Concurrent Session 11

Preceptors, Mentors & Debriefers: Professional Development Opportunities for RNs 
Associated with a Practice Transition Program

Name of Primary Presenter and Credentials: Jean Shinners, PhD RN-BC
Affiliation/Organization: Versant
City, State: Hobe Sound, Florida

SESSION DESCRIPTION
The purpose of this presentation is to provide the participant with strategies to engage RNs throughout the organization in professional and role development when involved in a practice transition program.

OBJECTIVES
1. Describe key components of an evidence-based practice transition program.
2. Using ANCC Practice Transition and Magnet models, explore continuing education activities to engage RNs throughout the organization in professional and role development.

ABSTRACT
The American Nurses Credentialing Center (ANCC) has initiated a new accreditation offering—the Practice Transition Accreditation Program (PTAP). The practice transition program for RN Residents (those with less than 12 months of experience transitioning from academia to a healthcare organization) and RN Fellowships (Advanced Practice RNs and RNs with 12 months or more experience transitioning to a new practice area) focuses on supporting a positive, safe experience for nurses in transition in practice.

Using the ANCC Practice Transition and Magnet models this presentation offers nurse educators strategies to address role development and continuing education opportunities for RNs throughout the organization whose work affects the transition experience. Strategies for nurse leaders, preceptors, mentors and debriefers are provided to educate them in their role within the Residency. The development of subject matter experts (teaching and role development) is described and approaches provided that focus on methods that support content development and best practices for classroom delivery.

Because of the IOM recommendation to “implement nurse residency programs” and current research that demonstrates the successes of a quality residency, structured transition programs will soon be a “must have” not an optional approach for the onboarding and transition of RNs. Using available resources such as QSEN and AHRQ, this presentation will offer the participant with an overview of a successful residency program as well provide the tools needed to engage all members of the nursing team in continuing education and professional role development while they contribute to the advancement of their nurse colleagues in transition.

References:


Concurrent Session 12
Flipping the Classroom to Improve Nursing Documentation

Name of Primary Presenter and Credentials: Erica Popp, BSN, RN
Affiliation/Organization: Mayo Clinic
City, State: Rochester, Minnesota

SESSION DESCRIPTION
To contribute to nursing knowledge by sharing an example of how the flipped classroom teaching method was successfully implemented in nursing professional development for 187 nurses at a large Midwestern teaching hospital.

OBJECTIVES
1. Define the concept of flipping a classroom.
2. Describe an example of how a flipped classroom was successfully used in nursing professional development to accommodate utilizing active learning strategies in the classroom and to achieve positive practice outcomes.
3. Discuss the advantages and challenges of utilizing a flipped classroom to provide nursing professional development education.

ABSTRACT
Nurse Educators are challenged to examine the effectiveness of staff development and explore methods to increase knowledge and retention. One method gaining notoriety is the flipped classroom, in which information traditionally provided during classroom lecture is provided as “homework,” allowing the classroom time to be reserved for engagement activities. The flipped classroom has been utilized in academic settings, however there is minimal literature documenting this strategy for nursing professional development. The purpose of this presentation is to share how the flipped classroom teaching method was successfully implemented in nursing professional development for 187 nurses at a large Midwestern teaching hospital.

A knowledge gap was identified in documentation practices through orientation evaluations, staff comments, and chart audits on four units within the Hematology/Oncology/Blood and Marrow Transplant clinical division. To improve consistency of documentation guideline application while reducing staff documentation burden presenters employed the use of the flipped classroom to provide documentation education. Class participants were asked to review the documentation guideline and a frequently asked questions document as “homework” prior to class attendance. This pre-work allowed classroom time to be devoted to active learning strategies such as utilizing case scenarios to practice documentation within small groups. Each class ended with a facilitated debriefing session and discussion.

The outcomes of these classes were very positive. Participants stated it was helpful to have the opportunity to practice documentation concepts in a facilitated environment and 96% of staff respondents agreed or strongly agreed that the class teaching methods were appropriate for the content. To evaluate staff learning and practice application, chart audits were completed one month post class. Results demonstrated that overall documentation compliance improved by 25%. In addition, staff continued to ask questions following the class indicating that they were challenged to think about their practice. Subsequent chart audits completed to measure retention of learning. These results confirm that the flipped classroom can be an effective educational tool for nursing staff development.

Co-Presenter(s)
Ashley Engelmann, MSN, RN
Dawn Nelson, MS, RN
Jacqueline Puppe, MSN, RN
Michel Benz, MS, RN
Concurrent Session 13
An Inter-Professional Approach to Simulated Training in Rehabilitation Medicine

Name of Primary Presenter and Credentials: Teresa Heithaus, MSN, RN-BC
Affiliation/Organization: North-LIJ Health System at Staten Island University Hospital
City, State: Staten Island, New York

SESSION DESCRIPTION
The purpose of this presentation is to enhance the participant's knowledge related to developing interdisciplinary high fidelity simulation training for healthcare workers in rehabilitation medicine.

OBJECTIVES
1. Describe strategies in developing an inter-professional high fidelity simulation program in rehabilitation medicine.
2. Discuss the benefits associated with inter-professional educational endeavors.

ABSTRACT
Interdisciplinary teamwork plays a vital role in the care of patients in Rehabilitation Medicine (RM). To attain accreditation by the Commission of Accreditation of Rehabilitation Facilities (CARF) an institution must demonstrate through its activities, an “integrated, interdisciplinary team approach” (CARF International, 2014). High fidelity simulated training provides participants with an excellent learning environment for identifying and responding to emergency situations. The inception for developing multi-disciplinary simulation training scenarios was meeting CARF requirements in staff education, specifically low incidence emergencies that occur in RM such as autonomic dysreflexia (AD). Key stakeholders were identified including nursing, physical therapy, occupational therapy, case management, psychology, speech pathology, and the hospital’s “Patient Safety Institute” (PSI) to develop a pilot simulation program. Resources included high fidelity manikins that reside at the PSI and scripted simulation programs. The key stakeholders met to develop a customized, simulation scenario that mirrored a composite of patients found in the institution’s RM department. A teaching plan was developed, script written, and props acquired. The pilot program consisted of two scenarios. Scenario one included a patient presenting with AD and scenario two was a post-AD scenario with an emphasis on patient education. The objectives of the program were to identify symptoms, describe treatment, and to perform a neuro-assessment of a patient with AD. Training time provided for debriefs. Participants were multi-disciplinary teams.

Over 12 months, approximately 74 healthcare workers participated in the pilot program. Using a likert-type scale from 1-6 where 1 = strongly disagree to 6 = strongly agree, the average scores from the post-program evaluations were 5.7. These questions included remembering factual content, improving understanding of the subject, learning new skills, and meeting learning needs. Satisfaction with the program had a score of 5.8. A post-test on is currently being conducted to determine knowledge of AD following simulation training.

Co-Author(s)
Anne Marie McDonough, MPH, BSN
Development of a School of Nursing Rubric

Name of Primary Presenter and Credentials: Jessica Naber, RN, PhD
Affiliation/Organization: Murray State University
City, State: Almo, Kentucky

SESSION DESCRIPTION
This presentation will detail the necessary components of the rubric for nursing assignments, both didactic and clinical. In addition, the importance of using rubrics will be emphasized, and the issues associated with developing and utilizing rubrics in nursing education will be described and discussed.

OBJECTIVES
1. The audience will understand the importance of developing and utilizing rubrics in nursing education.
2. The audience will critique school of nursing rubrics.
3. The audience will discuss the issues associated with developing and utilizing rubrics.

ABSTRACT
Rubrics have been used as a guide to establish and communicate standards to students when developing a paper or project. The standards set by the rubric assure course objectives are met and nursing standards of practice are integrated. This study will detail the necessary components of the rubric for nursing assignments, both didactic and clinical. In addition, the importance of using rubrics will be emphasized. The issues associated with developing and utilizing rubrics in nursing education will be described and discussed. Specific rubrics will be explored and provided, and the Murray State University School of Nursing rubrics will be shared and critiqued.
Concurrent Session 15
Managing Resources Wisely: A Faculty Efficiency Model

Name of Primary Presenter and Credentials: Diann Martin, PhD, RN
Affiliation/Organization: Concorde Career Colleges    City, State: Mission, Kansas

SESSION DESCRIPTION
This presentation will demonstrate a business and financial model used to measure the efficiency of faculty resources in an academic setting. Strategies to improve efficiency will be discussed.

OBJECTIVES
1. Identify assumptions underlying a faculty efficiency model.
2. Explain the variables included in calculating faculty efficiency for nursing programs.
3. Discuss strategies to be used to improve efficiency and effectiveness of faculty staffing for nursing education programs.

ABSTRACT
Nurse educators and nursing programs are challenged to use resources wisely and maximize the teaching time and student contact of nurse educators. As the supply of nurse educators shrinks, it is even more critical that academic programs operate at peak efficiency. In this presentation, the leaders of a large multistate college system will review a quantitative model used to measure efficiency on each campus. Additionally, the presenters will engage the audience in a discussion of methods to increase efficiency in their settings.

Co-Presenter
Jim Thompson
Can We Teach Empathy? A Pilot Study with Consistent Patient Exposure

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

SESSION DESCRIPTION
The purpose of this presentation is to provide educators with information regarding a study that was completed to determine if consistent exposure to a single patient through case study and simulation increased empathy levels in senior level baccalaureate nursing students. The findings may impact how faculty members design case studies and simulations based on whether or not consistent, single patient exposure impacts student empathy.

OBJECTIVES
1. Identify whether or not student empathy can be affected by using consistent patients in case studies and simulations.
2. Explain the evidence-based rationale for constructing case studies and simulations using consistent patients or random patients.

ABSTRACT
BACKGROUND: Empathy has been identified as a predictor of positive patient outcomes and is integral to the nurse-client relationship. Since research indicates that empathy development does not occur through theory and arbitrary experiences, nurse educators are challenged to use evidence-based educational interventions to develop student empathy. The purpose of this study was to determine if consistent exposure to a single patient through case study and simulation increased empathy levels in senior level baccalaureate nursing students.

METHODS: In January 2014, senior students in a psychiatric-mental health nursing course were asked to complete a demographic form and the Jefferson Scale of Empathy (JSE). The students were then randomly divided into two groups, a comparison group (random, multiple patients) and an experimental group (consistent, single patient). Throughout the semester, all students were exposed to two case studies completed during class time and a simulation completed during clinical time. The student learning outcomes for the case studies and simulations were identical for the two groups. The case studies and simulation completed by the comparison group featured random patients with different names, ages, and backgrounds. The case studies and simulations completed by the experimental group featured one consistent patient with a consistent background. In May 2014, students will be asked to complete the JSE again. Additionally, the standardized patient used in the simulation will complete a brief scale reflecting perceived empathy of each student.

RESULTS: An estimated 64 students will participate. The JSE will be analyzed and compared between the two groups. This data will also be correlated with the survey data from the standardized patient. Data collection will be completed in May 2014 with results available for presentation.

CONCLUSION: The results could impact how faculty members design case studies and simulations based on whether or not consistent, single patient exposure impacts student empathy.

Co-Presenter(s)
Sue Bassett, MS, RN, CNE
Libby Pasquariello, MSN/ED, RN-BC
Concurrent Session 17

Culturally Competent Nursing Professional Development: An Emerging Best Practice Model

Name of Primary Presenter and Credentials: Stephen Marrone, EdD RN-BC, NEA-BC, CTN-A
Affiliation/Organization: Long Island University School of Nursing  City, State: Brooklyn, New York

SESSION DESCRIPTION
This presentation is Phase I of a work in progress. To date, there has been no organized attempt to blend transcultural nursing theory and models with the practice of Nursing Professional Development. Therefore, the purpose of this presentation is to describe the current state of the science and emerging evidence-based best practices for the design and delivery of culturally competent Nursing Professional Development in the healthcare setting. A crosswalk among transcultural nursing theory, national standards for culturally and linguistically appropriate healthcare services, and assessment of cultural competence provides in the clinical setting the organizing framework for this presentation.

OBJECTIVES
1. Identify transcultural nursing theoretical and conceptual frameworks that have relevance to the practice of Nursing Professional Development.
2. Translate transcultural nursing theory into Nursing Professional Development practice.
3. Integrate emerging evidence-based best practices for the design and delivery of culturally competent Nursing Professional Development in the clinical setting.

ABSTRACT
Background:
Racial and ethnic disparities in healthcare and treatment among vulnerable populations have been reported in the literature. Root causes leading to health disparities reflect discordance among patients' health beliefs, values, preferences, and behaviors and those of the dominant healthcare system. Therefore, emphasis on the delivery of cultural congruent healthcare has emerged. According to the Institute of Medicine, the key component that affects health disparities is the cultural competency of the healthcare team. Nevertheless, the provision of culturally congruent care that is provided by culturally competent practitioners has been impeded by the lack of systematic approaches to guide the design of Nursing Professional Development models that support cultural competence and the utilization of valid and reliable cultural assessment instruments that measure the presence, level, quality, and contribution of such models to good health and positive patient outcomes.

Structure:
This presentation is Phase I of a work in progress. To date, there has been no organized attempt to blend transcultural nursing theory and models with the practice of Nursing Professional Development. Culturally competent Nursing Professional Development integrates principles of adult learning, the scope and standards of practice and performance for Nursing Professional Development Specialists, recognition of diverse learning styles, translation of transcultural nursing theoretical and conceptual frameworks into practice, and utilization of valid and reliable assessment instruments for education and practice.

Process:
Culturally competent Nursing Professional Development includes the development, implementation, and evaluation of a written strategic plan that outlines clear goals, policies, operational plans, and management accountability and oversight mechanisms grounded in transcultural nursing and learning theories and conceptual models that foster the delivery of culturally competent and linguistically appropriate services. The framework that guides this presentation illustrates the articulation among transcultural nursing theory, scope and standards of practice and performance for Nursing Professional Development, national cultural competence standards, and valid assessment instruments relevant to the practice of Nursing Professional Development. The model to be presented provides a roadmap and guideposts for the delivery of Culturally Competent Nursing Professional Development.

Outcomes:
Valid and reliable outcomes metrics for the provision of Culturally Competent Nursing Professional Development are under construction. The emerging best practice model supports that outcomes can be categorized according to Nursing Professional Development scope and standards of practice and performance, organizational values and governance structures, quality monitoring and evaluation, communication, education, services, community involvement, access, health outcomes, financial stability/viability, and data management. Each metric will be defined and discussed and the current state of the science will be explored.
Concurrent Session 18

Enhancing Pediatric Theory Content by Standardizing Student Clinical Conferences

Name of Primary Presenter and Credentials: Betsy Colbeth, MS, RN-BC
Affiliation/Organization: Children's Hospital Colorado       City, State: Aurora, Colorado

SESSION DESCRIPTION

As a result of the recommendations in the 2008 Essentials of Baccalaureate Education, many Schools of Nursing have had to reduce the number of theoretical hours of instruction in the classroom for basic clinical courses. The purpose of this presentation is to describe processes used to augment and in some cases provide essential pediatric content in the clinical setting by standardizing clinical conference curriculum.

OBJECTIVES

Identify content gaps in curriculum.
Employ a variety of teaching strategies in facilitating clinical conferences.

ABSTRACT

In response to curricular changes and the decrease in theory hours and clinical practice requirements, the Clinical Scholar group at Children's Hospital Colorado has standardized clinical conference content over the past several months to augment material presented in the classroom. These clinical conferences now focus on essential pediatric content, development of clinical reasoning skills, application of QSEN concepts, and ethical issues. A variety of teaching strategies are used including case studies, gaming, and debate.

Day 1 - Meet and greet and discussion of clinical expectations. Clinical discussion is facilitated by the Clinical Scholar. Detailed information is provided regarding the focus of the remaining five conferences. Each student will present an informal discussion of their patient to the group with time for questions.

Day 2 - Developmentally Appropriate Care: A brief overview of developmental care is provided by the Clinical Scholar. The students are divided into groups and given a clinical scenario such as inserting an NG tube in a 4 year old. The students develop a plan of care applying developmental concepts to successfully complete the nursing intervention.

Day 3 - Clinical Reasoning: The students present a case study focusing on prioritization of nursing care needs based on the clinical condition of the patient. The student identifies appropriate rationale for each nursing intervention. The Clinical Scholar facilitates discussion by the group focusing on clinical reasoning in providing nursing care.

Day 4 - Pediatric Jeopardy: All students from all clinical groups participate in this gaming activity. The students are divided into groups and answer questions related to pediatric assessment, growth and development, pediatric pathology, pediatric developmental theorists and QSEN competencies.

Day 5 - QSEN Competencies: The students describe a barrier in providing care for their patient and family in one of the following areas, Patient Centered Care, Safety, or Teamwork and Collaboration. The student will analyze what factors created this barrier, both on an individual and system level. The student will identify interventions that will eliminate or reduce barriers to provide competent nursing care based on QSEN criteria.

Day 6 – Students will tour one of three critical care areas (PICU, NICU, and CICU). The Clinical Scholar in consultation with the charge nurse will identify a patient whose care needs may result in ethical issues. The Clinical Scholar will facilitate discussion of these issues employing ethical decision-making models.

Co-Presenter
Donnya Mogensen, MS, RN-BC
Concurrent Session 21
Training the Emergency Response Dream Team

Name of Primary Presenter and Credentials: Julie Schmidt, MSN, RN
Affiliation/Organization: Mayo Clinic
City, State: Rochester, Minnesota

SESSION DESCRIPTION
The purpose of this presentation is to enhance educators’ knowledge of the benefits of interdisciplinary training for emergency response team members.

OBJECTIVES
At the end of this activity, participants should be able to:
1. List the benefits of interdisciplinary training models.
2. Compare the principles of high performing sports teams to those of high performing emergency response teams.
3. Evaluate current emergency response team training programs for opportunities to decrease classroom time, while enhancing the learners’ experience.

ABSTRACT
Emergency response events are low volume, high risk events. These critical events require interdisciplinary team members to react and respond quickly in an orchestrated manner. Historically, medical teams are trained individually by their discipline; physicians attend medical school, nurses attend nursing school, pharmacists attend pharmacy school. Yet, medical institutions expect these interdisciplinary members to respond to emergency situations in an organized manner. What would happen if we trained our sports teams like we train our medical teams? Their response on the field or court certainly would not be successful. While Advanced Cardiac Life Support training courses teach the learners what to do, interdisciplinary team training courses teach the learners how to do it together. Successful interdisciplinary emergency response team members must train together in order to learn how to communicate and work together to respond quickly in emergency situations.

This presentation will share the success of restructuring the interdisciplinary emergency response team training at one large medical institution. Nurse educators evaluated the current interdisciplinary team training structure for both the adult Emergency Response and Rapid Response teams, with the goals of reducing classroom time while enhancing teamwork, communication and embedding the principles of highly effective teams. An evaluation of the four emergency response training courses currently offered was done, noting where curricula overlap occurred. One combined course was created to meet the needs of the interdisciplinary emergency response team members.

Precourse on-line modules were implemented to outline principles and facts, while classroom time is spent doing simulations with high fidelity manikins and actors, debriefing and focusing on effective team principles and communication. As a result, classroom time decreased by 72% and individual learner time decreased by 50-75% per year. But more importantly, learner satisfaction increased. Emergency response teams are interdisciplinary teams that are expected to respond to high risk, low volume situations. Team training that focuses on teaching these disciplines to work together, communicate appropriately, work with in their scope and trust each other results in better team response in practice.
Thinking and Working Differently: Advancing Nursing Education in Ambulatory Practice through Standardization

Name of Primary Presenter and Credentials: Sandra Timm, MS, RN-BC- ONC
Affiliation/Organization: Mayo Clinic  City, State: Rochester, Minnesota

SESSION DESCRIPTION
The purpose of this educational session is to assist nurse educators in identifying and developing innovative strategies for implementing professional development in the ambulatory setting.

OBJECTIVES
1. Discuss the importance of standardizing nursing professional development amidst limited financial and human resources.
2. Describe the process of conducting a learning needs assessment across diverse ambulatory areas.
3. Identify three innovative methods to provide nursing professional development in the ambulatory setting.

ABSTRACT
Ambulatory nurses practice in numerous settings, performing a variety of roles, and serving patients spanning the breadth of the health-wellness continuum. In today’s complex healthcare environment, with limited hospital stays, changes in reimbursement, etc. a vast majority of patient interactions occur in ambulatory settings. As a result nurses in these settings have a significant opportunity to impact and influence the overall health of individual patients, families and communities. As nurse educators, our challenge is to ensure staff have the knowledge, skills and abilities to meet these demands.

This presentation will explore the efforts of a large, Midwestern, multispecialty medical system to examine current practice and develop innovative ways to meet these unique educational needs. The institution employs over 1300 ambulatory nurses, encompassing over 40 specialties representing primary care, specialty and sub-specialty care, and procedural areas. Historically educational resources were limited and lacked coordination resulting in inconsistency and duplication of efforts. A need to standardize professional development was identified.

The first step in the process of standardizing professional development was to complete a learning needs assessment (LNA). The elements incorporated into the LNA included, specialty practice, number of years in role, specialty certification, preferred mode of delivery, best day and time, and educational needs based on identified core competencies. The LNA was sent to all ambulatory care nurses. Once completed, results were reviewed by Nursing Education Specialists and staff nurses from several specialty practices. Results were utilized to standardize professional development across ambulatory care while incorporating new and innovative strategies. Strategies included 1) monthly professional development offerings applicable to all ambulatory care nurses 2) advanced delivery modes 3) new marketing strategies and 4) innovative ways to deliver and measure education.

Outcomes will be reviewed, including participant reaction evaluation and attendance numbers for all the delivery modes. Data from learning and application levels of evaluation will also be highlighted. Advantages of standardizing education include increasing efficiencies, avoiding duplication, increasing target audience size, and utilizing innovative delivery modes.

Co-Presenter(s)
Laurie Czaplewski, MSN, RN
Michele Hemann, MSN
Kari Mongeon Wahlen, MSN, RN
Alicia Pfeilsticker, MS, RN
Concurrent Session 23

Community Assessments for Nursing Students

Name of Primary Presenter and Credentials: Lynnea Myers, MSN, RN, PHN, CPNP
Affiliation/Organization: Gustavus Adolphus College
City, State: St. Peter, Minnesota

SESSION DESCRIPTION
The goal of this presentation is to describe an innovative way to modify a community-focused nursing assessment for nursing students to implement during a nursing clinical rotation.

OBJECTIVES
Describe an innovative way to modify the community-focused nursing assessment for students to implement during a public health nursing clinical rotation.

ABSTRACT
Background/Issue: Conducting a community health assessment can be a challenging process for nursing students with limited clinical hours and expertise in a community health setting, yet it remains a critical component of nursing education and a standard of practice for public health nurses. Description: Faculty explored innovative ways to redesign the structure of a public health clinical rotation to include a community-focused nursing assessment utilizing a small community group as a population of focus. Using the nursing process, students conducted an assessment, diagnosis, planning, implementation and evaluation of a small-scale community project (e.g. create a program of education for elementary students about Farm-to-School initiatives in their community). At the completion of the project, students created conference-style posters describing the steps of the community-focused nursing assessment and shared with staff at a local public health agency. Lessons Learned: Not only were students able to assess, plan, and implement a community project, they were also able to conduct evaluation of the implementation of the project and thereby, in a micro way, apply the community-focused nursing assessment using the nursing process in a community setting.
Implications/recommendations: In order to continue to provide students with rich learning experiences in public health, creative ways are needed to adapt projects related to major public health components like assessment, diagnosis, planning, implementation, and evaluation at the community level.
Concurrent Session 24

Building Language for Continuing Nursing Education Science in an Interprofessional Era

Name of Primary Presenter and Credentials: Renee Kumpula, EdD, RN, PHN
Affiliation/Organization: University of Minnesota School of Nursing
City, State: Minneapolis, Minnesota

SESSION DESCRIPTION
The goal is to provide learners with the latest innovation in providing relevant Interprofessional (IP) continuing education across the health care disciplines. Nursing has unique challenges to address in multidisciplinary efforts and decision-making.

OBJECTIVES
After this presentation, the learner will be able to:
1. Identify the importance of building nursing science and establishing meaningful terminology for designing interprofessional educational offerings that meet a variety of national accreditation standards.
2. Describe ways to ensure a valued presence and voice for nursing in planning interprofessional activities with multiple health care professions.

ABSTRACT
Background: Current literature indicates continuing professional development is needed for nurses in practice throughout their career. Once educated by institutional programs for nurse preparation in pre-licensure programs, nurses require ongoing continuing education that is meaningful, substantive and evidence-based. We have entered a phase of interprofessional (IP) continuing education that is focused on building integrated health care teams.

Purpose: The purpose of this presentation is to describe the process of determining shared language in which to frame and promote continuing education programs across the health care disciplines. Within the context of building a body of literature for nursing science, shared language is essential for promoting teaching and learning constructs in continuing professional development. Shared language is necessary both within nursing and with other disciplines in order to provide the means to define goals and outcomes in IP initiatives.

Method: This presentation is a case study of a grass roots effort to determine shared language for CE in the health professions in one Research 1 university. The directors of CE in various health professions continue to meet to dialogue about producing more seamless CE offerings and processes for various types of accreditation. Descriptive statistics may be used to evaluate data regarding existing IP programs, past collaboration with types of CE, and ongoing collaboration to provide more purposeful and intentional IP offerings.

The experience of the pilot group will be described. Similarities and differences for national accreditation language and standards will be reviewed. Best practice will be identified and delineated. Reporting of a process for determining shared language will be described.

Findings: The project aim is to design language to describe collaborative IP education. Research capacity building requires defining a new language to promote faculty buy-in and setting strategic goals for continuing professional development. The findings describe the ongoing efforts to establish a common language and process for CE. Promoting efforts for all faculty to contribute to continuing professional development work is essential in a public, land-grant, research university. In addition, the significance of bridging the link between academia and practice is important for framing future continuing education needs and projects.

Conclusion: The presentation will include similarities and differences among shared and valued language statements in different professions, development of a preliminary program design for IP continuing education, and a progress report in the development of short and long-term goals for the IP initiatives in relation to continuing nursing education.
Nursing Simulation Grand Rounds

Name of Primary Presenter and Credentials: Kathy Ham, EdD, RN
Affiliation/Organization: Southeast Missouri State University
City, State: Cape Girardeau, MO

SESSION DESCRIPTION
Nursing Simulation Grand Rounds is an innovative teaching method to offer students/learners the opportunity to care for complex patients in a safe environment.

OBJECTIVES
At the conclusion of this presentation the attendee will be able to:
1. Differentiate traditional simulation and Nursing Simulation Grand Rounds.
2. Identify the benefits of Nursing Simulation Grand Rounds relative to the development of critical thinking and safe patient care.
3. Integrate Nursing Simulation Grand Rounds into a curriculum/educational environment.

ABSTRACT
A challenge in nursing education is providing nursing students with exposure to complex patients. Such experiences are limited and determined by the patient population available at the time of the clinical experience. While one student might gain experience providing care to a complex patient, others in the same clinical group may not. Educational opportunities at large, research-based, health care facilities are not always available in the geographic region of this institution’s faculty presenters. Faculty therefore applied and received University grant funding to support Nursing Simulation Grand Rounds (NSGR), an interactive simulation activity involving complex patient case scenarios. These scenarios are presented and guided by expert faculty, allowing students to participate in a safe learning environment (no assigned roles, no evaluative consequences, and no mandatory participation). There are 12 different NSGR simulations [adult nursing (4), pediatrics (2), obstetrics (2), geriatrics (2), and mental health (2)] offered over two years. Each NSGR is designed to run 20 minutes, including debriefing time. An NSGR web site was created to communicate information to faculty and current nursing students. The NSGR case studies are posted prior to each simulation. Students can RSVP via the website, providing a “count” for box lunches. This was written into the grant as a motivator to promote attendance. An evaluation form is available on the web site, providing students an opportunity to provide feedback.

Many students from all levels within the curriculum are participating. Early student evaluative data indicates they feel the activity promotes critical thinking, faculty mentors promote learning in a safe environment, and the scenarios allow them to establish meaningful connections between classroom and clinical. Several nursing faculty readily volunteered to participate in the project by developing scenarios and mentoring students during NSGR.

Co-Presenter
Bobbi Palmer, APRN, MSN, FNP-BC
Concurrent Session 26

Case-Based Learning and the Development of Professional Skills: Perceptions of Nursing Students

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

SESSION DESCRIPTION
This study aims at exploring perceptions of nursing students regarding satisfaction with and development of professional skills when applying the case-based learning (CBL) approach in the junior year of the baccalaureate nursing program at the American University of Beirut (AUB).

OBJECTIVES
1. Advance understanding of nurse educators regarding best teaching practices that prepare nurses for practice.
2. Illuminate the professional skills and knowledge that may develop with instruction.

ABSTRACT
The ultimate aim of any educational program is preparing graduates for the real world of practice. Although calls for transforming health professional education are escalating, programs continue to adhere to the traditional, teacher-centered educational formats. Contextualizing learning holds great promise to the development of learners’ professional skills and knowledge, thus a better preparation of graduate nurses to solve problems of the real world of practice. An assumption that is worth researching to determine what those skills are. These skills may not be specific to nursing; they may outline the 21st century reform outcomes of higher education. This study aims at exploring the role of case-based learning (CBL) in developing professional skills and knowledge in nursing students. Teaching with cases was the instructional approach used in the Nursing Care of Adults I and II of the junior year of the baccalaureate nursing program at the American University of Beirut. Students in these courses had to assume responsibility for their own learning by preparing the content prior to coming to class. Since discussion is the salient feature of teaching with cases, student engagement and involvement in the teaching learning process is deemed paramount. The qualitative focus group discussion will be used to explore the perceptions of 16 nursing students. The research question that will guide this study is: what professional skills and knowledge may be developed with CBL? Students will provide a rich source of data regarding the influence of CBL on their role in the teaching and learning process, thus the development of professional skills and knowledge that cannot be developed with a traditional curriculum. The research findings from this study may extend knowledge regarding best instructional approaches. Because many issues related to the preparation of graduates for their professional role are generic, findings from this study could have local and international relevance, and could be significant to the discipline of nursing and other disciplines. Findings are expected to advance understandings of best teaching practices and illuminate professional skills that may develop with instruction.

Co-Presenter
Angela Massouh, MSN, RN
Are They Napping or Learning?
Transforming Presentations into a New Experience

Name of Primary Presenter and Credentials: Monica Farnsworth, MS, RN
Affiliation/Organization: Mayo Clinic Rochester
City, State: Rochester, Minnesota

SESSION DESCRIPTION
The purpose of this session is to offer some practical tips on engaging your learners, improve your presentations, and help you to rely less on power point for increased class satisfaction.

OBJECTIVES
1. Describe one technique that can be used to enhance a learning topic during a presentation.
2. Describe a technique that can stimulate participants enthusiasm and keep them engaged in the content.

ABSTRACT
Are your learners napping in class? Class evaluations so-so? Interested in improving your presentation skills? The purpose of this session is to offer some practical tips on engaging your learners, improve your presentations, and help you to rely less on power point for increased class satisfaction. The session will be taught using the techniques which have earned high participant ratings in both large and small class settings, including a learning reinforcement activity, a “mental break” activity, and some of the basics of good presentations. Demonstration of techniques to enhance the basics of power point will be included in the presentation and participants will be taught how to add these to their own presentations. Feedback from learners and outcomes will be shared. The target audience is anyone who is involved with teaching others in group settings.

Name of Primary Presenter and Credentials: Amy Guthrie, MS, RN, CAGS
Affiliation/Organization: Saint Anselm College  City, State: Manchester, New Hampshire

SESSION DESCRIPTION
The purpose of this presentation is to discuss the components of a unique and innovative hybrid nurse leader certificate program which partners a college continuing nursing education department and a community hospital. Discussion will include the outcomes, potential barriers and lessons learned in creating and sustaining this successful initiative.

OBJECTIVES
1. Discuss the components and technology utilized to implement a successful nurse leader certificate program.
2. Explore the value of utilizing clinical and academic partners in developing and sustaining lifelong learning opportunities for nurse leaders.

ABSTRACT
As the world of healthcare is a constant changing environment, it is essential to prepare our future nursing leaders for the challenges that lie ahead and understand leadership is a complex multidimensional concept. The profession of nursing must continually find new opportunities for leaders to evolve and respond to change. Using American Organization of Nurse Executive Competencies and the Magnet framework, we created an innovative academic clinical partnership designed to provide community nurse leaders with essential advanced leadership skills. The program called “Advanced Nursing Leadership Certificate Program” is designed to increase the knowledge and skills of the participants, empowering oneself as a leader in advancing the future of the nursing profession. This certificate program is open to any nurse who practices in a leadership role, including but not limited to, nurse educators, clinical nurse managers, charge nurses, supervisors, directors and staff nurses with 5 years’ experience interested in seeking a leadership role. Recognizing that nurse leaders must be lifelong learners, this innovative hybrid online continuing nursing education program co-provided by a college continuing nursing education department and a community hospital offers leaders an opportunity to explore and apply the concepts of leadership to the profession of nursing. A review of the literature reveals that this is a unique program. The program is 4 modules based on the following concepts: Leadership and the Profession of Nursing; The Art of Leading People; Quality, Health Care Policy and Patient Outcomes; Blending Mission and Margin: Business Skills for the Nurse Leader. Graduates receive a 60-hour certificate for the hybrid format as follows: 6 hours classroom and 9 hours online utilizing discussion boards, case studies and required reading for each module. The certificate program is designed to prepare nurse leaders for national certification. This presentation will discuss outcomes, barriers and lessons learned from two consecutive certificate program cycles with over 35 program graduates. In summary, the Advanced Nursing Leadership Certificate program is one of much promise to ensure our future nursing leaders are equipped with essential, advanced leadership skills for the ever-changing world of healthcare.

Co-Presenter(s)
Pamela DiNapoli, PhD, RN, CNL
Jennifer Torosian, MSN
Concurrent Session 32

The QSEN Initiative—From Academia to Point of Care

Name of Primary Presenter and Credentials: Jean Shinners, PhD R, BC
Affiliation/Organization: Versant RN Residencies
City, State: Hobe Sound, Florida

SESSION DESCRIPTION
The purpose of this presentation is to provide the participant with strategies for implementation of QSEN competencies at the point of care.

OBJECTIVES
1. Describe how national professional nursing organizations and thought leaders are integrating QSEN philosophy and competencies into practice.
2. Propose strategies how QSEN competencies will be operationalized to ensure clinical implementation at the point of care

ABSTRACT
The QSEN initiative has evolved since its inception in October of 2005 but the goals remain the same—to “reshape professional identity formation in nursing to include commitment to quality and safety competencies recommended by the Institute of Medicine (IOM).” Focusing on the education of RNs, the core competencies along with the knowledge, skills, and attitudes needed to implement them have been identified. Mastery of these competencies is essential for RNs to improve both patient care delivery and health care environments.

While QSEN is well known among nurse educators and there are several resources that provide strategies to incorporate QSEN education in student curriculum and/or simulation design, there is little in the literature about incorporating the IOM/QSEN competencies in professional and healthcare organizations for experienced practitioners. RNs are graduating from their academic education versed in QSEN competencies but there is not consistent follow through at the hospital/organizational level. QSEN competencies need to be the focus for all healthcare professionals practicing at the point of care. Anecdotally, those organizations who are committed to utilizing QSEN strategies are challenged to apply them in the practice setting. The challenge is to develop teaching strategies that align with the experience of practicing RNs whose years of experience shape their current practices. An intentional approach to educating RNs with 5 to 35 years of experience requires a different approach to develop the needed skill sets.

This panel presentation addresses the gap between QSEN education for students and education for practicing healthcare professionals. The panel is moderated by QSEN and includes thought leaders from Versant Center for the Advancement of Nursing (Vcan), the American Nurses Credentialing Center (ANCC), and the Association for Nursing Professional Development (ANPD), the Association of Perioperative Registered Nurses (AORN) and University of Pennsylvania Health System. Presenters will provide insight as to how they have implemented QSEN and positioned QSEN competencies into their professional organization to support practice at the point of care. The discussion will include QSEN components within a residency program that utilizes the competencies as a foundation for program structure, how organizations are adopting QSEN competencies for professional and leadership development and how they are used in designing shared governance structures for decision making at all levels of the organization. Future initiatives and considerations will also be shared.

QSEN has made impressive advancements in the academic arena, but all nurses in practice need to become familiar with the competencies and strategies needed to implement them in daily practice. A national collaboration is necessary to support QSEN’s goal to “influence the education of all nurses, as all nursing clinicians need the skills and competencies around patient safety and quality improvement identified in QSEN.”

Co-Presenter(s)
Mary Dolansky
Kathy Chappell, PhD, RN
Mary Harper, PhD, RN-BC

Co-Author(s)
Susan Root
Kathleen Burke, PhD, RN, CENP, FAAN
Concurrent Session 33

Practice Experiences and Satisfaction of Baccalaureate Nursing Students in a Community Placement

Name of Primary Presenter and Credentials: Suzhen Liu, MS, RN  
Affiliation/Organization: Sichuan University  
City, State: Chengdu, Sichuan; China

SESSION DESCRIPTION
The purposes of the paper were to understand the student practice experience in community placement, and to provide some evidence for improving our teaching quality.

OBJECTIVES
The goal of this presentation is to communicate and share the teaching experience in community health nursing with nursing professionals.

ABSTRACT
Community health nursing practice is important in developing nursing students’ competence and confidence as a professional roles. This paper focuses on community health nursing practice experience and satisfaction of students in a university in Sichuan.

Objective: To describe practice contents of students during 3 weeks in a community placement. To assess students’ satisfaction about their community health nursing practice. To analyze the students’ comments about community health nursing practice teaching.

Methods: A cross-sectional survey was conducted in this study. The questionnaire survey was conducted after students completed 3 week practice in a designated community placement. The survey contents included the duration of practice in hospital before the students practice in community, practice contents in community, practice satisfactions, practice comments involved self-improvement, preceptors’ teaching methods and quality, teaching atmosphere of the community setting, supervision from faculty members, etc. Each item was evaluated by a 5 point Likert scale varied from very satisfied to very unsatisfied or very good to very bad. The internal consistency with a Cronbach alpha was from 0.75 to 0.91.

Result: 327 (67.4%) from 485 students completed the questionnaire voluntarily and effectively. The average practice items were 9.7±2.0 in community placement. Students in general were satisfied with their practice with an overall mean score of 3.70±0.50. There was a positive correlation between practice items and the satisfaction of students (r= 0.15, p=0.006. The average scores of students’ comment about overall community practice teaching and learning was 3.88±0.48, the comments for sub-scales of self-improvement, preceptors’ teaching methods and quality, teaching atmosphere of the community setting, supervision from faculty members were 3.70±0.50、3.90±0.54、3.90±0.58、4.05±0.63，respectively. There were significant differences of practice items and the scores among different preceptors, duration of students practice in hospital ahead, and the length of community conducting the practice teaching (P <0.05). The scores of students’ comments about community practice teaching and learning were positively correlated with their satisfaction, (r=0.43，P=0.000).

Conclusion: In general, the practice content of our students in community placement was comprehensive. The students were satisfied with their practice. However, the teaching quality of community health nursing practice should be improved, especially in the areas of preceptor training, teaching atmosphere of the community placement, and promoting students self-improvement.
Concurrent Session 34

From the Desert to the Great White North: Leveraging Technology to Support a Cath Lab Skills Day

Name of Primary Presenter and Credentials: Michael LeGal, MSN-Ed, RN, CCRN, CVRN-BC-II

Affiliation/Organization: Banner Health  City, State: Phoenix, Arizona

SESSION DESCRIPTION
The purpose of the presentation is to explain how a health care system was challenged to provide continuing education/skills validation to a remote part of the country. The educational event was coordinated primarily in Arizona and conducted at a facility in the metropolitan area and video conferenced live to Alaska for education/skill validation.

OBJECTIVES
By the end of the presentation the learner will be able to:
1. Discuss how the challenge of providing education/skill validation to remote areas can be accomplished.
2. Describe the organization process for achieving the desired goal (provide education/skills validation to remote area).
3. Discuss lessons learned and how educators can improve providing education with the use of technology.

ABSTRACT
Many facilities have some type of skills validation or assessment of knowledge on a departmental or facility level. In conjunction with supporting the Institute of Medicine's (IOM) recommendation of instituting measures that promote lifelong learning, professional development, and improving the safety and quality of patient care, this healthcare system's team of critical care educators proposed a new concept to the leadership team in assessing knowledge in the cardiac catheterization lab (CVL) using a standardized approach (Chappel & Koithan, 2012a).

Once the program was developed and accepted by the system leadership team, there were some challenges identified – specifically - how could the education team provide this same content to those in the more remote areas such as Alaska in a cost-effective manner? The education team strategized with the idea of an attempt to videoconference this event as a pilot project.

With the restructuring of clinical education, this provided an opportunity for a standardized approach to assess performance on low frequency, high-risk procedures or equipment. The skills-based competency course's goal was to deliver education, evaluate the ability to perform a skill, and demonstrate that the skill can be applied in practice. Consistent with Miller's Pyramid (Chappell & Koithan, 2012b), the team used pieces of each facility's skills day to form a system-wide skills day. In order to include the more remote facility, the group brought in the Information Technology (IT) department to infuse technology into learning and teaching; and, after much discussion, determined the best method for delivering the content to the learners would be via videoconferencing using a mobile station. By using a mobile cart, this allowed the remote learners in to interact with those in the urban facility while still assessing knowledge and demonstrating skill at each station. Upon conclusion of the event, there were 44 participants from various facilities – including the staff in the remote facility. Evaluations of the event were favorable and all of the objectives had been met according to those who attended. In addition, the core group met as a team to debrief on the event to evaluate for future planning.

References:

Co-Presenter(s)
Monika Keith
Dana Sanders, BSN, RN-BC
Concurrent Session 35
From RN to Instructional Designer: Developing Effective Online Courses

Name of Primary Presenter and Credentials: Elizabeth Larsen, MS, RN-BC
Affiliation/Organization: Mayo Clinic
City, State: Rochester, Minnesota

SESSION DESCRIPTION
Describe efforts to become a nurse with instructional design skills and assist educators in the complicated process of online educational design.

OBJECTIVES
Describe efforts to become a nurse with instructional design skills and assist educators in the complicated process of online educational design.

ABSTRACT
Nurse educators are being challenged to provide education to nursing staff when it is convenient for the learners. Many times this pushes nursing education online due to the ease of access and disbursement across a broad audience. Most nurse educators are not skilled in instructional design and have never learned how to design effective and efficient online education. Online learning requires a different presentation of content than a traditional didactic classroom education. The learner needs to be allowed to interact with the education and have the freedom to control the navigation within the online course. This presentation will identify tools and evidenced based methods to enhance the online course development process.

Co-Presenter(s)
Marie Stancl, MS, RN
Lynn Alcock, MS, RN-BC
Concurrent Session 36

The Minnesota Alliance for Nursing Education (MANE): A Joint Effort for a New Nursing Curriculum in Minnesota

Name of Primary Presenter and Credentials: Dana Botz, MSN, RN
Affiliation/Organization: North Hennepin Community College
City, State: Brooklyn Park, Minnesota

SESSION DESCRIPTION
Provide information regarding the new innovative MANE curriculum that promotes baccalaureate nursing education.

OBJECTIVES
1. Identify the emerging curriculum model (MANE) that is led by practice changes.
2. Identify the steps of a nursing curriculum change from associate degree to BSN degree options to associate degree program collaboration with a baccalaureate degree program to form an innovative baccalaureate degree program.
3. Describe the rewards and challenges experienced during curriculum development and faculty education.

ABSTRACT
The Institute of Medicine (IOM) recommends that baccalaureate educated nurses should increase to 80% by 2020. The current statistics for Minnesota nurses show that there is almost a 2:1 ratio between initial associate degree prepared nurses and initial baccalaureate prepared nurses. Only 16.5% of the initial associate degree prepared nurses obtain a baccalaureate nursing degree. Additionally, many area acute care facilities are not hiring associate degree nurses, citing that positive patient outcomes occur more often with baccalaureate prepared nurses.

This glaring gap between what is recommended by the IOM and current hiring practices is what led to the development of the MANE consortium. The goal of the MANE consortium is to expand the capacity for baccalaureate prepared nurses in Minnesota. The consortium has designed a shared competency based integrated curriculum that culminates in a bachelor’s degree.

The process of developing the curriculum has been met with rewards and challenges. The challenges have been met along the way, and the rewards are becoming even more evident as work progresses.

This collaboration has led to joint efforts between faculty from the seven community colleges and university faculty. This innovative educational strategy has led to increased interest from other colleges and universities that are currently not a part of the consortium, which has great potential to lead to growth of the program and development of other collaborations.

Co-Presenter
Jon Moe, MS, RN, CNE
Concurrent Session 37

The Development of Clinical Reasoning in Registered Nurses: Three Paths Fraught With Needs for Education Reform

Name of Primary Presenter and Credentials: Kristina Thomas Dreifuerst, PhD, RN, ACNS-BC, CNE
Affiliation/Organization: Indiana University
City, State: Indianapolis, Indiana

SESSION DESCRIPTION
The purpose of this presentation is to describe the findings from a national, multi-site study that looked at the development of clinical reasoning in ADN, BSN and RN to BSN nurses.

OBJECTIVES
1. Describe clinical reasoning related to higher order and lower order thinking.
2. Articulate the general clinical reasoning findings in the different samples of nurses in the study.
3. Discuss the implications of the findings for nursing education and practice.

ABSTRACT
The purpose of this exploratory, multi-site, longitudinal, repeated-measures pilot study was to investigate the development of clinical reasoning in pre-licensure nursing students and practicing RN’s who return for a BSN and the impact that further education has on their existing clinical reasoning skills. This is all critical information for nursing educators to consider as calls to re-evaluate and re-structure the educational preparation necessary for licensed nursing practice persist and intensify (Benner et al., 2010).

Benner’s Novice to Expert model provides the theoretical framework for this study (Benner, 1984). This framework defines the progressive stages that nurses in clinical practice demonstrate as they develop expertise and includes a timeline that extends over at least a five-year period. Each stage represents advancement in the clinical reasoning and critical thinking skills with subsequent actionable decision-making although there is no discrimination for educational preparation in the model. Further, the association between nursing education and development of clinical reasoning using existing curriculum and teaching methods is not documented elsewhere in the literature.

Investigators recruited 67 ADN students, 123 traditional BSN students and 154 RN to BSN students from programs which were purposively chosen to represent different geographical locations in the United States: East Coast, Midwest, and West Coast. The Health Science Reasoning Test (HSRT: Facione & Facione, 2006) was administered at the beginning of the final year of school, again within 45 days of taking NCLEX and finally 12 months later to the prelicensure students. The RN-BSN students took the HSRT within 30 days of starting their program and again within 45 days of completing it. The change in total score as well as the scores for higher order (analysis, inference and evaluation) and lower order thinking (induction and deduction) were compared between and within groups.

There was a statistically significant difference between the ADN and BSN prelicensure group (P= <.001), the RN-BSN and traditional BSN prelicensure group (P=.001) on the total change in scores and on the higher and lower order scores (P=<=.001).

These findings show that reasoning is different between ADN and BSN graduates and it does not change with BSN completion education. Moreover, there is room for improvement in all education levels. This session will use the findings from this study to inform nurse educators about important curriculum priorities, teaching methods and options for linking classroom and clinical experiences to help nursing students develop missing clinical reasoning skills, the evidence of these skills and opportunities for future research.

Co-Presenter(s)
Rebecca Bartlett Ellis, PhD, RN
Mara Eisch, DNP, RN, CNE
Susan Owens, PhD, RN, FNP-BC
Concurrent Session 41

A Virtual Conflict Management Simulation Learning Lab for Nursing Students and Nurses

Name of Primary Presenter and Credentials: Nancyruth Leibold, EdD, RN, PHN, LSN
Affiliation/Organization: Minnesota State University-Mankato  City, State: Apple Valley, Minnesota

SESSION DESCRIPTION
The purpose of this presentation is to describe the development and use of The Maverick Nursing Virtual Learning Lab to enhance effective management of conflict, workplace incivility, and to promote civility in the workplace. The author designed the modules to include major themes of teamwork, communication, lifelong learning, and interprofessional collaboration in nursing.

OBJECTIVES
The active participant will:
1. Describe the use of The Maverick Nursing Virtual Learning Lab to enhance effective management of conflict, workplace incivility, and to promote civility in the workplace for nursing students and nurses.
2. Explain the use of virtual simulation and debriefing used in the Maverick Nursing Virtual Lab.

ABSTRACT
Workplace conflict and incivility are current problems in nursing practice. Educating students about strategies to use to manage conflict, deescalate incivility and promote civility is an important and worthy action so that graduates will be able to use these skills in their nursing practice. In this project, The Maverick Nursing Virtual Learning Lab for nursing students and nurses focuses on providing and practicing strategies for nurses to use when faced with conflict, incivility in the workplace, and approaches for promoting civility. A series of modules include Recognizing Incivility and Civility in the Workplace, Conflict and Conflict Management Styles, Conflict Management, Conflict Management Simulation Activity 1 and Debriefing and Conflict Management Simulation Activity 2 and Debriefing. Themes throughout each module are teamwork, communication, lifelong learning, and interprofessional collaboration. Content knowledge and virtual simulation (skill practice) are included in the modules. A variety of teaching and learning strategies, such as WebQuest, video, audio, reflection, reflective writing, gaming, images, checkpoints, virtual simulations, glogsters, short Power Points, discussions, and debriefing are incorporated in the modules. The instructor designed modules for use in online courses, hybrid courses, and face-to-face courses with minor adaptation. The use of conflict management skills is one strategy to address incivility and promote civility in the workplace.
Concurrent Session 42

Effective Interprofessional Teams: Professional Nursing Education and Development is Essential

Name of Primary Presenter and Credentials: Teddie Potter, PhD, RN
Affiliation/Organization: University of Minnesota
City, State: Minneapolis, Minnesota

SESSION DESCRIPTION
The United States is in the midst of a radical paradigm shift from siloed health professionals to interprofessional teams however education and professional development have not kept pace with practice demands. This presentation will discuss education needs related to interprofessional competencies and will offer resources and practical tips.

OBJECTIVES
Upon completion of this presentation, participants will be able to:
1. Give a brief overview of the history and current status of interprofessional education and collaborative practice (IPECP).
2. List Interprofessional Collaborative Practice Competencies (Interprofessional Education Collaborative).
3. Describe the role of Professional Nursing Education and Development in Interprofessional Education and Practice.

ABSTRACT
Interprofessionality is an emerging education and practice model in the United States. When two or more health care professionals collaborate, there is increased probability of meeting the goals of the Triple Aim (IHI) - increased patient satisfaction, improved health of populations, and decreased cost. However, high functioning interprofessional teams do not result solely from policy shifts or hospital restructuring. They require a culture shift starting with education.

Professional Nursing Education and Development has a significant role to play in shifting the culture of health care toward high-functioning interprofessional teams. Professional schools and colleges are beginning to structure curriculum around interprofessional collaborative practice competencies yet currently many practicing nurses lack awareness of these changes and are therefore not prepared to function as full partners with other health professionals.

Effective interprofessional teams require all nurses to be fully versed in effective communication, negotiation skills, leadership, and most importantly the ability to articulate the unique contributions that nurses bring to the health care team.
Concurrent Session 43

Elevating Staff to a New Culture of Safety with an Interprofessional Approach

Name of Primary Presenter and Credentials: Charlotte Cain, MS, RN, PCCN
Affiliation/Organization: Mayo Clinic in Arizona  City, State: Phoenix, Arizona

SESSION DESCRIPTION
The presenters will share the educational processes used in the creation of an innovative interdisciplinary Safe Patient Handling Program during a time of economic reform. The presenters will address the educational design, implementation, and quality metrics of this unique program inspiring nurse educators to know that quality education does not need to be compromised during challenging economic times.

OBJECTIVES
1. Examine an innovative interprofessional approach to educating hundreds of staff members about a new Safe Patient Handling Program during healthcare reform.
2. Explain the curriculum, educational design, and implementation that prepared participants for a culture change.
3. Summarize the ongoing quality metrics measuring the effectiveness of the Safe Patient Handling Program.

ABSTRACT
During these challenging times of healthcare reform, nurse educators may question the feasibility of implementing new educational programs that are of high quality, despite funding restrictions. It can be difficult to bring about advances in curricula when traditional resources are limited as a result of rising healthcare costs. However, with creative, ‘out-of-the-box’ thinking, quality programming can be realized. Culture of safety initiatives have historically embraced best practices in order to assure patient safety. Today, organizations also seek to assure a culture of safety for their allied health staff. In an effort to support this organizational commitment of safety, the nursing education department was charged with the curriculum development and implementation of a comprehensive Safe Patient Handling Program (SPHP). Embracing this new endeavor, two nursing education specialists began planning this educational program. The nursing education specialists quickly decided that to achieve optimal patient outcomes, and to overcome the challenges (limited allocation of hours, mentoring colleagues to be educators, and an aggressive timeline), a collaborative interprofessional approach was the key to the success of this program. The program curriculum was designed and co-presented with the expertise of colleagues from the following departments: Nursing, Physical Therapy, Radiation Technology, Occupational Medicine, and Respiratory Therapy. A blended learning approach was used that incorporated lecture, video vignettes, clinical situations, problem-based learning, and hands-on application. In the educational sessions, each participant experienced being lifted as a patient in the various ceiling and early mobilization devices, as well as handling each device as the caregiver. Finally, a debriefing session summarized the events and identified any specific learning needs. The debriefing session also created an opportunity to discuss the culture change and embrace each participant’s contribution to a successful transition. Ongoing quality metrics such as patient/staff injury, falls, and pressure ulcers are being evaluated and reported. This ongoing interprofessional approach, despite the economic limitations, is creating a sustainable and effective program.

Co-Presenter
Cynthia Crockett, MSN, RN-BC
Concurrent Session 44

An Interdisciplinary Course on Advance Care Planning Certification

Name of Primary Presenter and Credentials: Patricia Bresser, PhD, RN
Affiliation/Organization: St. Cloud State University  City, State: St. Cloud, Minnesota

SESSION DESCRIPTION
The purpose is to describe the planning, creation, and co-teaching of an interdisciplinary course on Advance Care Planning Certification and to encourage others to do the same.

OBJECTIVES
Participants will be able to:
1. Describe the process for creating an interdisciplinary course on Advance Care Planning Certification.
2. Analyze the impact of co-teaching and the significance of course content on student learning.
3. Discuss additional faculty preparation for co-teaching and lessons learned.

ABSTRACT
Two faculty members, one from Nursing Science and one from Gerontology, co-teach an interdisciplinary course on Advance Care Planning Certification that is available to undergraduate and graduate students within the School of Health & Human Services at St. Cloud State University. Students are enrolled in disciplines such as Nursing, Gerontology, Community Health, and Communication Sciences & Disorders. Both faculty members are certified as Advance Care Planning Facilitators and Instructors through the curriculum from Respecting Choices in La Crosse, Wisconsin. The course is an elective open to students with at least Junior standing, who are accepted into their major or graduate program, or who have a completed degree. The course was offered for the first time during fall semester 2013 with a class of 12. Enrollment jumped to 26 students in spring 2014. Faculty members were in contact weekly via email and met face-to-face at least every two weeks to discuss course details, student assignments, and most importantly, how they would co-teach the course. They had the benefit of working with and learning from the co-directors of the Academy for Co-Teaching and Collaboration at St. Cloud State. Student feedback on the course has been overwhelmingly positive. They appreciated having both instructors at each class session and hearing a balance of understanding and experience during class discussions. Students shared their personal and professional insight, which at times, made for emotional but always rich, honest, and authentic discourse about advance care planning. Without exception, they felt the course provided them with opportunities to open doors with family, friends, and colleagues about a topic that most people still don’t want to discuss.
Concurrent Session 45

Making Clinical Post Conferences Better Learning Experiences

Name of Primary Presenter and Credentials: Deborah Ulrich, PhD, RN
Affiliation/Organization: Wright State University       City, State: Farmersville, Ohio

SESSION DESCRIPTION
This presentation will provide clinical educators tips and ideas for how to plan and implement post conferences that will increase learning, connect classroom content to clinical learning, and increase critical thinking and judgment.

OBJECTIVES
At the end of the presentation, participants will:
1. Discuss the importance of post conferences to student learning.
2. Discuss several specific post conference activities/ teaching strategies that can be implemented in any clinical course.
3. Share ideas with peers about strategies that could be used in their courses.

ABSTRACT
The Institute of Medicine (IOM) report challenges nurse educators to transform clinical education to develop nurses that can manage the complex health care needs of patients in today's complicated health care system. Educators have begun to use active learning strategies in the classroom; clinical educators must also carry this new way of learning to the clinical arena so that graduates are ready to "think like a nurse" when they embark upon their first professional nursing position. Complicating the issue even more, is the fact that colleges and universities are struggling to fill positions in nursing with experienced faculty, so often clinically competent, but inexperienced educators are used to supervise students clinically. These adjunct faculty often struggle with their role, especially with post conferences, which is a very important part of the clinical experience for student learning and reflection. This interactive presentation will review the purposes of clinical post conferences, and suggest ways to plan and implement them in a more effective and meaningful way resulting in improved learning for the student. A template for planning and an array of innovative and creative ideas for implementation will be discussed, as well as the need for a "clinical manual" for faculty to guide them as they conduct post conferences.

The presenter will discuss the faculty and student role in post conferences and provide an interactive experience for the participants where they can share ideas and potential post conference activities with one another.

Co-Author
Kellie Glendon, MSN, RNC-E
Cultivating Nurse Publishers: Mentor-Student Publishing

Name of Primary Presenter and Credentials: Corinne Ellis, DNP, RN
Affiliation/Organization: Saint Peter's University City, State: Jersey City, New Jersey

SESSION DESCRIPTION
The current emphasis on Evidence-based practice has resulted in many outstanding practice projects. Dissemination of the valuable knowledge gained from the identification of best practices for optimal patient outcomes is critical. Mentor-student publication can help to cultivate future nurse scholars and aid in the dissemination of crucial nursing knowledge.

OBJECTIVES
Learning outcomes:
1. Discuss the pros and cons of mentor-student coauthorship.
2. Evaluate factors affecting the occurrence of mentor-student.
3. Describe how mentor-student coauthoring can be implemented in the University and clinical settings.

ABSTRACT
The current emphasis on Evidence-based practice has resulted in many outstanding practice projects. Dissemination of the valuable knowledge gained from the identification of best practices for optimal patient outcomes is critical. Mentor-student publication can help to cultivate future nurse scholars and aid in the dissemination of crucial nursing knowledge.

This study examines the latest research findings on co-publishing. Pros and cons, ethical issues and practicality are debated, and factors affecting the occurrence of mentor-student publishing presented. Identification of an evidence-based support framework for facilitating scholarly writing abilities is presented.

Implications and discussion of future research in this area will be discussed.
Concurrent Session 47

The Simulation Race – Helping You Get on Track

Name of Primary Presenter and Credentials: Denise Foy, MSN, RN, BC
Affiliation/Organization: Mayo Clinic
City, State: Rochester, MN

SESSION DESCRIPTION
The purpose of this presentation is to discuss key components of simulation course development.

OBJECTIVES
1. Identify appropriate objectives for a simulation course.
2. Select a clinical situation that will allow learners to meet objectives.
3. Identify key components of scenario development.
4. Describe at least two methods of evaluating a simulation course.

ABSTRACT
Simulation is a valuable tool that has become standard in every educational setting. Planning for a simulation course requires a skill set that is different from other educational methods. Some educators are unsure of where to start. This presentation will allow participants to develop a clear understanding of the components to be considered when developing a simulation course.

During this session, participants will create a plan for their own simulation course. Topics included will be identifying a clinical situation, developing objectives and writing congruent scenarios. The participants will also learn some valuable tips for debrief planning and evaluation. Teaching methods for our presentation will include lecture, discussion, individual assignments and small group work.

Co-Presenter(s)
Kristin Rosenbush, MSN, RN, CCRN
Donna Schumacher, PhD, RN
Concurrent Session 51

Engaging Alumni in a Nursing Skills Day

Name of Primary Presenter and Credentials: Lynnea Myers, MSN, RN, CPNP
Affiliation/Organization: Gustavus Adolphus College  City, State: St. Peter, Minnesota

SESSION DESCRIPTION
The presentation will describe novel ways to engage nursing alumni to assist in the implementation of nursing skills sessions for junior and senior nursing students. The presentation will highlight findings from surveys conducted with nursing students and alumni volunteers on the impact of these skills sessions on their personal and professional growth.

OBJECTIVES
1. Describe innovative strategies to engage nursing alumni in skills day sessions with nursing students to provide mentoring and hands-on skills practice opportunities.
2. List 2-3 key findings from surveys conducted with nursing students and alumni related to the learning experience in a skills day session.

ABSTRACT
Incorporating activities into the start of a semester that prepare students for nursing clinical rotations is a valuable teaching activity that can result in increased comfort for students re-entering the clinical setting after a summer or winter break, as well as an opportunity to highlight skills in need of further development. This presentation will highlight strategies utilized by a nursing program to provide skills day sessions with junior and senior nursing students to provide opportunities to revisit and refresh their nursing skills ranging from head-to-toe assessments to procedures such as medication administration and catheter insertions. The presentation will also describe novel ways to engage alumni to assist in the implementation of these skills sessions and provide hands-on teaching and mentoring opportunities for nursing student, as well as reflection activities to drive home the importance of engaged learning. The presentation will highlight findings from surveys conducted with nursing students and alumni volunteers on the impact of this learning experience on their personal and professional growth.

Co-Presenter(s)
Jessica Stadick, MSN, RN
Jessica Helget, RN, BAN
Developing An Evidence-Based Clinical Evaluation Tool

Name of Primary Presenter and Credentials: Catie Chung, PhD, RN, CNE
Affiliation/Organization: National University
City, State: Henderson, Nevada

SESSION DESCRIPTION
The goal of the presentation is to increase participants' understanding of the process of developing a tool to assess student's (or new nurse's) clinical skills. The assessment of clinical skills needs to be objective, accurate, and have evidence-based criteria to ensure the student/new nurse is practicing patient-centered care safely and collaboratively.

OBJECTIVES
1. Discuss the importance of accurate objective clinical assessment.
2. Differentiate clinical assessment utilizing an evidence-based tool vs. utilizing subjective measures.
3. Examine the process of developing an evidence-based clinical evaluation tool.

ABSTRACT
The ability to evaluate a nursing student’s or a new graduate registered nurse’s clinical skills is essential. Assuring safe patient care is a primary function of the nurse educator (Bastable, 2014). Nursing education programs consist of multiple clinical courses. Clinical coursework today must prepare students to practice using curricula based on Quality and Safety Education for Nurses competencies (2012), National League for Nursing competencies (2005), American Association of Colleges of Nursing BSN essentials (2008), and Institute of Medicine recommendations (2011). Clinical experiences intend to develop a foundation of high-quality clinical decision-making. The use of a clinical evaluation tool enables the student to track their own progress and gain understanding of their strengths and weaknesses. Clinical courses may be assigned pass/fail or letter grades. Either way these evaluations must be objective and accurately reflect the students’ abilities in the clinical setting. These evaluations need to be accurately and consistently documented. It is of utmost importance that clinical course evaluation confirms the student’s ability or lack of ability to practice in a manner that is safe, patient-centered, evidence-based, and collaborative. This presentation will explain how an evidence-based clinical evaluation tool was developed for an entry-level BSN program to accurately evaluate clinical practice and to provide detailed feedback to students.

The process of developing an evidence-based clinical evaluation tool that will be presented included literature review, faculty discussion of “key” clinical behaviors in each course, and tool testing utilizing standardized videos to produce inter-rater agreement. The goal was to have all faculty, full-time and adjunct, evaluate a clinical student using the tool in an objective and consistent manner.

References

Co-Presenter
Lara Carver, PhD, RN, CNE

Concurrent Session 53

Using Vroom to Predict the Educational Mobility of Nurses

Name of Primary Presenter and Credentials: Charlene Gyurko, PhD, RN, CNE
Affiliation/Organization: Purdue University North Central
City, State: Westville, Indiana

SESSION DESCRIPTION
The purpose of this presentation is to inform Nurse Educators that Vroom's "fairly simple model could help nurse educators predict the factors that make for success in midcareer educational advancement." (Gyurko, 2010)

OBJECTIVES
1. Identify concepts associated with Vroom's Expectancy Theory on Motivation the educational mobility of nurses.
2. Discuss how Vroom's Theory can be used to predict academic progression in nursing.
3. Predict the factors for success in nurses considering educational progression.

ABSTRACT
Since 1964, nurse leaders have recommended the baccalaureate degree be the minimum basic entry level to nursing and it still has not happened. The United States lags behind European counterparts involved in the Bologna Accord mandating a baccalaureate entry level in nursing. For practicing nurses, motivation to move from one educational level to another is associated with perceived effort to complete a goal, achieve the goal and enjoy the awards associated with the completion of a goal. Motivation is linked to inspiration and enthusiasm associated with a desired outcome. A University in the Midwest is implementing a longitudinal study to determine if the use of Vroom’s Expectancy Theory on Motivation can determine successful completion for LPNs and non-BSRNs in a Baccalaureate Nursing Program. This paper introduces the history of the baccalaureate degree in nursing education and explores the use of Vroom’s Expectancy Theory on Motivation to predict the factors for success in nurses considering educational advancement.

Co-Presenter(s)
Karen Klosinski, MSN/ED, RN
Angela Schooley, PhD(c), MSN, RN
Concurrent Session 54

Teaching Clinical Decision-Making Through Integrative Nursing Principles and Storyline

**Name of Primary Presenter and Credentials:** Debbie Ringdahl, DNP, RN, CNM  
**Affiliation/Organization:** University of Minnesota School of Nursing  
**City, State:** Minneapolis, Minnesota

**SESSION DESCRIPTION**  
The purpose of this presentation is to demonstrate educational strategies for practicing integrative nursing skills and incorporating these principles into clinical decision-making.

**OBJECTIVES**  
By the end of this session, participants will be able to:  
1. Discuss the principles of integrative nursing and identify their importance in today’s healthcare.  
2. Translate the work of integrative healing and caring into tangible nursing skills.  
3. Discuss potential uses for interactive scenarios in nursing education and identify key strategies for developing scenarios.

**ABSTRACT**  
Teaching clinical decision making through the use of integrative nursing principles and the new software tool called Storyline is an educational innovation that holds promise for nursing education and staff development.

Integrative nursing honors the nursing tradition of caring and healing with a whole person/whole system approach that partners integrative or complementary therapies with conventional care. Integrative nursing is patient-centered and relationship-based and focuses on advancing the health and wellbeing of people, communities, and organizations. It can be practiced with all patient populations and in all clinical settings. Ongoing assessment and management of symptoms through data collection guide integrative nursing practice from multiple sources, using a range of approaches and evidence-based healing modalities that integrate old and new nursing skills.

In order to model integrative nursing practices, we developed an online scenario using Storyline, an easy-to-use tool that facilitates the development of highly interactive case studies. The scenario follows a nurse during a day shift on a Transitional Care Unit (TCU) and her work with Bob, who is dealing with pain following his knee replacement surgery. This scenario translates the work of integrative healing and caring into tangible nursing skills. As users move through the “scenes” in the scenario, they encounter numerous opportunities to participate in nursing clinical decision making and practice integrative nursing skills, such as therapeutic listening, the introduction of non-pharmacologic pain relief measures, and self-care strategies.

We will begin by outlining the principles of integrative nursing and their importance for the practice of nursing today. We follow with a discussion of how interactive scenarios can model these principles while providing opportunities to practice clinical decision-making and the potential of such scenarios in nursing education, Continuing Education, and patient education. In addition, we will outline the process of developing the scenario, including the analysis, design of software templates, content development, and usability testing – with the goal of facilitating your own scenario development.

**Co-Presenter**  
Louise Delagran, MA, MEd
SESSION DESCRIPTION
This project used clinical experiences to engage Master’s nursing students in active learning. The aim was to foster collaboration between education and practice to develop a procedural guideline and concordant education for a new specialty practice initiative.

OBJECTIVES
1. Identify the role of active learning to facilitate attainment of role competencies.
2. Describe benefits of engaging graduate students, role preceptors, and graduate faculty in collaborative learning projects.
3. Examine opportunities to fully engage students in collaborative learning.

ABSTRACT
Background/Rationale:
Graduate nursing students must attain role competencies that promote high-quality care in complex care environments. These include leadership, systems improvement, evidence-based practice, and collaboration. Learners who take an active role in learning have higher retention of knowledge.

Methods/Strategies:
Graduate students, graduate faculty, and role preceptors (Nursing Education Specialist (NES) and Clinical Nurse Specialist (CNS) worked together to meet unit and organizational needs, achieve academic course requirements, and mentor the students in evidence-based practice, leadership, change management, communication, and collaboration.

Results: The result was the development of a procedural guideline, education, and competency for RN chest tube removal at the bedside. This collaborative project was successful in actively engaging, teaching, and mentoring students. Students applied education, leadership, and role competencies taught in their graduate programs, navigated the healthcare system, and developed the clinical practice and education for the practice initiative of RN chest tube removal post-thoracic surgery. There was mutual accountability to implement the new practice within tight deadlines.

Conclusion and Implications for Nursing:
This experience benefitted students, faculty, preceptors, and the general thoracic surgery specialty. The collaborative project was a model for students to actively learn and develop expertise in a new practice area. Faculty guided the students in learning by connecting education and practice. Graduate students demonstrated role and leadership competencies within a supervised academic clinical learning environment. While the preceptors worked with the students to apply concepts learned in the classroom to a clinical practice initiative and modeled collaboration for the specialty area. We recommend engaging academic and practice partnerships in a collaborative learning environment, to teach role competencies, and achieve organizational deliverables.

Co-Presenter(s)
Michel Benz, MS, RN
Anna Myburgh, MSN, RN
Diane Forsyth, PhD, RN
Julie Ponto, PhD, RN, ACNS-BC, AOCNS

Co-Author(s)
Sherry Wolf, MS, RN, CNS, ACNS-BC, AOCNS
Orientation Redesign for a Critical Access Hospital

Name of Primary Presenter and Credentials: Kimberly Schmidt, MSN
Affiliation/Organization: Mayo Clinic
City, State: Rochester, Minnesota

SESSION DESCRIPTION
The presentation is intended to provide an overview of creating a comprehensive nursing orientation and staff development plan for a critical access hospital.

OBJECTIVES
1. Define the criteria to be designated as a critical access hospital.
2. Identify two challenges that critical access hospitals have in recruitment and retention of registered nurses.
3. Describe the process of orientation redesign in a critical access hospital.

ABSTRACT
Mayo Clinic Health System, Lake City, is an 18 bed Critical Access Hospital (CAH), which is located 60 miles south of the Twin Cities and 35 miles northeast of Rochester. The city population is about 5,000. The facility provides comprehensive health care services, for the community, from birth through the life span.

Nurses in a CAH setting learn to care for patients across the spectrum of specialties and all ages. The orientation and ongoing education must reflect the complexity of the diverse care that is provided. That complexity, coupled with the limited budget of a CAH, results in difficulty developing and maintaining orientation and staff development.

Recruitment and retention of registered nurses with experience in a rural setting is a challenge. As a result, 86% of the Lake City Hospital nurses are new graduates. It is impossible to expect these new nurses to succeed in the challenging environment of providing care in a CAH without a comprehensive orientation plan and ongoing staff development. The new nurse at the Lake City Hospital is oriented to a variety of nursing specialties early in their career. The turnover rate is 30% and the average length of service is 2.2 years. To assist in decreasing this costly turnover, and provide a comprehensive orientation, a Minnesota Flex Grant was received, and a consultant from Mayo Clinic Rochester was engaged, and the orientation program underwent changes. The changes show a drastic improvement in the turnover rate and new staff and preceptors have provided positive feedback on the orientation process.

The presentation will include the assessment findings, plan development, implementation, and evaluation of the orientation process, as well as lessons learned and future direction.

Co-Presenter(s)
Roxanna Holper, MSN, RN
Maura McCabe, MSN/ED, RN, CPAN
Pam Fontem, RN
Concurrent Session 57

Engaging Frontline Nurses in the Reducing CA-BSIs through Innovative Educational Techniques

Name of Primary Presenter and Credentials: Devin Bowers, MSN, RN, NE-BC

Affiliation/Organization: Children’s Mercy Hospital

City, State: Kansas City, MO

Session Description
In a highly technical, multigenerational workplace, creative, innovative strategies for educating are ever needed. These strategies can assist in engaging the frontline nurses to improve patient outcomes such as CA-BSIs.

Objectives
1. Describe how innovative techniques and the use of technology can reach learners of varying generations.
2. Discuss how technology can be deployed to enhance learner participation.

Abstract
Hospitals must eliminate catheter-associated blood stream infections (CA-BSI). One pediatric intensive care unit continued to have high CA-BSI rates despite ongoing improvement efforts. A multigenerational frontline staff needed to become engaged. Highly engaged frontline nurses, with authority over their practice, can positively impact nursing quality outcomes. Innovative methods and technology were utilized to connect with various types of adult learners and across generations. Peer-to-peer education and accountability was also a strong tactic to employ. Peers place a different sense of cooperation on targeted outcomes as opposed to authoritative figures. Innovative approaches included; transparency of data via information monitors, an on-line tool to hold project information with increased staff access, workshops to complete tasks, real-time feedback audits, PDSA cycles, educational presentations over the lunch hour, CA-BSI specialist rounding on central lines in the unit five days a weeks, entertaining videos to educate staff, streamlined root cause analysis, staff surveys, and in-the-moment audits of bundles. In 2011, the CA-BSI rate per 1000 line days was 4.3. Threshold was set at <1.8. Since improving frontline education we have seen a steady downward trend in infections. Yearly rate for 2012 was 2.7 and 2013 was 2.12. While not to at our targeted threshold, we anticipate reaching this in 2014. We discovered when innovation and technology is used to enhance the understanding of those performing the work each day, the greatest impact on improved outcomes occurs. Developing strategies to connect with various types of learners among direct care nurses in quality initiatives is a key. These nurses are now passionate about reaching our target of zero CA-BSIs.

Co-Presenter: Shekinah Hensley
Concurrent Session 61

A Controlled Trial of the Effects of Research Project Development on Research Competency of Undergraduate Chinese Nursing Students

Name of Primary Presenter and Credentials: Xianqiong Feng, PhD
Affiliation/Organization: Department of Nursing, West China Hospital, Sichuan University
City, State: Chengdu, Sichuan China

SESSION DESCRIPTION
To examine the effects of research project development on research competency of undergraduate Chinese nursing students.

OBJECTIVES
1. To integrate a research project into course syllabus when teach undergraduate nursing research.
2. To examine the effects of research project development on research competency and test results of undergraduate Chinese nursing students.

ABSTRACT
Background: Teaching nursing research to undergraduate students is challenging. Nursing faculty continue to struggle to find ways to teach students in a meaningful and engaging manner to improve students’ research competency. In this study, we taught nursing research course incorporating research project development in our course syllabus to engage undergraduate Chinese students to learn research in nursing.

Aim: To examine the effects of research project development on research competency of undergraduate Chinese nursing students.

Methods: This was a quasi-experimental study. A nonequivalent control group design (controlled trial) was adopted. A convenient sampling was used to recruit all 117 undergraduate nursing students who enrolled in 2012 and 2013 full semester nursing research courses. Students in 2013 class were in experimental group and students in 2012 class were in control group. The research project development was incorporated the course syllabus for the experimental group, and the control group received traditional teaching and learning. Two group students were compared in terms of their research competency scores as well as their written final test results. Student’s research competency was measured by a self-developed research competency scale.

Results: There was no statistical difference at the mean pretest scores of research competency between the experimental and control group (t=0.86, p>0.05). However, The mean posttest score of the research competency was significantly higher than the mean pretest score (t=13.34, p<0.01) in experimental group; and the mean posttest score of the research competency of the experimental group was significantly higher than the mean posttest score of the control group (t=2.76, p<0.05). Students final written test scores of the experimental group were significantly higher than the scores of the control group (t=2.07, p<0.05).

Conclusion: The results indicate when teaching nursing research for undergraduate Chinese students, integrating a research project development into the course syllabus is feasible and effective. It can not only improve students’ research competency, but also facilitate students’ learning and achievements.
Concurrent Session 62

Ready, Set, THINK! Instant Team Challenges in the Classroom to Facilitate Creative Critical Thinking

Name of Primary Presenter and Credentials: Amanda Fay, RN, MSNed

SESSION DESCRIPTION
To meet the evolving demands of the modern nursing professional students need to be taught how to collaboratively work in teams, think creatively and critically, problem solve under a deadline, and improve their comprehension skills to provide safe patient care in an increasingly complex dynamic environment.

OBJECTIVES
1. Participants in this conference will be able to verbalize the importance of team challenges to foster collaboration, communication, comprehension, and creative problem solving.
2. Participants will identify and describe how to implement this type of educational practice change in their classrooms.
3. Participants will formulate a rough idea of an Instant Team Challenge to implement into their classroom.

ABSTRACT
Purpose: The purpose of this educational practice change was to engage the students with the didactic material to increase their collaborative and teamwork skills, to help them to think creatively and critically, and to problem solve a proposed task under a specific time deadline in the classroom. This was designed to help sophomore baccalaureate students bridge the gap between theory and application.

Description: Effective communication and collaboration is an essential component to patient safety. This has been reflected in the competencies discussed by the Quality and Safety for Nursing Education (QSEN) project (Cronenwett, et al., 2007) and the American Association of Colleges of Nursing (AACN) (2011). Team based learning provides students with interactive opportunities to improve critical thinking, communication, and comprehension (Royse & Newton, 2007; Clark et. al., 2008) Often theoretical material is conceptualized as separate learning from application (Benner, et al., 2010). This educational intervention engages the students to creatively incorporate the classroom material into their solutions through project construction and skit demonstration.

Implementation: The intervention involved an interactive activity is designed to reflect specific material the lecturer has chosen to focus on for the students to demonstrate. The students are teamed together randomly and challenged to create a product or device with a skit incorporating the chosen topic from the didactic material. The activity is timed and the students receive a maximum of ten minutes of creation and one minute of demonstration. Essential elements (i.e. material).

Outcomes and Implications: Several of the themes that have presented, from the activity reflection, are time management, delegation, and how to confront team members. Through the ten questions the students have come up with strategies on how to address these issues.
Concurrent Session 63
Operationalizing Research Findings to Enhance the Curriculum

Name of Primary Presenter and Credentials: Linda Blazovich, DNP, RN, CNE
Affiliation/Organization: St. Catherine University City, State: St. Paul, Minnesota

SESSION DESCRIPTION
The purpose of this presentation is to discuss how the findings of a multi-site nursing education research study on a simulation reflective debriefing strategy informed curriculum change. The presenters will engage educators in a dialogue on the challenges and successes in translating research findings into everyday teaching and curriculum enhancement and importantly – faculty development.

OBJECTIVES
1. Discuss the complexities of translating research into education practice.
2. Discuss the use of standardized teaching strategies to achieve learning outcomes.
3. Discuss the necessary support mechanisms to engage faculty during curriculum change.

ABSTRACT
Nursing education is calling for the need for innovative and transformative strategies that guide nurses in the use of nursing knowledge and science. How nurses are educated and oriented to think in practice is receiving well-deserved attention in the literature. To that end, formal evaluation and dissemination of findings that validate the use of these transformative strategies is necessary. The purpose of this podium presentation is to engage educators in a dialogue on the challenges and successes in translating research findings into everyday teaching and curriculum enhancement and importantly – faculty development. Faculty carry great weight in the success and operationalization of curriculum. It is essential to develop faculty to manage and support the changes in curriculum that are brought about by nursing education research findings. This presentation will discuss how the findings of a multi-site nursing education research study on a simulation reflective debriefing strategy informed curriculum change relative to: 1) measuring student learning outcomes using standardized measurements; 2) developing consistency in teaching strategies across student groups; 3) employing active learning strategies to engage student learning and improve clinical reasoning; and finally 4) challenges and successes with faculty development initiatives during curriculum change. Implications are clear: engage active learning, teaching and thinking within context. Strategies and support are key! Educators in attendance will have an opportunity to dialogue on how to create an inclusive and supportive development plan to enhance faculty expertise and collaborative change.

Co-Presenter(s)
Jone Tiffany, DNP, MA, RNC
Ann Holland
Heidi Meyer, MSN, RN, PHN
Lynnea Myers, MSN, RN, CPNPC
Melanie Smerillo
Susan Forneris, PhD, RN, CNE, CHSE-A
Mary Beth Kuehn, EdD, RN, PHN
Diana Neal, PhD, RN
Concurrent Session 64

Trauma Team Excellence: Orchestrating a Finely Tuned Symphony Through Multidisciplinary Simulation

Name of Primary Presenter and Credentials: Carol Fahje, MS, RN, BC
Affiliation/Organization: Mayo Clinic
City, State: Rochester, Minnesota

SESSION DESCRIPTION
The purpose of this presentation is to share a success story of how simulation was used to enhance teamwork and communication skills of multidisciplinary trauma teams.

OBJECTIVES
Recognize crucial communication skills to enhance a culture of safety:
1. Standardized language: CUS -Concerned, Uncomfortable, Safety
2. Closed loop communication
3. Conflict resolution

Review debriefing techniques guiding learners to a higher level of understanding and performance:
1. Plus/delta
2. Reaction-Summary-Understanding

Describe critical scenarios utilized to strengthen multidisciplinary trauma team performance:
1. Penetrating trauma
2. Hypovolemic shock
3. Tension pneumothorax

ABSTRACT
The trauma team is notified of a severely injured patient due to arrive in the ED in 10 minutes. The team assembles in the trauma bay, applies PPE and announces their name and role. The MD team leader, states “the patient may have a tension pneumothorax based on her rapid breathing and unequal breath sounds” creating a shared mental model. He calls out “Lisa, set up the chest tube drainage unit”. Lisa RN completes closed loop communication and says “I’ll get a chest tube set up.” The assisting MD states “I’ll have a needle ready in case we need to perform a decompression” demonstrating mutual support. Another nurse states “With the high heart rate and low BP, I am concerned the patient is bleeding. Should I prime a TXA bolus?” affirming a safe environment for anyone to speak up. The MD team leader says “Yes. Prepare 1 gram of TXA.” The patient arrives and the trauma team begins the concert like a finely tuned orchestra. How? By practicing these skills in a high fidelity simulated environment long before this patient attempted to defy gravity on her ATV.

High performing multidisciplinary teams are central to safe care of critically ill trauma patients. The Institute of Medicine highly recommends the implementation of multidisciplinary team training as a critical component to a comprehensive safety program. By teaching skillsets such as leadership, communication, situational monitoring and mutual support, high performance teams can be enhanced. This presentation describes how a Level 1 trauma center incorporates multidisciplinary simulation, utilizing high fidelity mannequins and standardized patients, to improve the trauma team response. Specific clinical scenarios will be shared including pediatric penetrating trauma, tension pneumothorax and hypovolemic shock. Models of debriefing with strategies of how to guide learners to a higher level of understanding will be highlighted. Digital recordings of simulations and debriefing will be played

Co-Presenter
Lisa Jelinek, BSN, RN, CFRN, CEN, NREMT-B
Concurrent Session 65

Building a Nurse Residency Program: Lessons Learned from a Pilot Study

Name of Primary Presenter and Credentials: M. Ellen Joswiak, MA, RN-BC
Affiliation/Organization: Mayo Clinic  
City, State: Rochester, Minnesota

SESSION DESCRIPTION
The purpose of this presentation is to review lessons learned from the design, implementation, and evaluation of a Nurse Residency Program. A comparison of a "control group" of novice nurses that did not participate in the Nurse Residency Program will also be discussed.

OBJECTIVES
1. Apply available resources to develop an innovative and engaging nurse residency curriculum.
2. Analyze the usefulness of survey tools and metrics used to evaluate a nurse residency pilot program.
3. Perform a basic return on investment (ROI) evaluation of a program.

ABSTRACT
Nurse educators are expected to create curriculum programs that meet professional and institutional standards, are cost-effective and innovative, and ultimately meet the needs of the learners. Many institutions are asking their Nurse Educators to build or initiate Nurse Residency Programs. This is an exciting but challenging undertaking that requires many different skills. This presentation will share “lessons learned” by two nurse educators who built a creative and engaging curriculum for a pilot nurse residency program at a large Midwestern acute care facility. Learnings included methods used to develop a curriculum based on institutional and national standards and ways to creatively deliver the curriculum. A mixed methodology- both quantitative and qualitative outcome measures were trialed, and the presenters will share their outcomes findings as well as their evaluation of the usefulness of these tools. The presenters will also share information related to a “control group” of nurses that did not participate in the Nurse Residency Program. The process for documenting the return on investment (ROI) for a program will also be shared.

Co-Presenter
Marny Carlson, MS, RN-BC
Concurrent Session 66

Regeneration for a New Nursing Generation: Improvements in Validation of Skill and Competency

Name of Primary Presenter and Credentials: Joan McCann, MSN, BS, RNC-MN
Affiliation/Organization: Genesis Health System    City, State: Davenport, Iowa

SESSION DESCRIPTION
To describe an innovative program intended to facilitate the transition from traditional learning to interactive, hands on learning.

OBJECTIVES
1. Describe the process for development of a new learning environment
2. Describe the changes made to create a more effective, interactive learning program for competency and skill validation

ABSTRACT
In staff development, educators find themselves providing skills labs in very traditional ways even though evidence shows that it does not meet the needs of the new generation of hands-on learners. Many refer to the education venue as old fashioned which require staff to attend an annual skills lab, in an overcrowded, chaotic environment, using a "check me off" approach for validation. Leaders at a Midwestern acute care hospital proposed a new approach to validating skills with more use of simulation, engagement and innovation.

The traditional environment for learning was not effective. Leaders explored options that would support safety and quality education. As hospital admission rates dropped over the past several years, many units consolidated leaving vacant rooms. These rooms were transformed into a state of the art, accessible and conducive learning and simulation center. The new Learning Center offers a great opportunity for integrating more simulation into competency validation. What was previously an abandoned patient care area is now a reformed learning center which includes 5 hi-tech simulators and 10 additional rooms for skills that can be validated through moulage or low-tech simulation. The renovation also advanced the science of nursing education through use of improved video capabilities, staff participation and debriefing environments.

Nursing orientation programs have moved from traditional classrooms to flipped classrooms in the learning center. A Dedicated Learning Orientation Unit provides just in time learning activities in the center to meet immediate hands on opportunities. Bi-monthly skill validation offerings throughout the year offer training opportunities for all staff to attend, providing convenience and flexibility to improve competency and productivity requirements. Interactive, hands on simulations and scenarios encompass validation of all the required critical safety skills taught with return demonstrations or teach backs contributing to a higher level of learning and retention. The center has expanded capacity and disciplines to now include all Acute Care nursing, VNA, Hospice, Outpatient facilities, Allied Health and Physician education. Staff feedback from participants to date ultimately has attested to the success of the new state of the art learning center reformation and has enhanced this culture of continued learning and safety.

Co-Presenter
Jackie Anhalt, MS, MSN, RN, NEA-BC
SESSION DESCRIPTION
The purpose of this presentation is to share the experience of designing, implementing and evaluating a complex curriculum for Population Health Management in support of the evolving role of the RN Care Coordinator.

OBJECTIVES
1. Identify the assessment of need for this new curriculum.
2. Identify decisions made during course development and influencing factors on outcomes.
3. Relate experiences in curriculum development that will assist others to consider pitfalls in development of similar curriculums.

ABSTRACT
In response to the IOM call to promote nurses practicing to the full extent of their education and training, our organization established the RN Care Coordination role. The Division of Education and Professional Development was charged with the creation of a Population Health Curriculum to meet the staff development training needed for RN Care Coordinators in this cutting edge, community-based specialty role.

An education team was formed to develop an online curriculum that would be accessible across multiple geographic locations within our health care organization. Content topics were identified through a review of data, programs, literature and a learning needs assessment of nurses in the target population. Subject matter experts (SMEs) were identified to provide content and a template was created to provide a standard format for each module. The education team included a course editor who reviewed content; confirmed content met objectives, and assisted with editing for online learning. The Instructional Designer created the e-learning environment, integrating active learning components into the online learning management system (Blackboard®). An ANCC nurse planner oversaw every step of the planning through evaluation process to verify ANCC accredited contact hour requirements. Each module of the online course was piloted by members of the target audience to evaluate both content and process.

Results from the implementation of this curriculum will be shared along with key learnings related to the development and implementation of this online course.

Co-Presenters
Lynn Alcock, MS, RN-BC
Katherine (Katie) Brady-Schluttner, MS, RN-BC
Roberta Bumann, DNP- PCCN
Concurrent Session 71

Using QSEN in the Haitian BSN Program

Name of Primary Presenter and Credentials: Tim Bristol, Phd, MSN, CNE, ANEF
Affiliation/Organization: Walden University
City, State: Waconia, Minnesota

SESSION DESCRIPTION
This presentation will examine the benefits and challenges of using QSEN competencies in a BSN program in Haiti.

OBJECTIVES
Describe the value of QSEN in the Haitian BSN Nursing Program.
Explore the development of the Haitian BSN program using the QSEN Competencies.

ABSTRACT
This session will describe the use of QSEN in the first BSN program in Haiti. Implementing the 6 competencies proved to be challenging yet very effective in helping the program graduates change healthcare thinking in a variety of settings. Discussions will highlight examples from the classroom, lab, and clinical learning. Lessons learned include the need for a focus on patient-centered care. This helped the students and faculty move into more of a wholistic focus on many levels. Teamwork became vital as many of our BSN graduates are the only healthcare providers for thousands of people. Evidence-based practice through technology is being explored with mHealth strategies. Quality improvement and safety have been highlighted as the BSN students look to collect nursing related data (in many cases for the first time ever). First-hand accounts will be shared of how student outcomes were affected by using QSEN.

Co-Presenter
Hilda Alcindor, BS, RN, FAAN
Concurrent Session 72

Can You Hear Me Now? Enhancing Clinical Nurses’ Confidence and Ability to Communicate with Nursing Students

Name of Primary Presenter and Credentials: April Rowe Neal, MS, RN
Affiliation/Organization: Luther College      City, State: Decorah, Iowa
Unique identifier: ARN032014 (either#124 & 195)

SESSION DESCRIPTION
The purpose of this presentation is to explore the evidence related to communication's effect on the quality of the clinical learning environment and describe a staff development course that incorporated active learning strategies to promote application of communication principles when working with nursing students. Additionally, the presenters will discuss findings from in-class and post-class surveys that show learners’ improved confidence and ability to communicate effectively with nursing students.

OBJECTIVES
1. Discuss how communication impacts the clinical learning environment.
2. Describe use of active learning and assessment strategies to promote application of concepts.

ABSTRACT
Much of the current literature regarding preparation of nurses who work with nursing students centers on preceptorships, defined by Charleston and Happell (2005) as “form of educational relationship that provides access to a competent, supportive role model” (p. 54). This relationship is typically established over a period of time. Within the preceptorship model it is known that preceptors desire additional preparation for the role and improved communication (Altmann, 2006; Charleston & Happell). While the preceptorship model is widely used, not all clinical learning environments use this model. The traditional clinical learning model includes students making short-term contacts, perhaps once a week, on a clinical unit and without the consistency of the same clinical nurse. Given that preceptors feel unprepared to work with nursing students, it is logical to assume that clinical nurses who encounter students in the traditional clinical learning environment have similar needs. A professional development offering was created to support clinical nurses’ understanding of the various nursing roles within the clinical learning environment, as well as communication strategies to support an environment for safe patient care and high-quality learning. This course incorporated a variety of active learning strategies and was offered at two Midwestern facilities; a large teaching hospital and a small rural hospital and included 95 participants. Findings from in-class and post-class surveys indicate improved confidence and ability to apply concepts in practice. Integrating the evidence related to teaching-learning principles and characteristics of the clinical learning environment resulted in a professional development offering that improved clinical nurses’ reported confidence and ability to communicate important information to student nurses.

Co-Presenter
Jacqueline Puppe, MSN, RN
Concurrent Session 73

Developing Role-Specific Multidisciplinary Education, Competency and Resources for Acute Postoperative Cardiovascular Surgery Critical Care

Name of Primary Presenter and Credentials: Katherine Seelandt, MS, RN
Affiliation/Organization: Mayo Clinic
City, State: Rochester, Minnesota

SESSION DESCRIPTION
The primary goal of this presentation is to promote the collaboration of the multidisciplinary team to develop multidisciplinary education, competency assessment and resource development in an acute inpatient care setting within a large Midwestern medical institution. We will identify the role of the nurse educator in this collaborative educational model through review of the steps and processes utilized to meet this primary goal.

OBJECTIVES
1. Identify the role of the nurse educator in the development and design of multidisciplinary education, competency assessment and resource development.
2. Review the steps and processes utilized to develop multidisciplinary education, competency assessment and resource development.
3. Discuss the importance of and benefits of multidisciplinary education, competency assessment and resource development and the positive effects on patient care outcomes.

ABSTRACT
The concept of multidisciplinary education is not new to healthcare. This presentation will review how a large Midwestern medical institution developed a multidisciplinary education program to meet the needs of a cardiovascular surgery specialty patient population; the patient implanted with a ventricular assist device (VAD). We will provide an overview of the multidisciplinary team involved and the role of the nurse educator within this team.

The initial stakeholders identified for this multidisciplinary team included bedside nurses, nursing leadership, cardiovascular surgery mid-level providers, cardiovascular surgeons, and other support staff. Multiple methods and processes were used to identify staff learning needs, develop education, and to assess competency. Gaps in education and areas for improvement were identified via educational course evaluations, competency assessment, and also review of patient records and patient outcomes. Once learning needs were identified, education and at-hand resources were developed and implemented to meet the needs of the multidisciplinary team on cardiovascular surgery and non-cardiovascular surgical patient care areas.

In summary, through trial and tribulation, new methods for informing, educating and assessing competency for the multidisciplinary team have been piloted and evaluated. Today, lessons learned from this venture are actively being used to promote multidisciplinary education and best practice in this acute care setting.
Concurrent Session 74

Partners in Research: Developing a Model for Undergraduate Faculty-Student Collaboration

Name of Primary Presenter and Credentials: Amy Reitmaier, PhD, RN
Affiliation/Organization: Winona State University
City, State: Winona, Minnesota

SESSION DESCRIPTION
In this paper, we will describe our experiences of involving undergraduate nursing students in a focused faculty research program, and present the partnership model that has developed.

OBJECTIVES
1. Participants will describe the benefits and challenges of involving undergraduate nursing students in faculty research.
2. Participants will identify ways to utilize the approach described within this paper in their own academic and practice settings.
3. Participants will recognize possibilities for expanding this model to incorporate interprofessional collaboration.

ABSTRACT
Maintaining scholarship in the context of delivering an undergraduate nursing program is a challenge for many nursing faculty. In this paper, we describe an innovative approach to involving undergraduate nursing students in faculty research. Faculty are involved in a series of projects to develop and evaluate new approaches to teaching and learning within a four-year undergraduate nursing curriculum. Over the past three years, students undertaking honors projects have worked with faculty to gather, analyze and interpret data. Project foci have included partnership learning between nursing students and older adults, models of sustainability for a traveling health clinic, and experiences of aging. Students work with faculty to develop their proposals for honors projects, in which they identify specific questions and explore relevant literature. While some students have undertaken original data collection with faculty supervision, others have focused on secondary analysis of existing datasets. Findings and recommendations from these honors projects feed back into the broader faculty research agenda provide a foundation for subsequent projects and inform further development of courses and programs. Students and faculty work together to disseminate findings. To date, students have presented at both local and national conferences and have submitted papers for publication based on this joint work. In this presentation we will describe the benefits and challenges of these research partnerships, drawing upon student and faculty reflections. We will also explore the development of interprofessional projects using this approach.

Co-Presenter(s)
Susan Davies, PhD, RN
Deborah Mangan-Danckwart, DNP, RN, GCNS-BC
Linda Reveling Smith, MPH, RN
Using Undergraduate Research as a Means of Promoting Inter-Professional Communication and Collaboration in the Health Sciences

Name of Primary Presenter and Credentials: Barbara Zust, PhD, RN
Affiliation/Organization: Gustavus Adolphus College
City, State: Saint Peter, Minnesota

SESSION DESCRIPTION
The purpose of this presentation is to describe the inter-disciplinary communication and collaboration that occurs at the undergraduate level when pre-health and nursing students engage in health related, student-led research studies.

OBJECTIVES
The purpose of this presentation is to describe the inter-disciplinary communication and collaboration that occurs at the undergraduate level when pre-health and nursing students engage in health related, student-led research studies.

ABSTRACT
In the 2010 report by the Institute of Medicine (IOM) entitled, The Future of Nursing: Leading Change, Advancing Health, the IOM proposed the need for better inter-professional communication and collaboration among members of the health care team in order to provide safe, effective and cost-efficient health care. While inter-professional communication skills may be covered in nursing’s didactic class periods, the efficacy of this approach is lacking.

This presentation will provide two examples of creating inter-professional community engagement assignments that required communication and collaboration skills in designing, implementing and analyzing a study concerning an aspect of health/ wellbeing. One assignment was created through a partnership between the departments of nursing and music. Nursing students and pre-music therapy students conducted a study entitled, The Effects of Classical Music on Perceived Stress and Physiologic Measures which was accepted for presentation at the National Conference of Undergraduate Research. The second example describes a diverse pre-health/ nursing class who compared and contrasted their findings on public opinion about health care in the United States and Sweden. Both assignments provided evidence of increased understanding between the professional roles the students represented.

Co-Presenter
Jessica Stadick, MS, RN
Concurrent Session 76

Carrot or Stick? Building a Culture of Integrity for Testing within the Context of Virtue Ethics

Name of Primary Presenter and Credentials: Teresa Krassa, PhD, RN, CNE
Affiliation/Organization: University of Illinois at Chicago College of Nursing
City, State: Urbana, Illinois

SESSION DESCRIPTION
The purpose of the presentation is to discuss building a culture of integrity for testing within the context of virtue ethics in nursing education.

OBJECTIVES
1. Discuss the factors contributing to breaches in academic integrity during testing among college students.
2. Describe the advantages and disadvantages of using strategies to promote academic integrity during testing among nursing students.

ABSTRACT
Student academic integrity issues in testing are an unfortunate but growing concern across all disciplines in universities today (Caldwell, 2010; Klocko, 2014). The problem of academic dishonesty by students during test taking is particularly challenging, given the growth of technological strategies that can be employed by some to thwart test security measures. Many factors contribute to this problem (Harding et al., 2006; Hendershot, Drinan, & Cross, 2000, Piascick & Brazeau, 2010). Nursing faculty are challenged to help students develop their moral agency and maintain high ethical standards in all parts of their nursing education, even in stressful testing situations, so that this ethic carries on through their nursing careers (Tippitt et al., 2009).

The purpose of the presentation is to discuss building a culture of integrity for testing within the context of virtue ethics in nursing education. Virtue ethics “places less emphasis on learning rules…and more emphasis on the development of good or appropriate behavior and habitually perform in this quality character mode” (Guido, 2014, p. 33). Integrity has been identified as one of the virtues or prized character traits “that comport with professional [nursing practice] and its contemporary responsibilities” (Fry, Veatch, & Taylor, 2011, p. xxvii). Factors contributing to academic dishonesty during testing will be discussed, as well as novel methods used by some students who engage in this behavior. Then positive strategies to build a culture of integrity to promote students’ academic honesty during both face-to-face and online test taking situations will be presented. These strategies include engaging students in self-reflection activities, providing clear expectations, role modeling professional behavior, creating a safe testing environment, test construction techniques, adequate proctoring, faculty development seminars and teacher preparation courses. Student and faculty reactions will be discussed. Changing the focus from solely stressing punitive measures for academic dishonesty to one that focuses on promoting academic honesty in testing may be more effective in reaching today’s students. These strategies can be an adjunct to help faculty toward the goal of graduating nurses for whom integrity is an essential part of their character: a professional virtue.
Concurrent Session 77

Transgender 102: An Ongoing Health Care Challenge

Name of Primary Presenter and Credentials: Paula Neira, BSN, JD, RN, CEN
Affiliation/Organization: Department of Emergency Medicine, The Johns Hopkins Hospital
City, State: Baltimore, Maryland

SESSION DESCRIPTION
This presentation will increase the ability of nurse educators to improve nurses' and nursing students' cultural competence in caring for transgender patients. Additionally it will update educators on the impact of recent legislative, legal, and research activities on the transgender population and their health concerns.

OBJECTIVES
Upon completion of this educational offering, attendees will be able to:
1. Discuss the stereotypes, myths, and social stigma that contribute to health care disparities in transgender patients.
2. Describe the impact health care reform will have on transgender health concerns.
3. Identify three methods to include transgender cultural competence in educational activities in an academic or clinical setting.

ABSTRACT
Health care reform highlights that students be prepared to provide culturally competent care to diverse patient populations. The level of cultural competence in caring for the transgender population across all health disciplines, including nursing, remains abysmally low. Lack of education impairs nursing students and nurses from providing culturally competent care, resulting in continued health care disparities. The Affordable Care Act (ACA) expands health care access for this population. Yet, many challenges in implementing actual reform remain. It is imperative that nurse educators increase their understanding of this unique population’s health care concerns. Nurse educators play a pivotal role in improving nurses’ ability to be health care advocates.

The presenter’s legal and nursing background grounds the presentation’s provision of basic information to educators with little to no exposure to the transgender population while also providing information about the impact on nursing education of recent legislation, legal decisions, and ongoing research related to transgender health care. The presentation provides an overview of the health concerns of the various communities in the transgender population, and the negative impacts societal discrimination has had on healthcare for this minority group. Building upon this information and using the example of introducing transgender cultural competence to an interdisciplinary emergency department staff at an urban, academic, Level I trauma center, the presentation provides nurse educators with specific methods to improve their ability to teach about this population, resulting in enhanced clinical judgment and critical thinking. Additionally, the presentation discusses legislative and legal impacts on the institutional ability to better support transgender nursing students and faculty.

With the recognition in Healthy People 2020 that health care provider’s lack cultural competence in caring for sexual minorities, research into transgender health issues is ongoing. The presentation concludes by describing the ongoing research surrounding various aspects of transgender health care including within emergency care and the military.
Innovative Ways to Implement Undergraduate Research in a Nursing Department

Name of Primary Presenter and Credentials: Lynnea Myers, MSN, RN, CPNP
Affiliation/Organization: Gustavus Adolphus College
City, State: St. Peter, Minnesota

SESSION DESCRIPTION
The purpose of this presentation is to describe innovative strategies employed by faculty at a small liberal arts college to engage undergraduate nursing students in research.

OBJECTIVES
1. List 1-2 activities to incorporate into a nursing curriculum to engage undergraduate students in nursing research.
2. Describe 2-3 nursing research projects completed by students and venues utilized to disseminate their research findings.

ABSTRACT
The opportunity to engage in undergraduate research is one of the hallmark experiences of the liberal arts education. An article by Bennett and Bauer (2003) in the Journal of Higher Education described perceptions of alumni who had participated in undergraduate research regarding the value of their undergraduate education in comparison to their peers. Overall, alumni perceived the value of undergraduate research to include not only enhanced critical thinking and interpersonal skills, but also increased satisfaction with their education and likelihood to pursue graduate studies. Additionally, faculty who engage in undergraduate research are often able to engage in their own scholarly development through the research projects. This presentation will highlight innovative ways a nursing program in a small liberal arts college implements undergraduate nursing research in the curriculum and departmental activities. The presentation will describe the process of developing student research interests, the implementation and evaluation of student research projects, and venues for dissemination of student research projects. The presentation will conclude with faculty insight on the undergraduate research process and lessons learned.

Co-Presenter(s)
Barbara Zust, PhD, RN
Heidi Meyer, MSN, RN, PHN
Concurrent Session 82

Phrasing EBP for Success

Name of Primary Presenter and Credentials: Carol Boswell, Ed.D., RN, CNE, ANEF
Affiliation/Organization: Texas Tech University HSC City, State: Odessa, Texas

SESSION DESCRIPTION
The purpose or goal for this presentation is to ensure that educators realize the importance of comprehending and understanding terminology related to EBP and research. Lack of comprehension related to the language of EBP and research impedes the implementation of EBP and research by staff nurses.

OBJECTIVES
By the end of the session, the participants will be able to:
1. Identify communication barriers related to the implementation of EBP at the bedside.
2. Discuss strategies for improving the comprehension of EBP and research language and terminology for staff nurses.
3. List key terms and language components

ABSTRACT
Communication! Communication! Communication! One area that consistently seems to be a challenge in regard to ensuring effective implementation and attainment of effective health care is the problems encountered by confusion within the delivered messages. From a research project conducted with bedside nurses addressing the current comfort with EBP skills and attitudes, communication regarding EBP terminology presented itself as a critical problem. Phases such as “monitoring and reviewing practice skills”, “identifying gaps “, and “knowledge of how to retrieve evidence” were viewed as puzzling and confounding. EBP has advanced steadily over the last years but confusion and resistance persists in the embracing of the process at the bedside in many places. Just as with research, language and terminology concerning EBP and research present challenges and barriers. Schools of nursing along with continuing education units need to step back and take a new direction in regard to integrating and assimilating EBP more into the day to day efforts performed by the bedside nurse. Barriers and challenges confronted within acute care settings, community resources, and schools of nursing curricula will be discussed as they relate to the terminology used within the EBP community. Strategies for moving EBP and research forward to the bedside will be suggested with tactics addressing cost, time, and changing health care environments.

Co-Presenter
Sharon Cannon, EdD, RN, ANEF
Preceptor Training - Using Case Scenarios to Self-Direct Learning

Name of Primary Presenter and Credentials: Stacy E. Wahl, PhD, RN-BC, CCRN
Affiliation/Organization: North Shore/LIJ Health Sys. & Walden Univ
City, State: South Huntington, New York

SESSION DESCRIPTION
The purpose of this presentation is to foster self-direction in adult learners through the use of collaborative teaching methods guided by case scenarios.

OBJECTIVES
1. The participants will state three benefits to using case scenario methodology to develop their preceptor staff.
2. The participants will explain how facilitation of self-directed learning aligns to the tenets of adult learning theory (andragogy).

ABSTRACT
Adult learners need to see relevance of new knowledge and they scaffold new information to their personal experiences. Case scenarios promote collaboration through brainstorming, discussion, debate, and result in creative solutions to problems and enhanced critical thinking. Preceptors guide the learning of novice nurses but may lack experience or feel uncomfortable with giving constructive criticism, facilitating the learning of a person from a different generation or knowing when to escalate a situation. Case scenarios encourage active learning where participants debate real situations with the goal of optimizing the learning outcomes of the novice nurse and grow professionally in their role of preceptor.

Co-Presenter
Anita Thompson, MA, RN, CCRN
Concurrent Session 84

Using Learning Theory

Name of Primary Presenter and Credentials: Denise Foy, MSN, RN, BC
Affiliation/Organization: Mayo Clinic
City, State: Rochester, Minnesota

SESSION DESCRIPTION
The purpose of this course is to assist nurse educators in making the link between learning theories and educational planning.

OBJECTIVES
1. Discuss how learning theory can direct educational planning
2. Apply learning theory concepts to make recommendations on improving a class.

ABSTRACT
We are told in education that theory guides our practice, but how often do we step back and consider the lessons from theory when planning classes? This presentation will guide participants through the learning theories to actual education planning. Learning theories that will be discussed include the following: Behaviorist, Cognitive, Social, Humanistic, Experiential and Transformational. In addition, we will include these topics in the discussions: Benner’s Novice to Expert Model, learning styles and brain based learning. We will begin with a brief review of these learning theories and the application each. Using a fictional class evaluation, participants will apply learning theories to improve the educational plan.

Co-Presenter
LaDonna McGohan, DNP, RN, CMSRN
Concurrent Session 85

Partners in Nursing

Name of Primary Presenter and Credentials: Michelle McGregor, MS, RN
Affiliation/Organization: Sanford Health  
City, State: Sioux Falls, South Dakota

SESSION DESCRIPTION
The purpose of this presentation is to share an innovative academic-practice partnership that supports the on-boarding experience of new graduate nurses. The partnership model supports an augmented transition from education to practice, promotes competence, confidence, and clinical judgment through innovative learning, and engages the new graduate RN in the workplace through exposure to shared governance, various practice committees and work with inter-professional teams.

OBJECTIVES
1. Describe the Partners in Nursing academic-practice model.
2. Discuss the Partners in Nursing program outcomes as they relate to enhanced on-boarding experiences and engagement of the new nurse.

ABSTRACT
Literature review suggests that 30 to 60% of new graduate RNs are not retained within the first year of their nursing career because of workplace stressors. It is also important to note that “increased confidence and clinical judgment leads to enhanced nurse satisfaction, increased quality of care, and improved patient outcomes” (Anderson, 2009). To increase the confidence, competence and clinical judgment of the new RN as well as their retention in the workplace, our Midwestern Tertiary Care Center collaborated with a local College of Nursing to develop an enhanced on-boarding experience called Partners in Nursing (PIN). The partnership provides additional learning experiences for aspiring nurses who are in their final semester of their nursing program. The goals of the program include to: 1) augment transition from education to practice, 2) promote competence, confidence, and clinical judgment through innovative learning, and 3) engage new graduate RN hires in the workplace through exposure to shared governance, various practice committees and work with inter-professional teams. Upon hire to the organization, a nurse educator supports the participant during selected learning activities in addition to their regular on-boarding experiences. Each PIN participant is required to select a relevant nursing area for intense study that includes a thorough literature review. A presentation to nursing leaders is requested of each participant at the program’s close.

Several outcomes have been noted from the PIN program that includes increased confidence, competence, clinical judgment, and retention as well as innovative practice contributions, novel presentations, and leadership development. Of the 50 new nurse participants since the program’s inception, the retention rate for the first five years of employment reflects a 94% average. Supervisors recognize the PIN’s early involvement in committee work, enhanced engagement within their nursing practice, and their fresh perspective and collaborative spirit. As a new nurse of 6 months, they are known for their active contributions to practice changes as discovered and developed from their presentation projects. PINs have been invited to present to multiple committee groups, contribute to new employee learning and development needs, and assist in new or revised workflows as a result of their efforts.

Co-Presenter(s)
Deborah Letcher, PhD
Concurrent Session 86

Exploring Generational Differences from a Polarity Thinking Perspective

Name of Primary Presenter and Credentials: Laurie Levknecht, RN, BSN
Affiliation/Organization: Elseview Clinical Solutions
City, State: Grand Rapids, Michigan

SESSION DESCRIPTION
Purpose/Goal: Are you in a position where you work with, coach, evaluate, teach, or supervise people from a different generation? Do you find yourself wondering how could they be thinking that? Explore these assumptions from a polarity thinking (both/and) perspective, and appreciate both sides of the differences.

OBJECTIVES
1. Explain the basic principles of polarity thinking and acting.
2. Consider how you could use polarity thinking to make sense of generational differences.

ABSTRACT
Nursing and interprofessional educators in practice and academic settings lead healthcare reform in environments that include personnel whose ages and experience span nearly four generations. Each generation has different assumptions about how the world works, and is currently in a different life stage that will affect what they demand from life, from work and from each other. The seeming clash of holding onto one’s own view, yet accommodating and understanding another’s approach can be both challenging and frustrating.

Polarity thinking brings an approach that encourages “both/and” thinking and acting from a perspective of understanding another’s view. Polarities are interdependent pairs that support a common purpose, and need each other over time to maintain performance. Polarities are all around us in both our personal and professional lives, and can be seen, mapped and leveraged. Consider the following polarity pairs: home life-work life; activity-rest; structure-flexibility; self-other; continuity – change. Once the pairs are identified, they can be mapped using a four quadrant diagram. Each polarity pole has an upside (positive outcomes and/or values) and a downside (fears and or negative outcomes). Polarity thinking is intended to supplement traditional problem solving (often “either/or” thinking) with “both/and” thinking and acting. Action steps and early warning signs are added to each polarity map to maximize the upside of both poles, and to warn about over-focus on one side at the neglect of the other.

This interactive and energizing session begins with a general description of polarity thinking. The focus is then on the possible parallel pairs that relate to generational issues, both across generations and within specific groups i.e. Baby Boomers, Gen X and Millennials. One polarity pair example might be “face to face communication” and “virtual communication”. The group will be encouraged to consider action steps that allow for an appreciation of both sides of the polarity and invite synergy between the two sides.

When used in this context, polarity thinking and acting gives professional educators the opportunity to deepen their understanding of another’s reality and take actions that honor both poles. These leaders of healthcare reform are truly leveraging the best and brightest across the generational divide.
Concurrent Session 87

Online Continuing Education for the Healthcare Professional Utilizing an Inter-Professional Approach

Name of Primary Presenter and Credentials: M. Jane Swartz, RN, DNP, ACNS-BC
Affiliation/Organization: University of Southern Indiana  City, State: Evansville, Indiana

SESSION DESCRIPTION
The purpose of this presentation is to enable the learner to incorporate strategies on interprofessional collaborative practice within an online continuing education programs for health professionals.

OBJECTIVES
Following the presentation, the viewer will be able to:
1. State the four competency domains for interprofessional collaborative practice.
2. Discuss the benefits of interprofessional education for practicing healthcare providers.
3. Demonstrate at least two strategies for promoting interprofessional education within an online environment.

ABSTRACT
The push for an interprofessional approach to the education of health professions has been mounting since the first Institute of Medicine (IOM) conference in 1972. The proponents for this approach see the development of teamwork and collaboration as a means to improve the quality of patient care. Most of the impetus has been placed on the transformation of health professions education in the academic setting. Yet for those professionals who are licensed and currently practicing, an opportunity for interprofessional education is as important. Within the setting of continuing education, an opportunity exists to foster collaborative study. This relationship building can translate to practice for a safer healthcare environment.

Since 1998 the University of Southern Indiana’s College of Nursing has provided online continuing education for healthcare providers. Today USI offers sixteen programs on subjects ranging from anticoagulation management to case management/care transition applicable to all healthcare professionals. Our Diabetes Management Program is a prime example of interprofessional education within an online environment. The instructors of this program represent the healthcare professionals as a nurse practitioner, certified diabetes educator, a Doctor of pharmacology, and a registered dietitian. Thus the presentation of content relevant to the management of diabetes strengthens the interprofessional approach and enriches the participant’s educational experience.

Online continuing education is meeting the needs for licensed healthcare providers in a convenient and cost-effective way. Integrating interprofessional education strategies within this setting can promote the principles of interprofessional competencies such as patient/family centered, relationship focus, and applicable across professions to persons who are licensed and working in clinical settings. As opportunities for interprofessional education are becoming more common in the academic setting, the working healthcare provider needs the same opportunities to enrich collaborative practice for the safety and care of the patient.

Co-Presenter
Sue Krieg, MSN, RN, FNP-C
Confidence is Contagious: Improving Faculty Confidence through Participation in Simulation

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

SESSION DESCRIPTION
The purpose of this presentation is to present the results of a study that was conducted to evaluate the confidence levels of nursing faculty members teaching telehealth and rural characteristics. Implications for nursing education will be discussed.

OBJECTIVES
1. Explain the results of a study conducted to evaluate the confidence levels of nursing faculty members.
2. Discuss the benefits of having faculty members participate in newly developed simulations.

ABSTRACT
BACKGROUND: The purpose of this study was to evaluate the confidence levels of nursing faculty members teaching telehealth and rural characteristics. The simulation was created for senior level students enrolled in a baccalaureate nursing program at one Midwestern university. Through the use of a standardized client, scripting, and a rural home setting within a simulation room, the simulation encompassed rural nursing concepts as well as telehealth competencies. Prior to student participation in the simulation, faculty members were asked to actively participate in the simulation.

METHODS: Faculty members were asked to complete a survey rating their confidence levels teaching telehealth and rural characteristics. 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). After participating in the simulation, faculty members were asked to repeat the survey. Faculty members who participated in this study had no previous exposure to this simulation. The simulation was done with only faculty members and included no students.

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 confidence regarding telehealth following participation in the simulation (t= -8.225, df= 6, p= .014) and regarding rural characteristics (t= -4.769, df= 6, p= .008).

CONCLUSION: There is a gap in the literature which addresses confidence in teaching the concepts of telehealth and rural characteristics. Existing research indicates increased faculty confidence in teaching and simulation usage following demonstration experiences. In this study, faculty members reported a statistically significant increase in confidence regarding telehealth and rural characteristics following participation in simulation. The results of this study support faculty participation in new simulations, prior to student involvement, as a method to increase confidence.

Project supported by funds from Division of Nursing, Bureau of Health Professions, Health Resources and Services Administration, Department of Health and Human Services #D11HP22198.

Co-Presenter(s)
Laurie Johansen, MS, RN
Becka Foerster, MS, RN
Lois Tschetter, EdD, RN, IBCLC, CNE
Concurrent Session 91

Integrating Critical Thinking in Class Engagement

Name of Primary Presenter and Credentials: Immaculata Igbo, PhD
Affiliation/Organization: Prairie View A&M University, College of Nursing
City, State: Houston, Texas

SESSION DESCRIPTION
This presentation will share strategies on how teachers can encourage students to develop critical thinking skills and integrate them in the classroom.

OBJECTIVES
Upon the completion of this presentation session, the participants will have the opportunity to:
1. Explore ways of incorporating critical thinking into class content.
2. Identify challenges of integrating critical thinking into the classroom.
3. Discuss examples of successful critical thinking strategies.

ABSTRACT
Nurse educators are well aware of the value of critical thinking skills as related to student learning. According to Lai (2011), however, critical thinking skills are unlikely to develop in the absence of explicit instruction. Ericsson and Tesche-Romer (1993) states that to become an expert performer there are specific steps necessary to achieve that goal. The same can be said of critical thinking skills in nursing education and practice. The teaching of critical thinking strategies can be woven into numerous class activities that help students internalize and practice their critical thinking skills. This presentation, by an interdisciplinary teaching team, will share strategies on how teachers can encourage students to develop critical thinking skills and bring critical thinking into the classroom.


Co-Presenter(s)
Margie Landson, MSN, RN, CNE
Kathleen Straker, M.Ed
Concurrent Session 92

An Immersion Curriculum for Sophomore Nursing Students

Name of Primary Presenter and Credentials: Lynne Ornes, PhD, RN
Affiliation/Organization: University of South Carolina Beaufort
City, State: Bluffton, South Carolina

SESSION DESCRIPTION
The purpose of this presentation is to acquaint the audience with the USCB immersion curriculum. We will address our design, methods, and results of the evaluation of the curricular change.

OBJECTIVES
1. Explain the immersion concept as it applied to nursing education for the sophomore class.
2. Present results evaluating the immersion experience from the student and faculty perspectives.
3. Present results of determining if the immersion program changed the student’s self-efficacy as a nursing student and influenced the planning of nursing care.

ABSTRACT
Background: The resounding call for transformation of nursing education has persisted for well over a decade, yet the profession has been slow to change or to risk letting go of deeply held traditions. Faced with this prospect of doing things as we had always done them, or to step out of our comfort zone in the interest of improved learning, the University of South Carolina-Beaufort (USCB) first semester nursing faculty decided to experiment with change. This change was centered on the belief that although students learn in the classroom, laboratory, and clinical settings, it is within the clinical environment where students must transfer and apply learning from all sources to the delivery of patient care. We noted, however, that beginning students were often unprepared (both cognitively and technically) to fully participate in the clinical experience and to comprehend the complexity of patient problems, particularly in the early months of their nursing education. Thus, we frontloaded the didactic and skills portion of the curriculum to the beginning of the semester and immersed the students in a clinical experience toward the end of the semester.

Project Objectives were to (1) evaluate the curricular structure change in the courses taken in sophomore year of nursing program; (2) determine the perceived Self-efficacy of students related to this curricular change; (3) determine the influence of nursing students’ perceived Self-efficacy on patient care planning activities; and (4) evaluate if patient care planning is influenced depending on when the student goes to the clinical setting.

Design: A mixed methods descriptive design was used. Tools included a self-efficacy scale, care plan rubric, questionnaire, and focus groups.

Participants: 34 students enrolled in the first semester of nursing courses of the BSN program were asked to consent.

Findings will be reported according to project objectives. Lessons learned and the impact of this innovation on the faculty and students will also be presented.

Co-Presenter(s)
Susan Williams, PhD, RN
Patricia Miller, MSN, RN
Concurrent Session 93

Pioneering Strategies in Collaborative Simulations: Uniting Graduate and Undergraduate Nursing Education

Name of Primary Presenter and Credentials: Kimberley Brownlee, MSN, RN
Affiliation/Organization: MidAmerica Nazarene University  City, State: Olathe, Kansas

SESSION DESCRIPTION
Our abstract describes an innovative simulation strategy employed to foster collaborative learning among graduate and undergraduate nursing students.

OBJECTIVES
Through participation in this simulation activity, the undergraduate and graduate learner will:
1. Adhere to professional standards of care when providing nursing care to simulated maternal and neonatal patients.
2. Demonstrate effective communication.
3. Demonstrate effective teamwork and collaboration through the planning, implementation and evaluation of the simulation.

ABSTRACT
Background: Research supports the integration of simulation in undergraduate nursing education and highlights the need to prepare competent faculty in simulation learning. Nursing faculty at a Midwestern private university constructed a multifaceted scenario of synchronized interdependent simulations of four maternal-neonatal patients with varying acuity. Designed to enhance fidelity by presenting the realism of chaos, diversity, and change, the experience provided a lifelike milieu for undergraduate students to “think and act like a nurse” and graduate nursing students to “think and act like a nurse educator”.

Purpose: To model and cultivate teamwork, collaboration, inter-professional education and effective communication through the design, planning, implementation, and evaluation of a collaborative multidimensional simulation experience among graduate and undergraduate nursing students.

Methods: Faculty collaborated to coordinate simulation experiences for an undergraduate senior level course in High Risk Obstetrical Nursing with a graduate level course in Clinical Education, Simulation, Education, and Technology. Students (n=14) and faculty (n=3) completed simulation preparations, chose and executed roles in the simulation, and participated in the reflection debriefing session after the experience.

Results: Learning objectives were assessed through a reflective activity. All objectives were met. One student stated, “This simulation allowed me to step up and try out my skills, attempt to collaborate with others, and take initiative, without harming anyone, or compromising my patient's care”.

Conclusions: Multidimensional synchronized simulations are labor intensive undertakings with exponential potential for collaborative learning. Ongoing research is needed to explore strategies to pool resources, generate shared student experiences, and model effective teamwork and collaboration.

Co-Presenter(s)
Joanne McDermott, PhD(c)
Kata Conde, MSN, RN
Concurrent Session 94

Journaling as Professional Practice to Enhance Compassion and Creativity

Name of Primary Presenter and Credentials:
Cassandra Book, BA, MA, Certificate: Latin American and Latino Studies

Affiliation/Organization: Bellarmine University

City, State: Louisville, Kentucky

SESSION DESCRIPTION
Our presentation will build on research that promotes reflective journaling beyond pre-professional programs. We support its use in multiple spheres, specifically for bedside nurses, new graduates, and novice researchers.

OBJECTIVES
1. Understand literature that supports the use of journaling beyond undergraduate education.
2. Employ reflective journaling in professional contexts to enhance professional development, compassion and creativity in a variety of settings.
3. Collaborate with academic and community writing centers to employ reflective journaling.

ABSTRACT
The American Nurses Association’s Code of Ethics emphasizes the importance of “sound ethical decision-making,” which “requires the respectful and open exchange of views” (p. 10). Critical thinking is a hallmark of professional nursing practice. Reflective journaling is a common assignment in nursing education. Billings and Kowalski (2006) focus on journaling as professional preparation. It can help nurses enhance their personhood, reflective practice, and professional growth (Billings & Kowalski, 2006). Yet, recent studies suggest that continuing the practice of journaling throughout one’s professional career is beneficial. Specifically, Lauterbach and Hentz (2005) reinforce the significance of reflective journaling in improving the process and outcomes of patient care and the development of competent and caring nursing practices (p. 30). Banks-Wallace (2008) advocates for personal journaling as a professional practice to stay committed to long-term research projects. Charles (2010) advocates journaling as self-care and combating burnout. Likewise, Aycock and Boyle (2009) focus their research on combatting compassion fatigue, of which journaling can play a role in promoting emotional skill enhancement (p. 190). Our presentation will build on the research that promotes reflective journaling beyond pre-professional programs. We support its use in multiple spheres, specifically for bedside nurses, new graduates, and novice researchers.

This interactive presentation will reach out to nurse educators in schools of nursing, continuing education, staff development, and researchers. We will give participants the opportunity to explore and develop collaboration between practicing nurses and academic institutions, including university and community writing centers. Strategies suggested will be: peer support reflection groups, private and protected online journaling, and mini retreats employing journaling. Finally, we will demonstrate how writing centers are interested in working with community members and ways health care professionals can access these resources.

Co-Presenter
Elizabeth Fitzgerald, EdD, APRN, PMH, CNS-BC, C-TEFL
Concurrent Session 95

Employer’s Need for Speed – Accelerating Graduate Nurse Time to Independent Practice

Name of Primary Presenter and Credentials: Anne Hackman, RN BSN MPA, NE-BC
Affiliation/Organization: University of Missouri Columbia    City, State: Columbia, Missouri

SESSION DESCRIPTION
The goal of this project is to identify new strategies to assure the newly licensed nurse is competent to provide safe and effective patient care while reducing the cost of orientation and also increasing the speed with which the graduate nurse moves from novice to competent practitioner.

OBJECTIVES
1. Understand the knowledge-practice gap for graduate nurses.
2. Identify at least 3 interventions to improve both the assessment of and learning of critical thinking skills that prepare the graduate nurse for safe practice.
3. Determine the impact of technology and simulation on accelerating the learning curve.

ABSTRACT
Question: Can an innovative nurse residency curriculum incorporating an individualized learning plan, a clinical immersion laboratory experience and the use of technology based learning accelerate the time to competent practice for the newly licensed nurse?

Rational: Hospitals are experiencing a transition to a lesser experienced nursing workforce as older nurses retire. Simultaneously, hospitals must improve clinical outcomes and reduce readmissions, or suffer decreased reimbursement or non-payment. Traditional orientation programs are estimated to cost hospitals $80K per new nurse.

Goal: To identify new strategies to assure the newly licensed nurse is competent to provide safe and effective patient care while reducing the cost of orientation and also increasing the speed with which the graduate nurse moves from novice to competent practitioner.

Objectives:
Implement a pilot curriculum incorporating the following:
1. A validated electronic assessment tool to determine baseline knowledge and critical thinking skills of the graduate nurse. Results which are shared with the manager, unit educator and assigned preceptor are used to construct individualized learning plans for each nurse resident.
2. A 40-hour clinical immersion week experience using a combination of video scenarios, low and high fidelity simulation, classroom and tactile skills stations to accelerate critical thinking skills.
3. Video scenarios and debriefing discussions in each of the nine resident seminars to facilitate development of communication and leadership skills.

Evaluation:
First round study results demonstrated the average scores on clinical knowledge assessments improved from 75% on hire to 84% at 6 months with a range of 0-22% improvement. The length of orientation was reduced by an average of 2 weeks for ICU nurses and 1 week for Med/Surg nurses in the May-December 2013 pilot group when compared with those completing the traditional residency program from January 2012 - April 2013. Casey-Finke ratings by the two groups indicated the comfort level of nurses in the pilot group at 6 months exceeded the comparison group by an average of 20%. The study will be ongoing through 2014.
Concurrent Session 96

Importance of Training Nurses in Disaster Management

Name of Primary Presenter and Credentials: Elaine Forysth, RN
Affiliation/Organization: Los Angeles County Emergency Medical Services Agency
City, State: Santa Fe Springs, California

SESSION DESCRIPTION
Our goal is to show the importance of nurses being trained in disaster management and how Los Angeles County developed an emergency preparedness course for hospitals.

OBJECTIVES
At the end of this presentation, audience members will be able to:
1. Discuss the importance of educating nurses in emergency preparedness.
2. Describe the process LA County used to develop an emergency preparedness course with hands-on component.

ABSTRACT
The Centers for Medicare and Medicaid Services (CMS) have realized the importance of emergency preparedness as outlined in their proposed Conditions of Participation. Responders and disaster planners understand the importance of planning for the effects that disasters may have on healthcare facilities. From Hurricane Katrina, the Joplin Tornado, Super Storm Sandy, and countless other disasters, we have learned that effective and meaningful training for managing the response to different kinds of disasters must be done prior to an incident.

In 2008, The Los Angeles County Emergency Medical Services Agency put together, in conjunction with a multidisciplinary healthcare group, a disaster training program to improve the County’s abilities to respond to disasters that affect the medical and health community. The medical care system may be severely taxed during a disaster; we identified the need to educate all levels of personnel in disaster preparedness, response and recovery. Nurses are always going to be at the forefront in any disaster situation, therefore it is imperative that nurses are trained to respond appropriately. Nurses having disaster management training are essential to a meaningful and well-orchestrated response.

This ground-breaking 2 day training includes not only comprehensive lectures, but offers hands-on instruction and a full-scale exercise each day where participants get a chance to experience both a clinical area and play a role in the hospital command center. We have opened up the training to other healthcare entities namely, clinics, skilled nursing facilities, ambulatory surgery centers and home health agencies as we all need to work in unison during a large scale event.

Co-Presenter
Kathleen Egan, MSN, RN, MICN
Concurrent Session 97
Taming the Orientation Monster: Nursing Orientation Redesign

Name of Primary Presenter and Credentials: Amy Brown, MS, RN
Affiliation/Organization: Mayo Clinic           City, State: Rochester, Minnesota

SESSION DESCRIPTION
The purpose of the orientation redesign was to create an orientation program that best meets the needs of all stakeholders: Orientees, preceptors, educators, managers/supervisors. This included maintaining departmental focus, best utilization of resources, and a consistent approach to the pathways within departmental orientation.

OBJECTIVES
1. Review a process of departmental nursing orientation redesign that effectively and efficiently meets the needs of orientees.
2. Describe outcomes from a nursing orientation redesign project

ABSTRACT
Background:
The current nursing orientation program has been in use for several years. The need for redesign was driven by internal and external influences. Changes in health care legislation have indicated a need to deliver nursing education with fiscally responsible, efficient, and effective programs. Internal evaluations of the departmental orientation program show orientees wish to begin on clinical units sooner, and perceive classroom time is too long and information overwhelming. Results of the assessment demonstrated orientees’ retention of information and application of knowledge to direct patient care was less than optimal in the transition from departmental to unit level orientation.

Purpose:
The purpose of the orientation redesign was to create an orientation program that best meets the needs of all stakeholders: orientees, preceptors, educators, managers/supervisors. This included maintaining departmental focus, best utilization of resources, and a consistent approach to the pathways within departmental orientation.

Project goals:
• Reduce classroom orientation time
• Increase retention of information
• Maintain overall orientee satisfaction with the program

Methods:
The redesign project followed the ADDIE model. An assessment was conducted on several levels. Curriculum, schedule, and financial reviews, pre-implementation learning assessments, and accreditation requirements were assessed. Key stakeholders, practice representatives, and a project manager formed the workgroup charged with redesigning the orientation program for the future. Program implementation occurred through preceptor preparation classes, instructor meetings, marketing efforts, and communication with departmental leadership, managers and supervisors, and project champion. Evaluation includes post-implementation learning assessment, program evaluations, and program costs.

Results/Conclusion:
Classroom time was reduced between 25-40%. Results relating to assimilation and retention of information are pending. Overall orientee rating of value, quality and length of program is > 90% satisfactory/very satisfactory. In addition there was an overall reduction in costs for program support. An unanticipated result of the redesign was its impact on the responsibilities of the preceptors at the unit level.

Co-Presenter(s)
Jeffrey Phillips, M.Ed, RN
Marie Stancl, MS, RN (poster only)
Cheryl Lovlien, MS, RN-BC (poster only)
Megan Pfrimmer, MS, RN-CCRN (poster only)
Concurrent Session 101

The “Flipped” Nursing Skills Laboratory: How Student Learning is Enhanced Through Experiential Learning and a Technology Rich Environment

Name of Primary Presenter and Credentials: Carol Flaten, DNP, RN
Affiliation/Organization: University of Minnesota
City, State: Minneapolis, Minnesota

SESSION DESCRIPTION
Describe an active learning approach in the pre-licensure skills lab that provides the student with the abilities to engage in a complex health care environment.

OBJECTIVES
1. Describe the principles of a flipped classroom approach to teaching in the context of a traditional skills lab.
2. Identify one flipped classroom strategy that can be applied in the classroom/lab.

ABSTRACT
The “flipped” classroom is a strategy aimed at improving student engagement in learning that has gained much interest in nursing. This approach to education is based on faculty as facilitators of learning as compared to providers of information. The nursing “skills lab” is a longstanding tradition in nursing education, typically using lecture, demonstration, and return demonstration to validate student mastery of psychomotor skills. As students enter complex clinical environments, the need to incorporate problem solving and clinical reasoning skills is imperative. The “flipped” classroom provides an ideal learner-centered approach for pre-licensure nursing students to develop these abilities. The Quality and Safety in Nursing Education (QSEN) Competencies (www.QSEN.org) provide a framework for faculty to design experiential learning activities that bring the “flipped classroom” concept to the pre-licensure laboratory experience. The QSEN competencies: Patient-centered care, Safety, Teamwork and Collaboration, Quality Improvement, Informatics, and Evidenced-based practice can be incorporated into activities to support student’s acquisition of skills in the laboratory setting where experiential learning is the norm. In the health care environment it is also crucial for the student to interact with technologies that support patient outcomes. Students need to problem solve and use technology devices and platforms to ultimately provide safe patient care. Incorporating new teaching methods and technology that is common place in patient care areas, has led to a re-imagined approach to education in the nursing skills lab. The concepts of the “flipped classroom” will be applied to the experiential learning activities that encompass pre-laboratory preparation strategies, case-based scenarios using an electronic health record, simulations, and self and peer reflection of video recorded practice.

Co-Presenter
Lori Rhudy, PhD, RN, CNRN, ACNS-BC
Concurrent Session 102

An Initiative to Improve Patient Education by Bedside Nurses

Name of Primary Presenter and Credentials: Jessica Sherman, MSN, RN-BC
Affiliation/Organization: University of Vermont
City, State: Waterbury, Vermont

SESSION DESCRIPTION
To develop a curriculum that promoted key steps to effective and efficient patient education that could improve the bedside nurses’ ability to be a patient educator.

OBJECTIVES
1. Describe how effective and efficient patient education practices can improve the health outcomes of patient populations.
2. Identify how the patient education curriculum can provide bedside nursing staff with the knowledge necessary to succeed at providing effective and efficient patient education.
3. Explain how the key steps promoted throughout the patient education curriculum fosters effective and efficient patient education practice by bedside nurses.

ABSTRACT
One of the most important nursing tasks is to promote and support behavior changes that improve patient outcomes. Nurses require the knowledge, time, and resources in order to be effective and efficient in educating their patients. This DNP Capstone project included a developed curriculum that promoted key steps to effective and efficient patient education in order to improve the bedside nurses’ ability as a patient educator. Participants were in-patient bedside nursing staff from two medical-surgical units at an academic medical center in New England. Nurses from each selected unit were provided the patient education curriculum. The method of measurement utilized was a pre/post-test to determine knowledge gain, and a pre/post-simulated scenario to measure performance gain. The pre/post-test was developed based on the curriculum learner objectives. Analysis of the pre/post-test included comparison of averages (Pre 83%, Post 89%), Pearson Chi-Square test (significance in three questions), Levene’s Test for Equality of Variance (sig: .010), and t-Test for Equality of Means (sig: .003). Average improvement from pre to post-test questions ranged from 2-16%. Nurses participated in simulated scenario with a standardized patient focused on an educational topic specific to their unit. Simulations were recorded for two nurse educators to review and collect data using a “meets/does not meet” checklist based on the learner objectives of the curriculum. Analysis of the pre/post-simulation included comparison of averages (Pre 38%, Post 64%), and Pearson Chi-Square test (significance in three objectives). Average improvement from pre to post-simulation objectives ranged from 16-30%. The mean amount of time it required the nurse to perform the patient education content during the simulation was measured and demonstrated no significant difference (Pre 9.24 minutes, Post 8.44 minutes). Conclusions from the DNP Capstone project include that bedside nurses demonstrate both knowledge and performance gain when provided a curriculum focused on patient education practices and that it does not take any more time to complete patient education in an effective versus a non-effective manner. Recommendations include a follow up survey to see if curriculum knowledge has impacted the nurses’ current practice and if they feel it has been helpful in patient education.
Concurrent Session 103

Academic and Clinical Partnerships: Development of a Nursing Academic Affairs Program to Prepare for the Future

Name of Primary Presenter and Credentials:  LeAnn Johnson, MS, RN, NEA-BC
Affiliation/Organization:  Mayo Clinic
City, State:  Rochester, Minnesota

SESSION DESCRIPTION
This program will identify the need for a regional Nursing Academic Affairs program and will describe the development, implementation and early outcomes for the program.

OBJECTIVES
1. Identify the driving forces for the development of a Nursing Academic Affairs Program.
2. Describe the process to develop and implement the program.
3. Share program activities and outcomes.

ABSTRACT
Today’s healthcare practice environment is experiencing unprecedented change. The complexity of care and need for nurses to manage patients across the continuum has the Institute of Medicine (IOM) calling for an expanded skillset in the future nursing workforce. Compounding this issue is the fact that the U.S. is currently amidst a well-documented nursing and nursing faculty shortage. These driving forces impacted the direction of a large academic medical center to identify key strategies to position themselves for the future. Key Strategy Number One -System-wide commitment to increase the percentage of nursing staff who hold baccalaureate degrees or higher in nursing to 80% by 2020; Key Strategy Number Two – Expansion of the Clinical Nurse Instructor (CNI) and nursing scholarship programs; Key Strategy Number Three - Ensure excellent academic and clinical partnerships across regional practices.

This presentation will highlight the process to implement the infrastructure needed to expand and sustain these programs through the development of a regional Nursing Academic Affairs program. A description of how this office strives to balance, coordinate and integrate academic and clinical site priorities to prepare the workforce for the future will be shared.

Co-Presenter(s)
Heidi Shedenhelm, MSN, RN, NE-BC
Sherry Chesak, PhD, RN
Concurrent Session 104

Haiti: Nursing Staff Education in the Setting of Despair, Hope, Similarities, Differences, Chaos, Progress

Name of Primary Presenter and Credentials: Carol Fahje, MS, RN, BC
Affiliation/Organization: Mayo Clinic City, State: Rochester, Minnesota

SESSION DESCRIPTION
The purpose of this presentation is to describe educational efforts provided to Haitian nursing colleagues in two different hospital settings in Haiti. The challenges and rewards of working with remarkably resilient nurses in the face of poverty will be described.

OBJECTIVES
1. Discuss recent history of Haiti and current health care concerns.
2. Provide a glimpse of the cities of Port au Prince and St Marc and current infrastructure challenges affecting health care.
3. Describe preparation and implementation of staff educational plans.
   a) Needs assessment.
   b) Content and methods of education provided.
   c) Evaluation methods.
4. Share evidence of hope and signs of recovery.

ABSTRACT
As I boarded a pre-dawn plane to Haiti, my only hope and prayer was ‘let my eyes see something that I can do that will really make a difference’. I was given the chance of a lifetime to provide nursing education to staff nurses in St. Lucs/Hospital St Nicholas in Port au Prince and St Marc, Haiti. I was a member two different groups of Mayo Clinic staff whose mission was staff education and evaluation of learning. This presentation will discuss the challenges and rewards of nursing staff education in the setting of despair yet hope, chaos yet evolving infrastructure, great desire to learn yet communication barriers to overcome, cultural differences yet human similarities. Educational strategies included didactic presentations, bedside mentoring and skills labs. Evaluation of learning occurred through pre-test, post-test, return demonstration, self-report and observation of practice. The presentation will conclude with how my hopes and prayers were answered through an unexpected outcome.

Co-Presenter(s)
Megan Pfrimmer, MS, RN-CCRN
Lisa Jelinek, BSN, RN, CFRN, CEN, NREMT-B
Integrating Student-Centered Approaches into Nursing Curricula

Name of Primary Presenter and Credentials: Arlene Coughlin, MSN, RN, CNE
Affiliation/Organization: Holy Name Medical Center School of Nursing
City, State: Hasbrouck Heights, New Jersey

SESSION DESCRIPTION
This paper provides a program sustainability plan that will promote forward progress among nursing faculty in maintaining currency in not only nursing education but in higher education as well.

OBJECTIVES
1. Nursing educators will integrate constructivist teaching strategies into their nursing curricula.
2. Nursing educators will demonstrate a balance between understanding their philosophical view of teaching and implement new trends and strategies to connect with the adult learner.

ABSTRACT
Nurses need to direct their own learning and implement skills to meet the challenges of the changing health care system of today. To meet this challenge there has been a shift in the educational paradigm in nursing education from teacher-centered to student-centered. Consequently, this shift has created diversity in the educational philosophy between the seasoned nurse educator and the novice nurse educator. How effectively will the seasoned nurse educator be able to mentor the novice faculty when they lack the knowledge of the new trends and strategies in higher education? This paper discusses the action plan of a Faculty Development program and the implementation of a policy that will provide seasoned nurse educators with the knowledge to implement new trends in higher education. The plan outlines the stakeholders who are involved and who are affected by the plan. This paper provides a program sustainability plan that will promote forward progress among the faculty among the faculty in maintaining currency in not only nursing education but in higher education as well. Finally, this paper reflects on how collaboration of faculty on best practices for nursing education is the first step in the reform of nursing education.
Concurrent Session 106

The Challenge of Retaining New Graduate RNs: If We Can Do It (in a Float Pool), So Can You

Name of Primary Presenter and Credentials: Megan Duffy, MSN, RN-BC, CPN
Affiliation/Organization: Cincinnati Children's Hospital Medical Center
City, State: Cleves, Ohio

SESSION DESCRIPTION
To provide the audience with information around successes seen in a program with high retention rates of newly graduated RNs.

OBJECTIVES
At the completion of this presentation, the learner will be able to:
1. Describe approaches to increase retention of new graduate RNs in their first professional nursing position.
2. Identify key players necessary and beneficial in retaining newly graduated RNs.

ABSTRACT
Although statistics vary, it is estimated that as many as 60% of newly graduated RNs will leave their current positions within the next year (Baxter, 2010). When faced with these statistics and an alarming national nursing shortage that will become severe over the next decade, it is important to look for approaches that will retain the newest generation of nurses (Halfer, 2007). In this 500 bed tertiary care pediatric academic Magnet hospital, the house wide float pool, also known as the Specialty Resource Unit (SRU), provides nurses for units experiencing inadequate staffing due to high census, increased acuity, or leaves of absence. Although not typical practice for a float pool, SRU has hired almost exclusively new graduate RNs into its open nursing positions. Over the past 2.5 years, SRU has hired 62 newly graduated RNs, and has retained 54 of those, for a 92.3% retention rate.

Many factors and key players have been instrumental in successfully retaining these new graduate RNs in the float pool. A newly redesigned competency-based orientation program, moving sequentially from lower to higher acuity patient care areas, has ensured an effective transition into their new roles as RNs. Didactic content has been reincorporated throughout the orientation progression, as well as peer-to-peer and leadership recognition of a job well done. Early assimilation into the department has also become a priority, which can be seen with the reintroduction of a peer mentor program where the newly graduated RN is paired with a more seasoned nurse to serve as a mentor for them during their first two years. This focus on formation of interpersonal relationships and a support system have become essential. Personal growth and empowerment are encouraged and commended by leadership, and are often discussed during frequent meetings and debriefings between managers, educators, and the new graduates. Finally, weekly leadership rounding and “checking in” on units where each of the RNs are training/working has been shown to boost confidence, promote effective role transition, and increase job satisfaction, all of which have been shown to be essential factors in retaining newly graduated RNs (Baxter, 2010).

References

Co-Presenter
Jennifer Saupe, MSN, RN, CCNS
Concurrent Session 107
The New Fundamentals: Sophomore Nursing Students Leading and Implementing Community-Based Quality Improvement Initiatives

Name of Primary Presenter and Credentials: Kristen Kirby, MSN, RN, FNP-BC
Affiliation/Organization: Purdue University City, State: West Lafayette, Indiana

SESSION DESCRIPTION
To describe how community based, quality improvement projects with sustainable outcomes were developed and implemented by sophomore nursing students.

OBJECTIVES
1. Identify the project impact on the community partners and the School of Nursing.
2. Describe the student’s learning outcomes and the influence on their professional development and formation.
3. Create a working knowledge of quality improvement methodologies within the culture of the school and/or university.

ABSTRACT
In the U.S. healthcare system, quality improvement, patient outcomes, and customer satisfaction are significant metrics in determining the implementation and reimbursement of healthcare services. Delivering high quality, safe and patient-centered care across all care settings is a key message of The Future of Nursing: Leading Change, Advancing Health (2010). Broadening, enriching and connecting quality improvement and community-focused care early in a student’s education enhance the opportunity to strengthen and transform their professional development and transcends their understanding of care settings from the traditional hospital environment to community settings and population needs.

To achieve this goal, sixteen sophomore students enrolled in their first clinical experience at a Midwestern University collaborated with two local public school systems in assessing and identifying organizational gaps. One gap identified by the organizations was specific to the needs of a K-12 student population and peanut allergies. Using a quality improvement framework, the students’ work resulted in the development and implementation of comprehensive, evidence-based peanut allergy policy, educational tools, and strategies for educating employees on peanut allergy emergencies. The deliverables provided by both student groups was presented and adopted by the school district partners.

A theme that emerged from the students’ feedback was the feeling of ownership and empowerment they experienced from leading their quality improvement projects, implementing changes, and having those improvements acknowledged. Providing sophomore students with industry standard tools and a contextual community environment expanded their QI knowledge and skills. Another significant learning outcome was the broadening of the students’ beliefs and understanding of the role and scope of practice of the professional nurse.

Recommendations from this project surround both student and faculty. For students, empowering them to have a direct impact on community and population health outcomes through quality improvement work initiated the formation of their professional nursing identity. This was evidenced by student self-reflection journals, describing how they assimilated the new knowledge and skills into their understanding of their role as a professional nurse. Furthermore, it is recommended that faculty expand their knowledge of quality improvement frameworks to facilitate student learning outcomes that reflect the priorities, contexts, and practices of today’s healthcare environment.

Co-Presenter
Pamela Karagory, MBA, MSN, MSB, RN, CNE
Concurrent Session 108

Challenging the Sacred Cow: Using Nontraditional Methods to Facilitate Critical Thinking During Clinical

Name of Primary Presenter and Credentials: Amanda Veesart, MSN, CNE
Affiliation/Organization: Texas Tech University Health Science Center  
City, State: Lubbock, Texas

SESSION DESCRIPTION
The purpose of this presentation is to present a nontraditional approach to teaching critical thinking during traditional clinical.

OBJECTIVES
At the end of this presentation, the participant will be able to:
1. Discuss an alternative, nontraditional clinical activity to enhance critical thinking.
2. Identify strategies to implement the two-minute assessment/concept map project.
3. Assess the traditional clinical model for areas to implement the two-minute project.

ABSTRACT
The demand to produce more nursing graduates has created a deficit in availability of clinical space. The challenge arises when nursing schools are forced to find creative ways to teach critical thinking within the clinical setting with minimal patient interaction. Using the Caputi Model for Critical Thinking a nontraditional critical thinking exercise was developed. The exercise consisted of a series of two-minute assessments to create patient specific concept maps. The critical thinking exercise was completed in a traditional hospital setting. Clinical faculty members assigned at least 4 patients, with differing diseases, to each student performing the critical thinking exercise. The patients were selected based on admitting diagnosis. The student was then required to enter the room, without any prior knowledge of the patient, and complete a full assessment. The two-minute assessment included environmental, head-to-toe, and interviewing skills. After completion of the assessment, the student created a concept map of observed and potential diagnosis with a plan of care. The completion of concept maps included intense debriefing with the traditional nursing student assigned to the patient and clinical faculty. Two hours were allotted for each patient concept map. Therefore, the nontraditional method replaced a traditional eight hour clinical day. The nontraditional approach allowed for students to assess, diagnose, plan, implement and evaluate multiple patients with varied diseases within 1 clinical day and communicate the plan of care to fellow nursing students, staff, and faculty. The use of a nontraditional approach resulted in multiple patient exposure for students as well as alleviating how many students were required to perform traditional care during the clinical day. The outcome reduced stress and demand of faculty and nursing staff. This presentation will focus on the implementation and evaluation of the two-minute assessment exercise, and the decreased demand that resulted from the nontraditional clinical day exercise.

Co-Presenter(s)
Kyle Newton, MSN, RN, CCRN
Kyle Johnson, MSN, RN
Concurrent Session 111

Strategies for Developing Electives with Unusual Challenges

Name of Primary Presenter and Credentials: Margie Landson, MSN, RN, CNE
Affiliation/Organization: Prairie View A & M University, College of Nursing
City, State: Houston, Texas

SESSION DESCRIPTION
This presentation will share the presenters’ experiences in creating two electives that had unusual challenges. These experiences include the structuring of the electives, development and implementation of learning activities to address the unique requirements of each course, how the activities resulted in student engagement and student feedback.

OBJECTIVES
1. Discuss the development of two assigned electives with unique elements to be addressed.
2. Share teaching strategies that resulted in significant student engagement.
3. Engage presentation participants in sharing related experiences.

ABSTRACT
Where does one start when assigned to teach a nursing elective for summer school in which the framework is a one week national conference that students attend for 5 days from 8 a.m. to 5 p.m.? What teaching strategies and activities need to be in place to encourage student engagement with meaningful learning outcome and a structured grading criterion? Strategies used for this assignment resulted in an excellent experience for faculty and students and became the springboard for creative activities now used in other classes.

A second elective presented the challenge of developing a curriculum that addressed concepts across the lifespan and included fundamental level students as well as graduating seniors. The evolution of this elective has provided exciting strategies that have engaged students at all levels, stimulated critical and creative thinking, and provided opportunities for peer mentoring as well.

Creating electives can be challenging, but often result in rewarding experiences for faculty and students. This presentation will share with participants a variety of ideas that can used to create electives that are meaningful and engaging for faculty and students.

Co-Presenter(s)
Immaculata Igbo, PhD
Kathleen Straker, M.Ed
Concurrent Session 112

Mapping Out the Interprofessional Team

Name of Primary Presenter and Credentials: Lynnea Myers, MSN, RN, PHN, CPNP
Affiliation/Organization: Gustavus Adolphus College
City, State: St. Peter, Minnesota

SESSION DESCRIPTION
The purpose of this presentation is to highlight an innovative learning activity utilizing concept mapping to demonstrate the roles and responsibilities of the interprofessional team in the care of a patient.

OBJECTIVES
1. Describe the use of a concept mapping strategy to highlight the roles and responsibilities of interprofessional team members in the care of a patient.
2. Describe 2-3 reasons to incorporate education and learning activities around interprofessional teams in a nursing program.

ABSTRACT
Interprofessional Education is a crucial component of nursing education today. Public Health Nursing represents the epitome of interprofessional collaboration as nurses working in local, regional, state, or national agencies can attest to the need to work with an interprofessional team. This presentation outlines an innovative assignment added to a nursing clinical rotation to expose students to the rich array of interprofessional team members in a public health agency. Students were asked to create a concept map detailing the multiple interprofessional team members involved in the care of a fictitious complex home health care client. Students identified staff within and connected to the agency (outside of the role of a nurse) that they interviewed. In teams of 3 students, they created a concept map detailing the unique contribution of each interprofessional team member to the care of the client. The students then completed a reflection exercise highlighting the need for interprofessional collaboration. Examples of the concept mapping activity, as well as student learning outcomes and feedback will be provided in this session. This session highlights an innovative learning strategy within a nursing clinical rotation to expose students to the interprofessional team in health care.
Concurrent Session 113

New Simulation Curriculum Resources: Advancing Care Excellence for Alzheimer’s Patients

**Name of Primary Presenter and Credentials:** Susan Forneris, PhD, RN, CNE, CHSE-A  
**Affiliation/Organization:** National League for Nursing  
**City, State:** Washington, DC

**SESSION DESCRIPTION**  
This presentation introduces faculty to the latest National League for Nursing (NLN) simulation initiative - care of Alzheimer’s patients. The purpose of this presentation will be to review and discuss just in time education resources that have been peer reviewed, tested and meet standard practice guidelines for care of Alzheimer’s patients.

**OBJECTIVES**  
1. Discuss the pedagogy underlying the Advancing Care Excellence simulation teaching strategy.  
2. Discuss the simulation case components.  
3. Discuss the Alzheimer’s case studies.

**ABSTRACT**  
This presentation introduces faculty to the latest National League for Nursing (NLN) simulation initiative - care of Alzheimer’s patients. The purpose of this presentation will be to review and discuss just in time education resources that have been peer reviewed, tested and meet standard practice guidelines for care of Alzheimer’s patients. With the funding help from MetLife and the NLN’s Advancing Care Excellence series platform, three unfolding Alzheimer’s cases, each with 3 simulation scenarios, were developed. Faculty members from across the country have used teaching resources from the Advancing Care Excellence series that began in 2009 as a project to develop innovative teaching strategies to teach students about care of older adults. The series has expanded to now include teaching strategies for care of Alzheimer’s patients and their families. This presentation will demonstrate the key elements of the teaching strategies that include the Alzheimer’s cases and recorded first person monologues. Faculty will have the opportunity to dialogue on these simulation education resources and discuss strategies to achieve successful learning outcomes that include cognitive assessment and baseline behaviors, medication awareness, cultural aspects, caregiver role strain, and the importance of interdisciplinary care that includes the family.
Concurrent Session 114

Implementation of a Critical Care Tiered Orientation Program: Lessons Learned

Name of Primary Presenter and Credentials: Kari Davidson, RN, BSN, CCRN
Affiliation/Organization: Children’s Mercy Hospital
City, State: Kansas City, Missouri

SESSION DESCRIPTION
The Pediatric Intensive Care Unit (PICU) at Children’s Mercy Hospital has developed and implemented an evidence-based tiered orientation program (TOP), to promote positive patient outcomes and professional accountability. Designed to support the new nurse in the critical care setting over a continuum of three tiers, the TOP consists of didactic coursework, online learning, clinical orientation, and extracurricular certifications to meet the department’s educational expectations. Expanding over a two to three year period, the TOP allows Benner’s novice to expert framework to evolve in a meaningful and supportive learning environment. To evaluate the TOP’s effectiveness and assess the nurses’ perceived readiness, the Casey-Fink Graduate Nurse Experience Survey © is administered to participants at completion of various points of the program. Our goal of this presentation is to follow-up with new data and lessons learned along the path of implementation of a tiered orientation program in the critical care setting.

OBJECTIVES
1. Review evidence-based tactics utilized to design a critical care tiered orientation program.
2. Discuss lessons learned throughout the implementation and evaluation of the tiered orientation program.
3. Demonstrate research outcomes acquired thus far to measure clinical readiness for new nurses.

ABSTRACT
Critical care orientation programs vary throughout the nation in regards to structure and format in which they are comprised. Due to the growing needs of America’s healthcare population and therefore, an increased need for nurses, the use of new graduates in the critical care setting is on the rise. Therefore, orientation programs in the intensive care unit (ICU) setting should be based upon a structured, evidence-based format that facilitates ongoing learning and safety in clinical practice. Patricia Benner’s Novice to Expert theoretical framework highlights the pathway of clinical growth and competence from a newly hired health professional to a competent or expert professional in the field of nursing. By implementing an evidence-based critical care orientation program developed from a tiered approach to learning and professional responsibility, it is proposed and evident in the literature that nurse retention and patient outcomes will improve positively. The Tiered Orientation Program consists of didactic coursework including online learning, clinical orientation in the ICU, and extracurricular certifications to meet the educational expectations in the critical care setting. This program evolves over a two to three year period, allowing Benner’s progression from novice to expert in a meaningful and supportive learning environment. In order to evaluate the effectiveness of a newly implemented Tiered Orientation Program in the Pediatric ICU, the Casey-Fink Graduate Nurse Experience Survey © will be administered to participants in a phased manner to evaluate clinical readiness progression. The Tiered Orientation Program will support the new nurse in the critical care setting over a continuum of three tiers, assessing their perceived readiness via the specified research tool at the end of each tier. This podium/poster presentation will build upon last year's presentation. However, presenters will be able to discuss a portion of the data from this longitudinal IRB study, in addition to lessons learned along the way.

Co-Presenter(s)
Sally Fagan
Marilyn Maddox
Kristen Mroczka
Concurrent Session 115

Changes to Graduate Nursing Education and Certification: Are You Ready?

Name of Primary Presenter and Credentials: Julie Ponto, PhD, RN, ACNS-BC, AOCNS
Affiliation/Organization: Winona State University
City, State: Rochester, Minnesota

SESSION DESCRIPTION
The purpose of this presentation is to clarify changes in advanced practice education and certification so that individuals in attendance can apply the changes to their own and others' nursing practice.

OBJECTIVES
At the conclusion of this session, attendees will be able to:
1. Discuss the AACN recommendations for graduate nursing education
2. Describe the Consensus Model (LACE) for advanced practice nurses
3. Analyze implications of these initiatives for nursing practice

ABSTRACT
Recommendations from the American Association of Colleges of Nursing (AACN) and the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education (LACE Model) have resulted in numerous changes to graduate nursing education and certification. AACN has recommended that the terminal degree for nursing practice be the doctorate of nursing practice (DNP). This recommendation has resulted in the creation of DNP programs for advanced practice registered nurses (APRNs), defined as nurse practitioners (NPs), clinical nurse specialists (CNSs), certified registered nurse anesthetists (CRNAs), and certified nurse midwives (CNMs). The Clinical Nurse Leader (CNL) is another variation of graduate education. Various curricular models educating nurses for advanced roles exist. These models will be discussed, including models for DNP education using the AACN Essentials for Doctoral Education. The relevance of DNP clinical scholarship projects to clinical practice settings is essential to improve health status of individuals and communities, by addressing critical clinical practice challenges such as patient safety, quality care, and access to care. The LACE Model, written and endorsed by numerous nursing organizations, identified the need for consistency in advanced practice nursing. The LACE Model recommends APRN licensure according to role (NP, CNS, CRNA, CNM) and population foci. Six population foci have been identified and are adult-gerontology, family/individual across the lifespan, psychiatric-mental health, women’s health/gender-related, pediatrics, and neonatal. The recommendations for role and specialty education, regulation, and certification have resulted in new graduate nursing educational and certification programs preparing nurses in advanced roles to practice to the full scope of advanced practice and have implications for practice and education, leading to important implications for these environments. Nurse educators, regulators, certifying organizations, and clinical agencies are working together to ensure graduate nursing education and clinical practice align with national recommendations, and provide environments that meet the healthcare needs of individuals, families, and communities in the U.S.

Co-Presenter(s)
Diane Forsyth, PhD, RN
Sonja Meiers, PhD, RN
Concurrent Session 116

Standardized Testing Across the Curriculum: 10 Years Building the Evidence

Name of Primary Presenter and Credentials: Barb Schreiner, PhD, APRN, CPLP, CDE
Affiliation/Organization: Elsevier, Inc.
City, State: Houston, Texas

SESSION DESCRIPTION
This session will summarize the existing decade of research underpinning the use of standardized testing in nursing, explore the qualities of standardized tests which are important to the selection and use by faculty, and provide case examples of innovative uses of such tests across the curriculum. Participants in this session will leave with an understanding of the evidence behind standardized tests and an appreciation for the role of testing in program outcomes.

OBJECTIVES
1. Summarize the evidence supporting the use of standardized testing across the nursing curriculum.
2. Establish critical qualities in selecting and using standardized tests across the curriculum.
3. Evaluate the use of standardized tests through case studies.

ABSTRACT
As nursing programs are increasingly pressured to produce an abundance of safe nursing practitioners, tools for assuring successful outcomes with NCLEX exams continue to be evaluated and employed. For example HESI exams were developed in the early 1990s and continue to demonstrate effectiveness in predicting NLCEX success. This session will summarize the existing decade of research underpinning the use of standardized testing. It will explore the qualities of standardized tests which are important to the selection and use by nursing faculty. In addition, the session will provide case example of innovative uses of such tests throughout the curriculum. Finally, the session will expand the research summary by providing the most recent predictive validity data for the HESI Exit Exam. Participants in this session will leave with an understanding of the evidence behind standardized tests and an appreciation for the role of testing in program outcomes.
Concurrent Session 117

3 R’s: Right Education at the Right Time for the Right Role

Name of Primary Presenter and Credentials: Dot Gusa, MS, RN
Affiliation/Organization: Mayo Clinic  City, State: Rochester, Minnesota

SESSION DESCRIPTION
This presentation is intended to provide a framework for implementing a structured approach to developing and deploying required education for nursing staff.

OBJECTIVES
1. Recognize the role the nurse educator in designing educational activities that meet learner needs in an efficient and effective manner.
2. Identify criteria that help determine required education topics for nursing staff.

ABSTRACT
Technology has enabled the rapid deployment of online education. While this opportunity to leverage technology has had its advantages, nursing staff were overwhelmed with the number of courses, the frequency with which they were assigned, and lacked a clear understanding of how the education related to their practice. This often resulted in the perceived need to re-educate staff on the same topic at a later date.

It was recognized that early engagement of a nurse educator would improve the educational design and utilization of appropriate methods and subsequently help to control the chaos. The Nursing Education Division convened a small group to assess staff dissatisfaction with the amount and frequency of required education, make recommendations to develop criteria, and a process to manage the large volume of requests. Literature was reviewed, perspectives of nursing staff and leadership were assessed, and the practices of other institutions were reviewed. These efforts resulted in clearer definitions for required vs. recommended education, the development of a standardized process for submitting requests, and criteria for determining whether it would be required. In addition, quarterly bundling of online education was implemented to manage multiple educational courses in a more organized, efficient manner. This presentation will include identification of assessment findings, development of criteria, and implementation of a streamlined, defined process for determining and deploying required education as well as lessons learned and future directions.

Co-Presenter(s)
Lynn Alcock, MS, RN-BC
Cheryl Lovlien, MS, RN-BC