material from the first two modules. This educational program has been a step towards standardizing education for nurses caring for patients with vascular wounds across this healthcare institution. The education has strengthened the ability of all vascular wound registered nurses to care for these patients. Now, the regional and outreach clinics are able to provide the same high level care and treatment as the institutions’ main vascular wound clinic. Patients will benefit from the education the Registered Nurses received as they experience decreased costs of care and improved access to care.
25 Factors that Influence Nurses to Return to Higher Education in an Online Environment

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Release of the Institute of Medicine (IOM) Report, The Future of Nursing: Leading Change, Advancing Health (2010) has been widely referenced to guide nursing and nursing education and its curriculum to transform the quality of care provided by nurses. The report focuses on plans and actions that must be implemented to develop a vital and diverse nursing workforce capable of meeting the health care needs of today’s society. Factors such as increased technology usage, the current shortage of nurses, and high acuity patients with multiple health problems has brought forth the complex role of today’s nurses that supports the need for nurses to obtain higher levels of education. A key role stressed by the IOM (2010) is that academic progression should be attainable through an educational seamless transition. In an effort to support the mandates established by the IOM (2010), many educational units are now offering a variety of online programs for nurses to attend. As online programs continue to flourish with continuing technological advances, they are now considered standard alternatives to the traditional face-to-face classroom setting (Bigony, 2010). With the array of online programs available now, it can be a mind boggling task for any student or their academic advisers to decipher the information for an appropriate fit based on learner’s needs. Because not all online programs are created the same, exploring educational programs requires strategic approaches and considerations from learner as well as the advisor. Key factors that influence nurses to return to higher education in an online environment must be considered and evaluated when exploring online educational programs. By evaluating these essential factors, the advisor and the learner can uncover a program that fits with the learner’s goals, objectives, and preferences; thereby, promoting a one of a kind educational experience.
Obstetric emergencies, though rare, develop rapidly, are difficult to diagnose, and may have drastic outcomes. The complexity of these emergencies requires complex interventions which can be difficult to master in daily clinical practice. In situ simulation (ISS) involves clinical staff that practice together responding to scenarios that are based on real clinical cases in their typical clinical setting. ISS offers a valuable opportunity to assist nurses in gaining and practicing these complex skills. The Institute of Medicine, the Joint Commission, and the Agency for Healthcare Research and Quality all recommend simulation as an important strategy to eliminate errors in the delivery of care. The postpartum/antepartum unit initiated ISS to assist nursing staff in recognizing and responding to emergencies. The leadership team identified high risk scenarios that included a precipitous delivery on the antepartum unit and a postpartum hemorrhage on the postpartum unit. Key critical steps in the management of these scenarios were identified. Perinatal Staff Development Committee members developed a biweekly schedule, a recorder’s form, and assisted in facilitating drills. Evaluations were provided to participants and comments included, “It was nice to practice, I feel more prepared” and “It seems we learn a little something new every time”. Of the returned evaluations, 96% of participants agreed or strongly agreed that ISS was an effective teaching strategy. Debriefing after all drills was a critical component of the ISS. Valuable lessons learned include: continue to hold drills biweekly, include a variety of scenarios, and the importance of communication, teamwork and leadership. ISS has proved to be a beneficial teaching strategy in preparing our nursing staff for rare and complex obstetric emergencies.
Evaluation of Preceptor Perceptions:  
A Qualitative Study

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Background: Changes in healthcare reimbursement highlight the need for nurses with superior critical thinking and clinical judgment. Preceptors are central figures in the orientation of new graduate registered nurses and provide socialization, instruction, coaching and role modeling for the orient. Preceptors are also responsible for providing a safe environment for both the patient and their orient. Literature shows that a positive preceptor-orient relationship can increase confidence, competence, patient safety and retention. Orienting new medical surgical nurses has been estimated to cost between $20,000 and $46,000. The cost of orienting a critical care nurse has been estimated as high as $64,000. Health care organizations need to control costs through retention of highly qualified graduate nurses. While there is a large amount of literature addressing the topic of the preceptor role, the preponderance of the content is based on expert opinion or case studies, neither of which is a strong level of evidence. Preceptor training or education is frequently recommended but there is no consistent message or evidence regarding content that should be included in training or how often training should occur. Purpose The purpose of this study is to identify themes related to the process of preceptor preparation and the role of preceptor in new graduate nurse orientation. Research Question Will semi-structured individual interviews with formal preceptors yield common themes related to preceptor orientation and development? Methods This is a qualitative study using semi-structured interviews. The participants are a convenience sample of eight preceptors who have completed formal preceptor training and have experience in orienting new-graduate Registered nurses. The interview duration is 30 minutes, with confidentiality being a clearly communicated expectation for both the interviewer and participant. The interviews will be recorded and transcribed. Transcriptions will be analyzed with the assistance of an expert in qualitative research. Implications/Future Goals Based on data analysis, themes and potential interventions for future preceptor development will be identified. Findings will be shared via the poster or live presentations.
28 Summer of Excellence: Clinical Enrichment Program

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Question: Does a summer externship program amplify confidence and competence, NCLEX pass rates, employee retention and professional development? Background: Literature states: 1) Candidates taking the NCLEX-RN for the first time in 2009 had an average pass rate of roughly 88 percent. 2) The presence of a mentoring relationship improved retention, confidence, competence, and personal and professional growth of the student. 3) The retention of a nurse for 3 years indicates the individual tends to remain with the organization for extended employment. 4) Efforts that help bridge the gap from academia to the reality of nursing practice reduce stress and increase the potential for learning. Sanford Medical Center (SMC) recognizes the importance of supporting the aspiring RN student beyond traditional academic development by providing didactic coursework blended with clinical practicum experiences between the junior and senior year. Purpose: The Sanford Health Summer E program seeks to foster the extern’s level of competence and confidence, and develop interpersonal, critical thinking, and technical nursing skills. Methods: Sanford Health offers a 10-week externship program composed of 16 hours of classroom didactic, reflective journaling, NCLEX-format testing combined with 360 hours of clinical practicum. The program emphasizes communication, confidence, competence, and professional development. The experience is guided through the use of an entry-level Professional Development Pathway incorporating technical, communication and critical thinking skills. Additional observational experiences beyond assigned clinical learning sites are provided. Results: Summer E participants score higher when compared with the national average on the NCLEX exam and employment retention rates for the Summer E participant is higher when compared with the all RN employee group at Sanford. Conclusion: A clinical enrichment program offering an experience combining didactic and practicum experiences increase the retention rate for a 3-yr RN above the national average and strengthens participant competence and confidence, NCLEX pass rate, and professional development.
This past year has been full of change and development in this critical access hospital in SE Minnesota. Staffing has improved and new roles were created including the Nursing Education Specialist (NES) role. This hospital has not had a NES before and it took time to develop the role. One of the main responsibilities of the NES was to create a nursing education plan and maintain yearly competencies. Where does one start? This presentation will discuss the challenges experienced by the NES in the first year at this critical access hospital. Challenges include but are not limited to staff motivation, need vs. wants for education, balancing adequate hospital staffing with education, assessment of the hospital’s educational needs, and working with other team members to provide education. Innovative methods including computer technology and simulation were used and will be discussed. Larger projects such as medical emergency drills and professional development will be reviewed. Come prepared to learn about the challenges one educator faced and how this critical access hospital came together to make nursing education a top priority!
For the past three years, an acute care hospital and a university nursing program have been working together through a partnership on evidence-based practice (EBP). The EBP projects are identified by the hospital and the students and faculty work on the projects. A clinical facilitator from the hospital and a faculty mentor guide an interdisciplinary team of graduate and undergraduate students to complete the projects and evaluate the outcomes. Similar projects with other clinical agencies have been previously reported in the literature (Moch et al, 2010; Moch, et al, 2012 and Moch, et al, in press). During the current academic year, two EBP projects at the hospital are concentrated on reducing heart failure readmission rates. Each project focuses on heart failure education with one directed toward registered nursing staff and the other with heart failure or at-risk patients. The hospital and university staff members are planning to continue this heart failure partnership for two years to improve patient outcomes and evaluate overall efficacy and change. This particular project focuses on staff education and utilizes a literature review for discussion-based learning. A partnership comprised of a DNP faculty member with a background in administration, a clinical specialist nurse educator at the hospital, a nursing student team leader, and an interdisciplinary group of three students work together to facilitate discussion groups on heart failure education literature. The team conducted a comprehensive literature review for EBP articles for the four discussion sessions. The literature used for staff focuses on teaching heart failure patients basic disease pathophysiology, medication regime, signs and symptoms of worsening condition, lifestyle choices, and basic understanding of the disease. Planned outcomes include an increase in interest in heart failure EBP by both students and staff members, as well as, an increased knowledge about heart failure. Evaluation of the outcomes will include summaries of the process, post-session surveys, and evidence of continuing the collaboration is in process.
Both education and healthcare are changing. Nursing educators must adapt the way they deliver content to students in order to keep them engaged, make the best use of time and resources, and encourage critical thinking. Though the lecture has long been a cornerstone of post-secondary education, the shift to a learner-centered paradigm has forced educators to evaluate the lecture as a teaching strategy. Lectures alone do no stimulate critical thinking, but rather encourage passive thinking. The flipped classroom is a relatively new approach to education which looks to put the student in charge of his/her learning. In this model, lectures are meant to support rather than drive education and collaborative learning is key. Educators spend their time interacting with students, challenging them to think critically, and working together to apply content knowledge and seek deeper meaning. The flipped classroom model has shown success in a number of classrooms, including post-secondary education. This poster will present a critical appraisal of the flipped classroom model, including its benefits, effectiveness, and limitations as a teaching method. By fostering a deeper understanding of content and encouraging a spirit of inquisition, critical thinking, and life-long learning, the flipped classroom stands to change the face of nursing education.
32 Overcoming Challenges in Disseminating Nursing Education Scholarship: The Value of a Written Publishing Plan in Developing New Nurse Authors

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Purpose: This presentation describes the value of a written publishing plan that nurse educators in both academia and nursing professional (staff) development can use to help novice nurse authors successfully prepare journal manuscripts. Problem: Scholarly writing connecting research, teaching, and clinical practice is an expectation for professional nurses in both academic and clinical practice settings. While various resources are available to help new authors publish, many nurses continue to be unfamiliar with the process or are hesitant to begin this activity. It is essential for nurse educators to develop creative teaching tools to help novice authors succeed. Significance: Despite national professional expectations to disseminate scholarly work through peer-reviewed publications, nurse educators in academia and professional development often encounter challenges in attaining this competency for themselves and for nurses they mentor. Intervention: A “written publishing plan” is the primary teaching tool in an online Writing for Healthcare Publication course designed for graduate nursing students. This plan requires students to complete 15 questions with open-ended responses. Questions focus on various steps in the publishing process, logically organized, from the manuscript’s purpose to planning query communication. The plan also helps students apply concepts by scaffolding the key components of publishing using an experiential approach. Evaluation and Summary: The written publishing plan has been well-received by new authors and nurse educators. Authors found the plan to be effective in helping produce a publishable and published manuscript. Many authors even relied on the plan after graduation. Similarly, the plan enabled nurse educators to determine exactly where each author needed additional support to succeed. Evidence supports the plan’s success in providing direction and support for new authors.
The evolving needs of nursing in healthcare calls for innovative approaches to nursing education. Mayo Clinic Health System Franciscan Healthcare is committed to the advancement of nursing education through partnership and collaboration with our local schools of nursing. One approach we have chosen to implement is the Dedicated Education Unit (DEU) on 7th Medical. The Institute of Medicine (IOM) called for change in the 2010 report “The Future of Nursing: Focus on Education”. In the report, the IOM states, “Nurses must be prepared to meet diverse patients’ needs; function as leaders; and advance science that benefits patients and the capacity of health professionals to deliver safe, quality patient-centered care. If new nurses are to succeed in this complex and evolving health care system, nursing education needs to be transformed.” The DEU model is an evidence-based nursing education model that provides a learning environment that realistically represents today’s practice setting. This clinical environment has been shown to enhance learning outcomes and assimilation to professional nursing. Our 2013-2014 DEU trial confirmed that this evidence-based clinical education model is a mutually beneficial and sustainable model for our organization and our local schools of nursing. We will continue to collaborate to plan for a fully integrated DEU on 7th Medical by Fall of 2015. Ongoing staff development, policy creation, staffing plans and communication will need to occur to make this a reality.
34 Leading the Change to Develop a More Evidence Based Competency Assessment

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The Association for Nursing Professional Development (ANPD) defines competency as “An expected level of performance that integrates knowledge, skills, abilities and judgment.” Various methods have been utilized to assess competence. Often the focus has been on education of high-risk, low-volume skills, rather than what nurses know or their capability for critical judgment. Our NPD department decided to revise our competency assessment to be more focused on ensuring safe care of patients within the nurse’s clinical setting, utilizing methods to better engage the staff in their learning. Our previous method of a competency fair utilized posters and skills stations. This was time consuming, labor intensive, and focused on subjective topics. Evaluations reflected dissatisfaction with the length of time, and continued requests for the same topics with no increased comfort. Studies have shown the most effective adult education strategies are interactive and based on assessment of need. In 2013 our department decided on a method more reflective of the practice setting, based on topics that would influence the safe care of patients and identified areas for improvement. Competency assessment would be on an actual unit, using role-play with simulated patients. Role-play is an easy to use, powerful learning strategy, and has been shown to develop problem-solving, collaboration, and decision-making skills. We collaborated with our Education Council to identify safety and QI areas for improvement. Scenarios were developed to reflect needs on medical/surgical and critical care areas. Scenarios for learners, scripts for actors, and debriefing questions were developed. Actors were selected from nurse peer members of the Education Council, nurses working on clinical ladder, and clinical experts in their practice setting. Staff were assessed in groups, related to their patient population. The simulation and debriefing took approximately 20 minutes. Evaluations were positive related to the time, topics covered, and realistic application to their practice. Continuing this method of competency assessment includes developing simulations specific to individual units, for more specific/unique practice needs, and utilizing online scenarios to evaluate competency in some areas. Utilizing these methods, we hope to ensure safe patient care, improved outcomes, and enhanced comfort of nurses in the practice setting.
As a teaching hospital, there are several university nursing students on campus completing a variety of learning experiences year round. The institution is leading the reform with advancements in the science of nursing education for improved transition into the clinical setting. Our institution holds Magnet designation and utilizes the model of care Relationship Based Care, both of which stress the significance of nursing excellence in patient care focusing on three main relationships. Relationships with nursing students and faculty were enhanced by the development of an online website. The streamlining nature of the website provides all the information prior to coming to the clinical setting for orientation. The information on the website for clinical rotation includes: orientation, confidentiality, privacy, HIPAA, electronic documentation, medication administration, for improved communication in the delivery of nursing care. After reviewing the needs of the universities and our hospital, for just in time learning and more time devoted toward clinical experiences it was decided that the use of technology would benefit all the users involved in the process. The use of the internet with integration of information for both nursing students and faculty encompasses the aspects of adult learning principles for an interactive educational experience. The information provides all users an idea of what to expect at the organization prior to coming and promises to offer a positive impact on the student’s clinical experiences. After information has been accessed by both students and faculty, they will have increased confidence in the learning process with clinical and practicum placements. The online site has proven instrumental in providing more time devoted to clinical practice and a smoother transition for both nursing students and faculty to the clinical environment.
The role of the advanced practice registered nurse (APRN) requires acquisition of new skills in diagnosis and treatment of illness, patient care management, collaboration with other health care providers, as well as other advanced practice behaviors such as research, case management, community service, teaching, developing health policy, counseling and optimizing quality of care. A standardized orientation program that introduces newly hired APRNs to the structure, function and culture of APRNs within the organization provides a good starting point for role transition. During this part of orientation, the APRN is introduced to the credentialing process, billing procedures, the collaborative practice agreement and the laws that it is based on, the hospital’s risk management, evidence based medicine and quality improvement programs. The hospital mission and vision statement and strategic plan are discussed and the APRN meets representatives from different departments and learns about the role of APRNs in various areas of the hospital. Laboratory and pharmacy services are discussed, an introduction to mentoring is presented and policies around being a salaried employee are discussed. The second part of orientation is department-specific orientation with an APRN preceptor which is guided by a standardized roadmap that is used across the organization. Spending time with APRNs in other departments is an important part of this orientation time. The third part of APRN orientation is a structured mentoring program. Instrumental functions of mentoring are those which enhance career development such as coaching, challenging, protection, sponsorship, exposure and visibility. Psychosocial functions of mentoring promote a sense of competence, identity and effective role transition through counseling, acceptance, confirmation, role modeling and friendship. The mentor is from a different department and does not have a supervisory role. Thie mentor is a person that is safe for the new APRN to confide in and discuss issues and questions that they may not otherwise be comfortable expressing. This comprehensive orientation will increase job satisfaction, competency, retention and quality of care.
An interprofessional education simulation activity was developed for second semester nursing students and first year pharmacy students to work as a team utilizing good communication skills while interviewing a visually impaired patient. The interprofessional education simulation activity was an assignment in Beginning Nursing Care of Clients with Health Problems (NURS 325) and Pharmacy Practice Laboratory (PHA 367L). This interprofessional activity has been incorporated as a course requirement for both nursing and pharmacy students. The objectives were to engage second semester nursing and first year pharmacy students to develop strategies that will meet specific patient care needs of those with visual impairment, increase awareness of tools and techniques to improve medication knowledge and adherence in patients with visual impairment and to assess the perceptions and knowledge of the students concerning interprofessional competencies of communication and teams/teamwork. Students prepared by reviewing a patient medical record, information on diabetic retinopathy and the American Foundation for the Blind recommendations for healthcare providers to consider for a visually impaired patient. The student teams consisted of both pharmacy and nursing students. Teams met to develop questions for the interview. Upon interviewing the visually impaired patient, the student teams assessed the patient for difficulties in administering their insulin and oral medications. A demonstration was given of tools and techniques to improve medication adherence including insulin syringe magnifiers, insulin pens, talking glucometers, pill boxes, bubble packs of medications and automatic pill dispensers. The student teams developed a plan to present to the patient to improve medication adherence after the interview and demonstration. Nursing and pharmacy faculty role-played the patients and also debriefed the student teams in the areas of communication, professionalism and teamwork. Assessment included a pre-and post-activity survey concerning attitudes towards health care teams. Nursing and Pharmacy students are required to participate in this interprofessional activity. A reflection paper is a requirement for students to complete as they consider their perceptions and knowledge concerning interprofessional competencies, communication, and working together as a team. Students learned the importance of effective communication and teamwork to improve medication adherence.
Introduction: There is growing interest among academic institutions and health care organizations to realign their partnerships to better meet student nurse’s needs [1]. In the wake of the current nursing shortage and in order to cultivate a competent future workforce, an innovative quality improvement initiative was developed to address the need for the empowerment of student nurses in the clinical setting [2]. In order to encourage self-regulation, autonomy and clinical confidence within the student nurse [3] a communication tool known as a “Clinical Pocket Guide”, was developed and piloted on an inpatient unit in a large, urban hospital. This tool served to streamline communication between staff RN and student nurse, promoting student engagement on the unit. Methods: Clinical pocket guides were provided to randomly selected first- and second-semester nursing students. The guide included student’s clinical skills and competencies, individualized learning goals collaborated upon by the student and RN, and an area for feedback. Students were instructed to create non-practice oriented goals to encourage development of empathy and patient-centeredness within clinical practice. Staff RNs self-selected to participate in this pilot and were trained in student engagement and empowerment theories in accordance with current literature [4]. Results: Pre- and post-surveys were conducted using a three level Likert-type scale and qualitative open-ended questions. Evolving qualitative student themes consisted of increased satisfaction with staff consistency and level of comfort in performing nursing interventions. Goal setting was identified as beneficial by students. Staff reported satisfaction with the increased level of communication and emphasized student/RN continuity as a key to increased student confidence. Additional data from outcome measures and focus groups will be forthcoming. Phase two of the pilot is in progress. Conclusion: Student nurses reported an increase in their feeling of empowerment, comfort with creating self-directed learning goals and satisfaction regarding continuity of RN partner. Challenges included consistency of staff in regards to scheduling, reinforcement of staff education regarding clinical pocket guide use, staff awareness of student role on clinical unit and sporadic clinical unit closures. [1] Breslin, E., Steel, M., Yarbrough, S., Frazor, D., Bullard, K., Light, K., …Lowe, A. (2011). Creating and sustaining academic-practice partnerships: lessons learned. Journal of Professional Nursing, 27, e33-e40. doi:10.1016/j.profnurs.2011.08.008 [2] National Council of State Boards of Nursing. (April 2009). Innovations in Education Regulation Committee. Retrieved from https://www.ncsbn.org/Recommendations_for_BONs.pdf [3] Bradbury-Jones, C., Sambrook, S., & Irvine, F. (2011). Empowerment and being valued: A phenomenological study of nursing students’ experiences of clinical practice. Nurse Education Today, 31, 368-372. doi:10.1016/j.nedt.2010.07.008 [4] Grossman, S. C. (2013). Mentoring in nursing: A dynamic and collaborative process. New York: Springer Publishing Company.
The state of homelessness affects a community and the homeless person in many ways. The economy of the community is affected, the physical and psychological health of the homeless individual is affected, education of a homeless person is affected and the homeless person experiences barriers in finding shelter/housing. Many nursing and other healthcare team members do not have firsthand knowledge of how homelessness affects an individual and a family. Through an interprofessional service learning project, nursing students worked with physical therapy students, physician assistant students, public health students, medical students, social work students and representatives of community clinics to identify health care issues of the homeless population of a Midwest city. The primary health problems identified were access to health care, alterations in mental health, substance abuse, chronic disease/conditions of diabetes, obesity and hypertension and sensory issues of vision and hearing and dental disease. Interprofessional team members provided health screenings for the homeless population during the 2014 Point in Time Homeless Count; which included height and weight measurements, vision screening, blood pressure screening, diabetes screening and foot assessments. Nursing students made referrals as indicated and explored services available for homeless children, housing/shelters, and medical services for the homeless population. Interventions were developed to address the identified overall health problems found to be present in the homeless population of this Midwestern city.
Incivility among nurses is an insidious and pernicious problem that is often difficult for nurses to recognize and something nurses tend chalk-up as a “normal” occurrence in the nursing workplace. The problem with incivility in nursing is that it has serious ramifications that take a toll on nurses, patients and health care institutions. Experts suggest that education on incivility in nursing is an intervention to help empower nurses to recognize incivility. However, does education on incivility in nursing assist nurses to better recognize this behavior? The purpose of this presentation is to 1) Explain the different types of incivility in nursing and severity of these on a continuum, 2) Explain the negative impacts of incivility in nursing, and 3) Explain the presenters’ study findings that indicate that education on incivility in nursing does make a difference with nurses’ ability to with identifying uncivil behaviors exhibited by workplace nurse peers. Recognizing incivility and promoting civility are lifelong learning topics for nursing. The presenters recommend that lifelong learning on incivility start with education in schools of nursing, and continue on in professional nursing education such as conferences, inservices, agencies of employment and forums, as an intervention toward alleviating incivility in nursing. The study presented in this session is unique in that it was the first to determine whether education on incivility in nursing makes a difference in nurses’ ability to recognize the behavior.
41 Effective Evaluations: Reforming Processes Beyond Satisfaction

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Purpose and Background According to the Scope and Standards of Practice for Nursing Professional Development (2010) evaluation is “the process of determining significance or quality by systematic appraisal and study”. Demonstration of knowledge attainment and behavioral change is necessary to support ANCC continuing education initiatives as well as Magnet® designation. In 2008 our hospital based centralized Education Services Department started an evaluation journey by reforming our practices. After researching evaluation models, Donald Kirkpatrick’s 4 Levels of evaluation was adopted. Though its’ roots are based in business, it demonstrates excellent applicability to the practice of nursing professional development. Process: The evaluation reform journey began with department education on the Kirkpatrick’s model. The Kirkpatrick Evaluation Team was established to analyze all the department offerings to determine their current Kirkpatrick evaluation level (Level 1-4). This analysis identified 89% of the 90 ongoing classes use satisfaction evaluations (Level 1). The analysis also revealed 25% of the classes utilized knowledge evaluations (Level 2) and 17% utilized behavioral evaluations (Level 3). The team determined a greater need to assess behavioral change (Level 3) as this more closely correlates to patient outcomes. The team also developed templates to assist with creating Level 1-4 evaluations and continue to educate others on the evaluation process. The department is now in its sixth year of the evaluation reform journey. Impact/Outcomes The department has established the standard that all courses provided will contain a minimum of a satisfaction evaluation (Level 1). Of the 86 classes now routinely offered, 41% evaluate knowledge attained (Level 2) and 33% of the classes evaluate behavioral change (Level 3). Currently one return on investment evaluation (Level 4) is conducted for one of the department’s most costly programs. The department maintains a team to enhance current evaluations as well as assist with the creation of new. This journey will continue with its focus to increase evaluation of behavioral changes resulting from education.
With the need to optimize our limited orientation dollars, I searched for innovative ways to ensure nurses would have the opportunity to increase their critical thinking skills. An exercise was implemented for new general medical nurses to participate in. The exercise starts with the new nurses going into a patient room and doing quick, physical assessment. The nurse then exits the room, and immediately describes all abnormal findings to the nurse educator and clinical education scholar. Next, the new nurse explains to the educator and scholar the anticipated needs for the patient. Feedback is given to the new nurse and clinical practice guidelines specific to the patient are discussed. Afterward, the nurse reads the latest progress notes from the physicians and compares his or her anticipated plan of care with the intended plan of care developed by the physicians. Once this process is finished, the new nurse immediately goes into the next patient room and starts the process all over again. The only information given to the new nurse before entering the patient room is the name of the patient and the diagnosis of the patient. The goal of the exercise is for the nurse to see and put together the big picture of what is going on with the patient, as well as, become more familiar with the diagnoses they will encounter on their unit. This exercise continues for approximately three hours. The new nurses’ attitudes from the beginning of the exercise until the end change in regards to their confidence level and the familiarity of the diagnoses seen. At the very end of the exercise, the new nurse, the educator, and the clinical education scholar all debrief and share growth from the experience.
Nurse-Driven Improvements, Education and Expectations: An Effective Approach to Reduce Hospital-Acquired Pressure Ulcers in an Acute Care Setting

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The aim of this nurse-driven quality improvement process was to reduce the incidence of hospital-acquired pressure ulcers (HAPU) in the ICU. More effective nursing interventions were coupled with unique approaches to ensure adherence by nursing staff. The expected outcomes were to reduce the hospital-acquired pressure ulcer rate and eliminate reportable pressure ulcers. In 2010, our Midwest hospital’s 22 bed adult medical surgical Intensive Care Unit (ICU) experienced a 19% increase in hospital-acquired pressure ulcers. As required by state policy, Root Cause Analysis (RCA) was conducted. However, using the RCA alone was not successful. The Kaizen Lean quality improvement method was selected to involve staff nurses in the design of more effective nursing interventions and to promote adherence to the new interventions. Improved interventions included two work standard policies, tools to support systematic communication and nursing decisions; and new equipment. The team believed mandatory education sessions were needed to finalize implementation of the tools and emphasize importance of the nursing practice changes. After the education session, nurses were expected to incorporate the tools, standards, and recommendations into their nursing practice. Nursing staff were found to be compliant with most of the new interventions within the four nursing practice categories of documentation, assessment, hygiene, and equipment. Total medical-surgical intensive care unit hospital-acquired pressure ulcers decreased from a rate of 5.51 per 1000 patient days in 2010 to 3.23 in 2011, then 2.33 in 2012 and 2.13 in 2013. Reportable (stage III, IV, and unstageable) pressure ulcers moved from 7 in 2010 to zero in 2011, 1 unavoidable in 2012 and 2013 and one in 2013. Zero device related reportable pressure ulcers have occurred since 2010. It appears key factors that led to achieving culture change can be attributed to the focused structure of the quality improvement method, nurse driven design of evidenced-based interventions, and reinforcement of interventions with education and discussion.
Nurses at the bedside are faced with many challenges, which have recently been impacted by the healthcare reform. As educators, we work to find engaging and innovative ways to connect nurses to the “bigger picture” and help them understand how to rise and meet these challenges. New nurses have been trained a great deal on the science of nursing and as they transition into practice it is application of education that requires focus. Nursing orientation can be an overwhelming time for the new graduate nurse. They are often filled with many emotions ranging from excitement, and nervousness, to fear of the unknown.

One aspect of education that was felt to be lacking was teaching new nurses the key drivers related to Quality Measures and how bedside nursing is directly related to these outcome measures. The undertaking then became how to share this information and offer a relevant understanding of such high level material. The application of adult learning theories is of upmost importance as we worked to formulate a teaching plan. It was felt that bringing the concepts associated with Quality Measurement indicators to a level of direct correlation to care provided by the bedside nurse is key. To help the nurses understand not just what the measures are but how they impact them and what that means with regard to better care. We decided to present this information on not only what the quality measurements are but also why they exist. The next step was to help them understand what the nurse’s role is and specific examples are given as well as interactive questions asked to facilitate discussion. At the end of the education day we come back together as a group and review content discussed and each nurse is asked to write and discuss at least three specific nursing functions that they will do in their specific area of practice to help meet the quality measures. This is done in effort to tie it all together and really personalize just how very important their role is in meeting these measures.
Experiences from the clinical setting are ideal for building critical thinking skills if reflection is used as a teaching tool. Reflecting on clinical experiences develops critical thinking ability, fosters self-understanding, facilitates coping, and leads to improvement in clinical practice (Craft, 2005; Kennison, 2006). Reflective writing as a pedagogical strategy allows students to integrate their thoughts and experiences with didactic material to more adequately understand both the experiences and the didactic material (McGuire et al., 2009). Reflective writing is defined as an assignment that is focused on an activity that students have experienced, such as class readings, clinical rotations, or group activities, that highlights what the student learned from the activity (McGuire et al.). Reflection is the purposeful and recursive contemplation of thoughts, feelings, and happenings that pertain to significant practice experiences (Judd, 2013). Reflective journaling helps students progressively develop their critical thinking, self-reflection skills, and cultural humility (Schuessler, Wilder, & Byrd, 2012). This study will explore reflective writing from the perspective of the nursing student and the nurse educator. The following questions will be answered: What are the benefits of reflective writing for the nursing student and the nurse educator? Why is reflective writing critical in nursing education? How can reflective writing develop critical thinking skills of nursing students? Why would nurse educators want to use reflective writing in their nursing courses, both clinical and didactic? What are the barriers to using reflective writing for students and educators? What is the role of the nurse educator in student reflection? What are the essential components of reflective writing assignments?
Improving Quality & Safety Competencies for Pre-licensure Nursing and Pharmacy Students via Interprofessional Public Health Immunization Course

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Background: The Quality and Safety Education for Nurses (QSEN) Project, funded by the Robert Wood Johnson Foundation, was established by the national QSEN nursing faculty and advisory board. These competencies guide faculty to prepare pre-licensure nursing students to continuously improve the quality and safety of the healthcare system they represent as defined by the Institute of Medicine. The Immunization Tour course is a 1 credit innovative, academic, interprofessional, elective course in high demand by the student body. This course incorporates best practices from the QSEN learning collaboratives including classroom, simulation, clinical faculty experts in addition to clinical experience. Purpose: To assess the pre-licensure students’ perceptions about achieving competencies in knowledge skills and attitudes (KSA) in the six domains of the QSEN competencies before and after participating in the interprofessional immunization tour class. Core Variables: Independent Variable: Completion of an academic inter-professional Immunization Tour course Dependent Variables in 6 QSEN domains: 1. Patient-centered care 2. Teamwork and collaboration 3. Evidence-based practice 4. Quality improvement 5. Safety 6. Informatics Research Question: Does completion of this course improve pre-licensure interprofessional students’ perceptions about achieving competencies in the six QSEN domains? Design: A descriptive pre-test, post-test design validated with nursing students Fall 2011 and 2012 and then applied to both nursing and pharmacy students Fall 2013. Sample: Inclusion Criteria: Nursing students enrolled in the Immunization Tour Class, Fall 2011-2013 and pharmacy level 3 students enrolled Fall 2013. Target Population: Every (32 BSN & MN) senior nursing student enrolled in the course was invited initially and 32 PharmD3 students were invited in 2013. Response Rates: varied by year beginning at 47% and increased annually thereafter. Instrument: QSEN, a 36 item, 5-point Likert scale tool was used to measure the 6 domains. Two competency statements were selected from each of the KSA sections of each domain. The statements were modified to incorporate the intervention Statistical Analyses Descriptive Statistics: mean, SD 1. Pre and post-test mean comparisons • Independent sample t-test • Paired-sample t-test Results: Preliminary results indicate that students’ post test scores were significantly higher than their pretest scores in all domains. Final results will be presented October, 2014.
The “one size fits all” approach to orientation does not address the levels of experience and learning styles of the experienced nurse transitioning into a new job position. The purpose of this paper is to describe a redesigned orientation process that tailors parts of orientation. The strategies are incorporating a hybrid redesigned model and utilizing an “orientation report card” to offer an approach that will optimize how quickly the orientee assimilates to the work environment and improve retention. The redesign utilizes a virtual classroom that is interactive and learner focused and a traditional classroom that provides a mechanism for the learner to demonstrate skills. The orientation report card is an adapted communication tool that provides a performance assessment of the orientee in order to meet the orientee’s specific learning needs. The end result is increased satisfaction of the process by all and a decrease in the cost of the orientation process.
The IOM recommended that 80% of the workforce be prepared at the BSN or higher by 2020, but this goal cannot be achieved solely through the expansion of traditional Prelicensure and RN/BSN programs. A curricular innovation to help meet this recommendation is to implement a concurrent enrollment program (CEP) that allows Associate of Applied Science nursing students to take Baccalaureate of Science in Nursing coursework simultaneously. Students earn a BSN one to two semesters after the AAS. The CEP blends the strengths of associate and baccalaureate education by building upon the foundation of the associate degree program. The baccalaureate curriculum prepares students in the areas of leadership and management, evidence-based practice, and population health. This presentation will describe how a successful CEP program was implemented. Project outcomes will be shared from a collaborative partnership between one of the largest universities and one of the largest community college districts in the U.S.
49 Factors of Importance to the Work Role of Adjunct Faculty

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Currently, academia is experiencing a shift in faculty hiring practices. Ballantyne et al. (2010) found that, “For private institutions, the mission identity of the institution is the distinguishing factor branded to the greater community. Assurances of mission and brand recognition must be delivered via fulltime and adjunct faculty to ensure continued viability of private colleges and universities” (p. 44). And Milliken & Jergens (2008) found that 40% of all faculty being hired are adjuncts. The problem becomes that adjunct faculty are not being oriented, evaluated, and given the resources that regular faculty receive (Ballantyne et al., 2010; Jacobsen, 2013; Langen, 2011; Louis, 2009; Milliken & Jergen, 2008; Morton, 2012). This quantitative exploratory survey study seeks to fulfill those needs by the purpose of this study, which is to compare the perceptions of adjunct faculty and regular and half-time faculty about the importance of resources and opportunities necessary to the adjunct role. The sample is drawn from both adjunct and regular full and half-time faculty of small to mid-sized private colleges/universities, which are defined as those private institutions that have a student enrollment of less 15,000 students. The five-point Likert scale survey instrument, eliciting opinions about resources and opportunities for adjunct instructors, has been proven to be valid and reliable. There is one survey for each group, the full/half time faculty, and the adjunct faculty. The data will be compiled and then shared with the participating nursing colleges/schools. The outcome is proposed to be a better understanding of the needs of adjuncts, leading to more informed orientation, and consistency in student education and outcomes.
50 Architectural Design for Orientation: An On-boarding Blueprint for Success

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The Joint Commission requires organizations to put into practice a process for initial and ongoing assessment of staff competencies. At a large urban academic medical center, the existing competency management process was burdensome, difficult to maintain and more time consuming than required. This process included numerous skills checklists and summary documents, which fall woefully short in measuring competency. Having all of the boxes checked on a skills checklist does not ensure clinician competence! A new “orientation blueprint” with companion tools address the education needs of RNs and UAPs at initial hire and throughout employment. This blueprint includes the core orientation summary document, valuable, practical companion tools for the preceptor, and a monthly preceptor boot camp course to provide consistency and a real-time feedback loop. Unique features of the blueprint include: direct links between expected behaviors and current policy resources, self-directed/self-regulated professional practice, as well as maintenance free documents and point-of-care resources for unit staff. When orienting a new employee, practicing the principles of adult learning is critical to success. The Core Orientation Blueprint and companion tools offer such guidance on the preceptee’s performance assessment and evaluation. Attendees to the preceptor boot camp course will receive the blueprint and companion tools, will use role-playing to apply the tools and will be able to streamline the new hire on-boarding process. Outcomes to date include training of over 375 preceptors, inclusion of the core blueprint on every inpatient unit, and creation of a one-stop-shop website for orientation resources.
According to a data collected by AACN in October 2013, a total of 1,358 faculty vacancies were identified in a survey of 680 nursing schools with baccalaureate and/or graduate programs across the country (79.7% response rate). These schools reported that increased student demand for nursing was also creating the need for an additional 98 faculty positions. As the demand for qualified faculty increases, colleges and universities are looking at innovative practices to entice students into considering nurse educator as a future role.

The University of Iowa College of Nursing has taken an innovative approach to increase student interest in the role of a nursing educator through the initiation of a Young Nurse Educator’s Program (YNEP). To apply students must; 1) have successfully completed Clinical Simulation Laboratory I and Nursing Pharmacological Interventions I; 2) attained a cumulative GPA of at least 3.0 and a grade of ‘B’ or higher in the courses identified in the criteria 1); 3) write a 1-page statement providing their reason and motivation for wishing to become an YNE and their educational goals; and, 4) provide two endorsements from faculty who believe in the student’s leadership potential, time management skills, and ability to excel in educating others.

Once accepted into the program, students assist with the instruction of a Clinical Simulation Laboratory I section during their first semester. During this time, they also meet regularly with their sponsor, Dr. Anita Stineman, Pd.D., RN to discuss readings and their application to the role of becoming a nurse educator. The second semester of the program provides the YNE with classroom experience by teaming them with a professor in a course they have taken previously. This semester will continue to build the knowledge and skills related to the role of the nurse educator in creating a student centered learning environment in which the students are actively engaged with the content of the course.

The YNEP sponsor will discuss faculty response to the program and lesson learned with the implementation of this new program. Student participants in this program will share their learning opportunities and the outcomes they have experienced.